



招商信诺福康宁高端医疗保险条款阅读指引

The Reading Guide to CIGNA&CMB Fu Kang Ning High-end Medical Insurance Provision

本阅读指引帮助您理解条款，若与条款冲突，以条款为准。

This guide intends to help you better understand the following policy provision. In the case of any conflicts with the policy provision, the policy provision should always be valid and binding.

✓ 您所拥有的重要权益

Highlight of Your Rights

在首次投保时，自您方签收本保险合同之日起 15 天内为犹豫期，如果您方在犹豫期内要求解除本保险合同且在此期间内未发生理赔或直付服务、也未进行过付款担保或预先批准，我方将无息退还您方已支付的全部保险费，对于保险合同解除前发生的保险事故我方不承担保险责任。签收本保险合同之日起 15 天后，您方仍然有解除本保险合同的权利，但会存在一定的退保损失。

At your first application, the period of fifteen (15) days after your receiving and signing for the certificate of insurance is called cooling off period. If neither claims nor direct settlement have been made, as well as neither **guarantees of payment** nor prior approvals have been put in place, we will refund any premium which has been paid and without accrued interest. We will not pay for any claims occurred before the cancellation. You can terminate this policy after cooling off period, but the termination refund will be less than paid premium.

✓ 您应特别注意的事项

Matters for attention

1. 请您留意保险责任条款中的各保障项目的内容以及保险金的给付条件和范围，并根据您的需求购买。

Please pay attention to the provisions about the benefits and the provisions about the conditions and coverage of cover, and decide your insurance coverage accordingly.

2. 请您留意关于被保障人员以及增减被保险人的条款。

Please pay attention to the provisions about beneficiaries and the beneficiaries' added or removed.

3. 请您留意责任免除条款、自负比例、赔付限额等，以及其他已加下划线的免除或限制我方责任的条款。

Please pay attention to the provisions about exclusions, copay and limits, especially those having been underlined.

4. 请您留意保险合同中关于保险期间、预先批准及保险金申请的条款。

Please pay attention to the provisions about period of cover, claw back payables and policy termination.

5. 请您留意续保的条件，如果您方不愿意续保，请在保单周年日前通知我方。

Please pay attention to the renewal conditions. If you decide not to renew, please inform us prior to your policy anniversary date.

6. 请您留意保险费的支付条款，我方将根据医疗费用通胀情况对保险费率进行调整。

Please pay attention to the provisions about the premium payments. We will adjust the premium rates according to medical cost inflation.

7. 请您留意保险条款中术语的释义条款。

Please pay attention to the clause of Definitions.

✓ 条款目录

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招商信诺福康宁高端医疗保险条款
CIGNA&CMB Fu Kang Ning High-end Medical Insurance Provision

第一章 一般条款及规定
Section 1 - General Terms and Conditions

1. 保险合同构成 Policy constitution	<p>1.1 本保险合同包括与本保险合同有关的投保申请、保险单（或其他保险凭证）及所附保险条款、保障利益表、合法有效的批注、批单及其他文件。 This policy consists of the application of this insurance, the certificate of insurance, the provision, the list of benefits, valid notes and other documents</p> <p>1.2 在本保险合同中，“您方”指投保人，“我方”指招商信诺人寿保险有限公司。 You(r) refer to the policyholder and we (us, our) refer to CIGNA &CMB Life Insurance Company.</p>
2. 保险合同成立与生效 When does the cover begin?	<p>2.1 您方提出投保申请，经我方同意承保，本保险合同成立。 After we agree to your application, this policy is underwritten and the cover begins.</p> <p>2.2 本保险合同的生效时间在保险单中载明。 This policy will begin on the start time shown on the certificate of insurance which will be sent to you.</p> <p>2.3 您方务必及时向我方告知本保险合同生效时间之前被保险人所发生的任何医疗情况变化，我方将针对医疗情况的变化重新审核您方的申请，并可能增加特别责任免除、或重新评估是否承保。 It is important that you notify us immediately of any change in the beneficiaries' medical condition which occurs before the start time of the policy. We will then review your application and may need to apply (additional) special exclusions or review coverage acceptance.</p>
3. 保险期间 Period of cover	<p>本保险合同的保险期间为一年，自本保险合同的生效时间起计算。 This policy's period of cover is one year, starting from the start time of policy.</p>
4. 保险合同终止 termination of this policy	<p>发生下列任一情况，本保险合同效力终止： This policy will be terminated if:</p> <p>4.1 本保险合同保险期间届满且没有续保； this policy expires without renewing;</p> <p>4.2 您方或我方按本保险合同约定或相关法律法规的规定解除本保险合同； According to relevant provisions of this policy or laws, you or we terminate this policy;</p> <p>4.3 按本保险合同约定或相关法律法规的规定终止本保险合同。 According to relevant provisions of this policy or laws, this policy is terminated.</p>
5. 投保人解除保险合同的手续及风险 How to terminate the policy and the	<p>5.1 您方要求解除本保险合同，应向我方提出申请，并提供保险合同及有效身份证件。 If you terminate this policy, you should provide the certificate of insurance and your effective ID card.</p> <p>5.2 在首次投保时，自您方签收本保险合同之日起 15 天内为犹豫期，如果您方在犹豫期内要求解除本保险合同且在此期间内未发生理赔或直付</p>

**risk of
termination**

服务、也未进行过**付款担保**或预先批准，我方将无息退还您方已支付的全部保险费，对于保险合同解除前发生的保险事故我方不承担保险责任。

At your first application, the period of fifteen (15) days after your receiving and signing for the certificate of insurance is called cooling off period. If neither claims nor direct settlement have been made, as well as neither **guarantees of payment** nor prior approvals have been put in place, we will refund any premium which has been paid and without accrued interest. We will not pay for any claims occurred before the cancellation.

续保没有犹豫期。

When renewal, there is no cooling off period.

- 5.3 您方在犹豫期后要求解除本保险合同，本保险合同自我方收到解除合同申请书之日起效力终止。如果被保险人在本保险合同终止前没有进行理赔或直付服务、**付款担保**或预先批准，我方将向您方退还未满期净保费；如果被保险人在本保险合同终止前进行过理赔或直付服务、付款担保或预先批准，将没有任何保险费返还。

If the policyholder terminates this policy after cooling off period, the policy will be terminated since the day we receive the application. If neither claims nor direct settlement have been made, as well as neither **guarantees of payment** nor prior approvals have been put in place during the period of cover, **unearned net premium** will be refunded. Otherwise, there will be no refund.

您方在犹豫期后解除保险合同会遭受一定损失。

While terminating after cooling off period, the refund to you will be less than paid premium.

**6. 续保
Renewal**

- 6.1 如果在**保单周年日**前您方有未清偿的应追讨款项（见条款 32），将导致续保不能及时进行或无法续保。

If you have outstanding claw back payables (as clause 32) before the **anniversary date**, the renewal will be delayed or failed.

- 6.2 本保险合同非保证续保。如果我方认为本保险合同符合我方的续保条件，我方将在**保单周年日**前向您方发出续保通知，并同时告知您方续保保险费及续保的承保条件。

This policy is not guaranteed renew. While we agree that you are eligible to renew this policy, we will write to you before the **anniversary date** and ask you whether you want to renew the cover you currently have. We will also inform you of the premiums or terms and conditions which would apply on renewal.

- 6.3 如果您方在收到续保通知后希望变更保障内容或去除特别责任免除的，您方应该在**保单周年日**前至少 14 天通知我方，并根据我方的要求和询问进行如实告知。

If you want to change the benefits or remove the special exclusions at renewal, you need to submit the application at least 14 days before the **anniversary date** and tell us the true health situation of beneficiaries.

- 6.4 经我方审核同意且您方在**保单周年日**前明确向我方确认同意续保的，您方应自**保单周年日**起 30 天之内一次性付清续保保险费，本保险合同将自**保单周年日**起续保一年。我方将按照续保后的保险合同，包括保险单、保险条款、保障利益表等承担保险责任。

When we agree to the renewal and you clearly confirm to renew before **anniversary date**, if renewal premium is lump sum in 30 days since **anniversary date**, the policy will be renewed for another year since

anniversary date. After renewal, we will cover the benefits according to the renewal policy, including certificate of insurance, provisions, list of benefits and etc.

- 6.5 下列情况下，本保险合同将不续保：
This policy will not be renewed if:

6.5.1 本保险合同的被保险人不符合条款第 7 条的规定；
The insureds are ineligible according to the clause 7;

6.5.2 我方认为本保险合同不符合我方的续保条件；
we decide that this policy could not be renewed;

6.5.3 您方不同意续保；或者
you do not agree to renew your policy; or

6.5.4 您方自保单周年日起 30 天之内未支付续保保费。
you haven't paid the renewal premium in 30 days since
anniversary date.

7. 被保障人员
Who is covered?

- 7.1 出生满 90 天至 60 周岁、符合我方规定投保条件的人员可以作为被保险人参加本保险。如属续保，则被保险人的年龄最高可至 70 周岁。
Persons of 90 days to 60 years old who are eligible for this insurance according to our underwriting rules could be the beneficiaries of this insurance. For policy renewal, the eligibility requirement is up to 70 years old.

- 7.2 本保险的被保险人由主被保险人与附属被保险人组成。主被保险人年龄不满 60 周岁的配偶和所有符合承保条件的子女可以作为附属被保险人。其中，符合承保条件的子女是指年龄不满 25 周岁且仍在接受全日制教育，或年龄不满 25 周岁并与主被保险人居住在同一住所的未婚子女。

The beneficiaries of this insurance are consist of main insured and his (her) dependants. The dependants include the main insured's **spouse** who is under 60 years old and all eligible children who are unmarried and under the age of 25, either in full-time education or residing at the same residence with the main insured.

- 7.3 所有的投保申请须经医疗核保，我方将向您方告知我方对投保申请上列明的被保险人的承保条件，包括特别限制性承保条件，如特别责任免除。经我方审核同意后，该被保险人的信息将载于保险单上。
All applications will be subject to medical underwriting and we will let the policyholder know the underwriting conditions that will apply to any beneficiary named on the application and special conditions (such as special exclusions) may be applied in relation to them. If we agree to cover them, we will include their information on your certificate of insurance.

- 7.4 年龄的计算与误告的处理
Issue age and how to deal with incorrectness of age

7.4.1 本保险合同中的年龄为以法定身份证件载明的出生日期计算的周岁年龄，自出生之日起为零周岁。
The age of this policy is calculated on the birth date of effective identity card, while the birth date is regarded as age 0.

7.4.2 如您方申报的被保险人年龄不真实，并且其真实年龄不符合本保险合同约定投保年龄限制的，我方有权解除本保险合同，对本保险合同解除前发生的保险事故，不承担给付保险金的责任。若已给付保险金，则我方有权要求受益人退还已给付的全

部保险金。解除合同时，我方将向您方退还未满期净保费。我方行使保险合同解除权，该解除权自我方知道有解除事由之日起超过 30 天不行使而消灭。

If you provide us with an incorrect date of birth and the real age does not comply with the eligibility requirements of this policy, we have the right to cancel this policy and will not pay for any claims incurred before the cancellation. If there is any claim paid, we have the right to claw back the entire paid claim. In this situation, we shall refund the **unearned net premium**. The right to cancel the policy will be rescinded after 30 days starting from the day we notice this error.

- 7.4.3 如您方申报的被保险人年龄不真实，致使实付保险费少于应付保险费的，我方有权更正并要求您方补交保险费。若补交保险费前已发生保险事故，我方在给付保险金时按照实付保险费与应付保险费的比例折算给付保险金；折算给付的保险金=应给付的保险金×(实付保险费÷应付保险费)。

If you provide an incorrect date of birth, which directly leads to a lower premium than it should be, we have the right to make the correction and charge the additional payment for premium difference. If any insurance event prior to the date of correction, we will pay benefits on a proportional basis: the actual paid claims=the original claim×(the actual premium÷the true premium).

- 7.4.4 如您方申报的被保险人年龄不真实，致使实付保险费多于应付保险费的，我方会将多收的保险费无息退还给您方。

If you provide an incorrect date of birth, which directly leads to higher premium than it should be, we will refund the difference without interest.

8. 增减被保险人 Add or remove beneficiaries

- 8.1 除非发生**重大人生事件**，本保险合同不可以增加或减少被保险人。Unless there has been a relevant **qualifying life event**, a beneficiary cannot be added to or removed from this policy.

- 8.2 发生**重大人生事件**，您方可以申请增加或减少因受**重大人生事件**影响的被保险人。在保险期间内减少被保险人的，若该被保险人没有进行过理赔或直付服务、**付款担保**或预先批准，我方将向您方退还该被保险人的**未满期净保费**；反之，该被保险人的保险费将没有任何返还。
If there has been a relevant **qualifying life event**, the other person impacted in that **qualifying life event** may be added or removed as a beneficiary. In the case of removal during the period of cover, if the person removed has not made any claims or direct settlement or applied for any **guarantees of payment** or prior approvals prior to the removal, **unearned net premium** will be refunded. Otherwise, there will be no refund.

- 8.3 发生**重大人生事件**增加被保险人的，您方应及时向我方提出书面申请。经我方审核同意后，我方将向您方签发新的保险单，该新增被保险人的保障生效时间将在保险单中载明。
If there has been a relevant **qualifying life event** and you would like to add a new beneficiary on this basis, a written application should be submitted in time. After we review the application and agree to it, we will send you an updated certificate of insurance. The start time of the new beneficiary will be listed on the new certificate of insurance.

9. 保障范围 What is

- 9.1 我方根据本保险合同的约定承担经**专科医生**建议并由我方**医疗团队**所确认，属于**医疗必要**并且符合**通常医疗惯例**的医疗费用及/或其他特定

covered?	<p>服务费用的给付责任。</p> <p>According to this policy, we will cover certain costs of services and/or medical cost which are recommended by a medical practitioner, and which are medically necessary and of customary medical convention, as determined by our medical team.</p>
	<p>9.2 <u>我方承担的保险责任应受到下列限制:</u></p> <p><u>All covers of this policy are subject to:</u></p>
	<p>9.2.1 <u>保障利益表中所列的自负比例、支付次数限制和赔付限额; 以及</u></p> <p><u>the limits shown in the list of benefits as to copay, maximum visits and maximum amounts we will pay in relation to a particular treatment; and</u></p>
	<p>9.2.2 <u>保险条款中术语定义及责任免除。</u></p> <p><u>all of the terms, conditions, limits and exclusions set out in this policy.</u></p>
	<p>9.3 <u>我方将不支付发生在保险责任生效前与终止后的任何治疗, 即使该治疗在保险责任终止前已经获得了我方的批准。</u></p> <p><u>We will not cover any costs relating to treatment received before the cover starts or after the cover ends (even if that treatment was approved by us before the cover ends).</u></p>
<p>10. 保障内容</p>	
Benefit options	<p>10.1 您方可以选择一个或以上的保障项目, 包括:</p> <p>You can choose one or more coverage benefits, including:</p>
	<p>10.1.1 住院 及日间病房医疗保障;</p> <p>Inpatient & day-patient Medical Benefit;</p>
	<p>10.1.2 门诊 医疗保障; 以及</p> <p>Outpatient Medical Benefit; and</p>
	<p>10.1.3 牙科 保障。</p> <p>Dental Benefit.</p>
	<p><u>我方将不予支付在您方所选择保障项目外进行的任何治疗。</u></p> <p><u>We will not pay for any treatment outside your selected coverage benefits.</u></p>
	<p>10.2 您方可以选择的保障区域包括:</p> <p>Area of cover could be:</p>
	<p>10.2.1 全球;</p> <p>Worldwide;</p>
	<p>10.2.2 全球除美国;</p> <p>Worldwide excluding USA;</p>
	<p>10.2.3 大中华。</p> <p>Greater China.</p>
	<p><u>我方将不予支付在您方所选择保障区域外进行的任何治疗。</u></p> <p><u>We will not pay for any treatment outside your selected area of cover.</u></p>
	<p>10.3 本保险合同的保障内容包括您方选择的保障项目、保障区域、自负比例、赔付限额等内容。本保险合同项下每一被保险人所适用的保障内容应保持一致。您方仅可以在续保时申请变更保障内容, 我方可能对变更后的保障内容适用特别承保条件或特别责任免除。</p> <p>The benefit package is including the benefits you choose, area of cover,</p>

	<p>copay, maximum amounts and so on. The benefits of all beneficiaries under this policy should be the same. You can only change the selected benefit package at renewal. We may apply some special conditions or exclusions to the changed benefit package.</p>
<p>11. 保险费的支付 Premium</p>	<p>11.1 本保险合同保险费由您方在投保时一次性付清。 The premium of this policy should be lump sum when you insured.</p> <p>11.2 <u>我方将根据医疗费用通胀情况对保险费率进行调整，并在续保通知中告知您方续保保险费。</u> <u>We will adjust the premium rates according to medical cost inflation and tell you about renewal premium in the renew notice.</u></p>
<p>12. 特定医院自负比例和美国地区非网络医院自负比例 Special provider copay and US Non-CIGNA Healthcare PPO/OAP network copay</p>	<p>12.1 特定医院 自负比例是指在保险责任范围内、由被保险人自行承担在特定医院发生费用的比例。 Special provider copay is the percentage of any claim within the benefit coverage and incurring in special provider which a beneficiary must pay themselves.</p> <p>12.2 美国地区非网络医院 自负比例是指在保险责任范围内、由被保险人自行承担在美国地区非网络医院发生费用的比例。 US Non-CIGNA Healthcare PPO/OAP network copay is the percentage of any claim within the benefit coverage and incurring in US Non-CIGNA Healthcare PPO/OAP network which a beneficiary must pay themselves.</p>
<p>13. 赔付限额 Limits</p>	<p>赔付限额是指我方在每一保险期间内、对每一被保险人所承担的最高赔付金额。 Limits refers to the maximum paid claim amount of each beneficiaries in each period of cover.</p>
<p>14. 明确说明和如实告知 Truthful and Full Disclosure</p>	<p>订立本保险合同时，我方应向投保人明确说明本保险合同的条款内容。对保险条款中免除责任的条款，我方在订立保险合同时应当在投保单、保险单或者其他保险凭证上作出足以引起投保人注意的提示，并对该条款的内容以书面或者口头形式向投保人作出明确说明，未作提示或者明确说明的，该条款不产生效力。我方可以就投保人、被保险人或家属的有关情况提出询问，投保人应当如实告知。 When concluding the policy, the company shall explicitly describe the contents of the policy provision and conditions to the policyholder for the insurance. Especially for the exclusion clauses, the company shall have striking notes in application form, certificate of Insurance and other documents, as well as make clear explanations to the applicant in oral or written; otherwise, the exclusion clauses won't be effective. We may put forward inquiry about the relevant information of the policyholder and each beneficiary. The policyholder shall disclose the information fully and truthfully.</p>
<p>15. 未如实告知的处理 False or withheld information</p>	<p>15.1 投保人故意或者因重大过失未履行前款如实告知义务，足以影响我方决定是否同意承保或者提高保险费率的，我方有权解除本保险合同。 If the policyholder is of intention or gross negligence to miss the duty of truthful and full disclosure, which suffices to influence our decision as to whether to accept the application or to raise the insurance premium rate, we have the right to terminate the policy.</p> <p>15.2 投保人故意不履行如实告知义务的，我方对于本保险合同解除前发生的保险事故，不承担给付保险金的责任，并不退还保险费。 If the policyholder is of intention to miss the duty of truthful and full disclosure, we shall not be liable to pay insurance benefits or refund the insurance premiums for insured events that occurred before the</p>

termination of the policy.

- 15.3 投保人因重大过失未履行如实告知义务，对保险事故的发生有严重影响的，我方对本保险合同解除前发生的保险事故，不承担给付保险金的责任，但退还未满期净保费。

If the policyholder is of gross negligence to miss the duty of truthful and full disclosure, which has a material bearing on the occurrence of an insured event, we have the right to terminate the policy, and shall not be liable to pay insurance benefits for the insured events that occurred before the termination of the policy, but shall refund the **unearned net premium**.

- 15.4 我方在保险合同订立时已经知道投保人未如实告知的情况的，不会解除保险合同；发生保险事故的，我方按照保险合同的约定承担给付保险金的责任。

When concluding the policy, we have aware that the policyholder miss the duty of truthful and full disclosure, we shall not terminate the policy; and shall pay insurance benefits for occurred events which are covered according to the benefit coverage.

- 15.5 上述规定的保险合同解除权，自我方知道有解除事由之日起，超过三十日不行使而消灭。

The right to terminate the policy as specified in the preceding paragraph shall be extinguished if it is not exercised within 30 days after the date on which we learnt of the reason for termination.

16. 常住地所在国
Country of
habitual
residence

- 16.1 被保险人变更常住地所在国的，您方应及时以书面或双方认可的其他形式通知我方。我方有可能根据该被保险人变更后的常住地所在国对本保险合同的保障内容、保险费等内容进行调整。

If any beneficiary changes their country of **habitual residence** you should update the information. This policy's cover and premium could be changed according to the new country of **habitual residence** of beneficiary.

- 16.2 在某些情况下，如果变更常住地所在国将致使原有保障内容违反当地医疗保健监管规定，我方有可能不承担相应的保险责任，具体的规定可能根据不同国家及/或不同时期而变化。

In some instances, we may not provide the cover if such a change of country of **habitual residence** would result in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. The details of regulations vary from country to country and may change from time to time.

17. 联系方式变更
Changes of your
information

为了保障您方的合法权益，如果您方及被保险人的住所、通讯地址或电话等联系方式变更时，请及时以书面或双方认可的其他形式通知我方。如果您方未以书面或双方认可的其他形式通知我方，我方按本保险合同最终载明的住所或通讯地址发送的有关通知，均视为已送达给您方。

In order to protect your rights, if you and any beneficiary change the address, mailing address, or telephone number, please notify us in writing or though other way agreed by both you and us. Otherwise, the information we send based on the address or mailing address in the policy are deemed to have been served to you.

18. 保险合同变更
Changes to this
policy

本保险合同有效期内，经您我双方协商一致，可以变更本保险合同的有关内容。变更本保险合同的，我方将会给您方送交一份新的保险单或在原保险合同上批注，或者寄送批单。未经我方批准或批注，本合同的任何变动都将是无效的。我方的任何保险代理人、销售代表和服务代表、您方的保险经纪人都无权修正或豁免本合同的任何规定。

Within the period of coverage, you (we) can make changes to this policy with agreement by us (you). If this policy changes, we will send you a new policy or

endorsement or endorse the original policy. Any change without our approval will be invalid. Any insurance agent, sales or service or your broker does not have the right to amend or waiver of any provision of this policy.

19. 补偿原则
Principle of compensation

如果被保险人就保险责任范围内的费用已从其他途径（包括社会医疗保险、公费医疗、工作单位、我方在内的任何商业保险机构等）取得补偿，我方将按照被保险人获得补偿后的费用余额以及本保险合同的约定进行赔付。

If the cost of the benefit coverage is compensated from other sources (including social health insurance, free medical care, your work company, any commercial insurance institutions including us, etc.) by beneficiaries, it will be paid based on this policy and the balance after the compensation by us.

20. 语言
Language

本保险合同的英文内容仅供参考，中英文内容不一致或存在理解不同之处应以中文内容及意思为准。

The English version of this policy is for reference only. If there is any difference of provisions or understandings between the Chinese version and the English version, the Chinese version shall prevail.

21. 管辖权及争议处理
Jurisdiction & Dispute settlement

21.1 本保险合同受中华人民共和国法律管辖。

This policy is governed by laws of the People's Republic of China.

21.2 因履行本保险合同发生的争议，由您我双方协商解决；协商不成的，依法向人民法院提起诉讼。

All disputes in connection with this policy should be settled through consultations between you and us. No settlement be reached, either you or us may submit the dispute to the court.

第二章 保险责任 Section 2 - Benefits

22. 住院及日间病房医疗保障
Inpatient & day-patient Medical Benefit

住院及日间病房医疗保障是指我方按约定为被保险人提供所需要的**住院**费用、日间病房费用的保障。另外，对下述**外科手术、癌症治疗、精神治疗**及成瘾性嗜好**治疗**等列明的部分费用项目，保障的范围除包括**住院**费用及日间病房费用，还包括**门诊**费用。

Inpatient & day-patient Medical Benefit protects the beneficiary for as many as possible **inpatient** and day-patient costs according to the policy by us. The beneficiary will also have essential cover on an **inpatient**, day-patient and **outpatient** basis for **surgery, cancer treatment and** psychiatric care and addiction **treatment** etc. which are listed clarified as below.

22.1 住院或日间病房的医疗费
Accommodation for inpatient or day-patient treatment

22.1.1 在满足下列全部条件时：

When all below conditions are met:

(a) 被保险人接受**住院治疗**或**日间病房治疗**是出于**医疗必要**并且符合**通常医疗惯例**的；
it is **medically necessary** and of **customary medical convention** for the beneficiary to be treated on an **inpatient** or **day-patient** basis;

(b) 被保险人**住院**的时间长度是合理的；并且
they stay in **hospital** for a medically appropriate period of time; and

(c) 所接受的**治疗**由**专科医生**亲自执行或在其有效监控之下。
the **treatment** which they receive is provided or managed by a **specialist**.

我方将支付被保险人接受**住院**或**日间病房治疗**期间的护理、病房膳

	<p>食及床位等费用。</p> <p>We will pay for nursing care, accommodation and hospital bed etc. whilst a beneficiary is receiving inpatient or day-patient treatment.</p>
22.1.2	<p>如果有多规格的单人病房但被保险人入住超过基本单人病房规格的，我方审核认为被保险人入住超过基本单人病房规格的病房是出于医疗必要并且符合通常医疗惯例，我方将支付被保险人实际入住的病房费用；反之，我方将按照基本单人病房规格的病房费用向被保险人支付。</p> <p>If there are multiple levels of single room and beneficiary stays in a single room higher than the basic single room: if we review it as medically necessary and of customary medical convention that beneficiary stays in the non basic single room, we will pay for the amount as normal, otherwise, we will pay for the amount which would have been charged in a basic single room.</p>
22.2 外科手术室及麻醉复苏室费用 Operating theatre and recovery room costs	<p>如果被保险人接受外科手术治疗是出于医疗必要并且符合通常医疗惯例的，我方将支付在住院、日间病房、门诊发生的与之相关的外科手术室及麻醉复苏室费用。</p> <p>We will pay any costs and charges relating to the use of an operating theatre or recovery room on an inpatient, day-patient or outpatient basis, if the treatment being given is medically necessary and of customary medical convention.</p>
22.3 处方药及敷料费 Prescribed medicines and dressings	<p>我方将支付被保险人接受住院治疗或日间病房治疗期间发生的处方药及敷料费。</p> <p>We will pay for prescribed medicines and dressings which are prescribed for the beneficiary whilst he or she is receiving inpatient or day-patient treatment.</p>
22.4 重症监护室费用 Intensive care	<p>如果被保险人入住重症监护室、重症治疗室，加护病房或冠心病监护室是出于医疗必要并且符合通常医疗惯例的，我方将支付上述费用。</p> <p>We will pay for a beneficiary to be treated in an intensive care, intensive therapy, high dependency or coronary care facility if it is medically necessary and of customary medical convention.</p>
22.5 父母或监护人陪护床位费 Hospital accommodation for a parent or guardian	<p>如果被保险人在接受住院治疗时未满 18 周岁，符合下列全部条件时，我方将承担其法定监护人中的一位在同一病房中的陪同住宿的床位费用：</p> <p>If a beneficiary less than 18 years old needs inpatient treatment and has to stay in hospital overnight, we will also pay for hospital accommodation of the same room for a legal guardian, if:</p>
	<p>22.5.1 被保险人在本保险合同的保险责任范围内接受住院治疗； the inpatient treatment which the beneficiary is receiving is covered under this policy;</p>
	<p>22.5.2 该医院可以进行陪护；且 accommodation is available in the same hospital; and</p>
	<p>22.5.3 其陪同住宿费用是合理的。 the cost is reasonable.</p>
22.6 外科医生及麻醉师费用 Surgeons' and anaesthetists' fees	<p>我方将支付在住院、日间病房或门诊发生的下列费用：</p> <p>We will pay for inpatient, day-patient or outpatient costs for:</p>
	<p>22.6.1 外科手术中发生的外科医生及麻醉师费用；及 surgeons' and anaesthetists' surgery fees; and</p>
	<p>22.6.2 与外科手术同一天发生且与该外科手术直接相关的治疗中的外科医</p>

		生及麻醉师费用。 surgeons' and anaesthetists' fees in respect of treatment which is needed immediately on the same day as the surgery .
22.7	专科医生诊疗费 Specialists' consultation fees	我方将支付被保险人在 住院或日间病房治疗 期间发生的、出于 医疗必要 并且符合 通常医疗惯例 的专科医生诊疗费。 We will pay for consultations with a specialist , which is medically necessary and of customary medical convention , during stays in a hospital on an inpatient or day-patient basis.
22.8	器官、骨髓及干细胞移植费用 Transplant services for organ, bone marrow and stem cell transplants	<p>22.8.1 如果满足下列全部条件，我方将支付被保险人直接因器官移植在住院期间发生的医疗费用： We will pay for inpatient treatment directly associated with an organ transplant, for the beneficiary if:</p> <p>(a) 移植是出于医疗必要并且符合通常医疗惯例；并且 the transplant is medically necessary and of customary medical convention, and</p> <p>(b) 器官来源为其家属捐献，或具有已验证的、合法的来源。 the organ to be transplanted has been donated by a member of the beneficiary's family or come from a verified and legitimate source.</p> <p>22.8.2 如果满足下列全部条件，我方将支付被保险人直接因骨髓及干细胞移植在住院期间发生的医疗费用： We will pay for inpatient treatment directly associated with a bone marrow or peripheral stem cell transplant if:</p> <p>(a) 移植是出于医疗必要并且符合通常医疗惯例；并且 the transplant is medically necessary and of customary medical convention; and</p> <p>(b) 骨髓或干细胞来源为其自体骨髓或干细胞，或具有已验证的、合法的来源。 the material to be transplanted is the beneficiary's own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source.</p> <p>22.8.3 我方将支付被保险人在住院期间发生的移植后抗排异药物费用。 We will pay for anti-rejection medicines following a transplant, when they are given on an inpatient basis.</p> <p>22.8.4 如果骨髓及干细胞移植是癌症治疗的一部分，则我方将不按此项约定进行支付，而仅按“癌症治疗费用”（见条款 22.17）的约定进行支付。 We will not pay for bone marrow or peripheral stem cell transplants under this benefits if the transplants form part of cancer treatment. We will pay for it under "Cancer treatment" benefit (as clause 22.17) only.</p> <p>22.8.5 如果有捐献者捐献器官或骨髓给被保险人，我方将承担： If a person donates an organ or bone marrow to a beneficiary, we will pay for:</p> <p>(a) 获取器官或骨髓的外科手术费用； the harvesting of the organ or bone marrow;</p> <p>(b) 出于医疗必要并且符合通常医疗惯例的组织配型检测费用； tissue matching tests or procedures, which are medically</p>

	necessary and of customary medical convention;
	(c) 捐献者直接因捐献行为而发生的必要医疗费用; 及 the donor's medical costs which is directly related to the donor; and
	(d) 捐献者直接因捐献而发生的并发症 治疗 费用, 但限于捐献进行后 30 天内的 治疗 费用。 any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure;
22.8.6	<u>对于器官移植或器官捐献, 我方不承担:</u> <u>For organ transplant or donor organs, we will not pay for:</u>
	(a) <u>机械性人工器官、或动物器官的费用, 除非在等待移植过程中以短期维持身体机能为目的而临时使用的机械设备;</u> <u>the cost of mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant;</u>
	(b) <u>通过任何渠道购买捐献器官的费用; 或</u> <u>purchase of a donor organ from any source; or</u>
	(c) <u>针对未来可能出现的疾病而预先保存干细胞的费用。</u> <u>harvesting and storage of stem cells, when a preventative measure against possible future disease.</u>
22.8.7	<u>如果捐献者就本保险合同规定范围内的费用已从其他途径（包括社会医疗保险、公费医疗、工作单位、我方在内的任何商业保险机构等）获得赔偿或补偿, 我方将按照捐献者获得补偿后的余额以及本保险合同的约定进行赔付。</u> <u>If the cost of the benefit coverage can be compensated from any other source (including social health insurance, free medical care, your work company, any commercial insurance institutions including us, etc.), we will pay the claim amount based on this policy and the balance after the compensation.</u>
22.9 肾透析费用 Kidney dialysis	我方将支付被保险人在日间病房进行的肾透析 治疗 费用。 We will pay for the treatment for kidney dialysis on a day-patient basis.
22.10 病理检测、放射检查及其他诊断性检查化验费用 Pathology, radiology and other diagnostic tests	在出于 医疗必要 并且符合 通常医疗惯例 的情况下, 我方将支付被保险人在 住院 或 日间病房治疗 期间经 专科医生 明确要求进行的下列检查化验费用: If there are medically necessary and of customary medical convention and recommended by a specialist as part of a beneficiary's hospital stay for inpatient or day-patient treatment , we will pay for:
	22.10.1 病理检测; pathology tests;
	22.10.2 放射学检查; 及 radiology; and
	22.10.3 诊断性检查化验。 diagnostic tests.
22.11 物理治疗/补充治疗及中医/针灸治疗费用 Physiotherapy	在出于 医疗必要 并且符合 通常医疗惯例 的情况下, 我方将支付被保险人在 住院 或 日间病房治疗 期间经 专科医生 明确要求进行的下列 治疗 费用: If there are medically necessary and of customary medical convention and recommended by a specialist as part of a beneficiary's hospital stay for inpatient or day-patient treatment , we will pay for:

/ Complementary therapies and Chinese medicine / Acupuncture	<p>22.11.1 由拥有治疗所在国恰当专业资格认证的合格治疗师进行的物理治疗/补充治疗；及 physiotherapies / complementary therapies carried out by a properly qualified therapist and holds the appropriate license to practice in the country where the treatment is received;</p> <p>22.11.2 由拥有治疗所在国恰当的专业执业资格的专业针灸师及中医专业医生进行的专业中医/针灸治疗； Chinese medicine / acupunctures provided by an properly qualified Chinese medicine specialists or acupuncturist and holds the appropriate license to practice in the country where the treatment is received</p>
	<p><u>被保险人主要因为接受上述治疗而住院或进行日间病房治疗的，不在此项保障范围内。</u> <u>The treatment is excluding if it is the primary treatment which a beneficiary's hospital stay for inpatient or day-patient treatment.</u></p>
22.12 核磁共振、计算机断层扫描及正电子发射断层扫描费用 MRI, CT & PET scans	<p>在出于医疗必要并且符合通常医疗惯例的情况下，我方将支付被保险人在住院、进行日间病房治疗或门诊治疗期间经专科医生明确要求进行的下列检查费用： If there are medically necessary and of customary medical convention and recommended by a specialist as part of a beneficiary's hospital stay for inpatient, day-patient treatment or outpatient, we will pay for:</p> <p>22.12.1 核磁共振； magnetic resonance imaging (MRI);</p> <p>22.12.2 计算机断层扫描； computed tomography (CT);</p> <p>22.12.3 正电子发射断层扫描。 positron emission tomography (PET).</p>
22.13 家庭护理费用 Home Nursing	<p>如果满足下列全部条件，我方将支付被保险人的家庭护理费用： We will pay for a beneficiary's home nursing care, per period of cover, if:</p> <p>22.13.1 家庭护理由具有合法注册护士提供； Home nursing care is provided in the beneficiary's home by a qualified nurse;</p> <p>22.13.2 家庭护理是出于医疗必要并且符合通常医疗惯例的，且属于通常医院才能提供的护理服务。<u>我方不支付非医疗性质的护理或私人服务；</u> Home nursing care is medically necessary and of customary medical convention that would normally be provided in a hospital. <u>We will not pay for home nursing which only provides non-medical care or personal assistance;</u></p> <p>22.13.3 被保险人在本保险合同的保险责任范围内的住院或日间病房治疗期间由为其提供治疗的专科医生明确要求进行； it is recommended by a specialist who treated the beneficiary following inpatient or day-patient treatment which is covered by this policy;</p> <p>22.13.4 在被保险人出院后立即开始；并且 it starts immediately after the beneficiary discharges; and</p> <p>22.13.5 进行家庭护理可以实质减少被保险人继续在医院就医的时间。 it reduces the length of time for which the beneficiary needs to stay in</p>

		hospital.
22.14 修复体、设备及装置费用 Prosthetics, devices and appliances	22.14.1	<p>内置修复体、设备及装置：我方将支付被保险人在进行治疗或外科手术过程中植入被保险人体内的修复体、设备及装置的费用。 Internal prosthetics devices and appliances: We will pay for internal prosthetics, devices or appliances which are put in place during surgery as part of a beneficiary's treatment.</p>
	22.14.2	<p>外置修复体、设备及装置：我方将支付被保险人在进行治疗过程中符合医疗必要及通常医疗惯例的外置修复体、设备及装置的费用，并且该类装置属于外科手术后立即需要的或者在病后恢复阶段内短期内需要的。 External prosthetics devices and appliances: We will pay for external prosthetics, devices or appliances which is medical necessary and customary medical convention, and part of the treatment immediately following surgery for as long as is required or part of the recuperation process on a short-term basis.</p>
	22.14.3	<p>对未满 18 周岁的被保险人，每一保险期间我方最多承担一个外置修复体、设备或装置的初装费用及两次更换费用。 We will pay for an initial external prosthetic device and up to two replacements for beneficiaries less than 18 years per period of cover.</p>
	22.14.4	<p><u>拐杖、轮椅等主要为生活便利的设备不在此项保障范围内。</u> <u>Crutches, wheel chairs or other equipments which are mainly for living convenience are not included.</u></p>
22.15 当地救护车及空中救援服务费用 Local ambulance and air ambulance services	22.15.1	<p>如为出于医疗必要并且符合通常医疗惯例，我方将支付下列运送被保险人的当地救护车费用： Where it is medically necessary and of customary medical convention, we will pay for a local ambulance to transport a beneficiary:</p> <ul style="list-style-type: none"> (a) 从意外事故或机体损伤发生地到医院； from the scene of an accident or physical injury to a hospital; (b) 从一医院转送另一医院；或者 from one hospital to another; or (c) 从其家中到医院。 from their home to a hospital. <p>只有在当地救护车的使用是为了到医院进行医疗性质的治疗时，我方才支付其费用。 We will only pay for a local ambulance where its use relates to treatment which a beneficiary needs to receive in hospital.</p>
	22.15.2	<p>如为出于医疗必要并且符合通常医疗惯例，我方将支付下列运送被保险人的空中救援费用： While medically necessary and of customary medical convention, we will pay for an air ambulance to transport the beneficiary:</p> <ul style="list-style-type: none"> (a) 从意外事故或机体损伤发生地到医院；或者 from the scene of an accident or physical injury to a hospital; or (b) 从一医院转送另一医院。 from one hospital to another. <p>我方可支付的空中救援最长运送距离是 160 公里（100 英里）。空中救援的目的是为了到医院进行医学治疗。 we will only pay for an air ambulance to transport a beneficiary for</p>

distances up to 100 miles (160 kilometres). We will only pay for an air ambulance where its use relates to **treatment** which a beneficiary needs to receive in **hospital**.

我方无法保证任何情况下被保险人一定可以得到空中救援的服务；某些情况下，空中救援的使用是不可能的、无法操作的或有难以承担的风险。在这些情况下我方将不予安排或支付空中救援。

We cannot guarantee that an air ambulance will always be available when requested. In some situations it will be impossible, impractical or unreasonably dangerous for an air ambulance to operate. In these situations, we will not arrange or pay for an air ambulance.

22.15.3 我方不承担山地搜救的服务。

We do not provide cover for mountain rescue services.

22.16 精神治疗及成瘾性嗜好治疗费用
Psychiatric care and addiction treatment

22.16.1 我方将按照下述条件支付在**住院、日间病房或门诊**发生的精神健康问题或异常的**治疗**所产生的费用。

Subject to the limits explained below, we will pay for the **treatment** cost of mental health conditions and disorders on the basis of **inpatient, day-patient or outpatient**.

(a) 我方仅支付包含在国际疾病分类（ICD-10）的 F00-F09 及 F20-F48 的疾病；
We will only pay for the sickness included in ICD-10 F00-F09 and F20-F48

(b) 我方仅支付出于**医疗必要**并且符合**通常医疗惯例**的循证治疗费用。
We will only pay for the **treatments**, which are **evidence-based, medically necessary** and of **customary medical convention**.

22.16.2 我方仅支付被保险人在**住院、日间病房或门诊**发生的下述三类成瘾性嗜好**治疗**所产生的费用：

Subject to the limits explained below, we will pay for the **treatment** cost of addiction on the basis of **inpatient, day-patient or outpatient**:

(a) 成瘾性症状（包括嗜酒）的诊断；及
diagnosis of addictions (including alcoholism); and

(b) 在提供此类专项**治疗**且遵循**循证治疗**的专业**治疗**中心由**专科医生**明确要求进行一个阶段或一个疗程的，出于**医疗必要**并且符合**通常医疗惯例**的成瘾性嗜好**治疗**。
one course or programme of addiction **treatment** at a **specialist** centre providing **evidence-based treatment**, if that **treatment** is **medically necessary**, of **customary medical convention** and recommended by a **medical practitioner**.

(c) 在每次正式的**门诊成瘾治疗**疗程前，我方最多将支付三次**断瘾治疗**费用。
We pay for up to three attempts at **detoxification**, following which **we** will only pay for further **detoxification treatment** if the beneficiary completes a formal **outpatient** course or programme of addiction **treatment**.

我方不承担：

We will not pay for:

(a) 对成瘾性症状（包括嗜酒）的其他**治疗**；或
any other **treatment** related to alcoholism or addiction; or

	(b) <u>与成瘾性症状（包括嗜酒）有关的任何并发症（包括抑郁，痴呆或肝功能衰竭等）的治疗：</u> <u>treatment of any related condition, where we reasonably believe that the condition was the result of alcoholism or addiction. (such as depression, dementia or liver failure);</u>
22.16.3	在每一保险期间内，我方支付的天数上限为 90 天，其中 住院治疗 天数上限为 30 天， 门诊治疗 的次数上限为 20 次。 In any one period of cover, we will pay for up to 90 days, up to 30 days for inpatient treatment and 20 visits for outpatient treatment .
22.16.4	任意连续五年期间内，我方支付的天数上限为 180 天。 In any consecutive five year periods, we will pay for up to a maximum of 180 days.
22.16.5	在确定上述“30 天”、“90 天”、“180 天”的限制时： In determining when these 30, 90 and 180 days limits have been reached:
	(a) 如果被保险人 住院进行治疗 的，每在 医院 过一个夜晚计作“一天”；以及 We count each over night stay during which a beneficiary receives inpatient treatment as one day; and
	(b) 如果被保险人在 门诊或日间病房进行治疗 的，每一个发生 门诊或日间病房治疗 的日历日计作“一天”。 We count each day on which a beneficiary receives outpatient treatment as one day.
22.17 癌症治疗费用 Cancer treatment	我方将支付对 癌症 进行的 积极治疗 及 循证治疗 。包括：被保险人在 住院 、 日间病房 或 门诊 发生的 化疗 、 放疗 、 肿瘤病理 、 诊断性检查化验 及 处方药 等。 We will pay costs for the treatment of cancer if the treatment is considered by us to be active treatment and evidence-based treatment . This includes chemotherapy, radiotherapy, oncology, diagnostic tests and prescribed medicines , whether the beneficiary is staying in a hospital overnight or receiving treatment as a day-patient or outpatient .
23. 门诊医疗保障 Outpatient Medical Benefit	门诊医疗保障是指我方按约定为被保险人提供所需要的 门诊治疗 的诊疗费、 处方药费 、 敷料费 、 物理治疗/补充治疗 等费用的保障。 Outpatient Medical Benefit protects the beneficiary according to the policy for as many as possible outpatient costs by us, including specialist consultations, prescribed outpatient prescribed medicines and dressings, physiotherapies / Complementary therapies and more.
23.1 执业医师及专科医生诊疗费 Consultations with Medical Practitioners and Specialists	23.1.1 如被保险人因诊断疾病、安排或接受 治疗 ，至 执业医师 处就诊，我方将支付该次就诊的挂号费或诊疗费。 We will pay for consultations or meetings with a medical practitioner which are necessary to diagnose a sickness, or to arrange or receive treatment .
	23.1.2 如被保险人经 专科医生 明确建议需要在 门诊 进行出于 医疗必要 并且符合 通常医疗惯例 的 非外科手术治疗 ，我方将支付在 门诊 进行的该 非外科手术治疗 费，包括病理学的、放射学的及放射影像学的。 We will pay for non-surgical treatment on an outpatient basis, which is recommended by a specialist as being medically necessary and of customary medical convention , including, but not limited to, pathology, radiology and radiography.
23.2 门诊诊断性检	如被保险人经 执业医师 明确建议需要进行检查或化验以诊断或评估其疾病状

查化验费 Outpatient diagnostic testing	况，我方将支付在门诊发生的、出于 医疗必要 并且符合 通常医疗惯例 的 诊断性检查化验费 。 We will pay for any diagnostic test on an outpatient basis, which is medically necessary and of customary medical convention , if recommended by a medical practitioner in order to diagnose or assess a beneficiary's conditions.
23.3 物理治疗/补充治疗费用 physiotherapy / complementary therapies	23.3.1 如果由 专科医生 建议进行、我方将支付符合 循证治疗 原则的、出于 医疗必要 并且符合 通常医疗惯例 的、以恢复被保险人日常生活的正常生理功能为目的的 物理治疗/补充治疗 。 If recommended by a treating specialist , we will pay for physiotherapy / complementary therapies that is evidence-based, medically necessary, of customary medical convention , and restorative in nature to help beneficiary to carry out his (her) normal activities of daily living. 23.3.2 被保险人必须由 专科治疗师 进行 物理治疗/补充治疗 。 The treatments must be carried out by a properly qualified therapist .
23.4 中医/针灸治疗费用 Chinese medicine / acupuncture	23.4.1 如果 执业医师 明确要求进行 中医/针灸治疗 ，我方将支付相应的 中医/针灸治疗 费用。 We will pay for the Chinese medicine / acupuncture , if those treatments are recommended by a medical practitioner . 23.4.2 被保险人必须由专业针灸师及中医专业医生进行 中医/针灸治疗 。 The treatments must be carried out by a properly qualified Chinese medicine specialist .
23.5 处方药及敷料费 Prescribed medicines and dressings	我方将支付被保险人在 门诊 发生的由 执业医师 开具处方的 处方药 或敷料费。 We will pay for prescribed medicines and dressings which are prescribed by a medical practitioner on an outpatient basis.
23.6 中草药费用 Chinese herbal medicines	我方将支付被保险人在 门诊 发生的由 执业医师 开具处方的中草药费用。 We will pay for Chinese herbal medicines which are prescribed by a medical practitioner on an outpatient basis.
23.7 成人旅行疫苗接种费用 Adult travel vaccinations	我方将支付因旅行需要而进行的下列疫苗或免疫费用，包括： We will pay for certain vaccinations and immunisations due to travels, including: 23.7.1 破伤风（每 10 年一次）； tetanus (once every 10 years); 23.7.2 甲肝； hepatitis A; 23.7.3 乙肝； hepatitis B; 23.7.4 脑膜炎； meningitis; 23.7.5 狂犬病； rabies; 23.7.6 霍乱； cholera; 23.7.7 黄热病； yellow fever; 23.7.8 乙型脑炎；

	Japanese encephalitis;
	23.7.9 脊髓灰质炎; polio booster;
	23.7.10 伤寒; 以及 typhoid; And
	23.7.11 疟疾 (以片剂形式, 每日或每周)。 malaria (in tablet form, either daily or weekly).
23.8 牙科意外门诊 治疗费用 Accidental outpatient dental treatment	<p>23.8.1 如果被保险人因遭受意外事故而导致健康自体牙发生损伤, 牙齿损伤的治疗属于在意外事故后立即开始、且在意外事故后 30 天内完成的, 我方将支付该项牙科意外门诊治疗费用。 If a beneficiary needs dental treatment as a result of injuries which they have suffered in an accident, we will pay for outpatient dental treatment for any sound natural tooth/teeth or teeth damaged or affected by the accident, provided the treatment commences immediately after the accident and is completed within 30 days of the date of the accident.</p> <p>23.8.2 除条款第 29 条的规定外, 该项费用的理赔申请资料应同时包括由进行该次治疗的牙医提供的下列全部信息: Besides the requirement of clause 29, you should submit the following confirmation from the beneficiary's treating dentist when you claim:</p> <p>(a) 意外事故的具体日期; 及 the date of the accident; and</p> <p>(b) 确认所治疗的牙齿为健康自体牙。 the fact that the tooth/teeth which are the subject of the proposed treatment are sound natural tooth/teeth.</p> <p>23.8.3 如果某次意外事故的牙科治疗既可以在本保障项下获偿, 也可以在您方选择的“牙科保障”中获偿, 则我方仅按本保障约定进行赔偿, 而不按“牙科保障”的约定赔偿。 While any accidental dental treatment could be covered under the this benefit or “Dental Benefit” you choose, this benefit is paid instead of “Dental Benefit”.</p> <p>23.8.4 <u>在本保障项目中, 我方将不支付任何对种植牙、冠修复体、嵌体及义齿的修补与更换费用。</u> <u>We will not pay for the repair or provision of dental implants, crowns, inlays or dentures under this part of this policy.</u></p>
23.9 常规检查费用 Routine tests	<p>在每一保险期间内, 我方将支付未满 15 周岁儿童如下两项费用: within each period of cover, We will pay for the following routine tests for children less than 15 years old:</p> <p>23.9.1 一次视力检查; 及 one eye test; and</p> <p>23.9.2 一次听力检查。 one hearing test.</p>
24. 牙科保障 Dental Benefit	<p>牙科保障是指我方按约定为被保险人提供所需要的预防性牙科治疗、常规牙科治疗及重大牙科治疗费用的保障。 Dental Benefit gives the beneficiary access to preventative dental treatment, routine dental treatment and major dental treatments according to the policy.</p>
24.1 预防性牙科治	每一保险期间内, 我方将支付下述费用:

疗费用 Preventative dental treatment	Within each period of cover, we will pay for:
	24.1.1 两次牙科检查; two dental check-ups;
	24.1.2 X 光检查包括咬翼片、牙片及口腔全景片; X-rays, including bitewing, single view, and orthopantomogram (OPG);
	24.1.3 两次的洁牙及抛光, 包括出于 医疗必要 并且符合 通常医疗惯例 的局部氟化剂处理; Two scaling and polishing including topical fluoride application which is medically necessary and of customary medical convention ;
	24.1.4 一付护齿的费用; one mouth guard;
	24.1.5 一付夜间咬合垫的费用; 以及 one night guard; and
	24.1.6 窝沟封闭 治疗 。 Fissure sealant.
24.2 常规牙科治疗 Routine dental treatment	每一保险期间内, 我方将支付被保险人出于维护 口腔健康 所必须的并且由 牙医 明确要求进行的如下常规牙科治疗费用: Within each period of cover, we will pay for the following routine dental treatment if that treatment is necessary for continued oral health and is recommended by a dentist :
	24.2.1 根管 治疗 ; root canal treatment ;
	24.2.2 拔牙; extractions;
	24.2.3 牙科 外科手术 ; surgical procedures;
	24.2.4 暂时性 牙科 处理 (包括开髓、换药、引流、暂封、暂时充填等); occasional treatment ;
	24.2.5 麻醉药; 以及 anaesthetics; and
	24.2.6 牙周 治疗 。 periodontal treatment .
24.3 重大牙科治疗 Major restorative dental treatment	我方将为享有本保险合同的“牙科保障”持续有效达 12 个月及以下的被保险人支付牙科修复性 治疗 的费用。 We will pay for the following major restorative dental treatment after a beneficiary has had “Dental Benefit” under this policy for at least 12 months:
	24.3.1 义齿—丙烯酸树脂/合金复合义齿, 金属义齿或金属/丙烯酸树脂复合义齿; dentures (acrylic/synthetic, metal and metal/acrylic);
	24.3.2 冠修复体; crowns;
	24.3.3 嵌体; 以及 inlays; and
	24.3.4 种植牙。 placement of dental implants.

- 24.4 牙科责任免除
Dental
Exclusions 除了条款第 25 条所列的通用责任免除外，下列责任免除也适用于“牙科保障”。
- The following exclusions apply to “**Dental Benefits**”, in addition to the general exclusions in clause 25 of this policy.
- 24.4.1 单纯的美容性治疗；
Purely cosmetic treatments;
- 24.4.2 为了填写理赔申请表或其他日常事务而导致的费用；
Fees or costs which relate to the filling of a claim form, or any other administrative service;
- 24.4.3 因牙具遗失或被盗而进行的更换；
The replacement of any dental appliance which is lost or stolen, or associated treatment;
- 24.4.4 按照被保险人常住地所在国内拥有普通能力技术的牙医的正常合理的意见：被保险人的牙桥、冠修复体、嵌体或义齿可以修理并达到正常可用的状态，但被保险人更换该牙桥、冠修复体、嵌体或义齿的；
The replacement of a bridge, crown, inlays or denture which (in the reasonable opinion of a dentist of ordinary competence and skill in the beneficiary's country of habitual residence) is capable of being repaired and made usable;
- 24.4.5 初次安装后不足五年的牙桥、冠修复体、嵌体及义齿的更换，除非：
The replacement of a bridge, crown, inlays or denture within five years of its original fitting unless:
- (a) 保险期间内被保险人因外力伤害导致牙桥、冠修复体、嵌体及义齿受损后无法修复达到正常可用的状况；或
it has been damaged beyond repair, whilst in use, as a result of an **dental injury** suffered by the beneficiary whilst they are covered under this policy; or
- (b) 在被保险人必须拔除健康自体牙后，出于医疗必要并且符合通常医疗惯例对与被拔除牙齿有邻接关系或对合关系的原义齿进行更换；或
the replacement is **medically necessary** and of **customary medical convention** because the beneficiary requires the extraction of a **sound natural tooth/teeth**; or
- (c) 在对颌牙初次安装半口义齿时，为进行全口牙列的咬合关系配置，原义齿必须更换。
the replacement is necessary because of the placement of an original opposing full denture.
- 24.4.6 树脂贴面或瓷贴面；
Acrylic or porcelain veneers;
- 24.4.7 对上下颌的第一、第二及第三颗磨牙安装冠修复体或义齿，除非：
Installing or replacing with crowns or dentures on the upper and lower first, second and third molars unless:
- (a) 是普通烤瓷或全金属的，如镍铬合金冠；或
they are constructed of either common porcelain or metal (for example, a gold alloy crown); or
- (b) 牙科治疗中所需要的临时冠或义齿。

a temporary crown or pontic is necessary as part of **dental treatment**.

- 24.4.8 实验性的或不符合通常牙科治疗规范的牙科治疗、操作或材料；
Treatments, procedures and materials which are experimental or do not meet generally accepted dental standards.
- 24.4.9 直接或间接由下述原因造成的种植牙治疗；
Treatment for dental implants directly or indirectly related to:
- (a) 种植融合失败；
failure of the implant to integrate;
 - (b) 种植体骨结合部位破裂；
breakdown of osseo-integration;
 - (c) 种植体周围炎；
peri-implantitis;
 - (d) 更换冠修复体、牙桥、嵌体及义齿；或
replacement of crowns, bridges, inlays or dentures; or
 - (e) 任何意外事故或外力伤害导致的种植牙治疗，包括修复或更换任何假体设备。
any treatment for dental implants caused by accident or other injury including any repair or replacement of prosthetic device.
- 24.4.10 口腔卫生咨询建议，如牙菌斑控制、口腔卫生及饮食等；
Advice relating to plaque control, oral hygiene and diet.
- 24.4.11 单纯的服务或商品，包括但不限于漱口水、牙刷及牙膏等；
Services and supplies, including but not limited to mouthwash, toothbrush and toothpaste.
- 24.4.12 正畸治疗；
Orthodontic treatment;
- 24.4.13 咬合关系取模，精密/半精密附着体；
Bite registration, precision or semi-precision attachments.
- 24.4.14 主要出于如下目的的治疗（全口义齿的治疗除外）；
Any treatment (except full dentures) if its main purpose is to:
- (a) 改变上下（颌间）距离；或者
change vertical dimensions; or
 - (b) 颞下颌关节功能障碍的诊断或治疗；或者
diagnose or treat conditions or dysfunction of the temporomandibular joint; or
 - (c) 牙周病患牙固定；
stabilise periodontally involved teeth;
- 24.4.15 咬合运动障碍解除。
restore occlusion.

第三章 责任免除

Section 3 - Exclusions

25. 通用责任免除

General Exclusions

下述通用责任免除对本保险合同所有保障均适用。因下列任一情形导致医疗费用或特定服务费用的，我方不承担给付保险金的责任：
Cover under this policy is subject to the following general exclusions. We will not

pay for any medical costs or specific service costs due to each of below conditions:

- 25.1 您方对被保险人的故意杀害、故意伤害；
intentional killing or intentional injury by you;
- 25.2 被保险人自我伤害、自杀、故意犯罪、抗拒依法采取的刑事强制措施；
Intentional self-injury, suicide, intentional criminal or resist criminal compulsory measures taken according to the law.
- 25.3 被保险人酒后驾驶期间，无合法有效驾驶证驾驶期间、驾驶无有效行驶证的机动车辆期间发生的意外伤害；
The accident incurred during the period of **drunk driving**, driving without valid driver license or driving a motor vehicle without valid vehicle license;
- 25.4 遗传性疾病，先天性畸形、变形或染色体异常；感染艾滋病病毒或患艾滋病；
Hereditary conditions, congenital malformations, deformation or chromosomal abnormalities; infected with HIV or suffering from AIDS,
- 25.5 战争，军事冲突、暴乱或武装叛乱；
War, military conflict, riot or acts of terrorism;
- 25.6 核爆炸、核辐射或核污染；
Nuclear explosion, nuclear radiation or nuclear pollution;
- 25.7 被保险人参加任何空中运动、空中旅行或任何航空活动，但是以乘客身份付费乘坐民用或商业航班进行旅行时除外；
Any air movement, air travel or any aviation activities, except when traveling by civil or commercial flights as passengers
- 25.8 被保险人进行跳伞、滑翔、潜水、滑雪、滑水、攀岩、攀登雪山、探险、武术比赛、摔跤比赛、拳击运动、特技表演、赛马、机索跳（蹦极）等高风险运动；
High risk activities, such as parachuting, gliding, scuba diving, skiing, water skiing, rock climbing, climbing mountains, adventure, combat sports, wrestling, boxing, acrobatic display, racing, machine rope jumping (bungee) and etc.;
- 25.9 任何因接受医院治疗或由于执业医师所导致的损失、损害、疾病或机体损伤，即使该治疗已经我方批准。
any loss, damage, sickness and/or physical injury that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when we have approved the **treatment** as being covered.
- 25.10 既往症或相关的任何疾病或症状，除非您方在投保前已如实告知且经我方审核同意对该既往症按约定承担相应保险责任的；
any **pre-existing condition** or any condition or symptoms which are related to a **pre-existing condition**, unless you are disclosed to us before the start of cover and we have decided to cover this **pre-existing condition** after underwriting;
- 25.11 妊娠、生育、不孕不育、生殖控制或由前述情况导致的任何并发症或后续问题，包括但不限于：
any of the **treatments** or other benefits which are related to pregnancy, childbirth infertility, birth control or relevant complications; including but not limited to:

- 25.11.1 宫外孕、流产、早产等非正常妊娠；
abnormal maternity such as ectopic pregnancy, abortion and premature birth;
- 25.11.2 试管婴儿(IVF)和人工受精治疗，及其导致的并发症；
In-vitro fertilisation (IVF) and artificial insemination and relevant complications;
- 25.11.3 任何与男性或女性有关的生育控制产生的治疗，包括但不限于：外科手术避孕、非外科手术避孕、生育咨询等；
Treatment needed because of or relating to male or female birth control, including but not limited to: surgical contraception, non surgical contraception, family planning consultation and etc;
- 25.11.4 与不孕不育（除了为确诊不孕不育而进行的检查）或各种生育问题相关的治疗、及对这些治疗导致并发症的后续治疗，包括但不限于：卵子输卵管内移植(GIFT)；受精卵输卵管内移植(ZIFT)；人工受孕（AI）；处方药；胚胎转移（从身体的一处转移至另一处）；或卵子/精子捐赠及其相关费用；
Treatment relating to infertility (other than investigation to the point of diagnosis), fertility treatment of any sort, or treatment of complications arising as a result of such treatment. This includes, but is not limited to: gamete intra-fallopian transfer (GIFT); zygote intra-fallopian transfer (ZIFT); artificial insemination (AI); prescribed medicine; embryo transportation (from one physical location to another); or ovum and/or semen donation and related costs;
- 25.11.5 胎儿外科手术，如在出生前子宫内进行治疗或外科手术；
Foetal surgery, i.e. treatment or surgery undertaken in the womb before birth;
- 25.11.6 意图终止怀孕的措施；
Treatment of the intention to terminate the pregnancy;
- 25.11.7 任何代孕及与代孕有关的治疗，无论代孕者是被保险人，还是被代孕者是被保险人；
Surrogacy or any related treatment, no matter the surrogate is insured, or be surrogate is insured;
- 25.11.8 新生儿在医院的托护理；
Nursery care for a newborn in hospital;
- 25.12 人工维持生命，包含仪器辅助呼吸，除非此治疗有使被保险人复原或恢复到患病前健康状况的合理预期。
Life support treatment (such as mechanical ventilation) unless such treatment has a reasonable prospect of resulting in the beneficiary's recovery, or restoring the beneficiary to his or her previous state of health.
- 25.13 本保险合同载明的特别承保条件或特别责任免除所涉及疾病或症状导致的治疗。
Treatment for a disease or condition which is the subject of a special underwriting condition or a special exclusion in the policy.
- 25.14 非出于医疗必要或者不符合通常医疗惯例的住院，包括：
The hospitalization or staying in hospital, which are not medically necessary or not of customary medical convention, which includes:
- 25.14.1 可以在日间病房或门诊进行的治疗；

- treatment that could take place on a day-patient or outpatient basis;
- 25.14.2 病后自然恢复过程;
convalescence;
- 25.14.3 社会性或家庭性事务导致的入院，如洗衣、穿着及沐浴等。
social or domestic reasons e.g. washing, dressing and bathing.
- 25.15 足部护理，包括由手足病治疗专家或足科医生进行的。
Foot care by a Chiropodist or Podiatrist.
- 25.16 睡眠异常及其并发症，如失眠、打鼾等；除非有证据表明该被保险人
经受着严重的呼吸睡眠综合症（窒息），在这样的情况下我方将支
付：
Sleep disorders, including insomnia, snoring and etc; unless there are
indications that the beneficiary is suffering from severe sleep apnoea. In
these circumstances, we will only pay for:
- 25.16.1 每一保险期间内一次睡眠情况评估；
one sleep study per period of cover;
- 25.16.2 医学必要并且符合通常医疗惯例的外科手术。
surgery, if medically necessary and of customary medical
convention.
- 25.17 下列医生、医院、诊所及机构提供的治疗：
Treatment which is provided by:
- 25.17.1 医疗从业人员没有得到治疗所在国有关当局认可为具有治疗相
应疾病、病症或机体损伤所需要的适当专业知识和技能的；
a medical practitioner who is not recognised by the relevant
authorities in the country where the treatment is received as
having specialist knowledge of, or expertise in, the treatment of
the sickness or physical injury being treated;
- 25.17.2 我方已经以书面形式致函执业医师、治疗师、医院、诊所及机
构确认我方不再承认其作为我方认可的医疗服务主体（相关信
息可致电我方的客服热线查询）；或者
a medical practitioner, therapist, hospital, clinic, or facility to
whom we have confirmed that we no longer recognise them as a
treatment provider. Detail information could be obtained by
calling call our Customer Service Team; or
- 25.17.3 我方认为没有适当的能力进行相应治疗的执业医师、治疗师、
医院、诊所及机构。
a medical practitioner, therapist, hospital, clinic, or facility which,
in our reasonable opinion, is not competent to provide treatment.
- 25.18 提供治疗的人员与被保险人在同一居所，或为被保险人的家庭成员。
Treatment, which is provided by anyone who lives at the same address as
the beneficiary, or who is a member of the beneficiary's family.
- 25.19 戒烟及其相关治疗。
Treatment for, or in connection with, smoking cessation.
- 25.20 言语复健治疗，包括但不限于下述任一情况：
Speech therapy, including but not limited to:
- 25.20.1 用于改善发育不完全的言语能力；
aims to improve speech skills which are not fully developed;

- 25.20.2 出于教育提高言语能力的目的；
is educational in nature;
- 25.20.3 出于维持语言交流能力为目的；或
is intended to maintain speech communication; or
- 25.20.4 为纠正言语障碍（例如口吃）。
aims to improve speech or language disorders (such as
stammering).
- 25.21 发育问题，包括但不限于：
Developmental problems including but not limited to:
- 25.21.1 精神或智力发育迟缓；
Mental retardation
- 25.21.2 学习困难如阅读障碍；
learning difficulties such as dyslexia;
- 25.21.3 行为问题如注意力缺陷或多动症（ADHD）；
behavioural problems such as autism or attention deficit disorder
(ADHD);
- 25.21.4 身体发育问题如身材矮小。
physical development problems such as short height.
- 25.22 颞下颌关节功能障碍的(TMJ).
Disorders of the temporomandibular joint (TMJ).
- 25.23 治疗肥胖或其并发症，包括但不限减肥课程、减肥指导或药物减肥。
Treatment for obesity or which is necessary because of obesity. This
includes, but is not limited to, slimming classes, aids and drugs.
- 当被保险人符合在如下情况时，我方将支付胃束带或胃旁路外科手术：
- We will only pay for gastric banding or gastric bypass surgery if a beneficiary:
- 25.23.1 体重指数（BMI）达到 40 或以上并被诊断为病态肥胖；或
has a body mass index (BMI) of 40 or over and has been diagnosed
as being morbidly obese;
- 25.23.2 能够提供文件证明：过去 24 个月内已经尝试过其他减肥方法；
can provide documented evidence of other methods of weight
loss which have been tried over the past 24 months;
- 25.23.3 在外科手术前已经历了心理评估，并确认被保险人适宜进行这样的外科手术。
has been through a psychological assessment which has confirmed
that it is appropriate for them to undergo the procedure.
- 25.24 在自然治疗诊所、水疗养院或温泉疗养院、疗养院或任何非医院性质的或不被认为是合格的医疗服务提供者的机构提供的治疗。
Treatment in nature cure clinics, health spas, nursing homes, or other
facilities which are not hospitals or recognised medical treatment
providers.
- 25.25 部分或全部由于家庭事务因素导致在医院居住，或在医院居住期间实际上并不需要进行治疗，或医院已经成为被保险人的住所或永久居住的住所。

Charges for residential stays in **hospitals** which are arranged wholly or partly for domestic reasons or where **treatment** is not required or where the **hospital** has effectively become the place of domicile or permanent abode.

- 25.26 任何因受酒精、毒品、管制药物影响或与其有关的并发症导致的治
疗。

Treatment for a related disease or condition resulting from the influence of alcohol, drugs, controlled substances.

- 25.27 肿瘤标志物检测、微量元素检测、血型检测、妊娠检测，或艾滋病检测；除非有医学上合理的理由，并且由**执业医生**建议进行。

Tumor marker tests, trace element tests, blood type testing, maternity tests or HIV tests; unless there are solid medical reasons and they are suggested by **medical practitioner**.

“医学上合理的理由”是指机体外观或生理检测发生客观改变，并且符合不明原因肿块、微量元素缺乏、妊娠或艾滋病的诊断特征，或者需要检测血型以进行输血、骨髓移植等治疗。

‘solid medical reasons’ requires that body appearance or physiological testing has objective changes, and is meeting the diagnostic characteristics of undiagnosed lumps, lacking of trace elements, maternity or HIV infection, or needs to have blood type tests for the purpose of blood transfusion or marrow transplantation.

- 25.28 被保险人因永久性神经损伤和/或**永久植物人状态(PVS)**超过 90 天的治疗费用。

Treatment for more than 90 continuous days for a beneficiary who has suffered permanent neurological damage and/or is in a **persistent vegetative state (PVS)**.

- 25.29 任何对个性或人格障碍的**治疗**，包括但不限于：

Treatment for personality and/or character disorders, including but not limited to:

- 25.29.1 情感性人格障碍，包括孤独症；
affective personality disorder, including autism;

- 25.29.2 精神分裂人格（非精神分裂症）；或
schizoid personality disorder; or

- 25.29.3 表演型人格障碍。
histrionic personality disorder.

- 25.30 预防性**治疗**（除非被保险人已投保了包含这些保险责任的保障）：包括但不限于健康筛查、常规体检及疫苗接种；

Preventative **treatment** (unless that **treatment** is available under one of the benefits under which a beneficiary has cover), including but not limited to health screening, routine health checks and vaccinations;

我方将支付如下疾病的预防性**外科手术**费用：

We will pay for preventative **surgery** when a beneficiary:

- 25.30.1 有明显家庭遗传史的疾病、或作为某种遗传性肿瘤综合症的症状之一的疾病（例如卵巢癌）；以及

has a significant family history of a sickness which is part of a hereditary **cancer** syndrome (such as ovarian **cancer**); and

- 25.30.2 已经进行基因检查，并且结果显示患有某种遗传性肿瘤综合征（但不包括基因检查的费用）；

has undergone genetic testing which has established the presence of a hereditary **cancer** syndrome. (We will not pay for the genetic testing).

- 25.31 任何原因引起的性功能障碍的**治疗**，如阳痿**治疗**或其他性方面的问题。
Treatment for sexual dysfunction disorders (such as impotence) or other sexual problems regardless of the underlying cause.
- 25.32 单眼或双眼屈光不正的**治疗**，包括但不限于：激光**治疗**、屈光性角膜切开术及屈光性角膜切削术。如是因疾病或机体损伤所导致，我方将支付符合条件的视力**治疗**费用，如白内障或视网膜脱落。
Treatment which is intended to change the refraction of one or both eyes, including but not limited to laser **treatment**, refractive keratotomy and photorefractive keratectomy. We will pay for **treatment** to correct or restore eyesight if it is needed as a result of a sickness or physical injury (such as cataracts or a detached retina).
- 25.33 除非另有说明，**治疗**期间的任何旅行花费如出租车费、公共汽车费用、汽油费或停车费。
Travel costs for **treatment** including any fares such as taxis or buses, unless otherwise specified, and expenses such as petrol or parking fees.
- 25.34 变性**外科手术**及任何该**外科手术**所需的准备及恢复性**治疗**（例如心理辅导），包括由该**外科手术**引起的并发症。
Sex change **operations** or any **treatment** needed to prepare for or recover from these **operations** (for example, psychological counselling) including complications arising out of such **treatment**.
- 25.35 根据我方的合理观点认为是实验性的、非常规的、或未被证实为有效的**治疗**。这些**治疗**包括但不限于：
Treatment which (in our reasonable opinion) is experimental, is irregular, or has not been proven to be effective. This includes but is not limited to:
- 25.35.1 临床试验性质的**治疗**：
treatment which is provided as part of a clinical trial;
- 25.35.2 未被**治疗**发生所在国权威部门批准的**治疗**；或
treatment which has not been approved by the relevant public health authority in the country in which it is received; or
- 25.35.3 药品或药物没有获得药品或药物使用地所在国政府许可或批准。
any drug or medicine which is prescribed for a purpose for which it has not been licensed or approved in the country in which it is prescribed.
- 25.36 除了是**医疗必要**并且符合**通常医疗惯例**的，并且是由疾病、机体损伤或其他**外科手术**而导致的整形、**美容**或重建**外科手术**外，任何形式（包括出于生理或心理原因导致）的整形、**美容**或重建**外科手术**或改进入的外表的**治疗**及其并发症的**治疗**费用。这些**治疗**包括但不限于：
Any **treatment** or complication of plastic, **cosmetic** or reconstructive **treatment**, the purpose of which is to alter or improve appearance for either physical or psychological reasons, unless that **treatment** is **medically necessary**, of **customary medical convention** and is a direct result of an sickness or a physical injury suffered by the beneficiary, or as a result of **surgery**. This includes but is not limited to:
- 25.36.1 面部提升术（皱纹切除术）；

- facelifts (rhytidectomy);
- 25.36.2 鼻部塑形术（鼻整形术）；
nose reshaping (rhinoplasty);
- 25.36.3 包皮环切术；
circumcision;
- 25.36.4 吸脂术及其他去除脂肪的治疗；
liposuction and other procedures which remove fat tissue;
- 25.36.5 激光去痣术或去激光瘢痕术；
removing moles or scars with laser;
- 25.36.6 脱发治疗、植发术；以及
hair loss treatments and hair transplants; and
- 25.36.7 改变乳房形状的外科手术、乳房增大或缩小外科手术（癌症治
疗后的乳房重塑术除外）。
surgery to change the shape of, enhance or reduce breasts (other
than breast reconstruction following treatment for cancer).
- 25.37 不属于常规的医疗费用，包括但不限于专家邀请费、专家点名费、报
纸、出租车、电话、接待餐费及旅馆住宿费用。
Irregular medical costs, Including but not limited to: expert invitation fees,
expert nomination fees, newspapers, taxi fares, telephone calls, guests'
meals and hotel accommodation.
- 25.38 填写理赔申请表的费用及其他行政费用。
Costs or fees for filling in a claim form or other administration charges.

第四章 预先批准

Section 4 - Prior approvals

26. 预先批准清单 List of prior approvals

下述所有的治疗均需取得我方的预先批准：

Prior approval should be obtained from us for the following **treatments**:

26.1 被保险人必须在每次住院前联系我方；

A beneficiary must contact us before each hospitalizations;

如果主持被保险人治疗的执业医生决定需要延长留院治疗时间并超出我方的预先批准时长，或者已获我方审核同意的治疗方案将有所变动，必须尽快向我方寄送治疗的专科医生出具的医疗报告，并载明下列全部信息：

If the treating **medical practitioner** decides that the beneficiary needs to stay in **hospital** for a longer period than we have approved in advance, or decides that the **treatment** which the beneficiary needs is different to that which we have approved in advance, then that **medical practitioner** must provide us with a report, explaining:

26.1.1 被保险人预期需要留院治疗的时长；

how long the beneficiary will need to stay in **hospital**;

26.1.2 被保险人的诊断信息（如果诊断发生了变更）；以及

the diagnosis (if this has changed); and

26.1.3 被保险人所接受过的治疗和未来需要接受的治疗。

the **treatment** which the beneficiary has received, and needs to receive.

26.2 被保险人必须在每次所有外科手术（包括器官移植、骨髓移植或干细

胞移植)及操作性**治疗**前联系我方,包括在**门诊、住院**或日间病房发生的;

A beneficiary must contact **us** before each surgical procedures (including organ donation, bone marrow or stem cell procedures) and minor operating procedures, wherever occurred in **in-patient, out-patient** or day patient;

- 26.3 被保险人必须在每次计算机断层扫描(CT)、核磁共振成像(MRI)或正电子发射断层扫描(PET)前联系我方;

A beneficiary must contact us before each CT scans, MRI scans and PET scans;

- 26.4 无论是在**门诊、住院**或日间病房,被保险人都必须在每疗程的**中医/针灸治疗、物理治疗/补充治疗**前通知我方;

A beneficiary must contact **us** before each course of **Chinese medicine /acupuncture** and **physiotherapies / complementary therapies**, wherever occurred in **in-patient, out-patient** or day patient;

因需要**中医/针灸治疗、物理治疗/补充治疗**的疾病往往较为复杂,您方通知我方时必须提交主持该次**治疗**的**专科医生**的医疗报告,该报告须载明:

As conditions requiring **Chinese medicine /acupuncture** and **physiotherapies / complementary therapies** can be very complex, as part of the prior approval process we must receive a medical report from the treating **specialist**, detailing the following:

- 26.4.1 本疗程持续的时间;
how long this course persists;

- 26.4.2 诊断; 及
the diagnosis; and

- 26.4.3 被保险人已经接受的**治疗**及需要接受的**治疗**。
the **treatment** which the beneficiary has received, or needs to receive.

- 26.5 被保险人必须在每次精神**治疗**及成瘾性嗜好**治疗**前联系我方;
A beneficiary must contact us before each **psychiatric** care and addiction **treatment**;

- 26.6 被保险人必须在每次家庭护理前联系我方;
A beneficiary must contact **us** before each home nursing;

- 26.7 被保险人必须在每次种植牙**治疗**前联系我方。
A beneficiary must contact us before each dental implant procedure.

27. 预先批准审核 Prior approval review

您方或被保险人需在接受前款所列明的**治疗**之前通知我方。紧急情况下,在接受上述**治疗**前不需立即作预先批准申请(紧急情况指不立即采取需预先批准的**治疗**就会使被保险人的健康严重受损的情形),但您方或被保险人或其指定代理人务必在就诊的48小时内联系我方,补作预先批准申请。未申请预先批准将造成理赔款支付延误、部分拒赔甚至全部拒赔。除非本保险合同另有约定,对于应申请预先批准而未按本条约定申请、但我方事后审核认定属于本保险合同保障范围内的费用,被保险人应自行承担其中的20%。

You or the beneficiary shall inform us prior to the **treatment** listed in the above clause. For emergency situations (emergency situation refers to those if left untreated with the **treatment** requires prior approval could result in a significant deterioration of health to a beneficiary), prior approval is not required immediately for the above mentioned **treatments**. However, you or the beneficiary or his/her representative shall inform us within 48 hours after the

emergency occurs for a catch up prior approval. Failure to follow the prior approval process may result in payment delays or the claim being denied or reimbursed at a lower benefit level. Unless otherwise agreed in the policy, for costs that should have been approved in advance but are not approved according to the process provided herein, the beneficiary shall bear 20% of such costs at his/her own expense once we, upon claim review, confirm such costs are covered by the policy.

第五章 保险金申请

Section 5 - Claims application

28. 诉讼时效 Limitation of actions	<p>您方向我方请求给付保险金的诉讼时效期间为自您方知道或者应当知道保险事故发生之日起 2 年。</p> <p>The period of prescription for the lodging of a claim with us for payment of insurance benefits by the beneficiary shall be two years, counting from the date on which you learnt or ought to have learnt of the occurrence of the insured event.</p>
29. 理赔申请资料 Materials of claims	<p>在申请理赔时，应提供下列所有证明和资料原件：</p> <p>When filing a claim, you or beneficiary will provide the following original evidence and materials:</p> <p>29.1 填写完整的理赔申请表； complete the claim form</p> <p>29.2 与本次理赔有关的所有医疗文件和信息，包括但不限于医生诊断书，主持治疗的执业医师的签字或印章（正式的医疗诊断章）的医疗记录、证明文件或医疗手册等； all relevant medical documents, including but not limit to certificate of diagnosis, certified documents and medical records signed by medical practitioners of treatments;</p> <p>29.3 与本次理赔有关的所有收据、账单和发票；和 all relevant original receipts, bills and invoices; and</p> <p>29.4 与本次理赔有关的诊疗资料及其他我方要求提供的证明、报告和文件。 other medical documents and files required by us.</p>
30. 保险金的给付 How we pay claims	<p>30.1 直付服务 Direct settlement</p> <p>30.1.1 直付医疗机构的清单以我方官网列明的为准。 The laundry of direct settlement providers is subjects to our official website.</p> <p>30.1.2 在某些要求付款担保的情况下，我方可能为被保险人向医院、执业医师或诊所提供付款担保，即我方事先同意就某一特定治疗支付部分或全部费用。 In some circumstances with requiring guarantee of payment, we may provide a guarantee of payment to a hospital, medical practitioner or clinic for a beneficiary. This means that we agree in advance to pay some or all of the cost of a particular treatment.</p> <p>如果我方出具付款担保，待治疗结束且收到相关的申请表和发票复印件后，我方将按照付款担保向该医院、执业医师或诊所支付担保的款项。 Where we have given a guarantee of payment, we will pay the</p>

		<p>hospital, medical practitioner or clinic the agreed amount on receipt of an appropriate request and a copy of the relevant invoice, after the treatment has been provided.</p>
	30.1.3	<p>在不要求付款担保的情况下, 我方将按照本保险合同的约定向直付医疗机构支付我方所应承担的费用。</p> <p>In the circumstances without requiring guarantee of payment, we will pay the cost to the direct settlement providers, according to the policy.</p>
	30.2	<p>事后理赔</p> <p>Claiming</p> <p>在医院、执业医师或诊所要求与被保险人进行结算的情况下, 被保险人应按照条款的规定提交理赔申请资料, 我方将按照本保险合同的约定支付我方所应承担的费用。</p> <p>If a hospital, medical practitioner or clinic invoices a beneficiary directly, the beneficiary must send the materials to us, and we will pay the claim amount based on this policy.</p>
31. 其它核定结果 Other decisions	31.1	<p>谎称发生保险事故</p> <p>Claim for false insurance event</p> <p>未发生保险事故, 被保险人谎称发生了保险事故, 向我方提出索赔申请的, 我方有权解除保险合同, 并不退还保险费。</p> <p>If an insured event has not occurred by the beneficiary falsely claims that such an event has occurred, and lodges a claim with us for the payment of insurance benefits, we shall have the right to terminate the policy and shall not return the insurance premium.</p>
	31.2	<p>故意制造保险事故</p> <p>Claim for deliberate caused insurance event</p> <p>投保人、被保险人故意制造保险事故的, 我方有权解除保险合同, 不承担给付保险金的责任也不退还保险费。</p> <p>If the policyholder or the beneficiary deliberately causes an insured event, we shall have the right to terminate the policy and shall neither be liable for the payment of insurance benefits nor return the insurance premium.</p>
	31.3	<p>虚假证明</p> <p>Claim for forged proofs</p> <p>保险事故发生后, 投保人或被保险人以伪造、变造的有关证明、资料或者其他证据, 编造虚假的事故原因或者夸大损失程度的, 我方对虚报的部分不承担给付保险金的责任。</p> <p>If the policyholder, the beneficiary fabricates false causes for an insured event or overstates the extent of the losses, by means of forged or altered relevant proofs, information or other evidence after the occurrence of such event, we shall not be liable for payment of insurance benefits for the portion that is false.</p>
32. 应追讨款项 claw back payables	32.1	<p>如果被保险人使用直付服务, 但医院、执业医师或诊所向我方出具的账单中我方核定不予承担的部分, 应由被保险人自行承担。包括如下情况:</p> <p>Under below conditions relevant to beneficiaries' taking direct billing service which result in our payable liabilities to hospital, medical practitioner or clinics, we hold rights to claw back from beneficiaries the part or full amount, which should not be covered according to our</p>

assessment:

- 32.1.1 按照本保险合同的约定我方不予承担的费用;
the expense is uncovered in the policy;
- 32.1.2 需要进行预先批准的, 被保险人未按约定进行预先批准或未通过预先批准;
the medical utilization is required to take pre-authorization and the beneficiary didn't take or didn't pass pre-a uthorization;
- 32.1.3 需要进行预先批准的, 被保险人进行预先批准时未如实告知, 我方基于未如实告知的信息同意预先批准的;
the medical utilization is required to take pre-authorization and the beneficiary take pre-authorization but didn't fulfil full disclosure, we approved the pre-authorization according to realization at that moment;

32.2 因条款第 15 条或第 31 条的规定我方应解除本保险合同的, 对本保险合同项下所有我方已经支付的事后理赔款项及因为直付服务导致我方应向**医院、执业医师或诊所**支付的款项, 被保险人应向我方退还相应的费用;

If the policy should be cancelled according to clause 15 or clause 31, we hold the rights to claw back from beneficiary all the paid amounts of paid claims and our payable liabilities to **hospital, medical practitioner or clinics** due to direct billing service after policy effectiveness;

32.3 因您在投保时未如实告知且我方进行重新核保的, 对根据重新核保决定我方不应承担的所有我方已经支付的事后理赔款项及因为直付服务导致我方应向**医院、执业医师或诊所**支付的款项, 被保险人应在收到我方相关通知之日起 30 日内向我方退还相应的费用;

If the re-underwriting should be taken due to non-disclosure at application, we hold the rights to claw back from beneficiary all the paid amounts of paid claims and our payable liabilities to **hospital, medical practitioner or clinics** due to direct billing service, which should not be covered according to the underwriting. The beneficiary should return the corresponding amount to us within 30 days after receiving our notification.

32.4 当根据本保险合同约定我方在给付保险金或退还**未到期净保费**时存在上述应追讨款项, 我方会先行扣除本保险合同项下的应追讨款项。

if this policy has any outstanding claw back payables while we are going to pay claims or refund **unearned net premium** according this policy, we will deduct the outstanding claw back payables of this policy.

33. 严格遵从理赔流程
Strict compliance with claim procedure

对于每一次的理赔申请, 被保险人必须严格按照上述的理赔流程操作, 否则我方将减少或不予支付理赔款项。

Beneficiaries must comply strictly with the claims procedures set out in this section in respect of every claim application. If they do not do so, we will reduce benefits or not pay the claim as specified above.

第六章 释义

Section 6 - Definitions

34. 术语定义
Defined terms

下列名词或术语按照下面所指明的定义为准。本保险条款中按照下列定义的名词或术语将标为**粗体字**。

The words and phrases set out below have the meanings specified. Where those words and phrases are used with those meanings, they will appear in **bold** in these provisions.

34.1 意外事故 Accident	突发的，外来的，非本意的，非疾病的使身体受到伤害的客观事件。 objective incidents, which are sudden, exogenous, non-intentional, non-disease and physically injuring the body.
34.2 积极治疗 Active treatment	指为了缩小肿瘤、制止或延缓其扩散而进行的 治疗 。不包括单纯减轻症状的 治疗 。 treatment which is intended to shrink a cancer , stabilise it or slow down the spread of the disease. This excludes treatment given solely to relieve symptoms.
34.3 保单周年日 Anniversary date	指每年与本保险合同生效日期相对应的日期。如果该月份无对应的同一日，则以其最后一日作为保单周年日。 The same date as start date of this policy in following years. If there is no the same date in relevant month, the last date of that month will be.
34.4 癌症 Cancer	指恶性的肿瘤、组织或细胞，表现为恶性细胞及入侵组织不可控制的生长与扩散。 a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
34.5 中医/针灸治疗 Chinese medicine / acupunctures	指由具有相应资质的专业针灸师及专业中医 医生 实施的相应 治疗 ，对该 治疗 需要有书面的 治疗 计划，并在合理的、可预测的时间内使得症状明显好转。由专业中医 医生 进行的 物理治疗/补充治疗 属于中医/针灸治疗项目。 the Chinese medicine / acupunctures are performed by qualified Chinese medicine specialists or acupunctures, are with written therapy plans, and are expected to improve conditions significantly within a reasonable and foreseeable future. The physiotherapies / Complementary therapies performed by qualified Chinese medicine specialists are classified as Chinese medicine / acupunctures . <u>中医/针灸治疗不包括下列治疗方式：拔罐、闪罐、走罐、刮痧、悬灸、药浴、薰蒸、耳烛、耳针和短波/微波脉冲、膏方、三伏贴、三九贴等。</u> <u>they exclude: cupping, twinkling cupping, moving cupping, scraping, over skin moxibustion, medicated bath, fumigation, ear candling, ear acupuncture, microwaving, gaofang, three Fu stick, three nine stick etc.</u> <u>我方将不支付针对下列疾病的中医/针灸治疗，包括但不限于：高血脂、毛囊炎、痤疮、月经不调、痛经、乳腺增生、纤维瘤、脱发、便秘、腹泻、消化不良、呼吸系统疾病、失眠、焦虑、抑郁、神经衰弱等。</u> <u>we do not pay below conditions' Chinese medicine / acupunctures, including but not limited to: hyperlipemia, folliculitis, acne, irregular menstruation, menalgia, mammary hyperplasia, fibroma, alopecia, constipation, diarrhoea, dyspepsia, respiratory conditions, insomnia, anxiety, depression, neurosis etc.</u>
34.6 诊所 Clinic(s)	指在被保险人进行 治疗 的所在地注册或登记的健康服务机构，该类机构主要提供 门诊 医疗服务，并且该医疗服务是由 执业医生 亲自执行或有效监控的。 a health care facility which is registered or licensed in the country in which it is located, primarily to provide care for outpatients and where care or supervision is by a medical practitioner .
34.7 先天性畸形、变形或染色体异常 Congenital malformations, deformation or chromosomal abnormalities	指被保险人出生时就具有的畸形、变形或染色体异常。先天性畸形、变形和染色体异常依照世界卫生组织《疾病和有关健康问题的国际统计分类》（ICD-10）确定。 It refers to a malformations, deformation or chromosomal abnormalities at birth. Congenital malformations, deformations or chromosomal abnormalities are determined in accordance with the World Health Organization "International Statistical Classification of Diseases and Related Health Problems" (ICD-10).
34.8 美容	指基于美学初衷所提供的服务、程序或项目，以及不是为了保持可接受的健

	Cosmetic	康标准所必须的服务、程序或项目。 services, procedures or items that are supplied primarily for aesthetic purposes and which are not necessary in order to maintain an acceptable standard of health.
34.9	通常医疗惯例 Customary medical convention	指接受的医疗服务、设施与当地通行医疗 规范 、通行 治疗 方法、平均医疗费用价格水平一致。 the medical service, facilities are consistent with local customary medical norms, customary treatments methodologies and average medical charge level. 对此, 我方 医疗团队 将根据客观、审慎、合理的原则进行审核; 如果被保险人对审核结果有不同意见, 可由双方认同的权威医学机构或者权威医学专家进行审核鉴定。 As for it, our medical team will verify it according to the principles of objectivity, prudence and rationality. Any disagreement about the verification could be submitted to be authenticated by both-recognized authoritative institutes or experts.
34.10	日间病房治疗 Day-patient treatment	指下列两种情况之一: 34.10.1 有入住日间病房收入院的正式手续, 被保险人在 医院 专设的日间病房部进行护理并使用床位但不过夜; 或者 by formal admission procedure into day-patient departments, the beneficiary occupies a bed but not stays overnight in specialized day-patient departments; or 34.10.2 由于使用专科医疗设施的 治疗 部门在 治疗 过程中需要持续监控, 被保险人需占用 医院 病床但不过夜, 如肾透析、高压氧 治疗 等。 because they need a period of medically supervised recovery, the beneficiary occupies some specialized medical facility for treatment but not stay overnight, such as dialysis, oxygen therapy and etc. 在 美国 发生的日间病房护理也包含 专科医生 在 外科手术 中进行的术中监护。 In respect of USA based admissions, this also includes procedures carried out in the specialist's surgery .
34.11	牙齿损伤 Dental injury	指口腔受外力伤害而导致 健康自体牙 的 损伤 。只有您方选择了“牙科保障”, 冠修复体、义齿、嵌体或种植牙的 治疗 才在保障范围内; 我方将根据“牙科保障”的规定承担相应的保险责任。 injury to a sound natural tooth caused by extra-oral impact. Treatment for dental implants, crowns, inlays or dentures is not covered unless you have purchased the “Dental Benefit” and subject to the conditions outlined in the policy.
34.12	牙科治疗 Dental treatment	指符合下述全部条件的牙科 治疗 : any dental procedure or service which: 34.12.1 为了维持 口腔健康 ; 并且 is needed for continued oral health ; and 34.12.2 由 牙医 亲自操作或有效监控, 包括辅助人员的操作流程; 并且 is carried out or personally controlled by a dentist , including procedures provided by a hygienist; and 34.12.3 包括于保障利益表中, 或尽管未列在保障利益表, 但已被我方认可、符合通常适用的牙科标准、并已被牙科医学界普遍支持的流程或服务。 is included in the list of benefits, or, though not included in the list of benefits, is accepted by us as a procedure or service meeting common

	dental standards as upheld by a respectable, responsible and substantial body of dental opinion, experienced in the particular field of dentistry.
34.13 牙医 Dentist	指为国家、政府或其他监管地区所承认并允许在该地区提供 治疗 的牙科 医生 、牙齿外科 医生 或牙科执业人员。 a dentist , dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided.
34.14 断瘾 Detoxification	对戒除吸毒或/及嗜酒时戒断症状的医疗处理，包括采用休息、药物、输液或调整饮食以稳定身体状态。 treatment for withdrawal symptoms after a beneficiary has been abusing drugs, alcohol or both. It includes the rest, medication, fluids and changes in diet needed to stabilise the body.
34.15 诊断性检查化 验 Diagnostic tests	指对症状原因的调查研究，如 X 光或血液检测等。 investigations such as x-rays or blood tests to find or to help to find the cause of the beneficiary's symptoms.
34.16 医生 Doctor	指同时符合下列条件的医疗从业人员：拥有适当的医疗学位；以及在所在的国家、地区或管辖范围内合法注册并拥有行医执照，可以在医疗发生地提供 医疗 服务。 a medical professional who holds an appropriate doctoral degree, is registered and licensed under the laws of the country, state or regulated area to practice medicine in the country in which the treatment is provided.
34.17 酒后驾驶 drunk driving	指经检测或鉴定，发生事故时车辆驾驶人员每百毫升血液中的酒精含量达到或超过一定的标准，公安机关交通管理部门依据《道路交通安全法》的规定认定为饮酒后驾驶或醉酒后驾驶。 After detection or identification, the alcohol amount per one hundred milliliters of blood of the vehicle driver reaches or exceeds a certain standard when the accident occurred. According to the provisions of "Road Traffic Safety Law", this case is defined as a drunk driving by the traffic management department of the public security organs.
34.18 循证治疗 Evidence- based treatment	指经过下述机构研究、核查及认可的 治疗 ： treatment which has been researched, reviewed and recognised by: <ul style="list-style-type: none"> 34.18.1 美国国家健康及临床优化研究所(the National Institute for Health and Clinical Excellence); 或 the National Institute for Health and Clinical Excellence; or 34.18.2 我方医疗团队；或 the Our Medical Team; or 34.18.3 我方认可的其他机构。 another source recognised by the us.
34.19 大中华 Greater China	指中华人民共和国的全部领土、领海及其领空，包括香港特区、澳门特区和台湾地区。 all territories, seas and related airspaces of People's Republic of China, including Hong Kong, Macau and Taiwan.
34.20 付款担保 Guarantee of payment	指我方对被保险人或 治疗 方提供关于承担特定 治疗 费用的担保。 a guarantee to pay agreed costs associated with particular treatment which we may give to a beneficiary or a hospital, clinic or medical practitioner .
34.21 常住地	常住地指被保险人作为户主或租户在当地有固定居住地址，且在过去一年内

habitual residence	至少居住不少于六个月。 The habitual residence means the fixed dwelling place as owned or rented, and the actual dwelling time is no less than 6 months in last one year.
34.22 遗传性疾病 Hereditary conditions	指生殖细胞或受精卵的遗传物质（染色体和基因）发生突变或畸变所引起的疾病，通常具有由亲代传至后代的垂直传递的特征。 It refers to the conditions caused by the genetic material of germ cells or fertilized eggs (chromosomes and genes) mutations or aberrations, usually having a vertical transmission characteristics between generations.
34.23 医院 Hospital	指由 执业医师 或 合法注册护士 对被保险人进行日常护理、观察、 治疗 的医疗机构，并且该医疗机构在所在地的监管机构注册或登记为提供综合医疗服务或外科医疗服务的合格机构。 any organisation or institution which is registered or licensed as a medical or surgical hospital in the country in which it is located and where the beneficiary is under the daily care or supervision of a medical practitioner or qualified nurse .
34.24 感染艾滋病病毒或患艾滋病 Infected with HIV or suffering from AIDS	艾滋病病毒指人类免疫缺陷病毒，英文缩写为 HIV。艾滋病指人类免疫缺陷病毒引起的获得性免疫缺陷综合征，英文缩写为 AIDS。在人体血液或其它样本中检测到艾滋病病毒或其抗体呈阳性，没有出现临床症状或体征的，为感染艾滋病病毒；如果同时出现了明显临床症状或体征的，为患艾滋病。 HIV refers to the human immunodeficiency virus. AIDS refers to the acquired immune deficiency caused by the human immunodeficiency virus syndrome. The AIDS was detected or its antibody was positive in human blood or other samples, if there was no clinical symptoms or signs, it is infected with HIV; while if there is a clear clinical symptoms or signs, it is suffering from AIDS.
34.25 住院 Inpatient	指被保险人因临床需要而遵照医嘱办理入、出院手续，留在医院中占有病床停留一个夜晚或以上并接受治疗的过程，所住之病房为医院住院部正式病房。 It refers the period that a beneficiary admits to hospital, occupies a bed overnight or longer in the hospital formal room and receives treatment, recommended by a doctor.
34.26 中国大陆 Mainland China	指中华人民共和国的全部领土、领海及其领空，除香港特区、澳门特区和台湾地区外。 all territories, seas and related airspaces of People's Republic of China, excluding Hong Kong, Macau and Taiwan.
34.27 医疗必要 Medically necessary, medical necessity	指经 医疗团队 同意的必要医疗服务及供给，须符合下述全部条件： medically necessary covered services and supplies are those determined by the medical team to be: <ul style="list-style-type: none"> 34.27.1 基于诊断或治疗疾病、机体损伤或相关症状的需求； required to diagnose or treat an sickness, physical injury, or its symptoms; 34.27.2 符合通常医疗标准及医疗实践的规范医疗服务； orthodox, and in accordance with generally accepted standards of medical practice; 34.27.3 与疾病的类型、发病频率、波及范围、部位及病程相适应的临床治疗服务； clinically appropriate in terms of type, frequency, extent, site and duration; 34.27.4 非主要出于方便被保险人、专科医生或其他医院、诊所及执业医师的目的；以及 not primarily for the convenience of the beneficiary, physician or other

hospital, clinic or medical practitioner; and

34.27.5 在合适的最佳设施中所提供的服务与供给。
rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

医疗团队会在比较过可选择服务、设施或供给的成本效率后决定什么是最佳设施。

Where applicable, the **medical team** may compare the cost effectiveness of alternative services, settings or supplies when determining what the least intensive setting is.

34.28 执业医师
Medical practitioner

指经国家、政府或其他监管注册或认可的可在该其管辖范围内进行**治疗**的**医生**，不包括本保险合同保障下的被保险人或其任何家庭成员。

a **doctor or specialist** who is registered or licensed to practice medicine under the laws of the country, state or other regulated area in which the **treatment** is provided, and who is not covered under this policy, or a family member of someone covered under this policy.

34.29 医疗团队
Medical team

指我方临床医疗团队或服务团队。
means our clinical team and/or service team.

34.30 口腔健康
Oral health

根据被保险人**常住地**所在国具有普通能力技术的牙科**医生**可以接受的口腔健康维护标准，该标准是关于牙齿、牙周及其他口腔支持组织、咀嚼效率等要素的口腔健康合理标准。

for a patient, a reasonable standard of oral health of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency, according to a standard acceptable to a **dentist** of ordinary competence and skill in the patient's country of **habitual residence** which will safeguard his or her general health.

34.31 规范
Orthodox

对于**治疗**程序或**治疗**方式，根据在**治疗**发生国家或地区内、在疗程开始或**治疗**发生当时，与权威的主管机构公布的标准或意见相一致的、由在涉及疾病的专业医疗领域具有丰富经验的**执业医师**作出的意见。

when used in relation to a procedure or **treatment**, it means that the procedure or **treatment** in question is medically accepted in the country where it takes place at the time of the commencement of the procedure or **treatment**, that complies with a respectable, responsible and substantial body of medical opinion, held and expressed by **medical practitioners** experienced in the particular field of medicine in question.

34.32 门诊
Outpatient

指病人在**医院**、诊疗室，或门诊部进行的**治疗**，不是**日间病房治疗**或**住院治疗**。

a patient who attends a **hospital**, consulting room, or **outpatient clinic** for **treatment**, and is not admitted as a **day-patient** or an **inpatient**.

34.33 永久植物人状态
Persistent vegetative state

指被保险人至少连续 90 天处于植物人状态。“植物人状态”是指由于机体损伤或疾病使被保险人处于神志丧失的状态，并无法以表情或动作等表现出对自我或周围环境的感知（此处“对自我或周围环境的感知”是指一种意识反应或表达，而不是指神经肌肉反射等基础生理反射现象），并且按照医学上的合理可能性，被保险人应该没有苏醒的可能。

a beneficiary who is in a vegetative state for at least 90 consecutive days. A **persistent vegetative state** means a condition caused by physical injury or sickness in which the beneficiary has suffered a loss of consciousness, with no behavioural evidence of awareness of self or surroundings in a learned manner, other than reflex activity of muscles and nerves for low level conditioned response, and from which to a reasonable degree of medical probability, there can be no recovery.

- 34.34 物理治疗/补充治疗
physiotherapy/ complementary therapies
- 是指由具有相应资质的**专科医生**实施的**物理治疗**、**顺势治疗**、**整骨治疗**及**脊椎治疗**，有书面的**治疗**计划，并在合理的、可预测的时间内使得症状明显好转。
- the physiotherapies, homeopathies, osteopathies and chiropractic **treatments** are performed by qualified specialists, are with written therapy plans, and are expected to improve conditions significantly within a reasonable and foreseeable future.
- 在**中国大陆**地区发生的物理治疗/补充治疗是指应用人工物理因子（如光、电、磁、声、温热、寒冷等）来**治疗**疾病，包括电疗、光疗、磁疗、热疗、冷疗、水疗，以及超声波疗法等符合《全国医疗服务价格项目规范》规定的项目；或者持有医疗执照的专业**治疗师**实施的**顺势治疗**、**整骨治疗**及**脊椎治疗**。但不包括泥疗，蜡敷治疗，气泡浴与药物浸浴治疗。
- Inside **Mainland China**, the range of physiotherapies is treating conditions with artificial physical factors, such as light, electronics, magnet, sound, heat, cold etc, including electrotherapy, phototherapy, magnet therapy, heat therapy, cold **treatment**, hydrotherapy, ultrasonic therapy and other therapies included in “China’s National Medical Services Orthodox” issued by MOH, as well as homeopathies, osteopathies and chiropractic treatments are performed by medically licensed **therapists** , but excluding mud therapy, wax deposition treatment, bubble bath, medicated bath and so on.
- 在**中国大陆**地区之外发生的物理治疗/补充治疗是指发生保险事故后，有执照的**治疗师**出于医疗目的推荐的**物理治疗**、**顺势治疗**、**整骨治疗**及**脊椎治疗**。
- Outside **Mainland China**, the physiotherapies, homeopathies, osteopathies and chiropractic **treatments** means the **treatments medically necessarily** performed by qualified **therapists** to treat the conditions.
- 34.35 既往症
Pre-existing condition
- 指被保险人在首次投保本保险合同前已存在的疾病、症状或身体损伤，并满足下列条件之一：
- any sickness or injury, or symptoms linked to such sickness or physical injury before the beneficiary’s first under this policy
- 34.35.1 已经因该疾病、症状或身体损伤进行过就诊或**治疗**；或者
medical advice or **treatment** has been sought or received; or
- 34.35.2 虽然没有进行就诊或**治疗**，被保险人已经知道或者应该已经知道该疾病、症状或身体损伤。
the beneficiary knew about and did not seek medical advice or **treatment**.
- 被保险人非连续续保本保险时，视为首次投保。
The discontinuous renewal will be considered for the first under this policy.
- 34.36 处方药
Prescribed medicines
- 是指由**执业医师**开具处方的西药和中成药。**门诊治疗**期间由**执业医师**开具处方的中草药将按照“中草药费用”（条款23.6）的约定支付；**住院及日间病房治疗**期间由**执业医师**开具处方的中草药将按照“物理治疗/补充治疗及中医/针灸治疗费用”（条款22.11）的约定支付。处方药不包括如下内容：
- prescribed by **medical practitioners**, includes the medicines and Chinese patent medicines. Chinese herbal medicines on an outpatient basis are subject to “Chinese herbal medicines” (clause 23.6), Chinese herbal medicines on an inpatient or a day-patient basis are subject to “Physiotherapy / Complementary therapies and Chinese medicine / Acupunctures”(clause 22.11), excluding:
- 34.36.1 主要起营养滋补作用的药品，包括但不限于：花旗参，冬虫夏草，十全大补膏等滋补类中药，白糖参，朝鲜红参，玳瑁，蛤蚧，珊瑚，狗宝，海马，红参，琥珀，灵芝，羚羊角尖粉，马宝，玛瑙，

	<p>牛黄，麝香，西红花，血竭，燕窝，野山参，移山参，珍珠(粉)，紫河车，阿胶，血宝胶囊、红桃 K 口服液、十全大补丸等； <u>the medicines mainly for the purpose of nourishing, including but not limited to panacis quinquefolii radix, Chinese caterpillar fungus, nourishing Chinese medicines like tonic semifluid extract of ten ingredients, ginsengs, RADIX GINSENG RUBRA from Korea, turtle, gecko, coral, dog's gallbladder stone, sea horse, red ginseng, amber, glossy ganoderma, Cornu Antelopis, horse's gallbladder stone, agate, bezoar, musk, saffron, sangusis draconis, bird nest, wild ginseng, pearls, placenta hominis, colla corii a sini and other nourishing;</u></p>
34.36.2	<p>部分可以入药的动物及动物脏器，如鹿茸，胎盘，鞭，尾，筋，骨等，以及用中药材和中药饮片炮制的各类酒制剂等； <u>some animal organs or tissues, such as pilose angler, placenta, testes and penis, tails, tendons, bones, and all medicinal liquors of Chinese medicines;</u></p>
34.36.3	<p>主要以美容、美白、减肥等非治疗性目的的药品； <u>the medicines mainly used for cosmetic, whitening or losing weights;</u></p>
34.36.4	<p>不属于药品范围的辅助用品，包括但不限于：冰袋、理疗袋、棉签、海盐水、力度深、雅漾、丝塔芙、口罩、纽曼斯益生菌、配方营养素、奶粉、母乳补充剂、爱维滴等； <u>commentary materials which are not regular medicines, including but not limited to: ice bags, physiotherapy bags, cotton swabs, sea salt, Redoxon, Avene, Cetaphil, musk, Newmans probiotics, formulated nutrients, milk powders and etc;</u></p>
34.36.5	<p>非治疗性药品：免疫刺激剂（包括但不限于施保利通，泛福舒，匹多莫德等）。 <u>immunologic stimulant, including but not limited to: shibaolitongpian, Broncho-Vaxom, Pidotimod and etc.</u></p>
34.37 合法注册护士 Qualified nurse	<p>指被治疗所在地的国家、政府或其他监管区域的法律所承认、注册并允许在该地区提供服务的护士。 a nurse who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided.</p>
34.38 重大人生事件 Qualifying life event	<p>指： means:</p> <p>34.38.1 结婚； marriage;</p> <p>34.38.2 离婚； divorce;</p> <p>34.38.3 生育儿女； birth of a child;</p> <p>34.38.4 收养孩子；或 legal adoption of a child; or</p> <p>34.38.5 配偶或孩子去世。 death of a spouse or child.</p> <p>上述情况我方均要求提供相应证明。 We may require evidence of the above event.</p>
34.39 短期	<p>指按照主持治疗的执业医师的评估并经我方医疗主管的认可，与治疗疾病后</p>

Short-term	<p>被保险人正常复元的合理过程相吻合的时间段，最多不超过 90 天。</p> <p>means a period of time consistent with the recuperation time required for the treatment and as prescribed by the treating medical practitioner with the approval of our medical director, up to 90 days.</p>
34.40 健康自体牙 Sound natural tooth/teeth	<p>指咀嚼、语言等功能完全正常的牙齿、且非种植牙。<u>另外，存在下列任何情况之一的，均不属于健康自体牙：</u></p> <p>a tooth that functions normally for chewing and speech purposes and that is not a dental implant. <u>Such natural tooth/teeth should not have experienced any of the following:</u></p> <p>34.40.1 <u>龋齿或牙科充填；</u> <u>decay or filling;</u></p> <p>34.40.2 <u>伴随牙槽骨丧失的牙龈牙周疾病；</u> <u>gum sickness associated with bone loss;</u></p> <p>34.40.3 <u>根管治疗。</u> <u>root canal treatment.</u></p>
34.41 特定医院 Special provider	<p>指我方对保障区域内医疗机构的收费水平进行分析后，筛选出的收费水平明显区别于其他医疗机构通常收费水平的医疗机构。特定医院清单的查询方式将随附在我方向您方送达的保险合同内，由于各医疗机构的收费水平将发生变化，我方将跟踪分析并将最新适用的有效名单在我方官网上公布。</p> <p>After tracking of local medical providers' charging adjustments, part of them which are significant different from others are selected. The inquiry way of these providers' list is attached with this policy we send to you. Because providers could change their charging from time to time, we will track these and update the list on our website as necessary.</p>
34.42 专科医生 Specialist	<p>指根据<u>治疗</u>所在地的国家、政府或其他监管区域的法律，合法承认、注册或登记的<u>医生</u>，并且其所提供的<u>治疗</u>必须在其合法资质的范围内，不包括本保险合同保障下的被保险人或其任何家庭成员。</p> <p>a doctor who is recognised, registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided and only for the treatment which is being recommended, and who is not covered under this policy, or a family member of someone covered under this policy.</p>
34.43 配偶 Spouse	<p>指被保险人的法定丈夫或妻子。</p> <p>a beneficiary's legal husband or wife.</p>
34.44 外科手术 Surgery	<p>对肢体进行开放性切割以<u>治疗</u>疾病、创伤及畸形的医疗专业。</p> <p>the branch of medicine that treats sickness, injuries, and deformities by operative methods which involves an incision into the body.</p>
34.45 治疗师 Therapist	<p>指所在国家政府承认并允许在该地区提供相应<u>治疗</u>的理疗师、语言治疗师、职业治疗师或视力矫正医师。</p> <p>a physiotherapist, speech therapist, occupational therapist or orthoptist who is suitably qualified and holds the appropriate license to practice in the country where treatment is received.</p>
34.46 治疗 Treatment	<p>指由<u>执业医生</u>进行的<u>外科手术</u>或<u>治疗</u>，并且是为了达到“诊断、治愈或实质性缓解疾病或机体损伤”的目的所必须进行的。</p> <p>any surgical or medical treatment controlled by a medical practitioner that are medically necessary to diagnose, cure or substantially relieve sickness or physical injury.</p>
34.47 未满期净保费 Unearned net	<p>指未满期保险费扣除手续费后的剩余保险费。</p> <p>any remained premium which is unearned premium net of expense.</p>

premium	<p>计算公式为：最近一期支付的保险费×（1 - 该保险费所保障的已经过天数/该保险费所保障的期间的天数）×（1-35%）。</p> <p>the formula is: latest premium payment× (1- the past days covered by this premium/ the whole days covered by this premium)× (1-35%).</p>
<p>34.48 美国地区非网络医院</p> <p>US Non-CIGNA Healthcare PPO/OAP network</p>	<p>指我方在美国地区的医疗网络医院以外的医疗机构。我方在美国地区的医疗网络医院清单的查询方式将随附在我方向您方送达的保险合同内。如我方调整医疗服务机构网络的，最新适用的有效名单将在我方官网上公布。</p> <p>It refers to the hospital in the US that is not included in the Cigna Healthcare PPO/OAP (Preferred Provider Organisation/Open Access Plus) network. The inquiry way of CIGNA Healthcare PPO/OAP network in us is attached with this policy we send to you. The latest valid network will be published in our website, as we adjust this network.</p>
<p>34.49 美国</p> <p>USA</p>	<p>指美利坚合众国。</p> <p>the United States of America.</p>
<p>34.50 全球</p> <p>Worldwide</p>	<p>指世界各国及海上。</p> <p>every country throughout the world and at sea.</p>
<p>34.51 全球除美国</p> <p>Worldwide excluding USA</p>	<p>指除美利坚合众国以外的世界所有地区。</p> <p>worldwide, with the exception of the USA.</p>