



招商信诺寰球至尊高端个人医疗保险（C 款）条款阅读指引
The Reading Guide to CIGNA&CMB Global Individual Private Medical Insurance (C) 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

1. 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.

2. 被保险人可以享受本保险合同提供的保障。

Beneficiaries are covered by the benefits on the policy.

✓ 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利益内容，并根据您的需求购买。
Please pay attention to the provisions about the benefits, and decide your insurance coverage accordingly.
2. 请您留意关于保险金的给付条件和范围，以及免赔额、自负比例、特定医院自负比例、赔付限额等。
Please pay attention to the provisions about the conditions and coverage of cover, as well as deductibles, copay, special provider copay and limits.
3. 请您留意责任免除条款，尤其是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, especially those having been underlined.
4. 请您留意保险合同中关于保险期间、应追讨款项及合同效力终止的条款。
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. 请您留意保险条款中术语的释义条款。
Please pay attention to the clause of Definitions.

✓ 条款目录

Table of contents

第一章 一般条款及规定

Section 1 - General Terms and Conditions

1. 保险双方协议
Insurance agreement
2. 保险合同构成
Policy constitution
3. 保险合同生效
When does the cover begin?
4. 保险期间
Period of cover
5. 保险合同终止
Termination of this policy
6. 投保人解除保险合同的手续及风险
How to terminate the policy and the risk of termination
7. 续保
Renewal
8. 被保障人员
Who is covered?
9. 增减被保险人
Add or remove beneficiaries
10. 保障范围
What is covered?
11. 保障选项
Coverage options
12. 保险费及其他费用的支付
Premium and other charges
13. 免赔额
Deductible
14. 自负比例和特定医院自负比例
Copay and special provider copay
15. 赔付限额
Limits
16. 明确说明和如实告知
Truthful and Full Disclosure
17. 未如实告知的处理
False or withheld information
18. 常住地所在国
Country of habitual residence
19. 您方信息变更
Changes of your information
20. 联系您方
Contacting you
21. 联系我方
Contacting us
22. 保险合同变更
Changes to this policy
23. 保险合同当事人
The parties of this policy
24. 其他保险
Other insurance
25. 资料保护
Data protection

26. 语言
Language
27. 申诉及争议处理
Complaints & Dispute Settlement
28. 适用的法律法规
Applicable law and jurisdiction

第二章 保险责任

Section 2 - Benefits

29. 核心医疗保障
Core Medical Benefit
30. 扩展医疗保障（可选保障）
Extensional Medical Benefit Option
31. 综合健康与体检保障（可选保障）
Comprehensive Health and Wellbeing Benefit Option
32. 综合眼科与牙科保障（可选保障）
Comprehensive Vision and Dental Benefit Option
33. 综合健康福利（可选保障）
Comprehensive Healthcare Wellness Option

第三章 责任免除

Section 3 - Exclusions

34. 通用责任免除
General Exclusions

第四章 预先批准

Section 4 - Prior approvals

35. 预先批准清单
List of prior approvals
36. 预先批准审核
Prior approval review

第五章 保险金申请

Section 5 - Claims application

37. 提供信息
Providing information
38. 诉讼时效
Limitation of actions
39. 理赔流程
Claims procedure
40. 保险金的给付
How we pay claims
41. 其它核定结果
Other decisions
42. 应追讨款项
Claw back payables
43. 严格遵从理赔流程
Strict compliance with claim procedure

第六章 释义

Section 6 - Definitions

44. 术语定义
Defined terms

招商信诺寰球至尊高端个人医疗保险（C款）条款
CIGNA&CMB Global Individual Private Medical Insurance (C) Provision

第一章 一般条款及规定

Section 1 - General Terms and Conditions

1. 保险双方协议 Insurance agreement	<p>根据本保险合同载明的保险责任、赔付条件、免赔额、自负比例、特定医院自负比例、赔付限额、责任免除等条款，我方将支付在本保险合同保险期间及所选择保障区域内被保险人因发生损伤、疾病而产生的医疗费用及相关费用。</p> <p>Subject to the benefits, conditions, deductibles, copay, special provider copay, limits and exclusions set out in this policy, we shall reimburse medical and related expenses relating to treatments for injuries or sicknesses, which is provided in period of cover and within the selected area of cover.</p>
2. 保险合同构成 Policy constitution	<p>本保险合同包括投保申请、保险凭证、保险条款、保障利益表、批注批单等其他文件。</p> <p>This policy consists of the application, the certificate of insurance, the provision, the list of benefits, any notes and other documents.</p>
3. 保险合同生效 When does the cover begin?	<p>3.1 保险合同的生效时间在保险凭证中载明，该保险凭证将发送给您方。 This policy will begin on the start time shown on the certificate of insurance which will be sent to you.</p> <p>3.2 如果您方为其他被保险人投保本保险，该被保险人保障的生效时间在保险凭证中载明，该保险凭证将发送给您方。 If you choose to buy cover for other beneficiaries, their cover will begin on the related start time shown on the certificate of insurance which will be sent to you.</p> <p>3.3 请您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>
4. 保险期间 Period of cover	<p>本保险合同的保险期间为一年，自保险凭证所载生效时间起计算。 This policy's period of cover is one year, starting from the start time shown on the first certificate of insurance.</p>
5. 保险合同终止 termination of this policy	<p>发生下列任一情况，保险合同将效力终止： This policy will be terminated if:</p> <p>5.1 本保险合同保险期间届满且没有续保； this policy expires without renewing;</p> <p>5.2 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>5.3 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>
6. 投保人解除保	<p>6.1 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</p>

<p>险合同的手续及风险</p> <p>How to terminate the policy and the risk of termination</p>	<p>效身份证件。</p> <p>If you terminate this policy, you should provide the certificate of insurance and your effective ID card.</p>
	<p>6.2 犹豫期内解除保险合同</p> <p>Cancellation during cooling off period</p> <p>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，<u>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。</u></p> <p>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. <u>We will not pay for any claims occurred before the cancellation</u></p>
	<p>续保没有犹豫期。</p> <p>When renewal, there is no cooling off period.</p>
	<p>6.3 犹豫期后解除本保险合同。</p> <p>Cancellation after cooling off period</p> <p>如果您方在犹豫期后要求解除本保险合同，且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，我方将扣除退保手续费后向您方退还未满期净保费。</p> <p>If the policyholder terminate this policy after cooling off period, so long as 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 net of surrender charge.</p> <p>您方在犹豫期后解除保险合同会遭受一定损失。</p> <p>While terminating after cooling off period, the refund to you will be less than paid premium.</p>
	<p>6.4 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，将没有任何保费返还。</p> <p>There will be no any refund, if any claims, direct settlement, guarantees of payment or prior approvals have been made in place during the period of cover.</p>
	<p>7. 续保</p> <p>Renewal</p>

of any changes to the premiums or terms and conditions which would apply on renewal.

- 7.3 如果您方在保单周年日前明确向我方确认同意续保的，且自保单周年日起 30 天之内支付续保保费，本保险合同将自保单周年日起续保一年。我方将按照新的保险合同，包括**保险凭证、保险条款、保障利益表**等承担**保险责任**。

When **you** choose to renew and clearly confirm it to **us** before **anniversary date**, if renewal premium is paid 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 new policy, including **certificate of insurance, provisions, list of benefits** and etc.

- 7.4 如果您方同意续保并希望变更**保险责任**的，您方需要在收到我方续保通知后 10 天内向我方提出申请；我方将重新审核您的续保申请。
If **you** agree to renew and want to change the **benefits** at renewal, **you** need to submit the **application** within 10 days of receiving **our** renewal letter; **we** will review **your application** of changes.

- 7.5 下列情况下，本保险合同将不续保：

This policy will not be renewed if:

- 7.5.1 我方认为本保险合同不符合续保条件；
we decide that this policy could not be renewed;
- 7.5.2 您方不同意续保；或者
you do not agree to renew **your** policy; or
- 7.5.3 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**.

8. 被保障人员
Who is covered?

- 8.1 0-70 周岁的、符合我方规定的投保条件的人士可作为**被保险人**参加本保险。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**姓名将载于**保险凭证**上。

Persons of 0 to 70 years old, who are eligible for this insurance according to **our** underwriting rules, could be the **beneficiaries** of this insurance. 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 names on **your certificate of insurance**.

- 8.2 年龄的计算与误告的处理

Issue age and how to deal with incorrectness of age

- 8.2.1 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.

- 8.2.2 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。解除合同时，我方将扣除**退保手续费**后向您方退还未满期**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 日不行使而消灭。

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. In this situation, **we** shall refund the **unearned net premium** net of **surrender charge**. The right to cancel the policy will be rescinded after 30 days starting from the day **we** notice this error.

- 8.2.3 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。若已经发生保险事故，**我方**有权在给付保险金时按实付保险费和应付保险费的比例给付。

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. In such cases, **we** will pay **benefits** on a proportional basis (according to the difference between the true and incorrect premium) for any **insurance** event prior to the date of correction.

- 8.2.4 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。

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.

9. 增减被保险人 Add or remove beneficiaries

- 9.1 除非发生重大人生事件，**您方**仅可在每一**保单周年日**续保时增加或减少**被保险人**。例如，**您方**的**保险凭证**所载生效时间在1月1日，**您方**仅能在下一年度的1月1日增加或减少**被保险人**。

Unless there has been a relevant **qualifying life event**, **you** may add or remove a **beneficiary** only when **you** are renewing the cover at each **anniversary date**. For example, if the **start time** shown on **your certificate of insurance** is appointed within 1 January, **you** may only add or remove a new **beneficiary** with effect from that time of 1 January the following year.

- 9.2 如果已发生**重大人生事件**，**您方**将可在保险期间中途增加或减少因受**重大人生事件**影响的**被保险人**。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**将扣除**退保手续费**后向**您方**退还该**被保险人的****未到期净保费**；反之，该**被保险人的**保费将没有任何返还。

If there has been a relevant **qualifying life event**, **you** may add or remove the other person involved in that **qualifying life event** as a **beneficiary** part way through the period of cover. 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 net of **surrender charge**. Otherwise, there will be no refunded.

- 9.3 如果**您方**需要增加**被保险人**，请务必寄给**我方**一份载有所增加的**被保险人**完整信息的**申请**，**我方**将及时通知**您方**是否接受此投保以及由于接受这一投保而可能需要增加的特别责任免除、额外保险费等其他条件。如果**您方**确认接受**我方**的承保条件，**我方**将会出具包含该新增**被保险人的****保险凭证**并发送给**您方**，具体的生效时间以更新后的**保险凭证**上的记载为准。

If **you** would like to add a new **beneficiary** on this basis, **you** must send **us** a completed **application** for that person. **We** will then tell **you** whether **we** will offer cover to that person and, if so, any special conditions or

exclusions and any additional premium which would apply. If **you** confirm **your** acceptance of the special conditions or exclusions and additional premium, **we** will send **you** an updated **certificate of insurance** to confirm that the new **beneficiary** has been added. The **start time** will be listed on the new **certificate of insurance**.

- 9.4 若您或您的配偶分娩，您方可要求增加新生儿至已有的**保险责任**中：If **you** or **your spouse** gives birth, **you** may apply to add the newborn as a **beneficiary** to **your** existing plan:

9.4.1 如在新生儿出生前的 10 个月或更长期间内，其父母中至少有一位已经持续有效地作为**我方被保险人**，并且**我方**在该新生儿出生后 7 天内收到该新生儿的投保**申请**并经**我方**审核同意的，根据**您**的选择，该新生儿的**保险责任**将于其出生之日或**我方**确认收到该**申请**之日起生效。**我方**将把更新的**保险凭证**发送给**您方**。

If at least one parent has been covered by the policy for a continuous period of 10 months or more prior to the newborn's birth and the **application** is received by **us** within 7 days of the newborn's date of birth, after **we** approve it according to **our** review, the cover will begin at the newborn's birth or **our** confirmation of receiving the **application** according to **your** preference. **We** will send **you** an updated **certificate of insurance** confirming that the new **beneficiary** has been added.

9.4.2 其他情况下，经医疗核保后新生儿将于**我方**审核同意接受该**申请**之日起加入本保险合同。**我方**将把更新的**保险凭证**发送给**您方**，具体的**生效时间**以更新后的**保险凭证**上的记载为准。

In other cases, after **our** review, newborn(s) will be added into this policy when **we** confirm acceptance of the **application**. **We** will send **you** an updated **certificate of insurance**, which will state the **start time** of the updated **certificate of insurance**.

9.4.3 所有经不育**治疗**后出生的儿童（如试管婴儿）、代孕者所生儿童或领养儿童须在出生满 90 天后才可投保本保险合同，并需要经过医疗核保。

For children who are born following fertility **treatment** (such as IVF), are born to a surrogate, or have been adopted, they can only be covered by the policy when they are 90 days old, and the medical underwriting is required.

- 9.5 家庭费率折扣的计算以保险合同生效或者续保时的本保险合同下**被保险人的**数目计算。在**保险期间**内，中途增加或减少**被保险人**不改变家庭费率折扣因子。

Family discount factor accords to the number of **beneficiaries** under this policy at the time of either initial starting time or renewals. Within the period of cover, the mid-term adding or removal of **beneficiaries** doesn't change the family discount factor.

10. 保障范围 What is covered?

- 10.1 本保险合同承担经**专科医生**建议并由**我方医疗团队**所确认，因**损伤**或**疾病**而导致的、属于**医疗必要**并且符合**通常医疗惯例**的护理及**治疗**费用给付责任，以及特定服务费用给付责任。

This policy covers certain costs of services or supplies which are recommended by a **medical practitioner**, and which are **medically necessary** and of **customary medical convention** for the care and **treatment** of an **injury** or **sickness**, as determined by **our medical team**.

- 10.2 **保险条款**中所列的费用支付须符合本保险合同规定的给付条件及责任免除。
The covered costs, setting out in the **provision**, are subject to the conditions and exclusions which are set out in the **provision**.
- 10.3 **我方**可能给予个别**被保险人**特别责任免除。特别责任免除详细内容在**保险凭证**上明示。
Special exclusions, imposed on an individual basis, may apply. Details of these special exclusions will be shown on **your certificate of insurance**.
- 10.4 任何理赔均须符合本保险合同约定的**免赔额、自负比例、特定医院自负比例**，以及**保险条款**与**保险凭证**所载的赔付限额。
Any claim is subject to the applicable **deductible, copay, special provider copay**, and limits of cover set out in the **provision** and **your certificate of insurance**.
- 10.5 **我方**将不承担任何发生在**保险责任**生效前与终止后相关**治疗**的费用，即使该**治疗**在**保险责任**终止前已经获得了**我方**的批准。
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).

11. 保障选项
Benefit options

- 11.1 **您方**有三个保障计划可以选择：钻石计划、白金计划和黄金计划。
you could select within three plans: Diamond plan, Platinum plan and Golden plan.
- 11.2 在每个保障计划下，核心医疗保障为**被保险人的**必选保障，**您方**可以为任一**被保险人**选择附加下述一个或以上的可选保障，并支付相应的保险费。具体的**保险责任**详见适用的条款及本保险合同附件“**保障利益表**”。
Under each plan, the Core Medical Insurance plan is provided to every **beneficiary**. **You** may (for additional premium) add to the cover provided under the Core Medical Insurance plan by choosing one or more from the following extra coverage options for any **beneficiary** or **beneficiaries**. Details of **benefits** are subject to the **provisions** and appendix of the **list of benefits**.
- 11.2.1 扩展医疗保障
Extensional Medical Benefit
- 11.2.2 综合健康与体检保障;
Comprehensive Health and Wellbeing Benefit;
- 11.2.3 综合眼科与牙科保障;
Comprehensive Vision and Dental Benefit; and
- 11.2.4 综合健康福利。
Comprehensive Healthcare Wellness.
- 如果**您方**未购买扩展医疗保障、综合健康与体检保障、综合眼科与牙科保障或综合健康福利，**我方**将不承担任何与上述保障有关的**保险责任**。
If you do not add the Extensional Medical Benefit, Comprehensive Health and Wellbeing Benefit, Comprehensive Vision and Dental Benefit, or Comprehensive Healthcare Wellness options, **we** will not pay for any of the **benefits** which are available under those options.
- 11.3 钻石计划和白金计划可以选择的保障区域包括：
In Diamond plan and Platinum plan, area of cover could be:

11.3.1 全球含美国；
Worldwide including USA;

11.3.2 全球不含美国；或
Worldwide excluding USA; or

11.3.3 亚洲。
Asia.

黄金计划可以选择的保障区域包括：
In Golden plan, area of cover could be:

11.3.4 亚洲；
Asia;

11.3.5 大中华；或
Greater China; or

11.3.6 中国大陆。
Mainland China.

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。
We will not pay for any treatment outside your selected area of cover.

11.4 核心医疗保障中的国际紧急救援服务的保障区域不受所选择保障区域的限制。

the cover area of the International Emergency Evacuation services of Core Medical Insurance is not limited by the selected area of cover.

11.5 您在保险期间内不能变更已选定的保障内容。如果您方希望变更上述保障内容，您可以在每年续保时向我方提出变更申请并根据我方的要求提交一份详细的健康问卷，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。

You cannot change the selected benefit package during the period of cover. You can request to change the benefit package on your renewal date each year. If you would like to add a new cover, you must provide us a detail medical questionnaire. We may apply some special conditions or exclusions to the changed benefit package.

11.6 本保险合同的所有保障应受到下列限制：

All covers of this policy are subject to:

11.6.1 保障利益表中所列的对各项保障利益的免赔额、自负比例、特定医院自负比例和赔付限额的限制；以及
the limits shown in the list of benefits as to the deductible, copay, special provider copay and maximum amounts we will pay in relation to a particular treatment; and

11.6.2 本保险条款中所述的各项术语、支付条件、限制（包括次数及额度）及责任免除。
all of the terms, conditions, limits and exclusions set out in this policy.

11.7 如果本保险合同的被保险人人数超过一人，同一保单下所有被保险人所选择的保障内容应该保持一致。我方将根据本保险合同生效或续保时该保单项下所有的被保险人人数适用家庭费率调整因子。

If immediately after one beneficiary's entry there will be more than one beneficiary under this policy, the benefit packages of all beneficiaries under this policy should be the same. We will apply the family premium discount factor according to the number of covered beneficiaries

- immediately after this **beneficiary's** entry
- 12. 保险费及其他费用的支付**
Premium and other charges
- 12.1 全部**被保险人**的保险费及其他应支付的费用（如税费），及其应支付的时间与方式均已载明于**您方**的**保险凭证**中。支付货币为人民币。
Your certificate of insurance sets out the premium of all **beneficiaries** and any other charges (such as taxes) which are payable and states when and how they must be paid. Payments must be made in Chinese Yuan (CNY).
- 12.2 **您方**应在**保险凭证**详细载明的各缴费日支付保险费及任何其他费用。
You are responsible for paying the premium and any other charges at each premium payment dates detailed on **your certificate of insurance** on time.
- 12.3 **我方**将根据每年的医疗费用通胀情况对保险费率进行调整。**我方**将在**保单周年日**前书面通知**您方**关于续保保险费及其他费用的变更信息。请注意每年的保险费或/及其他费用均可能有所不同。
We will adjust the premium rates each year according to medical cost inflation. **We** will write to **you** before the **anniversary date** to tell **you** about any proposed changes in renewal premium and/or other charges. The premium and/or other charges may vary from year to year.
- 13. 免赔额**
Deductible
- 13.1 **您方**有选择**免赔额**的权利，选择有**免赔额**的保险费将低于选择无**免赔额**的保险费。若**您方**计划选择**免赔额**，请在投保**申请**中注明。
You can choose **deductible**. If **you** do so, **your** premium will be lower than it otherwise would be. If **you** would like to apply **deductible**, **you** should tell **us** so in **your application**.
- 13.2 如果**您方**在核心医疗保障中选择了**免赔额**，**我方**将对**保险期间内**每一次理赔均扣除**免赔额**，直到累积免赔达到了年度**免赔额**。
While there is a **deductible** under Core Medical Insurance, **we** will reduce each claim's coverable costs until the **deductible** for the period of cover is reached.
- 13.3 如果**您方**在扩展医疗保障中选择了**免赔额**，**我方**将对**保险期间内**有关**治疗的每一次**理赔均扣除**免赔额**，直到累积免赔达到了年度**免赔额**。
While there is a **deductible** under Extensional Medical Benefit, **we** will reduce each claim's coverable costs until the **deductible** for the period of cover is reached.
- 13.4 **免赔额**将按每一**被保险人**、核心医疗保障、扩展医疗保障、每个**保险期间**单独计算。
The **deductible** applies separately to each **beneficiary**, Core Medical Insurance, Extensional Medical Benefit, each period of cover.
- 13.5 **您方**可于续保时要求变更**免赔额**。**我方**有可能要求**您方**提供健康问卷，并可能附加特别承保条件或特别责任免除。
You may change **your deductible** at renewal. **We** may require a medical questionnaire, and **we** may apply new special underwriting conditions or exclusions.
- 14. 自负比例和特定医院自负比例**
copay and special provider copay
- 14.1 如果**您方**选择一定的**自负比例/特定医院自负比例**，**您方**所支付的**保险费**将会更低。若**您**计划选择**自负比例/特定医院自负比例**，**您**需要在**您的投保申请**上注明。
You can choose to have **copay / special provider copay**. If **you** do so, **your** premium will be lower than it otherwise would be. If **you** would like to apply a **copay / special provider copay**, **you** should tell **us** so in **your application**.
- 14.2 如果在核心医疗保障和扩展医疗保障中分别选择各自的**自负比例**，根据相应的**自负比例**计算的金额将由**您方**自行承担。

If either **copay** is selected on the Core Medical Insurance and the Extensional Medical Benefit; part claim amount, according to related **copay**, will be paid by you.

- 14.3 如果您选择了**特定医院自负比例**，对在**特定医院**发生的核心医疗保障和扩展医疗保障范围内的医疗费用，根据相应的**特定医院自负比例**计算的金额将由您方自行承担。

If a **special provider copay** is selected, part claim amount covered under the Core Medical Insurance and the Extensional Medical Benefit incurring in the **special provider**, according to **special provider copay**, will be paid by you.

- 14.4 如果您同时选择了**自负比例**和**特定医院自负比例**，对在**特定医院**发生的医疗费用，您自己承担的比例将为**自负比例**和**特定医院自负比例**之和，但不超过 100%。

If both **copay** and **special provider copay** are selected, for the medical costs incurring in the **special provider**, the percentage you will pay for will be the sum of **copay** and **special provider copay**, but no more than 100%.

- 14.5 如果您同时选择了**免赔额**和**自负比例/特定医院自负比例**，将先计算**免赔额**，扣除**免赔额**后的剩余部分再进行**自负比例/特定医院自负比例**计算。

If you select both **deductible** and **copay / special provider copay**, the amount related to the **deductible** is calculated at first, and then the amount related to the **copay / special provider copay**.

- 14.6 您可以在每年续保时**申请变更自负比例/特定医院自负比例**。如果您希望取消或降低您的**自负比例/特定医院自负比例**，我方有可能要求您方提供健康问卷，并可能附加特别承保条件或特别责任免除。

You can request a change to the **copays / special provider copays** with effect from **your renewal date** each year. If you wish to remove or reduce **your copay / special provider copay**, we may require a medical questionnaire and we may apply new special underwriting conditions or exclusions.

15. 赔付限额 Limits

每一保障计划对核心医疗保障和扩展医疗保障分别设定每年赔付限额，对核心医疗保障和扩展医疗保障中一些分项费用还可能设有该项费用的每年分项赔付限额。

There are limits for core medical benefits and extensional medical benefits in this policy's selected plan. Besides, there could be some sub-limits for **inpatient** core medical benefits and extensional medical benefits.

16. 明确说明和如实告知 Truthful and Full Disclosure

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.

- 17. 未如实告知的处理**
False or withheld information
- 17.1 **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.
- 17.2 **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 termination of the policy.
- 17.3 **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，但扣除退保手续费后退还未到期净保费。**
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** net of **surrender charge**.
- 17.4 **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.
- 17.5 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.
- 18. 常住地所在国**
Country of habitual residence
- 18.1 **被保险人变更常住地所在国的，您方需要向我方补充告知个人信息，且我方有可能对本保险合同的保障、保费等进行调整。**
If any **beneficiary** changes their **country of habitual residence** you should update the information and this policy's cover and premium could be changed.
- 18.2 在某些情况下，如果变更**常住地所在国**将致使原有保障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.
- 19. 您方信息变更**
Changes of your information
- 19.1 **我方将按您方投保申请上载明的地址寄送与本保险合同有关的书信及通知。如果您方及被保险人的联络电话或手机、联络邮箱、联络地址、常住地或常住地所在国发生了任何变更，请及时以书面或双方认可的其他形式通知我方。**

We will send any communications and notices in relation to this policy to the address which **you** give **us** in **your application**. **You** must tell **us** if **your** or any other **beneficiary's** telephone or mobile, email, address, **country of habitual residence**, or nationality is changed.

19.2 关于您方及被保险人的常住地所在国或国籍国的任何变更请务必及时通知我方。

It is important that **you** tell **us** straight away if there is any change in any **beneficiary's country of habitual residence** or **country of nationality**.

20. 联系您方
Contacting you

如果我方需要就本保险合同的有关事宜联系或通知您方，我方将依据本保险合同载明的最新地址寄送书面通知，并视为已送达给您方。

If **we** need to contact **you** perhaps for notifications about this policy, **we** will write to **you** at the address which **you** gave **us** in the policy, and all notices sent will be considered delivered.

21. 联系我方
Contacting us

21.1 在一些情况下，您需要根据本保险合同相关条文的要求书面联系我方，请按照您方持有的成员身份卡上的地址或电子邮箱地址向我方寄送相关资料：

In some circumstances, which are explained in these rules, **you** may need to contact **us** in writing. If so, **you** should write to **us** or email **us** at the addresses on **your** membership ID card.

21.2 如果在其他情况下您需要联系我方，请您发送电子邮件至您方所持的成员身份卡上的电子邮箱地址，或拨打客户服务热线，客户服务热线电话号码载于您方持有的成员身份卡上。

In any other circumstances, **you** may email **us** at the addresses on **your** membership ID card or call **our** Customer Service Hotline, which is on **your** membership ID card.

22. 保险合同变更
Changes to this policy

22.1 除我方授权代表以外，任何人均无权更改本保险合同或取消其中的任何条款，例如：销售代表、经纪人及其他中介方均无权擅自变更或拓展本保险合同的任何规定。

No person other than an authorized executive officer of **us** has authority to change this policy or to waive any of its **provisions** on **our** behalf, for example, sales representatives, brokers and other intermediaries cannot vary or extend the terms of the policy.

22.2 我方同时保留变更续保条件的权利，变更将于续保开始生效，我方将至少提前 30 天通知您方。

We also reserve the right to make changes to the terms of cover on renewal. **We** will notify **you** such changes and the changes will take effect from the renewal at least 30 days before.

22.3 如果有被保险人存在特别责任免除，我方将可能在续保时重新对该被保险人进行评估，以决定是否去除该特别责任免除。如果您方有特别责任免除需要进行重新评估，您方应该在收到续保通知后、保单周年日前至少提前 14 天通知我方。您方应该提供或告知自最初生效时或上次保单周年日起的重要风险因素的变化，以便于我方对特别责任免除进行重新评估并决定相应的承保条件。如果我方对特别责任免除进行了变更或删除，我方将把更新后的保险凭证发送您方。特别责任免除的变更或删除将自保单周年日起生效。

If special exclusion(s) have been applied to any **beneficiary** there may be occasions when **we** can review them at a future renewal, to consider whether **we** are willing to remove the exclusion. **You** should contact **us** upon receipt of the renewal notification, and at least 14 days before the **anniversary date** if there is an exclusion which is due for review at that

date. **You** should provide information or disclose any changes affecting risks where such changes have occurred since the **initial start time** or last **anniversary date**, whichever is the latter, to help **us** review the exclusion and any change to this policy. **We** will then advise **you** of changes (if any) **we** have made to the special exclusion(s) and issue an amended **certificate of insurance**. Amendments to special exclusion(s) will be effective from the relevant **anniversary date**.

23. 保险合同当事人

the parties of this policy

您方与我方是本保险合同的当事人。
We and you are the parties of this policy.

24. 其他保险

Other insurance

如果其他保险公司也为**被保险人**提供了保障，**我方**将与其协商具体的赔付方案。

If another insurer also provides cover, **we** will negotiate with them as regards the allocation of claiming.

25. 资料保护

Data protection

25.1 出于办理本保险合同事务、提供**保险**保障及其他相关目的或原因，**我方**需要收集及处理**您方或被保险人**的个人资料及敏感信息，例如：姓名、地址、出生日期、电话号码及健康信息等等。**您方对我方**出于必要而合理的需求而收集及处理**您方或被保险人**的个人资料及敏感信息的行为予以认可。

We need to collect and process personal and sensitive data relating to **you**, which includes all identifiable information that relates to **you** such as name, address, date of birth, telephone numbers and details of health information relating to **you** or **beneficiaries**, for the purposes of administering this policy and providing the insurance and other relevant purposes. Pursuant to the stipulation herein and to the extent reasonably necessary for these purposes, **you** consent to **us** collecting and processing all personal and sensitive data relating to **you** or **beneficiaries**.

25.2 **我方**将会对来往电话进行录音以控制服务质量。

Telephone calls to and from **us** may be recorded for quality control.

我方将出于履行本保险合同义务、遵守法律法规的规定、服从监管机构、行业协会的要求等原因而使用或提供上述信息和资料，并有可能需要与**我方**授权的第三方分享，在某些情况下需要传输资料到**中国大陆**之外的地区。

The abovementioned information and data will be processed or provided by **us** for reasons including carrying out **our** obligations, acting pursuant to laws and regulations, or following industry regulator's and insurance association's requests and **we** may need to share it with third parties authorised by **us**, which may mean in certain instances **we** need to transfer data outside **Mainland China**.

以上信息和资料的处理除应符合中国关于信息保护的法律规定外，还须符合合同中关于机密性及安全性方面的规定。如果**您方**需要一份**我方**持有的**您方**个人资料复印件，请书面告知**我方**您的成员编号。**我方**可能对提供的信息收取合理的费用。

Such processing is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by applicable data protection laws in China. If **you** would like a copy of the information **we** hold about **you**, please write to **us** quoting **your** membership number. Please note that **we** may charge a reasonable fee to provide this information.

- 25.3 为更好地防范与核查保险欺诈行为，**我方**有可能需要与其他保险公司或机构分享信息，但该分享仅限于关于欺诈或试图欺诈行为的信息分享，不会涉及任何**被保险人**医疗信息的泄露。
To help **us** detect and prevent fraud, **we** may need to share information with other insurers or organisations. If **we** need to share information for this reason, **we** will only share information relating to fraud or fraud attempt, and will not share information about any **beneficiary's** medical history.
- 26. 语言**
Language
我方将为您方提供本保险合同文件的中英文版本，但英文内容只供参考，应以中文内容为准。
We will provide **you** the policy documents in both Chinese and English. But the Chinese parts shall always be the governing and the English parts are for reference only.
- 27. 申诉及争议处理**
Complaints & Dispute Settlement
27.1 任何申诉请第一时间寄送**我方**，具体地址载明于**您方**持有的成员身份卡上：
Any complaint should in the first instance be sent to **us** at the addresses on **your** membership ID card.
27.2 因履行本保险合同发生的争议，由当事人协商解决，协商不成的，依法向有管辖权的人民法院提起诉讼。
The relevant disputing parties shall solve the disputes arising from the performance of this policy through negotiation. If the disputes cannot be solved through negotiation, a lawsuit can be submitted to the governing Court in accordance with legal regulations.
- 28. 适用的法律法规**
Applicable law and jurisdiction
28.1 本保险合同依据中华人民共和国法律制定，并严格遵循该法律。
This policy is governed by, and will be interpreted in accordance with, laws of the People's Republic of China.
28.2 关于本保险合同的任何争议包括合同的有效性、构成及终止条款，将由人民法院管辖。
Any disputes about this policy, including disputes about its validity, formation and termination, will be determined in the courts of People's Republic of China.

第二章 保险责任 Section 2 - Benefits

- 29. 核心医疗保障**
Core Medical Benefit
核心医疗保障包括**住院**及日间病房保障、国际紧急救援服务和第二医疗意见服务。
Core Medical Benefit includes **Inpatient & day-patient** coverage, International Emergency Evacuation services and medical second opinion service.
- A 核心医疗保障中的**住院**及日间病房保障为**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**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 coverage of Core Medical Insurance protects the **beneficiary** for as many as possible **inpatient** and day-patient costs. The **beneficiary** will also have essential cover on an **inpatient**, day-patient and **outpatient** basis for **surgery, cancer treatment and psychiatric treatment** etc. which are listed clarified as below.
- 29.1 住院或日间病房的病房膳食费
Accommodation
29.1.1 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**；

n for inpatient or day-patient treatment	it is medically necessary and of customary medical convention for the beneficiary to be treated on an inpatient or day-patient basis;
	<p>(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</p> <p>(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.</p>
	<p>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、病房膳食及床位等费用。 We will pay for nursing care, accommodation and hospital bed etc. whilst a beneficiary is receiving inpatient or day-patient treatment.</p>
29.1.2	<p>如果有多规格的单人病房且被保险人入住超过基本单人病房规格的病房的： If there are multiple levels of single room and beneficiary stays in a single room higher than the basic single room.</p> <p>(a) 我方审核认为被保险人入住超过基本单人病房规格是出于医疗必要并且符合通常医疗惯例，我方将正常给付； 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.</p> <p>(b) 我方审核认为被保险人入住超过基本单人病房规格没有医疗必要或不符合通常医疗惯例，我方将按照基本单人病房规格给付。 If we review it as not medically necessary or not of customary medical convention that beneficiary stays in the non basic single room, we will pay for the amount which would have been charged in a basic single room.</p>
29.2 外科手术室及麻醉复苏室费用 Operating theatre and recovery room costs	<p>如果相应的外科手术费经我方审核可赔付，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。 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 covered under this policy.</p>
29.3 处方药及敷料费 Prescribed medicines and dressings	<p>29.3.1 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； 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> <p>29.3.2 如果被保险人接受的是癌症治疗，我方也支付在门诊治疗发生的处方药及敷料费。 We will pay for prescribed medicines and dressings which are prescribed in outpatients if they are prescribed as part of cancer treatment.</p>
29.4 重症监护室 Intensive care	<p>如符合下列全部条件，我方承担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的费用： We will pay for a beneficiary to be treated in an intensive care, intensive therapy,</p>

		high dependency or coronary care facility if:
	29.4.1	此病房是为 被保险人 提供恰当 治疗 的最佳场所； that facility is the most appropriate place for them to be treated;
	29.4.2	在此病房接受此 治疗 是所需 治疗 的必要部分；以及 the care provided by that facility is an essential part of their treatment ; and
	29.4.3	在此病房所接受的 治疗 是与 被保险人疾病 或 损伤 相仿者通常接受的 治疗 或相同的 治疗 。 the care provided by that facility is routinely required by patients suffering from the same type of sickness or injury , or receiving the same type of treatment .
29.5	父母或监护人 陪护床位费 Hospital accommodation for a parent or guardian	<p>29.5.1 如果被保险人在接受住院治疗时为不足 18 周岁的未成年人，符合下列全部条件时，我方将承担其父母或其他法定监护人中的一位在同一医院中的陪同住宿费用： 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 for a parent or legal guardian, if:</p> <p>(a) 该医院可以进行陪护；且 accommodation is available in the same hospital; and</p> <p>(b) 其陪同住宿费用是合理的；且 the cost is reasonable; and</p> <p>(c) 在同一病房陪同被保险人的费用。 the accommodation is within the same room of beneficiary.</p> <p>29.5.2 仅当被保险人接受的是属于本保险合同约定范围内的治疗时，我方才承担此陪护费用； We will only pay for hospital accommodation for a parent or legal guardian if the treatment which the beneficiary is receiving during their stay in hospital is covered under this policy.</p> <p>29.5.3 仅保障床位费用，<u>不包括膳食费及其它费用</u>。 Only room fees are covered, <u>excluding meals and other fees</u>.</p>
29.6	外科医生及麻 醉师费用 Surgeons' and anaesthetists' fees	<p>29.6.1 我方将支付在住院、日间病房或门诊发生的下列费用： We will pay for inpatient ,day-patient or outpatient costs for:</p> <p>(a) 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>(b) 外科手术前或手术后发生的与外科手术直接相关的治疗（与外科手术同一天发生）中的外科医生及麻醉师费用； surgeons' and anaesthetists' fees in respect of treatment which is needed immediately before or after surgery (i.e. on the same day as the surgery).</p> <p>29.6.2 如果被保险人接受的是癌症治疗，我方支付在外科手术前或手术后的门诊治疗费用。 We will pay for outpatient treatments received before or after surgery if the treatment is given as part of cancer treatment.</p>
29.7	专科医生诊疗 费 Specialists'	<p>我方将支付在医院发生的因住院或日间病房治疗而发生的、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</p>

consultation fees	of customary medical convention , during stays in a hospital on an inpatient or day-patient basis.
29.8 器官、骨髓及干细胞移植费用 Transplant services for organ, bone marrow and stem cell transplants	<p>29.8.1 如果满足下列全部条件，我方将支付与器官移植直接相关的住院医疗费用： We will pay for inpatient treatment directly associated with an organ transplant, for the beneficiary if:</p> <ul style="list-style-type: none"> (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 (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>29.8.2 如果满足下列全部条件，我方将支付与骨髓及干细胞移植直接相关的住院医疗费用： We will pay for inpatient treatment directly associated with a bone marrow or peripheral stem cell transplant if:</p> <ul style="list-style-type: none"> (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 (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>29.8.3 我方将支付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>29.8.4 如果骨髓及干细胞移植是癌症治疗的一部分，则此费用将不作为移植费用承担，而是按照本保险合同有关癌症治疗部分的条款进行承担。 We will not pay for bone marrow or peripheral stem cell transplants under this part of this policy if the transplants form part of cancer treatment.</p> <p>关于癌症治疗的内容见本条款相关部分。 The cover which we provide in respect of cancer treatment is explained in other parts of this policy.</p> <p>29.8.5 如果有捐献者捐献骨髓或器官给被保险人，我方将承担： If a person donates bone marrow or an organ to a beneficiary, we will pay for:</p> <ul style="list-style-type: none"> (a) 获取器官或骨髓的外科手术费用； the harvesting of the organ or bone marrow; (b) 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 necessary and of customary medical convention; (c) 捐献者因捐献行为而发生的必要医院收费；及 the donor's hospital costs; and

- (d) 捐献者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;
- 29.8.6 对本保险合同规定范围内的捐献者费用，如果捐献者可以从其他保险或费用承担者获得赔偿或补偿，我方承担的部分相应减少。
The amount which we will pay towards a donor's medical costs will be reduced by the amount which is payable to them in relation to those costs under any other insurance policy or from any other source.
- 29.8.7 在**被保险人**接受器官、骨髓或干细胞移植前需要事先通知**我方**并获得**我方**同意。
A **beneficiary** must contact **us** and get approval in advance before they incur any costs relating to organ, bone marrow or stem cell donation or transplant.
- 29.9 肾透析
Kidney dialysis
- 29.9.1 如果在**被保险人的常住地所在国内**可以进行肾透析**治疗**，**我方**将支付其在日间病房进行的肾透析**治疗**费用。
Treatment for kidney dialysis will be covered if such **treatment** is available in the **beneficiary's** country of residence. **We** will pay for this on a day-patient basis.
- 29.9.2 对**被保险人**到其**常住地所在国外**但属于所选择的保障区域内进行的肾透析**治疗**，**我方**支付其在日间病房进行的肾透析**治疗**费用，但不承担其旅行费用。
We will pay for kidney dialysis **treatment** outside the **beneficiary's country of habitual residence** if the country where that **treatment** is provided is within the **beneficiary's selected area of cover**. **We** will pay for this on a day-patient basis. **We** will not pay travel costs.
- 29.10 病理检测、放射检查及其他诊断性检查化验
Pathology, radiology and other diagnostic tests
- 我方**将支付：
We will pay for:
- 29.10.1 病理检测；
pathology tests;
- 29.10.2 放射学检查；及
radiology; and
- 29.10.3 **诊断性检查化验**；
diagnostic tests;
- 但应符合：这些检查化验是**医疗必要**并且符合**通常医疗惯例**的、并且是在**被保险人**进行**住院**或**日间病房治疗**时由**专科医生**明确要求进行。
where they are **medically necessary**, of **customary medical convention** and recommended by a **specialist** as part of a **beneficiary's hospital stay for inpatient or day-patient treatment**.
- 29.11 物理治疗/补充治疗及中医/针灸治疗
physiotherapy / complementary therapies and Chinese medicine /
- 我方**将支付：
We will pay for:
- 29.11.1 **专科治疗师**进行的**物理治疗/补充治疗**；及
physiotherapies / complementary therapies provided by **therapists**;
- 29.11.2 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 Chinese medicine **specialists** or acupuncturist.
- 但应符合：这些**治疗**在**被保险人****住院**或进行**日间病房治疗**期间由**专科医生**明

acupuncture	<p>确要求进行（<u>但被保险人不能主要因为接受这些治疗而住院或进行日间病房治疗</u>）。</p> <p>if these therapies are recommended by a specialist as part of the beneficiary's hospital stay for inpatient or day-patient treatment (but are not the primary treatment which they are in hospital to receive).</p>
29.12 核磁共振、计算机断层扫描及正电子发射断层扫描 MRI, CT & PET scans	<p>我方将支付： We will pay for:</p> <p>29.12.1 核磁共振； magnetic resonance imaging (MRI);</p> <p>29.12.2 计算机断层扫描； computed tomography (CT);</p> <p>29.12.3 正电子发射断层扫描； positron emission tomography (PET);</p> <p>但应符合：这些检查是在<u>被保险人住院、进行日间病房治疗或门诊治疗期间由专科医生明确要求进行</u>。</p> <p>if they are recommended by a specialist as a part of a beneficiary's inpatient, day-patient or outpatient treatment.</p>
29.13 家庭护理 Home nursing	<p>如果满足下列全部条件，我方将支付被保险人相应的家庭护理费用： We will pay for a beneficiary's home nursing care, per period of cover, if:</p> <p>29.13.1 由具有合法注册护士提供； it is provided in the beneficiary's home by a qualified nurse;</p> <p>29.13.2 经我方评估，护理的内容是医疗必要并且符合通常医疗惯例的，且这些护理通常在医院才能提供的服务。我方不支付非医疗性质的护理或私人服务； according to our assessment, it's medically necessary and of customary medical convention that would normally be provided in a hospital. We will not pay for home nursing which only provides non-medical care or personal assistance;</p> <p>29.13.3 被保险人在可获本保险合同赔偿的住院或日间病房治疗期间由专科医生明确要求进行； it is recommended by a specialist following inpatient or day-patient treatment which is covered by this policy;</p> <p>29.13.4 在被保险人出院后立即开始；并且 it starts immediately after the beneficiary discharges; and</p> <p>29.13.5 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 hospital.</p>
29.14 康复治疗 Rehabilitation treatment	<p>29.14.1 我方将支付在被保险人遭受损伤（如中风或脊髓损伤等）后由专科医生明确要求进行医疗必要并且符合通常医疗惯例的康复治疗，（如包括物理治疗/补充治疗或职业治疗等，<u>但不包括言语复健治疗</u>）。每一保险期间内，对同一原因导致的康复治疗，我方最多支付 30 天的费用，包括病房膳食费和生活费。 We will pay for rehabilitation treatments (such as physiotherapies / complementary therapies or occupational therapies, excluding restorative speech therapies) which are recommended by a specialist and are medically necessary and of customary medical convention after a traumatic event such as a stroke or spinal injury. This includes up to 30 days accommodation and living costs, per period of cover, for</p>

each separate condition which requires **rehabilitation treatment**.

- 29.14.2 若在整形外科治疗后、或脊髓/神经系统疾病治疗后由专科医生明确为有**医疗必要**进行符合**通常医疗惯例**的**康复治疗**，并且经我方预先审核批准后，**我方**可以承担超过 30 天的**康复治疗**费用。

If the **rehabilitation treatment** is required following an orthopaedic, spinal or neurological event, **we** will, subject to prior approval being obtained prior to the commencement of any **treatment** pay for **rehabilitation treatment** for more than 30 days, if further **treatment** is **medically necessary**, of **customary medical convention** and recommended by the treating **specialist**.

- 29.14.3 对“30 天”限制的计算：

In determining when the 30 day limit has been reached:

- (a) 如果**被保险人**住院进行**康复治疗**的，每在**医院**过一个夜晚计作“一天”；并且

We count each overnight 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**康复治疗**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** and **day-patient treatment** as one day.

- 29.14.4 **我方**将只支付符合下列全部条件的**康复治疗**：

We will only pay for **rehabilitation treatment** if:

- (a) 导致**康复治疗**的**疾病**本身也在本**保险合同**可赔偿范围内；并且

it is needed after, or as a result of, a **treatment** which is covered by this policy; and

- (b) **康复治疗**开始的时间在导致**康复治疗**的**疾病**治疗结束后 30 天内。

it begins within 30 days of the end of that original **treatment**.

- 29.15 临终关怀及姑息治疗
Hospice and palliative care

如果**被保险人**被诊断为**终末期**状态，且现有**医学技术**没有有效的**治疗**手段，**我方**将支付在**医院**进行**临终**治疗或**护理**而发生的**病房膳食费**、**护理费**、**处方药**、**理疗**、**心理关怀**及**姑息治疗**等。

If a **beneficiary** is given a terminal diagnosis, and there is no available **treatment** which will be effective in aiding recovery, **we** will pay for **hospital** or hospice care and accommodation, nursing care, **prescribed medicines**, physical, psychological care and **palliative care**.

- 29.16 修复体、设备及装置
Prosthetics, devices and appliances

- 29.16.1 内置修复体、设备及装置：**我方**将支付为了对**被保险人**进行治疗、在**外科手术**过程中植入**被保险**人体内的修复体、设备及装置。

Internal prosthetics devices and appliances: **We** will pay for internal prosthetic implants, devices or appliances which are put in place during **surgery** as part of a **beneficiary's treatment**.

- 29.16.2 外置修复体、设备及装置：**我方**将支付为了对**被保险人**进行治疗所必不可少的、满足下述条件的外置修复体、设备及装置。

External prosthetics devices and appliances: **We** will pay for external prosthetics, devices or appliances which are necessary as part of a **beneficiary's treatment** (subject to the limitations explained below).

- (a) **外科手术**后立即需要的、**医疗必要**并且符合**通常医疗惯例**的修复性设备或装置；

- a prosthetic device or appliance which is a necessary part of the **treatment** immediately following **surgery** for as long as is required by **medical necessity** and **customary medical convention**;
- (b) 在病后恢复阶段内**短期**内需要的、**医疗必要**并且符合**通常医疗惯例**的修复性设备或装置。
a prosthetic device or appliance which is **medically necessary**, of **customary medical convention** and is part of the recuperation process on a **short-term** basis.
- 29.16.3 对不足 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.
- 29.16.4 拐杖、轮椅等主要为生活便利的设备不在此项保障范围内。
Crutches, wheel chairs or other equipments which are mainly for living convenience are not included.
- 29.17 当地救护车及空中救援服务
Local ambulance and air ambulance services
- 29.17.1 如为**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:
- (a) 从**意外事故或损伤**发生地到医院；
from the scene of an **accident or 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**.
- 29.17.2 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.
- 29.17.3 如为**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:
- (a) 从**意外事故或损伤**发生地到医院；或者
from the scene of an **accident or injury** to a **hospital**; or
- (b) 从一**医院**转送另一**医院**。
from one **hospital** to another.
- 空中救援的使用适用下列条件及限制：
Air ambulance cover is subject to the following conditions and limitations:
- 29.17.4 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。另外，空中救援需要适用下列两项条件。因而，即使满足**医疗必要**并且符合**通常医疗惯例**的条件，本保险合同并不保证任何情况下**被保险人**一定可以得到空中救援的服务；
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. This policy does not guarantee that an air ambulance will always be available when requested, even if it is **medically necessary** and of **customary medical convention**;

- (a) **我方可支付的空中救援最长运送距离是 100 公里（160 英里）；并且**
we will only pay for an air ambulance to transport a beneficiary for distances up to 100 miles (160 kilometres); and
- (b) 只有在空中救援的使用是为了到医院进行医学治疗时，我方才支付其费用。
we will only pay for an air ambulance where its use relates to treatment which a beneficiary needs to receive in hospital.

29.17.5 本保险合同不承担山地搜救的服务。
This policy does not provide cover for mountain rescue services.

- 29.18 无赔付住院津贴
No Claim
Inpatient Cash
Benefit
- 如果**被保险人**进行可获本保险合同赔偿的**住院治疗**，但未就病房膳食费、治疗等任何医疗费用进行理赔或者抵扣剩余的**免赔额**额度，**我方**将向**被保险人**支付**住院津贴**。**我方在支付住院津贴后，将不再赔付与该次住院相关的任何医疗费用。**
We will make cash payments directly to a beneficiary who has received inpatient treatment but has neither been charged nor been used to reduce the outstanding deductible amount for that treatment or for accommodation, if the treatment is covered under this policy. If the inpatient cash has been paid, we will not pay any costs related to this inpatient.
- 29.19 住院紧急牙科治疗
Inpatient
emergent
dental
treatment
- 如果**被保险人**在**住院**期间由主持治疗的**专科医生**明确要求因牙科紧急症状需要在**住院**期间进行**紧急牙科治疗**，**我方**将支付**损伤**后 24 小时内的**紧急牙科治疗**（但此牙科治疗不能构成**住院**的主要治疗，否则**住院**本身将不成立**医疗必要**或成立符合**通常医疗惯例**）。如果此牙科治疗是构成**住院**的主要治疗，**我方**将不在核心医疗保障中承担相应责任，而是按综合眼科与牙科保障中的约定承担**保险责任**（如果**您**方选择附加了该保障）。
We will pay for emergency dental treatment within 24 hours after injury which is required by a beneficiary while they are in hospital as an inpatient, if that inpatient emergent dental treatment is recommended by the treating specialist because of a emergent dental treatment (but is not the primary treatment for which the beneficiary is in hospital to receive. Otherwise, this inpatient is neither medically necessary nor of customary medical convention). If it is the primary treatment for which the beneficiary is in hospital to receive, we will not cover it under Core Medical Benefit, but under Comprehensive Vision and Dental Benefit (if you added this option in this policy).
- 如果**住院**期间发生的某次**紧急牙科治疗**既可以在本保障获偿，也可以在其他保障中获偿，则**我方**仅按本保障约定进行赔偿。
When one **emergent dental treatment** could be covered either herein or elsewhere, this **benefit** is paid instead of any others.
- 29.20 精神治疗
Psychiatric
care
- 29.20.1 **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) 我方仅支付循证治疗及有医疗必要并且符合通常医疗惯例的治疗。
We will only pay for the treatments, which are evidence-based, medically necessary and of customary medical convention.
- 29.20.2 在每一保险期间内，可支付的住院治疗天数最多不超过 30 天。
In any one period of cover, up to 30 days of **inpatient treatment** is included.
- 29.21 成瘾性嗜好治疗
Addiction treatment
- 29.21.1 我方将支付：
We will pay for:
- (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的遵循循证治疗的专业治疗中心进行的医疗必要并且符合通常医疗惯例的、并由专科医生所明确要求的一个阶段或一个疗程的成瘾性治疗。
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.
- 29.21.2 我方不承担：
We will not pay for:
- (a) 对嗜酒、成瘾性状态的其他治疗；或
any other treatment related to alcoholism or addiction; or
- (b) 对任何并发症的治疗（包括抑郁，痴呆或肝功能衰竭等）；
treatment of any related condition (such as depression, dementia or liver failure);
——如果我方有理由认为这些并发症是由酗酒或成瘾导致的。
where we reasonably believe that the condition which requires treatment was the result of alcoholism or addiction.
- 29.21.3 我方仅支付循证治疗及有医疗必要并且符合通常医疗惯例的治疗。
We will only pay for the treatments, which are evidence-based, medically necessary and of customary medical convention.
- 29.21.4 在每一保险期间内，我方支付的下列两项治疗天数共计上限为 90 天，其中住院治疗天数共计上限为 30 天：
We will pay for up to a combined maximum total of 90 days of, and up to a combined maximum total of 30 days for inpatient treatment:
- (a) 成瘾性治疗；及
addiction **treatment**; and
- (b) 精神健康问题及异常的治疗；（见前述有关部分）
treatment for mental health conditions and disorders (see

additional **treatment** above);

29.21.5 任意连续五年期间内，我方支付的下列两项**治疗**天数共计上限为180天：

In any consecutive five year period, **we** will pay for up to a combined maximum total of 180 days of:

- (a) 成瘾性**治疗**；及
addiction **treatment**; and
- (b) 心理健康问题及异常的**治疗**：（见前述有关部分）
treatment for mental health conditions and disorders (see additional **treatment** above);

例如，在某一保险期间内，某**被保险人**使用了90天的精神**治疗**或成瘾性**治疗**，又在随后的保险期间内使用了90天的精神**治疗**或成瘾性**治疗**，则在再随后连续3年时间里我方将不再承担任何精神**治疗**或成瘾性**治疗**所产生的费用。

For example, if a **beneficiary** uses 90 days of psychiatric or addiction **treatment** in one period of cover, and 90 days of psychiatric or addiction **treatment** in the following period of cover, **we** will not pay for any cost of further psychiatric or addiction **treatment** for the next three consecutive years of cover.

29.21.6 在确定上述“30天”、“90天”、“180天”的限制时：

In determining when these 30, 90 and 180 day 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 overnight 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.

29.22 癌症治疗
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**.

29.23 先天性疾病
Congenital
conditions

29.23.1 对18周岁以下的**被保险人**，我方将支付与该先天性疾病有关的**住院**或**日间病房治疗**费用。

For the **beneficiaries** younger than 18 years, **we** will pay for **treatment** on an **inpatient** or **day-patient** basis of congenital conditions.

29.23.2 先天性疾病详细清单按照 ICD10 第十七章《先天性畸形、变形和染色体异常（Q00-Q99）》

Congenital conditions refer to ICD10 Chapter XVII: Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)

29.24 新生儿护理
Newborn care

新生儿成为本合同**被保险人**后，我方仅按本项保障的约定支付下列费用：
For **beneficiaries**, **we** will pay for the cost instead of other benefit:

- 29.24.1 累计不超过 10 天的新生儿常规护理；以及
up to 10 days routine care for the baby following birth; and
- 29.24.2 出生后 90 天内所需的所有住院和日间病房治疗。
all **inpatient** and **day-patient treatment** required for the baby during the first 90 days after birth;
- B 核心医疗保障中的国际紧急救援服务为合格客户提供如下**保险责任**。下文的“合格客户”是指一位进行不超过 90 天的、离开其**常住地** 150 公里或者离开其**常住地所在国**旅行的**被保险人**及其**配偶子女**。为免争议，在认定出国旅行时将台湾、香港和澳门作为独立行政区域。
International Emergency Evacuation services of Core Medical Insurance provides below **benefits** for an eligible participant. “Eligible Participant” below is defined as a **beneficiary’s** self, **spouse** and kids, who is travelling 150 kilometres or more from his/her **habitual residence** or travelling in another country, which is not their **country of habitual residence**, for less than 90 days. For the avoidance of doubt, Taiwan, Hong Kong and Macao will be regarded as separate administrative divisions.
- 29.25 医疗咨询评估和推荐
Medical Consultation, Evaluation and Referrals. 电话联系服务中心团队全天候的（24 小时/7 天）为合格客户提供多语言电话呼入支持服务，提供医疗咨询、评估及专家推荐。
Telephone access to operations centres staffed twenty-four (24) hours a day, every day of the year, with multilingual personnel appropriately suited to the Eligible Participant for medical consultation, evaluation and referral to Western-trained physicians.
- 29.26 紧急医疗转运
Emergency Medical Evacuation. 如果根据**我方**的评估，就近没有必要的医疗机构为合格客户提供服务，**我方**将使用必要的运输工具，提供紧急医疗转运及适当的医疗监护，到最近的、可提供相应医疗服务的医疗机构。
When an adequate medical facility is not available proximate to the Eligible Participant, as determined by **our** assessment, evacuation will be provided under appropriate medical supervision, by the mode of transport necessary, to the nearest medical facility capable of providing required care.
- 29.27 紧急医疗撤离
Medical Repatriation. 如果根据**我方**的评估属于**医疗必要**并且符合**通常医疗惯例**，在合格客户健康上适合乘坐普通运输工具的前提下，**我方**将提供在医疗监护下的转运合格客户回其居住地或者临近其居住地的医疗或者康复机构。如果客户出院后恢复到适合乘坐普通运输工具的健康状态的所需时间超过 14 天，其他形式的运输工具将被采用，如空中救护飞机。必要时，将适当安排医疗或非医疗的陪护。
While **medically necessary** and of **customary medical convention** as determined by the us, repatriation will be provided under medical supervision to the Eligible Participant’s residence or to a medical or rehabilitation facility near Eligible Participant’s residence, at such time as the Eligible Participant is medically cleared for travel by commercial carrier. If the time period to receive medical clearance to travel by common carrier exceeds fourteen (14) days from the date of discharge from the **hospital**, an alternative, appropriate mode of transportation may be arranged, such as an air ambulance. Medical or non-medical escorts may be provided as necessary.
- 29.28 入院担保
Hospital Admission. 合格客户需要入住境外医疗机构时，**我方**将出具临时财务担保（该次就诊不属于**我方**医疗保障范围时，合格客户必须在出院后 45 天内返还垫付款项）或者证明合格客户的医疗保障（该次就诊属于**我方**医疗保障范围时）；
Issue a prompt financial guarantee to facilitate admittance to a foreign medical facility and/or validate Eligible Participant’s medical insurance; provided that the Eligible Participant must repay all funds advanced for **hospital** admittance within forty-five (45) days of the date advanced.

- 29.29 医疗监护
Medical Monitoring.
- 我方医疗团队将监护合格客户，进行如下工作：
Monitoring of Eligible Participant's condition by **our medical team** who will
- 29.29.1 和治疗的执业医师或医院保持及时地沟通；并且
stay in regular communication with the attending **medical practitioner** and/or **hospital** and
- 29.29.2 向家属通报必要的、法律上允许披露的信息。
relay necessary and legally permissible information to family members.
- 29.30 处方药援助
Prescribed medicines Assistance.
- 根据治疗医生的意见，如果合格客户在转运过程中需要延续或者替代处方药治疗，我方将在可能及合法的前提下，协助携带处方药或者替代处方药。如果该处方药不在医疗保险责任范围内，合格客户应负责这些处方药的费用。
According to the attending **medical practitioner**, if an Eligible Participant needs a transferring and/or replacement **prescribed medicine** while travelling, **We** helps with transferring and or replacing **prescribed medicine** when possible and legally permissible and upon consulting with the attending physician; If the **prescribed medicine** is not covered by the medical **benefit**, the Eligible Participant is responsible for the cost of the **prescribed medicine**.
- 29.31 紧急信息传递
Emergency Message Transmission.
- 在法律允许的前提下，向家属提供或者从家属接受、传递紧急信息。
Receive and transmit legally permitted emergency messages to and from family members.
- 29.32 亲友接送
Compassionate Visit.
- 如果合格客户是单独旅行、并且将在医院入住 7 天或以上，我方为一位指定家属或亲友提供普通客机的双程经济舱费用，到离就诊医院最近的主要机场。家属或亲友本人应该负责签证及其他出入境文件的准备。
Provide a designated family member or personal friend with economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalization, provided that the Eligible Participant is travelling alone and will be hospitalized for more than seven (7) consecutive days. It is the responsibility of the family member or the friend to meet all visa and document requirements, if applicable.
- 29.33 未成年子女关爱
Care and/or Transportation of Minor Children.
- 如果因合格客户意外事故、疾病或身故后未成年子女无人看护，我方提供普通客户的单程经济舱费用为未成年子女及其陪护人员（如果必要），回到未成年人原来居住地。
Provide one way common carrier economy transportation, with attendants if required, to the place of residence of minor children when left unattended as a result of **accident, sickness** or death of an Eligible Participant.
- 29.34 遗体/骨灰运送
Return of Mortal Remains.
- 如果合格客户身故，我方将安排并支付遗体返回。我方将提供必要的运送援助，包括：选定当地的合格殡仪馆、太平间或直接处理设施以准备遗体的转运、完成所有的文档、获取所有法律许可、完成相应的使领馆事宜（与境外死亡有关的）、提供死亡证明、购买必要的棺木或航空运输容器、及输送遗体（包括从死亡地接受到运抵殡仪馆）。
In the case of an Eligible Participant's death, arrange and pay for the return of mortal remains. **We** will render any assistance necessary in the transport including locating a local, licensed funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, procuring consular services (for death overseas), providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.

- 29.35 法律和翻译推荐
Legal and Interpreter Referrals.
- 如果需要，**我方**提供对法律和翻译专业人员的推荐。
Upon request, **we** provide referrals to interpreters, counsellors or legal personnel.
- 29.36 应急现金协调
Emergency Cash Coordination.
- 如果合格客户发生了旅游紧急状况，**我方**为合格客户提供紧急现金协调和传递。合格客户应负责归还该款项。
We assist in coordinating the transfer of emergency cash to an Eligible Participant, provided that Eligible Participant has a verifiable travel emergency and is circumstantially without financial means. The source of the funds is the responsibility of the Eligible Participant.
- 29.37 证件行李遗失援助
Lost Luggage or Document Assistance.
- 我方**帮助合格客户找到遗失的行李、文件、个人物品及补办机票。
We help Eligible Participant locate lost luggage, document, personal belongings or assist with the replacement of travel tickets.
- 29.38 旅行前的信息咨询
Pre-trip Information.
- 我方**提供其他支持服务，如目的国概况信息查询，包括：签证条件、入境免疫及疫苗接种要求、使领馆信息、旅游必要知识、安全建议及其他与旅游目的地有关的信息。
We provide other support assistance services, such as Web-based country profile including visa requirements, immunization and inoculation recommendations, embassy and consulate information, country specific details and security advisories as well as other pertinent information for travel destinations.
- 29.39 国际紧急救援服务责任免除
Exclusion of International Emergency Evacuation services
- 29.39.1 如下情况下，我方不承担有关服务：
We will not provide any of the above services if:
- (a) 合格客户出于确定的医疗目的进行旅行；
the Eligible Participant undertook travel for the purpose of securing medical treatment;
- (b) 由于参与战争或暴乱导致损伤；
injuries are sustained as a result of participation in acts of war or insurrections;
- (c) 由于参与犯罪活动或非法服用药物导致损伤；
injuries are incurred while participating in criminal activity or as result of the unlawful consumption of drugs;
- (d) 由于试图自杀导致损伤；
injuries are sustained as a result of attempted suicide; or
- (e) 合格客户转运或即将转运，从一个医疗机构到另一个提供类似服务的医疗机构。
the Eligible Participant is transferred, or to be transferred, from one medical facility to another of similar capabilities and providing similar level of care.
- 29.39.2 合格客户处于如下情况时，我方不予转运或运返该合格客户：
We will not evacuate or repatriate an Eligible Participant, if the Eligible Participant has
- (a) 没有进行医疗预先批准；
no medical prior approvals;
- (b) 轻微伤害或简单损伤，如：扭伤、简单骨折、轻微疾病等可以在当地及时就医并且不影响其继续旅行并返还出发地的。

mild lesions, simple injuries such as sprains, simple fractures, or mild sicknesses which can be treated locally and do not prevent the Eligible Participant from continuing the trip and returning home;

- (c) 出发前已经怀孕超过 6 个月；或者 an advanced pregnancy beyond six (6) months in term; or
- (d) 精神状态失常，除非在住院中。 a mental or nervous disorder, unless hospitalized.

29.39.3 我方不向下列人员提供服务：

We will not provide services

- (a) 某位被保险人的配偶为其雇主进行商务旅行，除非该配偶也是被保险人；或 to a beneficiary's spouse if such spouse is travelling on behalf of the spouse's employer, unless this spouse is also a beneficiary; or
- (b) 没有事前通知的情况下，离开常住地进行超过 90 天的旅行。但是，如果一位学生出于学业需要，离开其常住地到常住地所在国内的学校上学超过 90 天直至学期结束的，我方仍然视其为合格客户。 for trips exceeding ninety (90) days from habitual residence without prior notification to us. Notwithstanding this restriction, students are eligible participants when travelling away from their habitual residence to attend an accredited academic institution within the country of habitual residence after ninety (90) days, through the conclusion of the academic year.

29.39.4 对没有有效境外医疗保障、并且对已经或可能发生的医疗费用也没有现实支付能力的合格客户，我方不承担履行相应的服务条款。但我方仍然视情况尽量提供相关服务。

We cannot guarantee the provision of services to an otherwise Eligible Participant who does not possess valid worldwide health insurance coverage nor has an immediately verifiable ability to pay all actual and potential medical bills in their entirety. We shall still make its best reasonable efforts to provide service in such a circumstance.

C 核心医疗保障中的第二诊疗意见服务主要集中于需要诊断鉴别或对既有治疗方案需更加精准评估的危及生命或影响生命的疾病。

Medical second opinion services of Core Medical Insurance are primarily focused on life-threatening or life-changing medical conditions requiring a differential diagnosis or closer evaluation of the proposed **treatment** regimen.

- | | |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29.40 第二诊疗意见服务
Medical second opinion services | 29.40.1 <u>我方或我方指定的委托服务商为被保险人提供第二诊疗意见服务 we or our designated service vendor will provide beneficiaries the services of medical second opinion;</u> |
| | 29.40.2 <u>有关的具体事项在本保险合同中的“个性化高端医疗服务指引”中载明，包括：提供服务的等待期、服务的具体内容、提供服务的网络医院清单、责任免除、具体服务流程等。 relevant details will be included in the 'guideline of customized high end medical services' of this policy, including waiting period, service details, service network, service exclusion, service procedures and etc.</u> |

30. 扩展医疗保障 (可选保障) 扩展医疗保障给予全面的门诊的保障，包括：诊疗费、处方药费、敷料费、物理治疗/补充治疗等。

Extensional Medical Benefit Option	Extensional Medical Benefit covers comprehensively for outpatient care and includes specialist consultations, prescribed outpatient prescribed medicines and dressings, physiotherapies / Complementary therapies and more.
30.1 执业医师及专科医生诊疗费 Consultations with Medical Practitioners and Specialists	<p>30.1.1 如被保险人因诊断疾病、安排治疗或接受治疗，至执业医师就诊，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.</p> <p>30.1.2 如被保险人经专科医生明确建议需要在门诊进行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.</p>
30.2 门诊诊断性检查化验 Outpatient diagnostic testing	<p>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况，我方将支付在门诊发生的诊断性检查化验费。 We will pay for any diagnostic test that is carried out on an outpatient basis, if recommended by a medical practitioner in order to diagnose or assess a beneficiary's conditions.</p>
30.3 物理治疗/补充治疗 physiotherapy / complementary therapies	<p>30.3.1 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、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 you to carry out your normal activities of daily living.</p> <p>30.3.2 这些治疗必须由拥有治疗所在国恰当专业资格认证的合格治疗师进行。 The treatments must be carried out by a properly qualified therapist and holds the appropriate license to practice in the country where the treatment is received.</p>
30.4 中医/针灸治疗 Chinese medicine / acupunctures	<p>30.4.1 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。 We will pay for the Chinese medicine / acupunctures, if those treatments are recommended by a medical practitioner.</p> <p>30.4.2 这些治疗必须由拥有治疗所在国恰当的专业执业资格的治疗师进行。 We will only pay for these therapies if the practitioner is an appropriately qualified therapists and entitled to practise in the country where treatment is given.</p>
30.5 言语复健治疗 Restorative Speech therapy	<p>30.5.1 我方将支付满足下列全部条件的言语复健治疗： We will pay for restorative speech therapy if:</p> <p>(a) 言语复健治疗是紧随着可获本保险合同赔偿的治疗后立即发生的（如作为被保险人中风后续治疗必要一部分的言语治疗）； it is required immediately following treatment which is covered under this policy (for example, as part of a beneficiary's follow-up care after they have suffered a stroke);</p>

- (b) 该治疗经专科医生明确是短期的、且是医疗必要并且符合通常医疗惯例的。
it is confirmed by a **specialist** to be **medically necessary** and of **customary medical convention** on a **short-term** basis.
- 30.5.2 我方不予承担不是以恢复原有言语能力为目的的言语治疗，包括但不限于下列任一情况：
We will only pay for speech therapy if the aim of that therapy is to restore impaired speech function. We will not pay for speech therapy, including but not limited to
- (a) 用于改善发育不完全的言语能力；
aims to improve speech skills which are not fully developed;
- (b) 出于教育提高言语能力的目的；
is educational in nature;
- (c) 出于维持语言交流能力为目的；
is intended to maintain speech communication;
- (d) 为纠正言语障碍（例如口吃）；或
aims to improve speech or language disorders (such as stammering); or
- (e) 因学习困难及发育问题引起的，例如阅读障碍，注意力缺陷多动障碍（ADHD）或自闭症等。
is as a result of learning difficulties, developmental problems (such as dyslexia), behavioural problems (such as attention-deficit hyperactivity disorder), or autism.
- 30.6 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.
- 30.7 耐用医疗设备租赁费
Rental of durable medical equipment
- 30.7.1 如果由专科医生明确要求须租赁专用医疗设备以辅助治疗被保险人，每一保险期间内我方将支付最多 45 天的医疗设备租赁费。
We will pay for the rental of durable medical equipment for up to 45 days per period of cover, if the use of that equipment is recommended by a specialist in order to support the beneficiary's treatment.
- 30.7.2 可被支付的耐用医疗设备须满足下列全部条件：
We will only pay for the rental of durable medical equipment which:
- (a) 非一次性用品、可多次反复使用；
is not disposable, and is capable of being used more than once;
- (b) 以医疗为目的；
serves a medical purpose;
- (c) 居家使用；并且
is fit for use in the home; and
- (d) 不能用于除治疗疾病或损伤以外的任何其他目的。
is of a type only normally used by a person who is suffering from the effect of a **sickness** or **injury**.
- 30.7.3 我方不承担拐杖、轮椅等主要为生活便利的设备。
We will not pay for crutches, wheel chairs or other equipments which are mainly for living convenience.

- 30.8 成人旅行疫苗接种
Adult travel vaccinations
- 我方**将支付因旅行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:
- 30.8.1 破伤风（每 10 年一次）；
tetanus (once every 10 years);
- 30.8.2 甲肝；
hepatitis A;
- 30.8.3 乙肝；
hepatitis B;
- 30.8.4 脑膜炎；
meningitis;
- 30.8.5 狂犬病；
rabies;
- 30.8.6 霍乱；
cholera;
- 30.8.7 黄热病；
yellow fever;
- 30.8.8 乙型脑炎；
Japanese encephalitis;
- 30.8.9 脊髓灰质炎；
polio booster;
- 30.8.10 伤寒；以及
typhoid; And
- 30.8.11 疟疾（以片剂形式，每日或每周）。
malaria (in tablet form, either daily or weekly).
- 30.9 牙科意外门诊治疗
Accidental outpatient dental treatment
- 30.9.1 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**.
- 30.9.2 为加快理赔过程，须同时提供进行**治疗的牙医**提供的下列全部信息：
In order to approve this **treatment**, **we will require confirmation from the beneficiary's treating dentist of:**
- (a) **意外事故**的具体日期；及
the date of the **accident**; and
- (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**.
- 30.9.3 如果某次**意外事故**的**牙科治疗**既可以在本保障项下获偿，也可以在本“综合眼科与牙科保障”中获偿，则**我方**仅按本保障约定进行赔偿，而不按“综合眼科与牙科保障”的约定赔偿。
while any **accidental dental treatment** could be covered under the this

		<p>benefit or “Comprehensive Vision and Dental Benefit”, This benefit is paid instead of “Comprehensive Vision and Dental Benefit”.</p>
	30.9.4	<p><u>在本项保险责任中，我方将不支付任何对种植牙、冠修复体及义齿的修补与更换费用。</u></p> <p>We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this policy.</p>
30.10 儿童健康检查 Well child tests	30.10.1	<p>我方将支付在每一适当的年龄间隔内进行的一次儿童发育咨询，具体包括：</p> <p>We will pay for one child development consultation visit at any of the appropriate age intervals, including</p> <p>(a) 由执业医生提供的下列咨询服务： for a medical practitioner to provide below consultations:</p> <p>(i) 根据健康信息评估健康状况； evaluating medical history;</p> <p>(ii) 体格检查， physical examinations;</p> <p>仅包含手法检查，或常规器械如耳镜、口镜、听诊器等进行的常规检查；<u>不包含单独收费的仪器检查、专科仪器检查、实验室检验。</u> only including manually, or with routine instruments such as ear speculum, mouth mirror or stethoscope; <u>excluding equipment examinations which are separately charged, equipment examinations which are done by special laboratories, or laboratorial tests.</u></p> <p>(iii) 发育评估； development assessment;</p> <p>(iv) 成长发育指导；以及 anticipatory guidance; and</p> <p>(b) 必要的血常规、尿常规、便常规检验。 appropriate routine blood test, routine urine test and routine stool test.</p>
	30.10.2	<p>我方将支付一次不足 6 周岁儿童的一次性入学健康检查，包括发育、听力、视力、乙型肝炎表面抗原检测、血液常规检查、天冬氨酸氨基转移酶检测、丙氨酸氨基转移酶检测；</p> <p>We will pay for one school entry health check, including growth assessments, hearing, vision, HBsAg test, Routine Blood test, Aspartate aminotransferase (AST) test and alanine transaminase (ALT) test, for each child less than 6 years;</p>
	30.10.3	<p>我方将支付 12 周岁及以上的糖尿病患儿的一次糖尿病视网膜病变筛查。</p> <p>We will pay for one diabetic retinopathy screening for children no less than 12 years who have diabetes.</p>
30.11 儿童免疫 Child immunisations		<p>我方将支付不足 18 周岁的儿童的下列免疫费用：</p> <p>We will pay for the following immunisations for children less than 18 years;</p>
	30.11.1	<p>白百破（白喉、百日咳和破伤风）； DPT (diphtheria, pertussis and tetanus);</p>
	30.11.2	<p>MMR（麻疹、腮腺炎和风疹）；</p>

	MMR (measles,mumps and rubella);
30.11.3	B 型流行感冒嗜血杆菌; HIB (haemophilus influenza type b);
30.11.4	脊髓灰质炎; polio;
30.11.5	流感; influenza;
30.11.6	乙肝; hepatitis B;
30.11.7	水痘; chick pox;
30.11.8	肺炎; pneumonia;
30.11.9	脑膜炎; meningitis;
30.11.10	人乳头状瘤病毒; 及 human papilloma virus (HPV); and
30.11.11	常住地 医疗监管部门规定的计划内疫苗。 all regular vaccines stipulated by the medical authorities of the habitual residence .
30.12 常规检查 Routine tests	在每个保险期间, 我方 将支付不足 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:
30.12.1	一次视力检查; 及 one eye test; and
30.12.2	一次听力检查。 one hearing test.
31. 综合健康与体检保障 (可选保障) Comprehensive Health and Wellbeing Benefit Option	综合健康与体检保障给予 被保险人 关于 疾病 筛查、化验及检查等的保障, 以帮助 被保险人 维护其健康。 Comprehensive Health and Wellbeing Benefit the beneficiary for screenings, tests, examinations and etc., helping the beneficiary to take control and manage their health.
31.1 成人健康筛查 Adult Screening	在本保险合同有效期内, 我方 将支付下列由 执业医生 执行检查的费用: During this policy's effectiveness, we will pay for the following tests to be carried out by a medical practitioner :
31.1.1	每年一次帕帕尼科拉乌检查, 通常被称为巴氏涂片 (检查); an annual papanicolaou test (pap smear) for female beneficiaries ;
31.1.2	每年一次针对 50 周岁及以上男性 被保险人 进行的前列腺筛查, 通常称为前列腺特异性抗原 (PSA) 检查; an annual prostate examination (prostate specific antigen (PSA) test) for male beneficiaries aged 50 or over;
31.1.3	为乳腺癌筛查或诊断目的进行进行的乳腺 X 线摄影检查, 且不超过: mammograms for breast cancer screening or diagnostic purposes not

to exceed:

- (a) 35 周岁到 39 周岁无症状女性**被保险人**，每年一次基准乳腺 X 线摄影检查；
One baseline mammogram for asymptomatic female **beneficiaries** aged 35 to 39;
- (b) 40 周岁到 49 周岁无症状女性**被保险人**，每两年一次，或因**医疗必要**多次进行的乳腺 X 线摄影检查；
A mammogram for asymptomatic female **beneficiaries** aged 40 to 49, every two years or more, if medically necessary;
- (c) 50 周岁及以上女性**被保险人**，每年一次乳腺 X 线摄影检查。
A mammogram every year for female **beneficiaries** aged 50 or above

- 31.1.4 55 周岁及以上的**被保险人**，每年一次的肠癌筛查；
one bowel cancer screening per year for **beneficiaries** aged 55 or over;
- 31.1.5 每年一次的骨密度扫描；
one bone density scan per period of cover;
- 31.1.6 每年 4 次的营养师咨询，以提供针对某些已确诊**疾病**（如糖尿病）的饮食建议与要求；以及
4 consultations with a dietician per year, if the **beneficiary** requires dietary advice relating to a diagnosed **sickness** such as diabetes; and
- 31.1.7 常规成人体检，其赔付以**保障利益表**中所列金额为限。
routine adult physical examinations, within the limits set out in the **list of benefits**.

32. 综合眼科与牙科保障（可选保障）

Comprehensive Vision and Dental Benefit Option

综合眼科与牙科保障为**被保险人**提供广泛范围的牙科预防**治疗**、牙科常规**治疗**、牙科重大**治疗**及牙科正**治疗**等保障。另外，它还提供常规视力维护的费用，包括验光、视力矫正眼镜、框架眼镜、有处方的太阳镜及隐形眼镜。
Comprehensive Vision and Dental Benefit gives the **beneficiary** access to a wide range of preventative, routine, major and orthodontic **treatments**. It also pays for the **beneficiary's** routine vision care costs, including eye tests, corrective lenses, eyeglass frames, prescription sunglasses and contact lenses.

32.1 视力 Vision

32.1.1 **我方**将支付下述费用：
We will pay for:

- (a) 由验光师或眼科医生进行的眼科检查；
an eye examination by an optometrist or ophthalmologist
- (b) 根据验光师或眼科医生的医嘱所配的眼镜或隐形眼镜；
glasses or contact lenses, when prescribed by an ophthalmologist or optometrist;
- (c) 根据验光师或眼科医生的医嘱所配的眼镜框架；
frames for glasses or lenses which are prescribed by an ophthalmologist or optometrist; and
- (d) 根据验光师或眼科医生的医嘱所配的太阳镜；
sunglasses, when prescribed by an ophthalmologist or optometrist.

32.1.2 **我方**将不支付下述费用：
We will not pay for:

- (a) 在每个保险期间内进行超过一次眼科检查所支付的费用；
payment for more than one eye examination in each period of

cover;

- (b) 太阳镜、眼镜或隐形眼镜，除非是医疗必要并且符合通常医疗惯例的且根据验光师或眼科医生的医嘱所配；
sunglasses, glasses or lenses, unless medically necessary, of
customary medical convention and prescribed by an
ophthalmologist or optometrist;
- (c) 除上面列明项目外的其他治疗或外科手术，包括以矫正视力为目的的外科手术，如：激光矫正外科手术、屈光角膜切开术及屈光角膜切削术等。
treatment or surgery, including treatment or surgery which
aims to correct eyesight, such as laser eye surgery, refractive
keratotomy (RK) or photorefractive keratectomy (PRK).

32.2 牙科
Dental

32.2.1 预防性牙科治疗

Preventative **dental treatment**

我方为综合眼科与牙科保障持续有效达 6 个月及以上的**被保险人**支付下列牙科预防治疗费用，包括：

We will pay for the following preventative dental treatment recommended by a dentist after a beneficiary has had Comprehensive Visual and Dental cover for at least six months:

- (a) 每一保险期间内两次牙科检查；
two dental check-ups per period of cover;
- (b) 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);
- (c) 每一保险期间两次的洁牙及抛光，包括必要情况下局部氟化剂处理；
scaling and polishing including topical fluoride **application** when necessary (two per period of cover);
- (d) 每一保险期间一付护齿的费用；
one mouth guard per period of cover;
- (e) 每一保险期间一付夜间咬合垫的费用；以及
one night guard per period of cover; and
- (f) 窝沟封闭治疗。
Fissure sealant.

32.2.2 常规牙科治疗

Routine **dental treatment**

我方为综合眼科与牙科保障持续有效达 6 个月及以上的**被保险人**支付如下牙科常规治疗费用（如果这些治疗是出于维护口腔健康所必须的并且由牙医要求）：

We will pay for the following routine dental treatment after a beneficiary has had Comprehensive Visual and Dental cover for at least 6 months (if that treatment is necessary for continued oral health and is recommended by a dentist):

- (a) 根管治疗；
root canal **treatment**;
- (b) 拔牙；

extractions;

- (c) 牙科外科手术;
surgical procedures;
- (d) 暂时性牙科处理（包括开髓、换药、引流、暂封、暂时充填等）;
occasional treatment;
- (e) 麻醉药；以及
anaesthetics; and
- (f) 牙周治疗。
periodontal treatment.

32.2.3 重大牙科治疗

Major restorative **dental treatment**

我方将为综合眼科与牙科保障持续有效达 12 个月及以上的**被保险人**全额支付牙科修复性**治疗**费用。

We will pay for the following major restorative dental treatment in full after a beneficiary has had Comprehensive Visual and Dental cover for at least 12 months:

- (a) 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);
- (b) 冠修复体；
crowns;
- (c) 嵌体；以及
inlays; and
- (d) 种植牙。
placement of dental implants.

32.2.4 正畸治疗

Orthodontic **treatment**

我方将为综合眼科与牙科保障持续有效不少于 24 个月且年龄在 18 周岁及以下的**被保险人**支付牙齿正畸**治疗**费用。但为**被保险人**主持进行正畸**治疗**的**牙医**应事先向我方提供有关正畸**治疗**的详细资料（包括 X 光片及牙科模型的情况），以及预期的费用

We will pay for orthodontic treatment for beneficiaries aged 18 or younger, if they have had Comprehensive Visual and Dental cover for at least 24 months. However, the dentist or orthodontist who is going to provide the treatment provides us, in advance, with a detailed description of the proposed treatment (including X-rays and models), and an estimate of the cost of treatment:

32.2.5 父母或监护人陪同住院的病房膳食费

Hospital accommodation for a parent or guardian

如果不足 18 周岁的**被保险人**需要住院进行因正畸的**外科手术治**疗：如果满足下面全部条件，我方将支付其父母或监护人中的一人陪同**被保险人**住院的病房膳食费用：

If a beneficiary less than 18 years needs inpatient orthodontic surgical treatment, we will pay for hospital accommodation for a parent or legal guardian, if:

- (a) 对正畸治疗而言，该外科手术是出于医疗必要并且符合通常医疗惯例；且
for the purpose of orthodontics, the **surgery is medically necessary** and of **customary medical convention**, and
- (b) 该医院可以进行陪护；且
accommodation is available in the same **hospital**, and
- (c) 其陪同住宿费用是合理的；且
the cost is reasonable, and
- (d) 在同一病房陪同被保险人。
the accommodation is within the same room of **beneficiary**.

仅当被保险人接受的是属于本保险合同约定范围内的正畸治疗时，我方才承担此费用；

We will only pay for hospital accommodation for a parent or legal guardian if the orthodontic treatment which the beneficiary is receiving during their stay in hospital is covered under this policy.

32.2.6 其他牙科治疗

Other dental treatment

如果被保险人进行了本条款列明外的某牙科治疗，被保险人可以（在治疗开始前）联系我方查询我方是否同意承担该项治疗。我方将考虑其要求，审慎决定：

If a **beneficiary** requires a form of **dental treatment** which is not provided for in this **provision**, they may contact **us** (before the **treatment** is received) to enquire whether **we** will provide cover for that **treatment**. **We** will consider the request, and will decide, at **our** discretion:

- (a) 我方是否将支付该项治疗；
whether **we** will pay for the **treatment**;
- (b) 如果同意支付，我方是全部支付还是部分支付；以及
if so, whether **we** will pay all or part of the cost; and
- (c) 该项治疗将作为哪项保险责任进行支付（对各部分保障利益的限额计算将产生影响）。
which item of the **benefits** it will come within (for the purposes of calculating when limits of cover are reached).

牙科责任免除

Dental exclusions

32.2.7 除了后文通用责任免除条款所列的责任免除外，下列责任免除也适用于牙科治疗。

The following exclusions apply to dental treatment, in addition to those set out elsewhere in this policy and in your certificate of insurance.

我方将不支付：

We will not pay for:

- (a) 单纯的美容性治疗，或其他不是为维持或改善口腔健康而必须进行治疗；
Purely cosmetic treatments, or other treatments which are not necessary for continued or improved oral health.
- (b) 被保险人以非法活动为目的（不论是完全还是部分以此为目

的)所需要进行的牙科治疗;

Treatment which is, to any extent, made necessary by a beneficiary engaging in any illegal activity.

- (c) 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.
- (d) 已经或者应该由第三方保险公司、个人、组织或公共机构承担的费用。如果被保险人也在其他保险公司拥有承担相应费用的保险,我方将与其协商我方承担的部分。
Fees or costs which either have been paid, or could be paid, by another insurance company, person, organisation or public body. If the beneficiary is also covered by other insurance, we will negotiate with them about how much we will pay for.
- (e) 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.
- (f) 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、冠修复体或义齿的;
The replacement of a bridge, crown 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.
- (g) 初次安装后不足五年的牙桥、冠修复体及义齿的更换,除非:
The replacement of a bridge, crown or denture within five years of its original fitting unless:
- (i) 保险期间内被保险人因外力伤害导致牙桥、冠修复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
- (ii) 在被保险人必须拔除健康自体牙后,从医疗上必须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 necessary because the beneficiary requires the extraction of a sound natural tooth/teeth; or
- (iii) 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.
- (h) 树脂贴面或瓷贴面;
Acrylic or porcelain veneers;
- (i) 对上下颌的第一、第二及第三颗磨牙安装冠修复体或假牙,除非:
Crowns or pontics on, or replacing, the upper and lower first, second and third molars unless:

- (i) 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
- (ii) 常规或紧急牙科治疗中所需要的临时冠或假牙。
a temporary crown or pontic is necessary as part of
routine or **emergency dental treatment**.
- (j) 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.
- (k) 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:
 - (i) 种植融合失败；
failure of the implant to integrate;
 - (ii) 种植体骨结合部位破裂；
breakdown of osseo-integration;
 - (iii) 种植体周围炎；
peri-implantitis;
 - (iv) 更换冠修复体、牙桥及义齿；或
replacement of crowns, bridges or dentures; or
 - (v) 任何意外事故或紧急的牙科治疗，包括任何假体设备。
any **accident** or **emergency treatment** including for any
prosthetic device.
- (l) 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.
- (m) 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.
- (n) 根据本保险合同相关条款规定，应包含在核心医疗保障或扩展医疗保障内的牙科治疗；
Medical **treatment** carried out in **hospital** by an oral **specialist**
may be covered under Core Medical Insurance or Extensional
Medical Benefit, according to the related clauses of this policy.
- (o) 被保险人满 18 周岁后进行的正畸治疗；
Orthodontic **treatment** for anyone after their 18th birthday.
- (p) 咬合关系取模，精密/半精密附着体；
Bite registration, precision or semi-precision attachments.
- (q) 主要出于如下目的的治疗方法、用具及修复物（全口义齿除外）：
Any **treatment**, procedure, appliance or restoration (except full
dentures) if its main purpose is to:
 - (i) 改变上下（颌间）距离；或者
change vertical dimensions; or
 - (ii) 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

- (iii) 牙周病患牙固定；或者
stabilise periodontally involved teeth; or
- (iv) 咬合运动障碍解除。
restore occlusion.

33. 综合健康福利
(可选保障)
Comprehensive
Healthcare
wellness Option

综合健康福利为**被保险人**提供全面的就医协助服务。
Comprehensive healthcare wellness gives the **beneficiary** the comprehensive healthcare and medication coordination services.

- 33.1 **我方或我方**指定的委托服务商为**被保险人**提供住院协调服务；
we or our designated service vendor will provide **beneficiaries** the services of **inpatient** admissions coordination;
- 33.2 **我方或我方**指定的委托服务商为**被保险人**提供门诊就诊协调服务。
we or our designated service vendor will provide **beneficiaries** the services of **outpatient** visits coordination.
- 33.3 有关的具体事项在本保险合同中的“个性化高端医疗服务指引”中载明，包括：提供服务的等待期、服务的具体内容、提供服务的网络医院清单、责任免除、具体服务流程等。
the details will be included in the ‘guideline of customized high end medical services’ of this policy, including waiting period, service details, service network, service exclusion, service procedures and etc.

第三章 责任免除

Section 3 - Exclusions

34. 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的支出，**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 due to each of below conditions:

- 34.1 违反法律规定的行为，包括但不限于违反外汇管理的规定、当地的法律法规、贸易制裁或管制规定。
it is illegal for us to cover of pay for under applicable laws, including but not limited to, exchange controls, local licensing regulations, sanctions or trade embargo.
- 34.2 任何因接受医院治疗或由于执业医师所导致的损失、损害、疾病或损伤，即使该治疗已经我方批准。
any loss, damage, sickness and/or 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.
- 34.3 任何既往症，包括投保前被保险人已经知道（或者应该已经知道）但未告知的既往症所导致或相关的任何疾病或症状；
any treatment due to any pre-existing condition, including any condition or symptoms which result from, or are related to, a pre-existing condition which the beneficiary knew about (or should have known about) before the start of their cover, but which was not disclosed to us.
- 34.4 妊娠、生育、不孕不育、生殖控制或由此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 maternity, pregnancy, infertility, birth control and relevant complications, including but not limited to:

- 34.4.1 常规妊娠；复杂妊娠；宫外孕、流产、早产等非正常妊娠；
routine maternity, complicated maternity and abnormal maternity
such as ectopic pregnancy, abortion and premature birth;
- 34.4.2 试管婴儿和人工受精治疗，及其导致的并发症。
IVF and artificial insemination and relevant complications.
- 34.4.3 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.
- 34.4.4 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：试管婴儿(IVF)；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: in-vitro fertilisation (IVF); 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.
- 34.4.5 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.
- 34.4.6 意图终止怀孕的措施；
Treatment of the intention to terminate the pregnancy.
- 34.4.7 任何与代孕直接有关的治疗。
Treatment for anyone as a surrogate for a beneficiary.
- 34.4.8 新生儿在医院的托管护理，除非其母亲因医疗必要并且符合通
常医疗惯例须住院接受本保险合同规定范围内的治疗；
Nursery care for a newborn in hospital, unless the mother is
required to remain in hospital due to medical necessity and
customary medical convention for treatment that is covered by
this policy.
- 34.5 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.
- 34.6 医疗核保所作出的任何特别责任免除中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
exclusion.
- 34.7 非出于医疗必要或者不符合通常医疗惯例的入院或住院，包括：
The hospitalization or staying in hospital, which are not medically

necessary or not of customary medical convention, which includes:

- 34.7.1 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;
- 34.7.2 病后自然恢复过程;
convalescence;
- 34.7.3 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.
- 34.8 豪华套间、行政套间、贵宾病房等高级病房费用。除非我方审核认为有医疗必要并且符合通常医疗惯例, 我方将按照基本单人间的规格给付。
Costs of hospital accommodation for a deluxe, executive or VIP suite. Unless we recognize it as medically necessary and of customary medical convention, we will pay it according to basic single room.
- 34.9 器官捐献
Donor organs:
- 34.9.1 机械性人工器官、或动物器官, 除非在等待移植过程中为短期维持身体机能而临时使用的机械设备;
mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant;
- 34.9.2 通过任何渠道购买捐献器官的费用; 或
purchase of a donor organ from any source; or
- 34.9.3 针对未来可能出现的疾病而预先保存干细胞的费用。
harvesting and storage of stem cells, when a preventative measure against possible future disease.
- 34.10 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.
- 34.11 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:
- 34.11.1 每一保险期间内一次睡眠情况评估;
one sleep study per period of cover;
- 34.11.2 医学必要并且符合通常医疗惯例的外科手术; 以及
surgery, if medically necessary and of customary medical convention; and
- 34.11.3 仪器租借使用费, 如其他方法都失败的情况下使用持续气道正压(CPAP)通气仪器。
the hire of equipment such as a Continuous Positive Airway Pressure (CPAP) machine because all other methods have failed to resolve the issue.
- 34.12 下列医生、医院、诊所及机构提供的治疗:
Treatment which is provided by:

- 34.12.1 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 injury being treated;
- 34.12.2 我方已经以书面形式致函执业医生、治疗师、医院、诊所及机构通知：我方不再承认其作为我方认可的医疗服务主体（我方已经做出这样通知的执业医生、治疗师、医院、诊所及机构的信息可致电我方的客户团队）；或者
a medical practitioner, therapist, hospital, clinic, or facility to whom we have given written notice that we no longer recognise them as a treatment provider. Details of individuals, institutions and organisations to whom we have given such notice may be obtained by calling call our Customer Service Team; or
- 34.12.3 根据我方的合理意见，没有得到有效认证或授权、或没有适当的能力进行相应治疗的执业医生、治疗师、医院、诊所及机构。
a medical practitioner, therapist, hospital, clinic, or facility which, in our reasonable opinion, is either not properly qualified or authorised to provide treatment, or is not competent to provide treatment.
- 34.13 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.
- 34.14 戒烟及其相关治疗。
Treatment for, or in connection with, smoking cessation.
- 34.15 核爆炸、化学污染、当地卫生机构宣布的疫情爆发，并且相应进行的疫情控制；
Nuclear, chemical contamination, outbreaks of disease which are declared to be epidemics and put under the control of the local public health authorities;
- 34.16 由于武装冲突导致的治疗，包括但不限于：
Treatment a result of military conflict including but not limited to:
- 34.16.1 战争，恐怖主义，叛乱（无论是否已宣布战争状态），内战，骚乱或军事篡位，戒严，暴乱或任何法律下组织的临时政府；
War, invasion, acts of terrorism, rebellion (whether or not war is declared), civil war, commotion, military coup or other usurpation of power, martial law, riot, or the act of any unlawfully constituted authority;
- 34.16.2 其他武装冲突，如果被保险人有如下情况：
Any other conflicts if the beneficiary has:
- (a) 进入众所周知的武装交战地区（由您国籍国的政府所宣布，例如由中国外事及公共安全部门宣布）；或
put him or herself in danger by entering a known area of conflict (as identified by a Government in your Country of nationality, for example the China Foreign and Commonwealth Office);
- (b) 为主动介入冲突者；或

actively participated in the conflict; or

- (c) 表现出明显不顾及个人安危。
displayed a blatant disregard for their own safety.

- 34.17 因被保险人的自杀、自伤及其他故意行为所导致的治疗；
Treatment that arises from, or is in any way connected with attempted suicide, or any injury or sickness that the beneficiary inflicts upon him or herself.
- 34.18 不是以使原有言语能力复原为目的的言语治疗，包括但不限于下述任一情况：
Treatment for or in connection with speech therapy that is not restorative in nature, or if such therapy:
- 34.18.1 用于改善发育不完全的言语能力；
is used to improve speech skills that have not fully developed;
- 34.18.2 作为家庭监护或家庭教育的；或
can be considered custodial or educational; or
- 34.18.3 出于维持语言交流能力为目的。
is intended to maintain speech communication.
- 34.19 发育问题，包括：
Developmental problems including:
- 34.19.1 学习困难如阅读障碍；
learning difficulties such as dyslexia;
- 34.19.2 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);
- 34.19.3 身体发育问题如身材矮小。
physical development problems such as short height.
- 34.20 颞下颌关节功能障碍的(TMJ).
Disorders of the temporomandibular joint (TMJ).
- 34.21 治疗肥胖或其并发症，包括但不限于减肥课程、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:
- 34.21.1 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;
- 34.21.2 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;
- 34.21.3 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.

- 34.22 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.
- 34.23 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.
- 34.24 任何因吸毒或其并发症导致的相关治疗；
Treatment for a related condition resulting from addictive conditions and disorders.
- 34.25 任何因酗酒、滥用酒精或其他所导致的治疗。
Treatment for a related condition resulting from any kind of substance or alcohol use or misuse.
- 34.26 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.
- 34.27 维生素、益生菌、人参、冬虫夏草、养生方剂等主要用于养生的费用；
Mainly for nourishing, such as vitamins, probiotics, ginsengs, Chinese caterpillar fungus, nourishing prescriptions and etc;
- 34.28 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).
- 34.29 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:
- 34.29.1 情感性人格障碍，包括孤独症；
affective personality disorder, including autism;
- 34.29.2 精神分裂人格（非精神分裂症）；或
schizoid personality disorder; or
- 34.29.3 表演型人格障碍；

histrionic personality disorder.

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

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

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:

- 34.30.1 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

- 34.30.2 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（请注意我方不支付基因检查的费用）；

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

在核心医疗保障下，除癌症治疗外，对先天性疾病和遗传性疾病的预防性外科手术计算在先天性疾病的限额内。

Under the Core Medical Insurance plan, the limits of cover for preventative **surgery** in respect of congenital and hereditary conditions will apply, other than for **cancer**.

- 34.31 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.

- 34.32 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 injury (such as cataracts or a detached retina).

- 34.33 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.

- 34.34 任何未事先向国际紧急救援服务团队通知并获同意或批准的国际紧急救援服务。

Any expenses for international emergency evacuation services, which were not approved in advance by the international emergency evacuation service team.

- 34.35 为本保险合同责任范围外的国际紧急救援服务。

Any expenses for international emergency evacuation services expenses not covered under this policy.

- 34.36 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.

- 34.37 因参与如下活动导致身体损伤、疾病或残疾而接受的治疗：
Treatment which is necessary because of, or is any way connected with, any **injury** or **sickness** suffered by a **beneficiary** as a result of:
- 34.37.1 参与职业运动项目；
taking part in a sporting activity on a professional basis;
- 34.37.2 高危险运动，如潜水、滑水、跳伞、攀岩、蹦极跳、赛马、赛车、摔跤、武术比赛、探险活动及特技表演等。
high risk activities, including diving, water skiing, parachute, rock climbing, bungee, horse racing, automobile racing, wrestling, combat sports, expedition, acrobatic display and etc.
- 34.38 根据我方的合理观点认为是实验性的、非规范的、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 not **orthodox**, or has not been proven to be effective. This includes but is not limited to:
- 34.38.1 临床试验性质的治疗；
treatment which is provided as part of a clinical trial;
- 34.38.2 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
- 34.38.3 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.
- 34.39 除了是医疗必要并且符合通常医疗惯例的，并且是由疾病、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人的外表的治疗费用。这些治疗包括但不限于：
Any form 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 an injury suffered by the beneficiary, or as a result of surgery. This includes but is not limited to:
- 34.39.1 面部提升术（皱纹切除术）；
facelifts (rhytidectomy);
- 34.39.2 鼻部塑形术（鼻整形术）；
nose reshaping (rhinoplasty);
- 34.39.3 包皮环切术；
circumcision;
- 34.39.4 吸脂术及其他去除脂肪的治疗；
liposuction and other procedures which remove fat tissue;
- 34.39.5 激光去痣术或去激光疤痕术；

removing moles or scars with laser;

34.39.6 脱发治疗、植发术；以及
hair loss treatments and hair transplants; and

34.39.7 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).

我方将根据本保险合同的约定支付被保险人在保险期间内因疾病、损伤或外科手术而接受整形、美容或重建外科手术的费用。

We will only pay for plastic, cosmetic or reconstructive treatment if the sickness, injury or surgery as a result of which the treatment is required took place during the beneficiary's current continuous period of cover and is itself covered under the policy.

34.40 不属于规范的医疗费用，包括但不限于专家邀请费、报纸、出租车、
电话、接待餐费及旅馆住宿费用。

Non-orthodox medical costs, including but not limited to: expert invitation
fees, newspapers, taxi fares, telephone calls, guests' meals and hotel
accommodation.

34.41 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.

34.42 任何其他保险公司、个人、组织或公共机构应支付或已经支付的费用。
如果被保险人已在其他保险中获得了赔偿，我方仅支付剩余的部分。
如果我方所支付的费用应为其他保险公司、个人、组织、机构所
承担，我方将有权要求偿还该笔费用。

Costs, those have been or can be paid by another insurance company,
person, organisation or public programme. If a beneficiary is covered by
other insurance, we may only pay part of the cost of treatment. If another
person, organisation or public programme is responsible for paying the
costs of treatment, we may claim back any of the costs we have paid.

34.43 由于被保险人的违法行为而导致的任何形式治疗或必要治疗。
Treatment, that is in any way caused by, or necessary because of, a
beneficiary carrying out an illegal act.

第四章 预先批准

Section 4 - Prior approvals

35. 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。若您方未取得我方的预先批准，将可能对您的理赔造成延迟，也有可能使我方拒绝向您方给付全部或部分理赔款项。

Prior approval should be obtained from us for the following treatments: If it is not, there may be delays in processing claims, or we may decline to pay all or part of the claim.

35.1 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:

- 35.1.1 **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**;
- 35.1.2 **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
- 35.1.3 **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.
- 35.2 **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;
- 35.3 **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;
- 35.4 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**针灸治疗、物理治疗/补充治疗、职业治疗、言语复健治疗**或任何以**康复**为目的的**治疗**前通知我方；
A **beneficiary** must contact **us** before each course of acupunctures, **physiotherapies / complementary therapies, occupational therapies** and restorative speech therapies, or any **treatments for rehabilitations**, wherever occurred in **in-patient, out-patient** or day patient;
- 因需要**针灸治疗、物理治疗/补充治疗、职业治疗、言语复健治疗**或任何**康复治疗**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 acupunctures, **physiotherapies / complementary therapies, occupational therapies** and restorative speech therapies, or **treatments for rehabilitations** can be very complex, as part of the prior approval process **we** must receive a medical report from the treating **specialist**, detailing the following:
- 35.4.1 本疗程持续的时间；
how long this course persists;
- 35.4.2 诊断；及
the diagnosis; and
- 35.4.3 **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.
- 35.5 **被保险人**必须在每次**精神治疗**前联系我方；
A **beneficiary** must contact **us** before each **psychiatric treatment**;
- 35.6 **被保险人**必须在每次使用国际紧急救援服务前联系我方；
A **beneficiary** must contact **us** before each international emergency

evacuation service.

我方不予接受任何不符合医疗必要的转运。如确有必要，我方有权检查所有案例，对任何有悖医疗建议的转运我方有权不予批准。

If, in our reasonable opinion, a medical transfer is not medically necessary on the basis of established clinical and medical practice, then we will not approve the transfer. Evacuation or repatriation services will not be approved when it is against medical advice. We are entitled to carry out a review of any case, when it is reasonable for us to do so.

如果被保险人因需要乘坐出租车前往机场时，可以联系我方，我方审核同意并且搭乘出租车是最为可取且优于其他运输工具（如救护车）的方式，我方将支付搭乘出租车的费用。

If a beneficiary need to take taxi to airport, he or she could contact us. We may pay for taxi fares if we agree that it is medically preferable for the beneficiary to travel to the airport by taxi, than any other means of transport, for example, by ambulance.

- 35.7 被保险人必须在每次疼痛控制治疗前联系我方，包括住院和门诊；
A beneficiary must contact us before each pain management, including in-patient and out-patient;
- 35.8 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;
- 35.9 被保险人必须在每次姑息治疗前联系我方；
A beneficiary must contact us before each palliative care;
- 35.10 被保险人必须在每次种植牙治疗、每次正畸治疗前联系我方；
A beneficiary must contact us before each dental implant or dental orthodontic procedure;

36. 预先批准审核
Prior approval review

您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

37. 提供信息

您方在要求理赔时有向我方提供与理赔相关的合理信息或证据的责任。

<p>Providing information</p>	<p>You (or the beneficiary) must provide us with any information or proof that we may reasonably ask for to support any claim.</p>
<p>38. 诉讼时效 Limitation of actions</p>	<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>
<p>39. 理赔流程 Claims procedure</p>	<p>39.1 完整填写一份正本理赔申请表 complete the claim form</p> <p>本保险合同中附有一份理赔申请表，您也可以致电我方的客服团队索取或从我方官方网站下载理赔申请表。建议您就诊时带好理赔申请表。</p> <p>this policy includes one claiming form, also you could call our Customer Care Team to get one or download one form from our official website. You are highly recommended to take one claim form with you while medical visits.</p> <p>39.2 随附所有的医疗文件 Include all relevant medical documents</p> <p>例如：医生诊断书，以及/或医疗记录/医疗手册。医疗报告/医疗手册必须有主持治疗的执业医师的签字以及/或印章（正式的医疗诊断章）。这些文件的副本是可以接受的。</p> <p>Including: certificate of diagnosis, and/or medical records. The signatures of treating medical practitioners are necessary in Medical records. Copies of these documents are also acceptable.</p> <p>39.3 随附所有的收据和发票原件 Include all original receipts and invoices</p> <p>例如：发票、盖章的医疗费收据等。 For example: invoices, sealed medical receipts and so on.</p>
<p>40. 保险金的给付 How we pay claims</p>	<p>40.1 在各种情况下，我方将仅支付在保险责任范围内的费用。我方将告知您方我方是否认为某部分费用在保险责任范围内。 In each case, we will only pay the costs incurred which are covered. We will let you know if we believe that any part of the cost incurred is not covered.</p> <p>40.2 直付服务 Direct settlement</p> <p>40.2.1 直付医疗网络 Direct settlement network</p> <p>一些医院、执业医师或诊所同意为本保险合同被保险人提供直付服务，这些医疗机构的清单可以在我方官方网站或我方在线客服服务平台的您方账号里进行查询。 Some hospitals, medical practitioners or clinics are willing to provide direct settlement for beneficiaries covered under this policy. The laundry of these providers could be inquired on our official website or in your account of our online e-service platform.</p> <p>40.2.2 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。此担保意味着：我方事先同意</p>

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**.

如果我方出具付款担保，待治疗结束，在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 **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.

- 40.2.3 在不要求付款担保的情况下，一些医院、执业医师或诊所愿意直接向我方结算的，经我方审核将按照本保险合同支付我方所应承担的费用。

In the circumstances without requiring **guarantee of payment**, the **hospitals, medical practitioners or clinics** are willing to invoice us directly. According to our review and based on this policy we will pay them directly.

40.3 理赔 Claiming

- 40.3.1 如果某医院、执业医师或诊所向被保险人要求结算，在医疗费用还没有支付的情况下，被保险人必须把原始医疗账单原件发给我方，经我方审核将按照本保险合同支付我方所应承担的费用。

If a **hospital, medical practitioner or clinic** invoices a **beneficiary** directly, and the **hospital, medical practitioner or clinic** has not been paid, the **beneficiary** must send the original invoice to us, and according to our review and based on this policy we will pay them directly.

- 40.3.2 如果某医院、执业医师或诊所向被保险人要求结算，在医疗费用已经支付的情况下，被保险人可以把原始医疗账单和其支付医疗费用的发票原件发送我方，经我方审核将按照本保险合同支付我方所应承担的费用。

If the **hospital, medical practitioner or clinic** invoices to a **beneficiary** directly, and the invoice is paid, the **beneficiary** may send us the original invoice and a receipt for the payment which has been made to the **hospital, medical practitioner or clinic**. According to our review and based on this policy we will pay them directly.

- 40.3.3 理赔申请表可以通过电邮的形式发送给我方，但同时也必须将书面资料原件寄送我方。地址在您方持有的成员身份卡上。Claims may be submitted in electronic format (by email or fax) but in that case the original hard copy document must also be sent to us by post. Our contact details may be found on your membership ID card.

41. 其它核定结果 Other decisions

- 41.1 谎称发生保险事故
Claim for false insurance event

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。

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.

41.2 故意制造保险事故

Claim for deliberate caused insurance event

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。

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.

41.3 虚假证明

Claim for forged proofs

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。

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.

41.4 退回

Claw back

投保人或被保险人有以上规定行为之一，致使**我方**支付保险金或者支出费用的，应当在收到**我方**相关通知之日起 30 日内向**我方**退回

If the **policyholder**, the **beneficiary** commits any of the acts specified in the preceding three paragraphs and causes **us** to pay insurance benefits or incur expenses, he or she shall return the insurance proceeds to **us** within 30 days after he or she receives the relevant notice sent by **us**.

42. 应追讨款项
claw back
payables

42.1 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**出具账单的款项中**我方**核定不予承担的部分由**被保险人**自行承担，包括如下情况：

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** assessment:

42.1.1 不需要进行预先批准的，但不在本保险合同保障范围内的费用；
the medical utilization is not required to take pre-authorization and the expense is uncovered in the policy;

42.1.2 需要进行预先批准的，**被保险人**未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-authorization;

42.1.3 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**基于非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;

- 42.2 因投保**申请**时故意或重大过失未如实告知应解除本保险合同的，对本保险合同生效后发生的所有**我方**已经支付的理赔及因为直付服务将导致**我方**须向**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 due to non-disclosure at **application**, **we** hold the rights to claw back from **beneficiary** all the amounts of paid claims and **our** payable liabilities to **hospital, medical practitioner or clinics** due to direct billing service after policy effectiveness;

- 42.3 因投保**申请**时未如实告知进行重新核保的，对根据重新核保决定**我方**不应承担的所有**我方**已经支付的理赔及因为直付服务将导致**我方**须向**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 re-underwriting should be taken due to non-disclosure at **application**, **we** hold the rights to claw back from **beneficiary** all the 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.

- 42.4 因 41 款的情形，**我方**已经支付的理赔及因为直付服务将导致**我方**须向**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。

Under all conditions of clause 41, **we** hold the rights to claw back from **beneficiary** all the amounts of paid claims and **our** payable liabilities to **hospital, medical practitioner or clinics** due to direct billing service.

- 42.5 当根据本保险合同约定**我方**在给付保险金或退还未满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。应追讨款项未足额扣除的，**我方**保留采取其他方式追讨的权利。

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. While the claw back payables are not fully deducted, **we** hold the rights to claw back by other approaches.

43. 严格遵从理赔流程

Strict compliance with claim procedure

对于每一次的理赔，**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. 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

44. 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**及**保障利益表**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**, including the **list of benefits**.

44.1 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.
44.2	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.
44.3	保单周年日 Anniversary date	指每年与本保险合同 生效时间 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.
44.4	申请 Application	指 投保人 的申请（不管是直接寄送、通过中介代理、在线申请还是通过 我方 电话专员的形式），以及在保险期间内 投保人 及 被保险人 所作的信息变更或补充信息告知。 the policyholder's application (whether they have sent in a form directly to us or through a broker or applied online or through our telemarketers), and any declarations that they made during period of cover for them and any beneficiaries included in the application.
44.5	适当的年龄间隔 Appropriate age intervals	下列每两个相邻时间点之间的时间间隔：出生，出生后满 2 个月，出生后满 4 个月，出生后满 6 个月，出生后满 9 个月，出生后满 12 个月，出生后满 15 个月，出生后满 18 个月，2 周岁，3 周岁，4 周岁，5 周岁及 6 周岁。 the intervals between each connective time pairs of birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years and 6 years.
44.6	亚洲 Asia	指政治意义上的亚洲。按照各国家和地区的国际公认的归属确定。不包括大洋洲。 is the political Asia, according to the internationally generally accepted classification of each countries and areas, excluding Oceania.
44.7	被保险人 Beneficiaries, beneficiary	指 保险凭证 所载的享有本保险合同保障的人员。 anybody named on your certificate of insurance as being covered under this policy.
44.8	保险责任 Benefit(s)	指任何载于本保险合同 保障利益表 中的 保障内容 ，未尽事项请参考 保险条款 。 any benefit(s) of the benefit package shown in the list of benefits appended to this policy, with reference to the provisions .
44.9	保障内容 Benefit package	指保险合同中明确约定的具体保障选择，包括保障计划、可选保障、保障区域、 免赔额 、 自负比例 、 特定医院自负比例 等内容。 means the detailed benefit selections as clarified in the policy, including plan, options, area of cover, deductibles , copays , special provider copays and etc.
44.10	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.
44.11	保险凭证 Certificate of insurance	指出具给 投保人 的证明文件，上面载明有保险合同编号、 生效时间 、 免赔额 、被保障人员的详细名单、及附加的特别责任免除或利益等。 the certificate issued to the policyholder . This shows the policy number, start time , the deductible , that a beneficiary would need to pay if they make a claim, details of who is covered, any special exclusions and benefits which apply.
44.12	中医/针灸治	是指只能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

疗 Chinese medicine / acupunctures	<p>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/补充治疗归类在中医/针灸治疗。</p> <p>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.</p> <p><u>但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></p> <p><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></p> <p><u>我方将不予赔付下列疾病的针灸、拔罐和中医治疗，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。医疗必要的处方药除外。</u></p> <p><u>we do not pay below conditions' acupuncture, cupping and Chinese medicine treatments, 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, but excluding the medically necessary prescribed medicines.</u></p>
44.13 诊所 Clinic(s)	<p>指在<u>治疗</u>所在国注册或登记的健康服务机构，主要目的是提供<u>门诊</u>医疗服务，并且该医疗服务是由<u>执业医师</u>亲自执行或有效监控的。</p> <p>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.</p>
44.14 自负比例 Copay(s)	<p>被保险人必须自己负担的比例。对核心医疗保障和扩展医疗保障可以分别适用不同的自负比例。如果选择了自负比例，将在<u>保险凭证</u>上列明。</p> <p>is the percentage of any claim which a beneficiary must pay themselves. Different copay may apply to the Core Medical Insurance and Extensional Medical Benefit. These will be shown in the Certificate of insurance if selected.</p>
44.15 美容 Cosmetic	<p>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康标准所必须的服务、程序或项目。</p> <p>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.</p>
44.16 常住地所在 国、常住地 Country of habitual residence, habitual residence	<p>常住地所在国指被保险人常住地所在的国家，与<u>您方申请</u>记录一致。</p> <p>Country of habitual residence is the country where a beneficiary habitually resides, as stated on your application.</p> <p>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，且在过去一年内至少居住不少于六个月。</p> <p>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.</p>
44.17 国籍国 Country of nationality	<p>指被保险人作为其公民、国民的国家或与<u>您方申请</u>记录一致的国家。</p> <p>any country of which a beneficiary is a citizen, national or subject, as stated on your application.</p>
44.18 通常医疗惯例 Customary medical	<p>指接受的医疗服务、设施与当地通行医疗<u>规范</u>、通行<u>治疗方法</u>、平均医疗费用价格水平一致。</p> <p>the medical service, facilities are consistent with local customary medical norms,</p>

convention	customary treatments methodologies and average medical charge level.
	<p>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。</p> <p>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.</p>
44.19 日间病房治疗 Day-patient treatment	<p>指下列两种情况之一：</p> <p>44.19.1 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.</p> <p>44.19.2 由于使用设立专科的医疗设施治疗部门进行治疗过程中需要持续监控，被保险人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.</p> <p>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.</p>
44.20 免赔额 Deductible(s)	<p>指理赔款项中被保险人自行承担的额度，经选择后在保险凭证上载明。 is the amount of any claim which a beneficiary must pay themselves. This will be shown in the certificate of insurance if selected.</p>
44.21 牙齿损伤 Dental injury	<p>指口腔受外部打击而导致健康自然牙的损伤。只有您方选择了综合眼科和牙科保障，冠修复体、义齿或种植牙的治疗才在保障范围内；并且，我方将根据综合眼科与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 or dentures is not covered unless you have purchased the Comprehensive Vision and Dental Benefit option and subject to the conditions outlined in the policy.</p>
44.22 牙科治疗 Dental treatment	<p>指符合下述全部条件的牙科治疗： any dental procedure or service which:</p> <p>44.22.1 为了维持口腔健康；并且 is needed for continued oral health; and</p> <p>44.22.2 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</p> <p>44.22.3 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.</p>
44.23 牙医	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

Dentist	<p>生、牙齿外科医生或牙科执业人员。</p> <p>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.</p>
44.24 断瘾 Detoxification	<p>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。</p> <p>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.</p>
44.25 诊断性检查化 验 Diagnostic tests	<p>指对症状原因的调查研究，如 X 光或血液检测等。</p> <p>investigations such as x-rays or blood tests to find or to help to find the cause of the beneficiary's symptoms.</p>
44.26 医生 Doctor	<p>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；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。</p> <p>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.</p>
44.27 紧急牙科 Emergent Dental	<p>指损伤或拔牙后止痛药无法遏制的剧痛或面部浮肿或流血不止，同时被保险人的惯常牙科医生不在营业时间或不在被保险人当时可及的地域范围之内。在该情况下的紧急牙科治疗仅以稳定病况及缓解剧痛为目的。</p> <p>where either severe pain which is not amenable to relief by painkillers or facial swelling or uncontrollable bleeding after an extraction or injury is being suffered and it is either outside the business hours of a beneficiary's usual dentist or the beneficiary is staying at a place which is away from the dental practice he or she usually visits. The treatment covered in such an instance is to purely stabilise the problem and relieve severe pain.</p>
44.28 循证治疗 Evidence- based treatment	<p>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:</p> <p>44.28.1 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</p> <p>44.28.2 我方医疗顾问团; 或 the Cigna Medical Team; or</p> <p>44.28.3 我方认可的其他机构。 another source recognised by the Cigna Medical Team.</p>
44.29 大中华 Greater China	<p>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。</p> <p>all territories, seas and related airspaces of People's Republic of China, including Hong Kong, Macau and Taiwan.</p>
44.30 付款担保 Guarantee of payment	<p>指我方对被保险人或治疗方提供关于特定治疗费用的付款的担保。</p> <p>a guarantee to pay agreed costs associated with particular treatment which we may give to a beneficiary or a hospital, clinic or medical practitioner.</p>
44.31 家庭护理 Home nursing	<p>指一位合法注册护士至被保险人家中提供的专业护理服务，包括：</p> <p>visits from a qualified nurse to the beneficiary's home to give expert nursing services:</p> <p>44.31.1 因医疗必要并且符合通常医疗惯例所进行的紧随住院治疗之后的护</p>

	理；以及 immediately after hospital treatment for as long as is required by medical necessity and customary medical convention ; and
44.31.2	因 医疗必要 并且符合 通常医疗惯例 而本应在正规医院里所提供的护理。 visits for as long as is required by medical necessity and customary medical convention for treatment which would normally be provided in a hospital .
	家庭护理仅限于为 被保险人 提供 治疗 的 专科医生 所要求的范围。 Home nursing is only covered when the specialist who treated the beneficiary has recommended such services.
44.32 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 .
44.33 最初生效时 Initial start time	指 被保险人 首次获得核心 医疗保障 的开始时间。 the first time the beneficiary's cover commenced on the Core Medical Insurance plan.
44.34 损伤 Injury	指 机体 损伤。 a physical injury .
44.35 住院 Inpatient	指 被保险人 因 医疗原因 、被接纳入一家 医院 并且需要在 医院 占用正式 病床 停留一个夜晚或以上。 a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.
44.36 重症监护 Intensive care	医院 中专门用于提供 重症监护治疗 的 病房 ，例如 重症监护室 、 重疾监护室 、 重症治疗室 及 重症护理室 等。 a specialised department in a hospital that provides intensive care treatment , for example an intensive care unit, critical care unit, intensive therapy unit, or intensive treatment unit.
44.37 保障利益表 List of benefits	指附在 保险合同 中的最新的 保障利益表 。 the latest list of benefits attached in the policy. 根据 投保人 所选择的 保障内容 ， 保险条款 中的部分内容可能不适用于本 保险合同 。 According to your selection, some clauses of the provisions could not apply for this policy.
44.38 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.
44.39 医疗必要 Medically necessary, medical necessity	指经 医疗团队 同意的、受 保障 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: 44.39.1 基于 诊断 或 治疗疾病 、 损伤 或相关 症状 的需求； required to diagnose or treat an sickness, injury , or its symptoms;

- 44.39.2 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;
- 44.39.3 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;
- 44.39.4 非主要出于方便**被保险人**、**内科医生**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
- 44.39.5 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.

- 44.40 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**执业医师**或**专业医生**，不包括本保险合同保障下的本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.
- 44.41 医疗团队
Medical team
指**我方**临床医疗团队或国际紧急救援服务团队。
means **our** clinical team and/or the international emergency evacuation service team.
- 44.42 职业治疗
occupational therapies
指通过**物理治疗/补充治疗**或专业的指导及训练恢复职业所需的功能。
physiotherapies / complementary therapies, professional guidance or training to recover the capabilities of the **beneficiary's** previous occupation.
- 44.43 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.
- 44.44 规范
Orthodox
对于**治疗**程序或**治疗**方式，“规范”应根据：在**治疗**发生国家内、在疗程开始或**治疗**发生当时，与权威的实体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**具有并作出的意见。
when used in relation to a procedure or **treatment**, 'orthodox' 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.
- 44.45 门诊
指病人在**医院**、诊疗室，或门诊部进行的不是**日间病房治疗**或**住院治疗的**治疗。

Outpatient	a patient who attends a hospital , consulting room, or outpatient clinic for treatment and is not admitted as a day-patient or an inpatient .
44.46 姑息治疗 Palliative care	指不以使病症完全治愈或实质性好转为目的，仅以缓解痛苦为目的的 治疗 。 treatment that does not cure or substantially improve a condition but is given in order to alleviate symptoms.
44.47 永久植物人状态 Persistent vegetative state	指一 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 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 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.
44.48 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。 <u>但不包括泥疗，蜡敷治疗，气泡浴与药物浸浴治疗。</u> 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 Orthodoxs issued by MOH, as well as homeopathies, osteopathies and chiropractic treatments are performed by medically licensed therapists , <u>but excluding mud therapy, wax deposition treatment, bubble bath, medicated bath and so on.</u> 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.
44.49 投保人 Policyholder	是指向 我方 发出 申请 ，并经 我方 书面同意按照本保险合同约定负有支付保险费义务的人。 a person who has made an application to us which has been accepted in writing by us, and who pays the premium under the policy.
44.50 既往症 Pre-existing condition	指 被保险人 在本保险合同生效前已有的 疾病 或 损伤 ，并满足下列条件之一： any sickness or injury , or symptoms linked to such sickness or injury for which: 44.50.1 已经因该 疾病 或 损伤 进行过的 就诊 或 治疗 ；或者

	medical advice or treatment has been sought or received; or
44.50.2	在 最初生效时 前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。 the beneficiary knew about and did not seek medical advice or treatment ; before the initial start time .
44.51 处方药 Prescribed medicines	是指根据由 执业医师 开具处方的西药和中成药（中草药包括在中医/针灸费用中）。 <u>但不包括如下：</u> prescribed by medical practitioners , includes the medicines and Chinese patent medicines (Chinese herbal medicines are included in Chinese medicine / acupunctures), <u>excluding:</u>
44.51.1	<u>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，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 asini and other nourishing;
44.51.2	<u>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;
44.51.3	<u>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;
44.51.4	<u>不属于药品范围的辅助用品，包括但不限于：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: sea salt, Redoxon, Avene, Cetaphil, musk, Newmans probiotics, formulated nutrients, milk powders and etc;
44.51.5	<u>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: shibaolitonpian, Broncho-Vaxom, Pidotimod and etc.
44.52 保险条款 Provision	指包含一般条款及规定、 保险责任 、责任免除、预先批准、保险金申请、释义等重要事项的本文件。 this document including the important matters about general terms and conditions, benefits, exclusions, prior approvals, claim application, definitions and etc.
44.53 精神治疗 Psychiatric treatment	指对有精神健康问题的 被保险人 进行的治疗，包括饮食失调。 management and care of a person who is suffering from a mental health condition including but not limited to eating disorders.
44.54 合法注册护士	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

Qualified nurse	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.
44.55 重大人生事件 Qualifying life event	指： means: 44.55.1 结婚； marriage; 44.55.2 形成国籍国或常住地所在国认可的伴侣关系； commencing partnership verified by country of habitual residence or country of nationality ; 44.55.3 离婚； divorce; 44.55.4 生育儿女； birth of a child; 44.55.5 收养孩子；或 legal adoption of a child; or 44.55.6 配偶、伴侣或孩子去世。 death of a spouse , partner or child. 上述情况我方均要求提供相应证明。 We may require evidence of the above event.
44.56 康复治疗 Rehabilitation	指采用物理治疗/补充治疗、职业治疗等手段，使被保险人恢复到疾病或损伤急性发作之前的状态。 physiotherapies / complementary therapies or occupational therapies for the purpose of treatment aimed at restoring the beneficiary to their previous state of health after an acute event.
44.57 短期 Short-term	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，与治疗疾病后被保险人正常复元的合理过程相吻合的时间段。 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.
44.58 疾病 Sickness	指生理或心理疾病， <u>不包括妊娠所导致的或与妊娠有关的疾病。</u> a physical or mental illness, <u>excluding the illness resulting from or relating to pregnancy.</u>
44.59 健康自体牙 Sound natural tooth/teeth	指咀嚼、语言等功能完全正常的牙齿、且非种植牙。 <u>另外，不得存在下列任何情况之一：</u> 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> 44.59.1 <u>龋齿或牙科充填；</u> <u>decay or filling;</u> 44.59.2 <u>伴随牙槽骨丧失的牙龈牙周疾病；</u> <u>gum sickness associated with bone loss;</u> 44.59.3 <u>根管治疗。</u> <u>root canal treatment.</u>
44.60 特定医院 Special	根据我方对目前保障区域医疗市场的医疗机构进行的收费水平分析，一些医疗机构收费水平明显区别于其他医疗机构的通常收费水平。对此我方列出了

provider	<p>此类机构的清单。此类机构在本合同订立时有有效的清单附于本保险合同中，如果续保时清单已经更新，续保时有有效的清单将发送您方。</p> <p>According to our tracking of local medical providers' charging adjustments, part of them could be significant different from others. We will regularly publish these providers' list. The effective list at the time of this policy's effectiveness is attached with this policy. When the list is updated at renewal, the updated list will be sent to you.</p> <p>由于各医疗机构的收费水平将发生变化，我方将跟踪分析并及时对此清单在我方网站上进行必要的更新和公布。</p> <p>Because providers could change their charging from time to time, we will track these and update the list on our website as necessary.</p>
44.61 专科医生 Specialist	<p>指根据治疗所在地的国家、政府或其他监管区域的法律，合法承认、注册或登记的医生，并且其所提供的治疗必须在其合法资质的范围内。</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.</p>
44.62 配偶 Spouse	<p>指被保险人的法定丈夫或妻子，或我方已接受承保于本保险合同中的未婚人员或伴侣。</p> <p>a beneficiary's legal husband or wife, or unmarried or civil partner who we have accepted for cover under this policy.</p>
44.63 生效时间 Start time	<p>指载于保险凭证中的本保险合同保障开始的时间。</p> <p>the time on which coverage under this policy starts, as shown in the certificate of insurance.</p>
44.64 外科手术 Surgery	<p>对肢体进行开放性切割以治疗疾病、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>
44.65 退保手续费 Surrender charge	<p>计算方法=最近一次所缴保险费×35%×终止日距离下一次缴费日的天数/上一次缴费日距离下一次缴费日的天数。</p> <p>the calculation = latest premium payment × 35% × days from termination to next premium payment date / days from latest premium payment date to next premium payment date.</p>
44.66 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治疗的理疗师、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>
44.67 治疗 Treatment	<p>指由执业医生进行的外科手术或治疗，并且是为了达到“诊断、治愈或实质性缓解疾病或损伤”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 injury.</p>
44.68 未到期净保费 Unearned net premium	<p>指对应保险期间尚未经过部分的保险费，扣除退保手续费。</p> <p>any premium which has been paid in relation to the remained period of cover after termination, net of surrender charge.</p> <p>计算方法=最近一次所缴保险费×（1-35%）×终止日距离下一次缴费日的天数/上一次缴费日距离下一次缴费日的天数。</p> <p>the calculation = latest premium payment × （1-35%） × days from termination to next premium payment date / days from latest premium payment date to next premium payment date.</p>

- 44.69 美国
USA 指美利坚合众国。
the United States of America.
- 44.70 我方
we, us, our 指招商信诺人寿保险有限公司。
CIGNA &CMB Life Insurance Company.
- 44.71 全球含美国
Worldwide
including USA 指世界各国及海上。
every country throughout the world and at sea.
- 44.72 全球不含美国
Worldwide
excluding USA 指除美利坚合众国以外的世界所有地区。
worldwide, with the exception of the **USA**.
- 44.73 您、您方、您
方的
You, your 指**投保人**。
the **policyholder**.