

HealthMultiple Outpatient Medical Plan

Zurich Insurance Company Ltd will insure the person named in the *schedule* during the *period of insurance* for which we have accepted *your* premium provided all the terms and conditions of the policy are complied with.

PART 1 - DEFINITIONS

Certain words in the policy have specific meanings. These meanings are given below. To help *you* identify these words in the policy we have printed them in italics throughout.

Accident

A sudden and unforeseen event that happens unexpectedly and causes *injury* to the *insured person* during the *period of insurance*.

Chronic Illness

A disease of long duration involving very slow changes. Such disease is often of gradual onset. This term does not imply anything about the severity of a disease.

Co-payment

The required medical expense that will need to be borne by the insured for having the specified service(s) under Table of Benefits.

Computer Virus

A set of corrupting, harmful or otherwise unauthorized instructions or code including a set of maliciously introduced unauthorized instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. Computer virus includes but is not limited to "Trojan Horses", "worms" and "time or logic bombs".

Cyber Act

Any unauthorized, malicious or criminal acts, regardless of time and place, involving access to, processing, use or operation of any computer system, computer software programme, malicious code, *computer virus* or process or any other electronic system.

Disability/Disabilities

A *sickness* or *injury*. All *injuries* sustained in any one (1) *accident* shall be considered one (1) *disability*. All *sickness* existing simultaneously which are due to the same or related causes including any and all complications therefrom shall be considered as one (1) *disability* as well. If a *disability* is due to causes which are the same or related to the causes of a prior *disability* including complications arising therefrom, the *disability* shall be considered a continuation of the prior *disability* and not a separate *disability* except that after ninety (90) days following the latest discharge from *hospital* or prior curative treatment/surgical operation or the last consultation or the latest date receiving medical treatment or prescribed drugs or special diet for the condition and no further treatment for the said *disability* is required, any subsequent *disability* from the same cause shall be considered a separate *disability*.

Hong Kong

Hong Kong Special Administrative Region of the People's Republic of China.

Hospital

An establishment which meets all the following requirements:

- holds a license as a hospital (if licensing is required in the state or governmental jurisdiction);
- operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- provides 24-hour a day nursing service by registered or graduated nurses;
- has a staff of one or more licensed physicians available at all times;
- provides organized facilities for diagnosis and major surgical facilities; and
- is not primarily a clinic, nursing, rest or convalescent home or similar establishment, a place for alcoholics or drug addicts.

Injury

Bodily injury to an *insured person* during the *period of insurance* and is caused by an *accident*, solely and independently of any other cause.

Insured Child

The person named in the *schedule* whose age is between 15 days and 11 years.

Insured Person

The person named in the *schedule* as insured person.

Long Term Repeat Medication

Medication prescribed to patients with medical conditions that require medication to be taken on a long-term continuous and/or recurrent basis.

Medically Necessary

The necessity to have a treatment or medical service of the *injury* or *sickness* involved which are widely accepted by *medical practitioners* as effective, appropriate and essential based upon recognized standards of the health care specialty involved and which are:

1. consistent with the diagnosis and is the customary medical treatment for the condition; and
2. in accordance with standards of good and prudent medical practice; and
3. not furnished primarily for the convenience of *medical practitioner* or any other medical service providers; and
4. furnished at the most appropriate level sufficient to safely and adequately treat the *insured person's disability* and are performed in the least costly setting required for treatment of a covered *disability*; and
5. not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy without medical treatment, medication or surgery.

Monthly Renewal Date

The same date each month as the *policy effective date*.

Network Doctor

The medical practitioner is under contract with a service provider who has been appointed by *us* to arrange medical services to the *insured person*. The participation status of medical practitioner will change from time to time.

Period of Insurance

The period for which we have accepted *your* premium as stated in the *schedule*.

Policy Anniversary Date

Same date each year as the *policy effective date*.

Policy Effective Date

The first date of *period of insurance*.

Policy Year

Every twelve consecutive calendar months from the first inception of the policy or *policy anniversary date* and concluding on a day preceding the immediate subsequent *policy anniversary date*.

Pre-Existing Conditions

Any *sickness* or *injury* (a) for which treatment, or medication, or advice, or diagnosis has been sought or received during the two years prior to the original inception date as stated in the *schedule* or (b) which was known or suspected by an *insured person* within the two years period preceding the original inception date as stated in the *schedule*.

Schedule

The schedule attached to and incorporated in the policy.

Sickness

A physical condition marked by a pathological deviation from the normal healthy state or disease or illness of *you* contracted during the *period of insurance*.

Surgeon or Registered Medical Practitioner

A registered medical practitioner under Medical Registration Ordinance (Chapter 161), Laws of Hong Kong, other than *you* or an *insured person* legally licensed and duly qualified in the geographical area of his practice to render medical and surgical services.

Waiting Period

14 days from the effective date of this policy or the date of its last reinstatement, whichever is later. During such period, no benefit will be payable in respect of treatment required as a result of any cause.

War

PART 2 – COVERAGE

Table of Benefit

Coverage	Standard Plan	Enhanced Plan	Platinum Plan
1. General Practitioner Consultation & Medication Co-payment (per visit)	Unlimited visits HKD 50	Unlimited visits HKD 35	Unlimited visits Nil
2. Specialist Consultation & Medication Co-payment (per visit)	Unlimited visits HKD 100	Unlimited visits HKD 70	Unlimited visits Nil
3. X-ray & Laboratory Examination	HKD 500*	HKD1,000*	HKD 1,000*
4. Physiotherapy Co-payment (per visit)	Maximum 10 visits* HKD 100	Maximum 15 visits* HKD 70	Maximum 15 visits* Nil
5. Chinese Medicine Practitioner Consultation Co-payment (per visit)	Maximum 10 Visits* HKD 50	Maximum 15 visits* HKD 35	Unlimited visits Nil
6. Chinese Medicine bone-setting Co-payment for Herbalist (per visit)	Maximum 10 Visits* HKD 50	Maximum 15 visits* HKD 35	Unlimited visits Nil

- Per policy year only
The *network doctor* reserves the right to ask, on an individual basis and after discussion with *you*, for pharmaceutical charges of an unusual and expensive nature.

COVER

OUT-PATIENT MEDICAL BENEFIT

If during the *period of insurance*, an *insured person* who necessarily requires any medical treatment, can obtain the medical care and treatment from *network doctor*. The coverage under this policy is subject to the relevant plan limits stated in the *schedule* and is shown in the Table of Benefits. Coverage under this policy is only available for services which are *medically necessary* and are subject to the terms, conditions and exclusions of the policy.

The above benefits are rendered by Service Provider which is nominated by Zurich Insurance Company Ltd.

How to use the service?

1. make appointment with the *network doctor* in advance; (detail please refer to the List of Medical Practices attached);
2. a medical card will be issued and attached with the policy. For the purpose of verification and registration, please bring and present the medical card as well as the *Hong Kong* ID card. For any *insured child* under the age of eleven (11), please bring and present the medical card and *Hong Kong* ID card or the birth certificate. If the *insured child* is not a *Hong Kong* resident, please bring along the copy of passport;
3. settle the charges of any uncovered services directly to the *network doctor*.

Special Conditions:

1. The following services, subject to terms and conditions as well as the coverage limits listed in the Table of Benefits in this policy are available to the *insured person* when they visit the *network doctor* for covered medical treatment:
 - consultations during clinical hours;
 - 3-days medications supplied by the *network doctor* or 2-day medications supplied by the designated network Chinese Medicine Practitioner or Chinese Medicine bonesetter according to his/her prescription for *sickness* as an outpatient (the list of Exclusions as stated listed herein below shall be applicable for the provision of this service), subject to the prescription of the *network doctor*;
 - dressings as and when required;
 - injections for symptomatic relief as prescribed by the *network doctor* for *sickness* as an outpatient;
 - x-ray, laboratory investigations, specialist consultation & medication should be performed as an outpatient if medically indicated and recommended by the *network doctor* (routine laboratory tests performed as part of annual physical examination are excluded);

A contest by force between two or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of pacific relations and ii) a general contention by force, both authorized by the sovereign.

We, Us or Our

Zurich Insurance Company Ltd.

You, Your

The policyholder shown in the policy.

- all non-specialized x-ray investigations which are performed by the *network doctor*.
2. A referral letter from a *network doctor* is needed for Specialist Consultation and Medication coverage.
 3. A *waiting period* of fourteen (14) days is applied in this section.
 4. For Standard plan, *co-payment* for General Practitioner Consultation & Medication or Chinese Medicine Practitioner or Chinese Medicine bonesetter is HKD50 per visit; *co-payment* for Specialist Consultation & Medication or Physiotherapy is HKD100 per visit. For Enhanced plan, *co-payment* for general practitioner consultation & medication or Chinese Medicine Practitioner or Chinese Medicine bonesetter is HKD35 per visit; *co-payment* for Specialist Consultation & Medication or Physiotherapy is HKD70 per visit. The *insured person* is required to make payment to the *network doctor* at the time service is rendered.
 5. Each of the above coverage listed in the Table of Benefits is on a one (1) consultation per day basis. Except for the following benefits, the *insured person* is only entitled to have any one (1) of the below consultation within any one (1) same day:
 - General Practitioner Consultation & Medication; or
 - Chinese Medicine Practitioner; or
 - Chinese Medicine bonesetter.
 6. We do not guarantee provision of services by a particular *network doctor* on the list of providers. Information listed in the List of Medical Practices may change from time to time. For the details of *network doctor*, *you* may refer to the provided User Guide and or List of Medical Practices.
 7. If the above medical service provider ceases to operate, we will try our very best to find and change the medical service provider for *you* with prior notice.
 8. We shall not be held responsible for any medical decision and prescription made by the *network doctor*.

PART 3 – EXCLUSIONS

The following treatments, items, conditions, activities and their related or consequential expenses are excluded:

1. Routine physical examination and investigations;
2. Childbirth, sterilization, abortion or pregnancy including but not limited to pregnancy test and complications of pregnancy, primary infertility, contraceptive or contraceptive devices;
3. Female hormonal tests or assays and female hormonal replacement therapy unless resulting from a disease; pre-menopause, menopause and post-menopause treatments are all excluded;
4. *Long term repeat medication for chronic illness* and for medical conditions that *pre-existing conditions*, except consultation charges;

5. Any form of treatment not presently or universally available but which may become available subsequent to the contract and which may be highly expensive; medication costs for specific anti-viral agents, e.g. Interferon, Lamivudine, anti-cancer, etc;
6. Any treatment for sexually transmitted disease;
7. x Treatment arising from sexual dysfunction including but not limited to impotence, erectile dysfunction, pre-mature ejaculation, regardless of cause;
8. Any treatment for congenital abnormalities;
9. Any treatment arising from any geriatric, psychogeriatric or psychiatric condition, including but not limited to psychoses, neuroses, depression, anxiety, anorexia nervosa, schizophrenia, behavioral disorders, etc.;
10. Charges in respect of cosmetic surgery or treatment for cosmetic purpose such as consultation for Acne Vulgaris, overweight, hair loss, etc., routine eye or hearing tests, routine blood tests, vaccination or inoculations;
11. Medication on request e.g. prophylactic drug supply for visiting a malarial area and/or standby medication;
12. Specialized x-rays e.g. Intravenous Pyelogram (IVP), cholangiogram; specialized investigations e.g. ultrasound examination, echocardiogram and endoscopy; minor surgical procedures, simple medical procedures performed by the *network doctor*;
13. Alcoholism and/or drug addiction or rest cures;
14. Dental or eye refraction treatment and/or correction;
15. All expensive tonic and nutrient herbs, e.g. birds' nest, ginseng and lingzhi;
16. Pre-package commercial health supplement;
17. Any treatment within the *waiting period*;
18. *War*, invasion, act of foreign enemy, hostilities (whether *war* be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion;
19. Participating in criminal acts;
20. Suicide, attempted suicide, intentional self-injury, insanity, or whilst under the influence of alcohol or drugs;
21. Prolonged or complicated by any pre-existing physical weakness, defect, disease or injury which an *insured person* has already sustained prior to the effective date of this policy;
22. Engaging in any kind of sport or race in a professional capacity or where the *insured person* would or could earn any remuneration from engaging in such sport or race;
23. Air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier;
24. HIV (Human Immunodeficiency Virus) and/or HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof however caused or however named;
25. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or from any nuclear weapons material;
26. Any *cyber act* that results in any *accident, disability, sickness and/or injury*.

- (a) According to our applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by *you* and/ or in relation to this product, and any changes in benefit) by giving thirty (30) days' advance written notice to *you*.
- (b) The premium rate should be adjusted automatically according to the attained age of the *insured person* at the time of renewal.

4. Misrepresentation, Non-disclosure or Fraud

We have the right to declare this policy void as from the *policy effective date* and notify *you* that no cover shall be provided for the *insured person* in case of any of the following events:

- (a) any material fact relating to the health related information of the *insured person* which may impact the risk assessment by *us* is incorrectly stated in, or omitted from the enrolment form or any statement or declaration made for or by the *insured person* in the enrolment or in any subsequent information or document submitted to *us* for the purpose of the application, including any updates of and changes to such information, failure to disclose *pre-existing conditions* or failure to act in utmost good faith. The circumstances that a fact shall be considered "material" include, but are not limited to, the situation where the disclosure of such fact would have affected *our* underwriting decision, such that *we* would have imposed premium loading, added exclusion(s), rejected the application or considered it as a pending application.
- (b) any enrolment form or claim submitted is fraudulent or where a fraudulent representation is made.

In the event of (a):

- (i) *we* shall refund the applicable premiums and insurance levy (if any) received after offsetting against all past claim payments and necessary expenses incurred by *us* including, but not limited to, *our* reasonable administration charge and service fees incurred in relation to this policy (if any).
- (ii) if the total amount of the above offsetting items exceeds the applicable premiums received by *us*, *you* must repay such excess to *us* within fourteen (14) working days from the date *we* issue a notice to *you* requiring such payment.

In the event of (b), *we* shall have the right:

- (i) not to refund the applicable premiums paid; and
- (ii) to demand that all past claim payments previously paid to *you* be repaid to *us* within fourteen (14) working days from the date *we* issue a notice to *you* requiring such payment.

5. Misstatement of Age or Sex

If the *insured person's* age or sex has been misstated, the premium difference would be returned or charged according to the correct age or sex. In the event the *insured person's* age has been misstated and if, according to the correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then *our* liability during the period that the *insured person* is not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by this policy.

6. For the Avoidance of Doubt

The service provider in respect of the outpatient benefits listed in the Table of Benefits is an independent service provider providing such respective services to the *insured person* upon his/her request. *We* or any of *our* affiliates, agents, or employees of any of them has no responsibility or liability of any act, default, negligence, error or omission of the relevant service provider or any of its respective employees, agents or representatives.

7. Cancellation

We or *you* may cancel this policy by giving thirty (30) days' notice of cancellation in writing by mailing to the other party's last known address. In the event that this policy is cancelled by *us*, *we* will return the pro rata unearned portion of any premium actually paid by *you*. In the event that this policy is cancelled by *you*, no premium will be refunded (except under the circumstances mentioned under Clause 15 - Policy Examination herein below). If this policy is pay on monthly payment mode, *we* have the right to charge *you* the remaining balance of the annual premium for the current policy year by auto-debit from *your* payment account.

If there is any claim made or service used during the current policy year, there will not be any refund of premium.

In case of any *insured persons* have obtained any medical care and treatment from *our network doctor* after this policy is terminated /

PART 4 – POLICY CONDITIONS

1. Entire Contract

This policy including the *policy, schedule*, endorsements, attachments and amendments, if any, will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by *our* authorized officer and evidenced by endorsement of amendment.

2. Age Limit

The insurance afforded under this policy shall only apply to any *insured person* aged between 15 days and 64 years inclusive and renew up to aged 75 years of the *insured person*.

3. Premium Charge

- (1) This policy is an annual medical policy. *You* may pay the premium to *us* on an annual or monthly basis. All premiums after the first premium are payable to *us* on or before the due date. The validity of the policy is subject to *your* settlement of the full premium for the entire *policy year* and *you* are required to settle the annual premium for the concurrent *period of insurance* when there is a claim made or service used in such *policy year*. *We* will not be liable to refund any premium paid.
- (2) *We* reserve the right to revise or adjust the premium under the following circumstances:

cancelled, we will recover such medical expenses by auto-debit from your payment account.

Notwithstanding the above, if you are not satisfied with this policy, you may within twenty-one (21) days immediately following the day of delivery of this policy, cancel the policy by returning the policy to us and attaching a notice signed by you requesting cancellation. In the event that no claim payment has been or is to be made, we will refund to you all the premiums you have paid without interest. In the event that a benefit payment has been made or is to be made, no refund of premium shall be made.

8. Renewal

The policy shall remain in force for a period of one (1) year from the *policy effective date* and this policy will be automatically renewed at our discretion. We reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any period of insurance by giving thirty (30) days' written notice to you. We will not be obligated to reveal our reasons for such amendments and such renewal will not have to take place if before the *policy effective date* of any *period of insurance*, you have indicated to us that such amendments are not acceptable to you.

9. Change of Plan

In no event shall the plan of the policy be upgraded during *period of insurance*. You may request to change the type of plan on each policy anniversary date subject to adjustment of premium to be charged. In such event, we reserve the right to refuse and will not be obliged to reveal our reasons for such refusal.

10. Replacement of Card

In the event of losing Outpatient Medical Card, the *insured person* should advise us within forty-eight (48) hours and pay HKD100 for each replacement card.

11. Termination of Coverage

Coverage under this policy shall automatically terminate on the earliest of the dates specified below:

- the date when any or any part of premium pertaining to this policy is not paid when due;
- the date when the *insured person* attains age 76;
- at your request, termination of coverage will be effective on the date specified in the written notice we received, provided that thirty (30) days notice of cancellation before premium due date is given.

12. Governing Law and Jurisdiction

This policy is subject to the exclusive jurisdiction of *Hong Kong* courts and is to be construed according to the laws of *Hong Kong*.

13. Alternative Dispute Resolution

In the event of a dispute arising out of this policy, the parties may settle the dispute through mediation in good faith in accordance with the

relevant Practice Direction on civil mediation issued by the Judiciary of Hong Kong and applicable at the time of dispute. All unresolved disputes shall be determined by arbitration in accordance with the Arbitration Ordinance (Chapter 609), Laws of Hong Kong as amended from time to time. The arbitration shall be conducted in *Hong Kong* by a sole arbitrator to be agreed by the parties. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if we deny or reject liability for any claim under this policy and you do not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of the *our* disclaimer, your claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under this policy.

14. Reinstatement of Policy

No reinstatement of policy is allowed.

15. Policy Examination

You will have fourteen (14) days from the *policy effective date* to examine this policy. If for any reason you decide to cancel this policy, just return your policy with your signature on it to us and any premium charged during this period will be refunded in full, as long as you have made no claim and received no services rendered by the *network doctor* during this period.

16. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

17. Sanctions

Notwithstanding any other terms under this policy, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any *insured person* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the *insured person* would violate any applicable trade or economic sanctions law or regulation.

The above clause shall also apply for any trade or economic sanction law or regulation that the insurer deems applicable or if the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

For any enquiries of our *network doctor* service, please call our nominated service provider customer service hotline from Monday to Sunday at 9:00 am to 8:00 pm by +852 2904 8368. For other general enquiries, please call our customer service hotline from Monday to Friday at 9:00a.m. to 5:30 p.m. by +852 2968 2288.

There are two versions of this policy, one in English and one in Chinese. If there is any discrepancy between the English and the Chinese version, the provisions contained in the English version shall prevail.

「智樂人生」門診醫療保險計劃

蘇黎世保險有限公司將於收訖「閣下」繳交的保費後，在「保障期」內承保「附表」註明姓名的人士，惟「閣下」必須履行本保單列出的所有條款與條件。

第一部份 – 定義

本保單某些詞彙具有特別釋義，並已列明於下文。為方便「閣下」識別，本保單所有此等詞彙均加上括號。

「意外」

任何不可預見或預料並導致「受保人」蒙受身體「損傷」的突發事件。

「慢性疾病」

變化緩慢的長期病症，一般病癥為漸發性，惟慢性疾病並不暗示病症的嚴重程度。

「自負費用」

「受保人」接受列於本保單保障表內的服務時需要分擔的指定醫療費用。

「電腦病毒」

是指一組損壞的、有害的或未經授權的指令或代碼，包括一組通過程序或其他方式惡意傳播的未經授權指令或代碼，並通過電腦系統或任何性質的網絡傳播。電腦病毒包括但不限於“特洛伊木馬”、“蠕蟲”和“時間或邏輯炸彈”。

「網絡行為」

是指在任何時間和地點所做的任何未經授權、惡意或犯罪行為。而該行為涉及進入、處理、使用或操作任何電腦系統、電腦軟體程式、惡意代碼、「電腦病毒」或流程或任何其他電子系統。

「傷疾」

一宗「疾病」或「損傷」。由同一次「意外」所引致之所有「損傷」都被視為同一「傷疾」。所有因為相同原因或相關原因引致的同時存在的「疾病」及所有由此發生的併發症均會被視為同一次「傷疾」。若「傷疾」是與先前「傷疾」的相同原因或相關原因引致，包括所有由此發生的併發症均會被視為先前「傷疾」的延續而不是另一「傷疾」，除非最近的出院日期，或最後一次治療性手術，或最後一次到「醫生」診所接受診斷或治療，或領取藥物之日期，或接受特別餐單（以較遲為準）之日期已相隔最少 90 天且無須再就該「傷疾」接受治療，其後的「傷疾」將被視為另一「傷疾」。

「香港」

指中華人民共和國香港特別行政區。

「醫院」

一機構具備以下條件：

- 擁有合法經營的醫院牌照(若該國家或政府法例需要醫院領有牌照)；
- 為受傷及患病病人提供留院治療及照顧；
- 有合法註冊專業護士提供全日二十四小時的護理服務；
- 任何時間均有一位或以上合法註冊的駐院醫生駐診；

- 設有系統性診斷程序及完善的外科手術設備；
- 非作為診所、護理、休養、靜養、戒酒、戒毒等或類似服務的醫療機構。

「損傷」

「受保人」於「保障期」內純粹因「意外」而非任何其他事故所蒙受的身體損傷。

「受保兒童」

在「附表」內註明姓名而年齡介乎 15 天至 11 歲的人士。

「受保人」

在「附表」內註明姓名為受保人的人士。

「長期藥物」

醫生為有需要長期服藥的病人處方，供其長期持續及/或經常服用的藥物。

「醫療必需」

為「損傷」或「疾病」必需或有需要之照顧、「治療」或醫療服務，並此等「治療」在專業認可的醫學標準中普遍接受為有效、適當及不可缺的，並以下列各項作為提供有關服務之必要性：

1. 因應有關診斷或「治療」而所需；及
2. 符合良好及謹慎的行醫標準；及
3. 非純為「醫生」或任何其他醫療服務供應商之方便；及
4. 以「合理及慣常收費」的標準為受保「損傷」或「疾病」進行的「治療」收費；及

於沒有醫療「治療」包括藥物或接受任何手術下，使用醫療服務的目的並非純為診斷檢查、診斷掃描、影像檢查、化驗檢查或物理「治療」。

「每月續保日」

每月與「保單生效日」相同的日期。

「網絡醫生」

與服務供應商訂有合約而獲「本公司」委聘為「受保人」提供醫療服務的醫生，參與此醫療網絡的醫生將隨時變動。

「保障期」

在「附表」內註明所訂明的保險有效期，而該保障期間的保費為「本公司」接納。

「保單週年日」

每年與「保單生效日」相同的日期。

「保單生效日」

「保障期」的首日。

「保單年度」

保單開始生效後每連續十二個曆月的時期。

「受保前已存在的傷疾」

(a) 「受保人」在「附表」內註明保單生效日前兩年內曾尋求或接受治療、藥物治療、醫療意見或診斷的「疾病」或「損傷」狀況；或 (b) 「受保人」在「附表」內註明保單生效日前兩年內知悉或懷疑已染上的「疾病」或「損傷」。

「附表」

隨付本保單並構成保單一部份的附表。

「疾病」

「受保人」在「保障期」內健康出現不正常的病理癥狀或染上的病症或疾病。

「外科手術醫生」或「註冊醫生」

已根據《醫生註冊條例》(香港法律第 161 章)規定，獲准在其執業地區合法提供醫療及外科手術服務的註冊醫生，非為「閣下」或「受保人」。

「等候期」

指本保單生效日或本保單恢復生效日後十四天(以較後者為準)。於等候期內，「本公司」不會賠償任何事故所引致的醫療費用。

第二部份 – 保障

保障表

保障範圍	標準計劃	優越計劃	尊尚計劃
1. 普通科醫生診症及處方藥物 每次診症需「自負費用」	不限次數 50 港元	不限次數 35 港元	不限次數 Nil
2. 專科醫生診症及處方藥物 每次診症需「自負費用」	不限次數 100 港元	不限次數 70 港元	不限次數 Nil
3. X 光及化驗測試	500 港元*	1,000 港元*	1,000 港元*
4. 物理治療 每次診症需「自負費用」	最多 10 次* 100 港元	最多 15 次* 70 港元	最多 15 次* Nil
5. 中醫診症 每次診症需「自負費用」	最多 10 次* 50 港元	最多 15 次* 35 港元	不限次數 Nil
6. 中醫跌打治療 每次診症需「自負費用」	最多 10 次* 50 港元	最多 15 次* 35 港元	不限次數 Nil

- 只限每個「保單年度」

如「閣下」所需的藥物乃性質特別及費用昂貴的藥物，「網絡醫生」保留權利與「閣下」商討後按個別情況徵收藥費

保障範圍

門診醫療保障

任何「受保人」於「保障期」內如需要接受任何醫療服務，可享用由「本公司」的「網絡醫生」所提供的醫護及治療服務。惟本保單的保障不會超出於「附表」內有關計劃所訂明的最高限額，各項保障已詳列於「保障表」。本保單只會承保醫療上必要的服務，並需遵從本保單訂明的條款與條件及不承保事項。

以上醫療服務由蘇黎世保險有限公司所委任的服務機構提供。

如何使用這項服務：

1. 致電「網絡醫生」預約(詳情請參閱隨附的「醫務所指南」)。
2. 醫療卡連同保單將寄予「閣下」。請攜帶及出示「受保人」的醫療卡及香港身份證以供核實身份及登記。年齡未滿 11 歲的「受保兒童」，請帶備醫療卡及香港身份證或有效出生證明書；如「受保兒童」非香港居民，請帶備護照副本。
3. 如有任何不承保範圍內的服務收費，請自行直接支付予「網絡醫生」。

特別條款：

1. 以遵從本保單的條款與條件及「保障表」所列的保障為原則，「受保人」到「網絡醫生」求診可享有下列各項服務：
 - 於診症時間提供診症服務；
 - 「網絡醫生」會根據其處方供應門診病人三天藥物而中醫/跌打治療則包括兩天藥物(所有下節不承保事項訂明的項目均適用於本項服務)；

「戰爭」

兩國或多國因任何目的交戰，或主權國家之間的武裝衝突，又或正式宣戰或未正式宣戰的公開軍事衝突，又或國與國之間經主權國正式授權而：

中止和平關係；及陷入武裝敵對局面。

「本公司」或「我們」

蘇黎世保險有限公司。

「閣下」或「您」

在保單內註明為保單持有人。

- 按需要提供包紮敷料；
 - 醫生為門診病人解除症狀的注射治療；
 - 「網絡醫生」因病人的病症所需而建議門診病人接受 X 光、化驗調查、專科診治及藥物治療(不包括每年身體檢查的例行化驗)；
 - 「網絡醫生」進行的非專科 X 光調查測試。
2. 專科醫生診症及處方藥物保障需由「網絡醫生」轉介。
 3. 本節設有十四天的「等候期」。
 4. 「受保人」求診時必須繳付該「自負費用」予「網絡醫生」。標準計劃的普通科醫生診症及處方藥物或中醫診症或中醫跌打治療的「自負費用」為每次 50 港元，專科醫生診症及處方藥物或物理治療的「自負費用」每次 100 港元。優越計劃標準計劃的普通科醫生診症及處方藥物或中醫診症或中醫跌打治療的「自負費用」為每次 35 港元，專科醫生診症及處方藥物或物理治療的「自負費用」每次 70 港元。
 5. 「保障表」內所列各項保障只限每天接受診治一次，而以下之保障中，「受保人」於同任何一天內只可接受其中一項保障一次：
 - 普通科醫生診症及處方藥物；或
 - 中醫診症；或
 - 中醫跌打治療。
 6. 「本公司」並不保證「受保人」可獲得「網絡醫生」名單中個別醫生所提供的服務。「醫務所指南」資料會不時作出更改。「網絡醫生」詳情，「閣下」可以參考已提供的用戶指引及或「醫務所指南」。

7. 如上述醫療服務機構停止服務，「我們」將盡力為「閣下」尋找另一間醫療服務機構並預早通知「閣下」。
8. 對於「網絡醫生」所作出的醫療決定及處方藥物，「本公司」概不負責。

第三部份 – 不承保事項

本節不承保以下治療、項目、病況、活動及相關或連帶的費用：

1. 例行身體檢查及調查測試；
2. 生育、絕育、人工流產或妊娠包括驗孕、有關妊娠的併發症、不育測試、避孕藥物或避孕裝置；
3. 女性荷爾蒙測試、分析及荷爾蒙補充治療(因病症所引致者除外)；所有有關更年期前、更年期及更年期後的治療均不包括在內；
4. 「慢性疾病」所需的「長期藥物」，以及「受保前已存在的傷疾」所需的「長期藥物」，但診症費用除外；
5. 任何現時並不適用但日後合約可能適用的治療，而其費用可能極之高昂，例如極昂貴的愛滋病藥物、個別抗病菌藥物如干擾素、雷美米丁、抗癌藥物等；
6. 由性而傳染的病症的治療費用；
7. 性障礙治療費用包括但不限於因任何原因引致的性無能、勃起障礙或早洩；
8. 治療先天性缺陷的費用治療；
9. 任何由老年人病、老年精神病及精神病而導致的治療包括精神病、神經失常、情緒低落、驚恐、厭食症、精神分裂及行為失常等；
10. 美容手術費用，純粹為美容的治療如應診關於尋常瘡瘡、體重下降問題、頭髮脫落等，或定期眼睛、聽力或血液測試或接種；
11. 特別要求的藥物，例如到虐疾疫區渡假所需的預防藥物或備用藥物；
12. 專科 X 光檢驗，例如靜脈腎盂造影照片、膽管造影照片、專科調查測試如超聲波測試、心回波圖及內窺鏡測鑿、「網絡醫生」進行的小型外科手術、小型醫療程序；
13. 慢性酗酒、濫用藥物或療養費用；
14. 牙科及眼折射功能或糾正視力的治療費用；
15. 各類價格高昂之保品及營養藥材，例如燕窩、人參及靈芝等；
16. 各類市面上預先包裝好出售之健康輔助食品；
17. 「等候期」內所接受的治療；
18. 戰爭、侵略、外敵行動、敵對局面(不論曾正式宣戰與否)、內戰、叛亂、革命、反叛、軍事或篡權行動或直接參與罷工、暴動或內亂事件；
19. 參與任何罪行；
20. 自殺、企圖自殺或蓄意自我傷害；神經失常；或受服用酒精或藥物的影響；
21. 因本保單生效前已存在的身體殘缺、病症或「損傷」而導致情況持續或惡化；
22. 以職業選手身份參加任何體育活動或競賽，或「受保人」將會或可以從上述體育活動或競賽中賺取任何收入或酬金；
23. 並非以人體免疫力衰竭病毒(HIV)及/或有關疾病，包括愛滋病(AIDS)及/或其不論如何引起或如何定名的變種、衍生或變故病體；
24. 任何核子燃料、核子燃料燃燒後所產生的核子廢料或任何核子武器所產生的電離子輻射或放射性污染；
25. 繳費乘客身份乘坐持牌商業航空公司航機；
26. 任何由「網絡行為」引致的「意外」、「傷疾」、「疾病」及/或「損傷」。

第四部份 – 保單條款

1. 整體協議

本保單，包括「本保單」、「附表」、批單、附件及修訂本(如有者)，乃立約各方之間的整體協議。任何代理或其他人士均無權更改或

豁免「本保單」的任何條款。「本保單」如有任何修改，必須獲得「本公司」的授權人員批准並簽發批單作實，方始生效。

2. 年齡限制

「本保單」提供的保障只適用於年齡由十五天至六十九歲的人士並續保至七十五歲。

3. 保費

- (1) 本保單為年度之醫療保單。「閣下」可以以年繳或月繳方式付款予「本公司」。支付首期保費後，所有往後的保費必須在到期日或之前支付予「本公司」。如「閣下」曾提出索償或在「保險年度」內曾使用服務，「閣下」必須負責繳付同「保險期」之「保險年度」全年保費，保單方惟有效。「本公司」亦不會就任何已付保費作出退款。
- (2) 「本公司」保留權利，在以下情況更改或調整保費：
 - (a) 「本公司」會根據續保時的適用保費率調整保費(將基於多個因素，包括但不限於醫療通脹、預期未來醫療費用、理賠紀錄及「閣下」及/或這產品招致之費用，及保障之更改)，並於調整保費前 30 天以書面通知「閣下」。
 - (b) 於續保時，保費將按「受保人」之實際「年齡」自動調整。

4. 失實陳述、漏報或欺詐

「本公司」有權在下列任何一項情況下，宣告本保單自「保單生效日」起無效，並通知「閣下」，本保單不會為「受保人」提供保障：

- (a) 在投保表格或任何其後就相關申請提交予「本公司」的資料或文件(包括相關資料的任何更新及改動)，其所作出的陳述或聲明中，就「受保人」健康狀況的任何“重要事實”作出失實聲明或遺漏資料，未如實申報任何「投保前已存在之傷疾」或未能遵行最高誠信而影響「本公司」的風險評估。“重要事實”包括但不限於會影響「本公司」對「受保人」的核保決定的事實，若披露該事實「本公司」有可能因而徵收附加保費、增加不保項目、拒絕或待定投保申請。
 - (b) 在投保表格中或索償時，作出欺詐或有欺詐成分的申述。
- 在(a)的情況下，「本公司」將：
- (i) 退還已繳交的相關保費及保費徵費(如有)但需扣除所有已支付的索償金額及「本公司」支付的必要費用，包括但不限於「本公司」的合理行政費及因本保單而招致的服務費(如有)。
 - (ii) 如上述抵銷事項總數超越已繳交的相關保費，「閣下」必須在「本公司」發出付款通知書後十四(14)個工作天內向「本公司」償還差額。
- 在(b)的情況下，「本公司」將有權：
- (i) 不退還已繳交的相關保費；及
 - (ii) 追討所有過去已支付予「閣下」的賠償，並要求在「本公司」發出付款通知書十四(14)個工作天內把有關賠償償還「本公司」。

5. 虛報年齡或性別

如「受保人」虛報其年齡或性別，「本公司」會按其正確年齡或性別應付之保費而退回或收取保費的差額。倘「受保人」投保時的正確年齡未符合保單的要求或已超出限制，「本公司」只會退回保費而不負責任何承保責任。

6. 免責聲明

保障表內所有之醫療服務由蘇黎世保險有限公司所委任的服務機構提供，該服務機構乃是一間獨立公司，為「受保人」提供服務。如該機構之員工、代理或代表有任何錯漏或疏忽，皆與「本公司」、「本公司」的附屬機構、代理或旗下的員工無關。

7. 取消保單

「本公司」或「閣下」均有權取消保單。任何一方只需給予對方三十天書面通知，並郵寄往彼此最後紀錄之地址。

如屬「本公司」取消保單，而「受保人」於該段保單生效期間並無索償紀錄，「本公司」將按比例發還餘下已繳付保費予「閣下」。

如屬「閣下」取消保單，恕不退回任何保費（除非是下列第 15 項 - 審閱保單所述之情況），如保單以按月方式繳付全年保費，「本公司」亦有權於「閣下」支付保費的戶口收取剩下之全年保費。

如於該段保單生效期間曾經索償或使用保單內任何服務，則不會獲得保費退回。

如任何「受保人」於本保單終止/取消後接受「本公司」「網絡醫生」提供的醫療護理，「本公司」將直接向「閣下」支付保費的戶口收取有關的醫療費用。

儘管有上述規定，如本保單未符合「閣下」需要，「閣下」有權在緊接保單交付予閣下之日起計的二十一（21）日內交還保單及附上「閣下」的簽署之書面通知書要求取消保單。若未曾獲賠償或沒有將獲發的賠償，「本公司」將會把「閣下」已付之保費無息全數退還。若「閣下」曾獲賠償或將獲得賠償，則不獲發還保費。

8. 續訂保單

從「保單生效日」起計，本保單會維持生效一（1）年及由「本公司」酌情每年自動續保。惟「本公司」保留權利在任何「保險期」之續保前三十（30）日向「閣下」提供書面通知以更改保單條款，包括但不限於保費、保障、保障額或不承保事項。「本公司」沒有責任透露有關更改之原因及如「閣下」於本保單任何一個「保險期」之「保單生效日」前表示「閣下」不接納相關更改，續保可以不實行。

9. 更改計劃

在「保障期」內，本保單並不接受提升原有保障計劃。「閣下」可以在每年度續訂保單時，以新保費提出更改續保保障計劃，而「本公司」保留權利拒絕，並毋須披露拒絕原因。

10. 補領醫療卡

如遺失門診醫療卡，「受保人」應在 48 小時內通知「本公司」。補發費用為每張卡 100 港元。

11. 終止保障

本保單的保障將於以下最先發生的日期自動終止：

- 本保單任何保費或其任何部份到期而「閣下」未有繳付；
- 「受保人」年滿七十六歲；
- 「本公司」按「閣下」要求，於「閣下」以書面通知指定的日期終止保單，但「閣下」必須在保費到期日三十天前發出書面通知。

12. 管轄法律及司法裁判權

「本保單」受「香港」法律管轄及按其詮釋，並且服從「香港」法院的專有司法裁判權。

13. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方可根據香港司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。所有未能解決之爭議，一律按照香港法例第 609 章《仲裁條例》及不時生效的修訂本以仲裁方式裁定。整個仲裁過程必須在香港進行，並由爭議各方同意之單一仲裁人裁定。現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如「本公司」否認或否決「閣下」追索本保單之任何責任，而並未能於「本公司」所發出之通知十二個月內按以上規定展開仲裁，「閣下」之賠償申請即被視作已被撤回或放棄，並且不能根據本保單再次進行追討。

14. 恢復保單

此保單不可復保。

15. 審閱保單

「閣下」可審閱本保單十四天。如「閣下」因任何理由取消本保單，請「閣下」簽署核實後並將本保單交回「本公司」，只要「閣下」在該段時期內從未提出任何索償或接受「網絡醫生」服務，「本公司」將全數退還保費。

16. 遵從保單條款

如「受保人」違反本保單任何條款，所有就本保單提出的索償均告無效。

17. 制裁

若本保單提供的保險、款項、服務、保障及/或「受保人」的任何業務或活動會違反任何適用的貿易或經濟制裁法律或監管要求，不論本保單任何其他條款所列，保險公司則不得被視為向任何「受保人」或其他一方提供任何保險或將向「受保人」或任何其他一方支付任何款項或提供任何服務或保障。

以上條文亦適用於任何被保險公司視為適用的貿易或經濟制裁法律或監管要求，或若「受保人」或其他接受款項、服務或保障的一方是受制裁人士。

如欲查詢「網絡醫生」服務詳情，請於星期一至星期日上午九時至下午八時致「本公司」所委任的服務機構的客戶服務熱線 +852 2904 8368。其他查詢請於星期一至星期五上午九時至下午五時三十分致電「本公司」客戶服務熱線 +852 2968 2288。

（此保單分別有英文及中文版本，而中文版本乃是本保單之譯本，只供參考之用，如中文與英文有異，均以英文為準）