

招商信诺寰球至尊高端个人医疗保险条款阅读指引

The Reading Guide to Individual Private Medical Insurance Provision CIGNA&CMC

本阅读指引帮助您理解条款，保险合同的内容以条款为准。

This guide is intended to provide you with a better understanding to the policy provision. In case of any conflict, terms & conditions in the provision should always be taken as valid and binding.

ü 您所拥有的重要权益 Highlight of Your Rights

1. 若本合同未能满足您方的需求，或不符合您方的期望，请在保险单所载生效日期的 10 天内联系我方并解除本合同。如果在此期间内未发生理赔、付款担保或付款预授权，我方将全额退还您方已交纳的全部保险费；在此期间后，您仍然有解除合同的权利，但会存在退保损失。

If this product does not meet your needs or expectation, please contact us within 10 days after the effective date on the policy page to cancel the contract. We will refund the premium you have paid in full if no claim, pre-authorization or guarantee of payment has been made. You still have the right to cancel the policy after the 10-day period, but you will undertake certain loss of value.

2. 被保险人可以享受本合同提供的保障。
Beneficiary can enjoy the benefits stated in this contract.

ü 您应特别注意的事项 Items you should pay attention to

1. 请您留意保险责任条款中的必选与可选保障，并根据您方的需求购买。
Please pay attention to all the insurance liabilities include in your core and optional benefit plans, and purchase based on your need accordingly.
2. 请您留意保险金的给付条件和范围。
Please pay attention to the benefit coverage limits and conditions.
3. 请您留意一般责任免除与牙科责任免除。
Please pay attention to all applicable policy exclusions.
4. 请您留意合同中关于保险期间及合同效力终止的条款。
Please pay attention to the terms about covered period and policy's termination.
5. 请您留意续保的条件，如果您方不愿意续保，请在保单续保周年日前通知我方。
Please pay attention to the renewal conditions. If you decide not to renew, please inform us prior to your policy anniversary.
6. 请您留意保险条款中一些重要术语(“居住地国家”、“日间治疗”、“专业医师”、“专科医生”等的定义和范围)的详细解释。
Please pay attention to the definitions of certain important terms, such as, the definition and extent of “Country of habitual residence”, “Day case Treatment”, “Specialist” and “medical practitioner”

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招商信诺寰球至尊高端个人医疗保险条款

第一章 一般条款及规定

Chapter 1 - General Terms and Conditions

第一节 保险合同的说明

Policy explanation

1. 保险双方协议

Insuring agreement

根据载明于本保险合同（下称“本合同”）的规定，我方将支付在本合同所载区域内被保险人因遭受伤害、疾病及有关怀孕及分娩的疾病而产生的治疗费用及相关费用支出，且该治疗须在保险期间内进行，我方将在扣除免赔额的基础上支付理赔款项，并以所载保险金额为限。

Subject to the terms, conditions, limits and exclusions set out in this **policy**, CIGNA shall reimburse medical and related expenses relating to **treatment** provided within the **specified area of coverage** for injury, **sickness**, and medical conditions relating to pregnancy and childbirth. The **treatment must** occur during the **period of cover**, in excess of the **deductible** and up to the **limits of cover**.

2. 保单合同构成

Policy Documents

- 2.1 本合同由您我双方确定，由保险合同条款、您的申请、保险单及其他文件组成，请注意仔细阅读。

These **policy provision, your application and your certificate of insurance** constitute the entire contract between **us and you**. **You should read them carefully.**

- 2.2 您方须告知我方在申请日与生效日期间，您方所发生的任何健康与医疗情况的变化。我方将重新审核您的投保申请。

You must let us know of any change in your medical condition which occurs between the date of your application and the start date of your policy. We will then review your application.

3. 保险责任生效

When does the cover begin?

- 3.1 保险责任将于保险单首页所载生效日期的 24 时起生效，该保险单将发送给您方，所对应的续保日也为此日期（如当月无对应的日期，则以该月的最后一日为续保日）。

The cover will begin on the start date shown on the first certificate of insurance which we send to you. The renewal date will fall on this date each year.

- 3.2 如您方选择为其他被保险人购买本保险责任，该被保险人保障的生效日期为其所在保险单首页载明日期的 24 时，该保险单将发送给您方。

If you choose to buy cover for any additional beneficiaries, their cover will begin on the start date shown on the first certificate of insurance on which they are listed, which we send to you.

- 3.3 如您方接受承保条件的日期在生效日之后，请您务必及时告知我方在接受承保条件日与申请日之间您方所发生的任何医疗情况变化，我方将重新审核您方的申请。

If your acceptance of the policy occurs after your selected start date, it is important that you notify us immediately of any change in your medical condition which occurs between your application and your acceptance of the policy. We will then review your application.

第二节 投保年龄及被保障人员

Issue Age and coverage person

4. 投保年龄与年龄误告的处理

Issue age and how to deal with incorrectness of age

- 4.1 本合同接受的被保险人投保年龄为 0 岁（出生满 30 天）至 70 周岁，并可续保至 80 周岁。被保险人的投保年龄，以有效身份证件登记的周岁年龄为准。您方在申请投保时，应按照与有效身份证件相符的被保险人的出生日期填写，如果发生错误按照下列方式办理：

The age limit for beneficiary is 0 to 70 years old and could renewable to age 80. The birth date on your application should be based upon efficient identity card and should be the same date. It can be treated as below for error of your issue age:

- 4.2 如您方申报的被保险人年龄不真实，并且其真实年龄不符合本合同约定投保年龄限制的，在保险事故发生之前我们有权解除合同，并向您方退还未满期净保费。我方行使保险合同解除权，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 correct age does not comply with the eligibility requirements of this policy, we have the right to cancel this policy. In such case, we will bear no ability to pay any benefits for any insurable event, which occurs prior to the date of cancellation of the policy and shall refund the unearned net premium. The right to cancel the policy will be rescinded after 30 days starting from the day we notice this error.

- 4.3 如您方申报的被保险人年龄不真实，致使实付保险费少于应付保险费的，我们有权更正并要求您方补缴保险费。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, 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.

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

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.

5. 被保障人员

Who is covered?

- 5.1 您方可以自行安排为其他人员投保，并添加于投保申请中。经我方审核同意后，该被保险人姓名将载于保险单上，您方将可能承担额外的保险费。

You may arrange cover for other people at our discretion. In order to do so, you

must include them in your application. If we agree to cover them, we will include their names on your certificate of insurance. Additional premium may be payable.

- 5.2 如您方作为投保人为他人投保，将承担交纳本合同保险费及其他所有本合同规定的责任。所有的申请须经医疗核保，我方仅对保险单上列明的被保险人承担保险责任。

It is possible for you to take out cover for other people, whilst not taking out cover for yourself. In this situation, you will be the policyholder, and will be responsible for payment of premiums and all other obligations under the policy, but will not be covered. All applications will be subject to medical underwriting and we will let the policyholder know the terms that will apply to any beneficiary named on the certificate of insurance.

6. 增加或减少被保险人

Can I add or remove beneficiaries part way through the period of cover?

- 6.1 您方仅可在每一保险期间终止时增加或减少被保险人，除非发生重大人生事件。例如，您方的保险单所载生效日期为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 the end of an annual period of cover. For example, if the start date shown on your certificate of insurance is 1 January, you may only add or remove a new beneficiary with effect from 1 January the following year.

- 6.2 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。如果您方需要增加被保险人，请务必寄给我方一份载有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申请以及由于接受这一申请而可能需要增加的任何额外的保险费及其他条件。新增被保险人的保险责任将于您方确认接受我方的承保条件之日起生效，我方将会提供更新版本的保险单以确认新增被保险人并发送给您方。

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 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 any additional premium which would apply. Cover for the new beneficiary will begin from the date on which you confirm your acceptance. We will send you an updated certificate of insurance to confirm that the new beneficiary has been added.

- 6.3 若您或您的配偶分娩，您方可申请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.

- 6.3.1 如在新生儿出生 30 天以内我方收到您方增加被保险人的申请，则无须经医疗核保，保险责任将于我方确认同意接受该申请之日起生效。

If the **application** is received within 30 days of the newborn's date of birth, the newborn will not be subject to medical underwriting, and cover will begin when **we** confirm receipt of the **application**.

- 6.3.2 如在新生儿出生 30 天以后我方收到您方增加被保险人的申请，则须经医疗核保。我方将及时通知您方是否同意增加，以及适用于该被保险人的特殊疾病及其他条件。若您方接受所列条件，保险责任将于我

方确认同意接受该申请之日起生效。我方将会提供更新的保险单以确认新增被保险人并发送给您方。

If the **application** is received more than 30 days after the date of birth, the newborn will be subject to medical underwriting. **We** will then tell **you** whether **we** will offer cover to the newborn and, if so, any special conditions which would apply. If **you** accept the offered terms, cover will begin when **we** confirm receipt of the **application**. **We** will send **you** an updated **certificate of insurance** confirming that the new **beneficiary** has been added.

第三节 保障范围、选项及区域

Coverage limits、options and area

7. 保障范围

What is covered?

- 7.1 本合同承担经专科医生授权并由我方医疗团队所确认，为医疗所必须的因损伤或疾病而导致的护理及治疗费用给付责任，以及特定服务费用给付责。
This policy covers certain costs of services or supplies which are recommended by a medical practitioner, and which are medically necessary for the care and treatment of an injury or sickness, as determined by our medical team.
- 7.2 载于保险单上的费用。这些费用的支付须符合本合同的规定及保险单所载的限额及责任免除。
The costs which are covered are set out in your certificate of insurance. These costs are subject to the limits and exclusions which are set out in policy provision and your certificate of insurance.
- 7.3 任何理赔均须符合既定的免赔额，以及保险条款与保险单所载的给付限。
Any claim is subject to the applicable deductible and limits of cover set out in these policy terms and your certificate of insurance.
- 7.4 本合同将不承担任何发生在保险期间开始前与结束后相关治疗的费用，即使该治疗已经在保险责任结束前获得了我方的批准。
This policy 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).

8. 保障选项

Coverage options

- 8.1 国际医疗保险为被保险人的必选保障，具体责任（指适用条款、疾病、范围限定及责任免除）详见本合同中“责任列表”所。
The International Health Insurance Plan is provided to every beneficiary. The benefits which are available (subject to the applicable terms, conditions, limits and exclusions) are set out in ‘Your Benefits in Detail’ in your policy .
- 8.2 您方可以为任一被保险人选择下述一个或以上的可选保障，以附加于国际医疗保险，并交纳相应的附加保险：
You may (for additional premium) add to the cover provided under the International Health Insurance Plan by choosing one or more from the following extra coverage options for any beneficiary or beneficiaries:

- 8.2.1 国际医疗补充保障；
International Health Insurance Plus;
 - 8.2.2 国际紧急转移服务保障；
International Emergency Evacuation;
 - 8.2.3 国际健康与体检保障；
International Health and Wellbeing; and
 - 8.2.4 国际眼科与牙科保障。
International Vision and Dental.
- 8.3 可选保障的保险责任具体详见本合同“责任列表”所载。
Details of the extra coverage options are set out in ‘Your Benefits in Detail’ in your policy.
- 8.4 保险期间内不能变更已选定的可选保障。如果您方希望增加或减少可选保障选项，请于续保周年日前及时通知我方。
Coverage options cannot be changed at your request during the period of cover. If you want to add or remove coverage options, you should let us know before the annual renewal date.
- 8.5 若您方增加新的可选保障选项，请向我方提交一份详细的健康问卷，我方将根据此对您方新增的保障选项责任及所对应的特殊规定进行审核。
If you want to add new coverage options, we may ask for a completed medical history questionnaire, and we may apply new special restrictions on the new coverage options.

9. 保障区域选择

Coverage area option

- 9.1 您方可以根据被保险人的需要来选择以下任一保障区域：
You may choose between two options, which determine where in the world beneficiaries will be covered.
- 9.1.1 如果在保险期间内将没有被保险人在美国居住或前往美国旅行，您方可以选择“全球不含美国”选项。
If no **beneficiaries** will be living in or travelling to the United States during the **period of cover**, you may wish to choose the “Worldwide, excluding USA” option.
- 9.1.2 如果在保险期间内将有被保险人在美国居住或前往美国旅行，您方可以选择“全球含美国”选项。
If the **beneficiary will** be living in or travelling to the Untitled States during the **period of cover**, you may wish to choose the “Worldwide, including USA” option.

第二章 保险责任

Chapter 2 – Benefits

第一节 国际医疗保障

Section 1 International Medical Insurance

下述保险责任应符合本合同所载的全部条款、保障疾病、承保范围及责任免除事项（含一般责任免除与下述的保险责任中的免责事宜）

The following benefits are provided subject to all of the terms, conditions, limits and exclusions of this **policy** (including the general and specific exclusions set out below).

10. 住院或日间治疗病房费

In-patient or day case accommodation

10.1 我方将支付如下在医院治疗的费用：

We will pay for hospital charges for:

10.1.1 住院治疗的护理费及病房费；

nursing and accommodation for **in-patient treatment**;

10.1.2 日间治疗费用；

day case treatment;

10.1.3 门诊手术的治疗室费用，但仅限于：

treatment room fees for outpatient surgery when:

(a) 因医疗需要留院治疗；且

here is a medical need to stay in **hospital**; and

(b) 治疗医生为专业医师；且

treatment is given or managed by a specialist; and

(c) 被保险人是在医院接受的门诊手术；且

the beneficiary is staying in hospital; and

(d) 被保险人的留院治疗时长是合理的；且

the length of the beneficiary's stay is medically appropriate; and

(e) 被保险人的病房为配备独立盥洗室的标准单人病房

the beneficiary occupies a standard single room with private bathroom.

10.2 有些治疗的住院费用与病房规格相关，在这种情况下，我方将按照被保险人本应入住配备独立盥洗室的标准单人房内所发生的金额支付住院费用。

Some hospitals charge for treatment in line with the type of room occupied by the beneficiary. In these instances, we will pay for treatment at the cost which would have been charged if the beneficiary had stayed in a standard single room with private bathroom.

10.3 如果被保险人需要延长留院治疗时间并超出我方的预先批准时长，或者其治疗方案有所变动，为其治疗的专业医师必须尽快向我方寄送医疗报告，并载明：

If the beneficiary needs to stay in hospital for longer than we have approved in advance, or if his or her treatment plan changes, the specialist must send us a medical report as soon as possible telling us:

- 10.3.1 被保险人的诊断信息；
the **beneficiary's** diagnosis;
- 10.3.2 被保险人所接受过的治疗和未来需要接受的治疗，以及；
what treatment the beneficiary has already received and needs to receive in the future, and
- 10.3.3 被保险人预期需要留院治疗的时长。
the beneficiary's expected length needs to stay in hospital.

11. 手术室、住院用药及敷药剂
Operating rooms, in-patient drugs and dressings

11.1 我方将支付如下费用：
We will pay for the costs of:

- 11.1.1 手术室及手术观察室；
the operating theatre and recovery room;
- 11.1.2 住院或日间治疗的处方药及敷药剂；
prescribed medicines, drugs and dressings for in-patient or day case treatment;

11.2 除了与癌症治疗相关的处方药，我方不予支付任何供在家里使用的处方药及敷药剂的费用，若您方已购买国际医疗补充保险则不受此限；
With the exception of medicines prescribed in relation to cancer treatment, we will not pay for medicines and dressings prescribed for use at home unless you have bought the International Health Insurance Plus option.

12. 重症监护室、冠心病监护室及高度监护室
Intensive care, coronary care and high dependency unit

12.1 如果被保险人是在重症监护室，深切治疗室，高度监护室或冠心病监护病室接受治疗，只要符合下述情况，我方将支付病房费：
If the beneficiary requires treatment in an intensive care, intensive therapy unit, high dependency or coronary care unit, we will pay for room and board costs as long as:

- 12.1.1 该病房确实是最适合于被保险人进行治疗的病房；且
these units are the most appropriate place for the beneficiary to receive treatment; and
- 12.1.2 在该病房护理是必需进行的治疗，且是同类型病人的常规治疗项目。
the care given in the unit is an essential part of the treatment and is required routinely by patients having the same type of treatment.

13. 父母陪同未成年人住院
Parent staying with a child in hospital

- 13.1 如果接受住院治疗的被保险人为未满 18 周岁的未成年人，如有需要，我方将支付父母亲其中一位或一位法定监护人在同一医院中陪同治疗的住宿费用，本保障于被保险人满 18 周岁时为终止。我方仅支付符合如下情况的陪同住宿费用；

If the **beneficiary** is a child under 18 and they go to **hospital** as an **in-patient**, we will pay for reasonable accommodation costs for a parent or legal guardian to stay with them in the same **hospital**, if available. Cover for this particular **benefit** will stop on the child's 18th birthday. **We will pay for these costs only if:**

13.1.1 被保险人接受的是属于本合同约定范围内的治疗；且
the treatment the child receives is covered; and

13.1.2 医院的住宿费用是合理的。
the cost of hospital accommodation is reasonable.

14. 外科医生及麻醉师费用

Surgeons' and anaesthetists' fees

- 14.1 无论手术是基于住院、日间治疗或门诊而施行，我方都将支付相关的手术费用，包括外科医生费用、麻醉师费用与助手费用。

We will pay for surgery, including surgeons', anaesthetists' and assistants' fees for surgery whether the surgery is given on an inpatient, day case or outpatient basis.

- 14.2 我方将支付在手术之前和手术之后治疗的治疗费用，包括外科医生费用、麻醉师费用与助手费用。“手术前后的治疗”须是手术当天发生的治疗。

We will pay for surgeons', anaesthetists' and assistants' fees for treatment needed immediately before and after the surgery. When we say, “immediately before or after” we mean any treatment given on the day of the surgery.

- 14.3 除了与癌症相关的门诊治疗外，我方对发生于手术之前或手术之后的门诊治疗费用均不予支付，若您方已购买国际医疗补充保险则不受此限。

With the exception of out-patient treatment received in relation to cancer, we will not pay for out-patient treatment received prior to surgery or as a follow-up afterwards unless you have bought the International Health Insurance Plus option.

15. 专业医师咨询费用

Specialists' consultation fees

- 15.1 我方将在如下情况下支付专业医生咨询费用：

We will pay for specialists' consultation fees for hospital consultations where the beneficiary:

15.1.1 被保险人处于住院、日间治疗或手术过程中；或
is having inpatient or day case treatment or surgery; or

15.1.2 非常规情况下出于医疗必要而需专业医师会诊，例如被保险人在手术过程中意外的心脏病发作。

needs unexpected specialist attendance when medically necessary, for example in the unlikely event that the beneficiary has a heart attack during surgery.

16. 移植

Transplants

- 16.1 如果器官移植是出于医疗必要，且移植的器官来自于亲属或经认证和验证的捐赠者，我方将支付相关的医疗费用。
If an organ transplant is medically necessary, we will pay for the associated medical expenses provided the donated organ has either come from a relative or a certified and verified source of donation.
- 16.2 如果出于医疗必要，被保险人因癌症以外的疾病需接受骨髓移植或外周血干细胞移植，包括使用自有骨髓进行骨髓移植或接受合适的捐赠者骨髓或外周血干细胞移植，我方将支付相关的住院医疗费用。
If a bone marrow or peripheral stem cell transplant is medically necessary, we will pay the associated inpatient medical expenses when carried out for conditions other than cancer. This benefit applies when using the beneficiary's own bone marrow or an appropriate donor's.
- 16.3 无论捐赠者是否同为本合同被保险人，对于每次移植，我方将支付捐赠者在住院期间的费用，具体包括摘取器官的费用、所有的身体组织配型的费用以及住院治疗费用。我方同时会承担任何捐赠后的并发症治疗费用，最长给付至手术后30天为止。
Whether the donor is covered by the policy or not, we will pay for inpatient donor expenses for each condition needing a transplant. These include the cost of harvesting the organ, any tissue matching fees and the donor's hospital costs. We will also pay for any costs as a result of the donor experiencing complications for a period of 30 days post-operatively only.
- 16.4 本保障不包括被保险人和捐赠人任何捐赠前或捐赠后的门诊治疗费用，若被保险人或捐赠人已购买国际医疗补充保险则除外；
This benefit does not include outpatient treatment for either the beneficiary or donor. To be eligible for such outpatient cover you must have bought the International Medical Insurance Plus option for the beneficiary.
- 16.5 本保障包括被保险人在住院治疗时使用的有助于对移植器官抗排斥的用药。
This benefit includes cover for anti-rejection medicines for the beneficiary where they are given on an inpatient basis.
- 16.6 如果被保险人为器官捐赠者，受赠者同为本合同被保险人，我方将支付被保险人因摘取该器官而产生的医疗费用。
If a beneficiary is acting as an organ donor, we will pay for medical costs for the beneficiary to have the organ harvested as long as the intended recipient is covered by the policy.
- 16.7 如捐赠者的医疗费用已经从其他保险或其他渠道获得赔付，我方将在扣除这部分金额后支付剩余的医疗费用。特定移植的费用将不含在内，如实验性移植，具体保障范围见本合同的其他详述。
The amount payable for the donor's medical costs is reduced by the amount payable for those costs from any other policy or source. Certain transplants (i.e. experimental procedures) are not covered, as a result of coverage limitations as explained elsewhere in this policy.
- 16.8 被保险人必须在任何器官捐赠、骨髓移植或外周血干细胞移植费用发生之前联系我方。
A beneficiary must contact us before any costs relating to organ donation, bone marrow or peripheral stem cell are incurred.

17. 肾透析
Kidney Dialysis

- 17.1 我方将支付被保险人在居住地国家作为日间治疗病人而接受肾透析的费用。
We will pay for kidney dialysis as a day patient if dialysis is available in the country of habitual residence.
- 17.2 若被保险人选择在非居住地国家进行肾透析治疗，且该地区为本合同所涵盖的地区，我方将仅支付该肾透析治疗的费用，我方不支付旅行费用。
Kidney dialysis treatment outside the beneficiary's country of habitual residence will be covered provided it is within his or her selected area of coverage. Travel costs will not be covered.

18. 诊断与治疗
Diagnostics and therapies

- 18.1 当被保险人在住院或接受日间治疗期间，如果出于医疗必要，在专业医师建议下接受如下诊断性检查，我方将支付相应的费用：
A specialist may want to run diagnostic tests as part of the treatment of a beneficiary. Where the specialist recommends that such tests are medically necessary and the beneficiary is in hospital for inpatient or day case treatment, we will pay for:
- 18.1.1 病理检查，如血液检查和尿液检查；
pathology, such as checking blood and urine samples;
 - 18.1.2 放射性检查，例如 X 光；以及
radiology, such as X-rays; and
 - 18.1.3 诊断性检查，如心电图；
diagnostic tests such as electrocardiograms (ECGs);
- 18.2 若确为住院治疗的需要，我方也将支付由治疗医师（如物理治疗师）和补充治疗医师（如针灸医师）提供治疗而产生的费用，但该治疗不应是被保险人入院的主要原因。
A beneficiary's hospital stay may involve treatment provided by therapists (such as physiotherapy) and complementary therapists (such as acupuncturists) to support the main treatment received by the beneficiary. We will pay these costs as long as the therapy is needed as part of the treatment received in hospital and the therapy is not the main reason for the hospital stay.

19. CT, MRI 及 PET 扫描
CT, MRI & PET Scans

- 19.1 在被保险人住院、日间治疗或门诊治疗期间，由专业医师建议，通过先进的影像检查将协助诊断或评估病情，我方将支付下述影像扫描的费用：
A specialist may recommend advanced imaging to help diagnose or assess a condition. If so, we will pay for the following scans:
- 19.1.1 核磁共振成像（MRI）；
magnetic resonance imaging (MRI);
 - 19.1.2 计算机断层扫描（CT）；
computed tomography (CT); and

- 19.1.3 正电子发射断层扫描（PET）。
positron emission tomography (PET).

whether this is needed during a **hospital** stay overnight, or as a **day patient** or **out-patient**.

20. 家庭护理
Home nursing

- 20.1 如果被保险人在住院期间接受了符合本合同规定的治疗，出院后需在家继续接受与该治疗相关的护理，我方将支付该家庭护理费用，但该家庭护理需同时符合以下规定：

If a beneficiary has received treatment in hospital which is covered by this policy, we will pay the costs of home nursing following that treatment provided:

- 20.1.1 家庭护理是由专业医师建议的；
a specialist recommends the home nursing;
- 20.1.2 家庭护理于被保险人出院后立即开始；
the home nursing starts immediately after the beneficiary leaves hospital;
- 20.1.3 接受家庭护理能够有效减少被保险人的住院时长；
by receiving the home nursing, the length of the beneficiary's stay in hospital is reduced;
- 20.2 我方仅支付专职护士在被保险人家中为其提供的医疗护理（与在医院中提供的医疗护理相同），任何非医疗性质的私人护理不在本保障范围内。
The home nursing must be given by a qualified nurse in the beneficiary's home and must be giving medical care that would normally be provided in a hospital. This benefit does not extend to home nursing which is only to provide personal assistance rather than medical
- 20.3 每一保险期间内我方提供的家庭护理最长以 30 天为限。
We will pay for up to a total 30 days home nursing in any one period of cover.

21. 康复治疗
Rehabilitation

- 21.1 如果被保险人在患病后需要接受康复治疗，例如中风后的物理治疗、职业治疗和语言治疗，我方将支付被保险人康复治疗期间的膳宿费，每一保险期间针对每一种独立的疾病接受康复治疗的给付以 30 天为限。住院康复治疗以每晚来计算天数，日间康复治疗及门诊康复治疗以任何一天中被保险人安排有一个或一个以上的康复治疗来计算天数。

A beneficiary may need rehabilitation following an event such as a stroke. Therefore, physical, occupational and speech therapies may be needed. We will pay for such rehabilitation treatment costs, including any room and board costs for up to 30 days treatment in any one period of cover for each separate condition which requires rehabilitation. For inpatient treatment, we count one day as each overnight stay and for day case and outpatient treatment we count one day as any day when the **beneficiary** has one or more appointments for **rehabilitation treatment**.

- 21.2 康复治疗必须在符合本合同规定的住院治疗结束后 30 天内开始，且是必要的。
The rehabilitation treatment must start within 30 days of the end of treatment in hospital for a condition which is covered by this policy and be needed as a result of that condition or its treatment.
- 21.3 因需要康复治疗的疾病较为复杂，您方必须提交专科主治医生的医疗报告并取得我方的预先批准，该报告须载明：
As conditions requiring rehabilitation can be very complex, as part of the prior approval process we must receive a medical report from the treating specialist, detailing the following:
- 21.3.1 被保险人的诊断信息；
the beneficiary's diagnosis;
 - 21.3.2 被保险人已接受的治疗详情和后续的治疗安排；
what treatment the beneficiary has already received and needs to receive in the future; and
 - 21.3.3 预计的出院日期。
the proposed discharge date for inpatient treatment.
- 21.4 若为整形外科、脊髓或神经系统疾病治疗的需要，我方可以承担超过 30 天的康复治疗费用，但须事先联系我方并取得预先批准。
If rehabilitation treatment is needed following orthopaedic, spinal or neurological events, we may pay for rehabilitation treatment for more than 30 days. Please contact us for prior approval.

22. 临终住宿及安乐护理

Hospice stay to receive palliative care

- 22.1 如果被保险人已获得最终诊断并确认无法通过接受治疗以使其康复，我方将支付临终住院的病房费、护理费、处方药费用及身心护理服务费。
If the beneficiary has received a terminal diagnosis and will not be able to receive treatment that would lead to his or her recovery, we will pay for hospital or hospice accommodation, nursing care, prescribed medicines, physical care and psychological care.

23. 手术及医疗用品

Surgical and medical appliances

- 23.1 用于人体内部的假体设备/手术及医疗装置：
Internal Prosthetic Devices/ Surgical and Medical Appliances
- 23.1.1 我方将支付被保险人因治疗所需而植入人体内部的修复假体、设备或医疗装置的费用。
We will pay for internal prosthetic implants, devices or medical appliances needed as part of the beneficiary's treatment.
 - 23.1.2 我方将支付通过手术植入的上述修复假体、设备或医疗装置的费用。
This benefit will be paid in respect of a prosthetic implant, device or appliance which is inserted during surgery.

- 23.2 用于人体外部的假体设备/手术或医疗装置：
External Prosthetic Devices/ Surgical and Medical;
- 23.2.1 我方将支付被保险人因治疗所需而使用于人体外的修复假体、设备或医疗装置的费用；
We will pay for external prosthetic devices or appliances needed as part of the beneficiary's treatment.
- 23.2.2 我方将仅支付在恢复过程中基于医疗必要而需短期使用的修复假体设备或装置的费用。
a prosthetic device or appliance which is medically necessary and is part of the recuperation process on a short-term basis.
- 23.3 用于人体外部的外用假体设备具体包括义肢及人造耳等。如果被保险人年龄大于 16 周岁，我方仅支付一次外用假体设备的费用。如果被保险人年龄为 16 周岁或不足 16 周岁，我方将支付首次安装的外用假体设备费用，以及最多两次用于替换的外用假体设备费用。
Examples of prosthetic devices include a prosthetic limb or prosthetic ear. For beneficiary over age 16, we will pay for one external prosthetic device. For children up to the age of 16, we will pay for the initial prosthetic device and up to two replacement devices.

24. 救护车
Road ambulance

- 24.1 如果被保险人基于医疗必要而需使用当地救护车送至医院进行治疗，我方将支付下述救护车费用；
Where a local road ambulance is needed as a medical necessity and its use relates to treatment which a beneficiary needs to receive in hospital, we will pay for the local road ambulance to transport the beneficiary from:
- 24.1.1 将被保险人从意外发生地送至医院；
from the location of an accident to a hospital;
- 24.1.2 被保险人转院；
one hospital to another; and
- 24.1.3 将被保险人从家送至医院。
the beneficiary's home to the hospital.

25. 当地空中救援
Local air ambulan

- 25.1 如果被保险人基于医疗必要需通过当地空中救援送至医院进行治疗，且空中救援的距离不超过 100 英里(或 160 公里)，我方将支付下述当地空中救援的费用；
Where a local air ambulance is needed as a medical necessity, is used for distances up to 100 miles/160 kilometers and its use relates to treatment which a beneficiary needs to receive in hospital, we will pay for the local air ambulance to transport the beneficiary from:
- 25.1.1 将被保险人从意外发生地送至医院；
the location of an accident to a hospital; and

25.1.2 被保险人转院；
one hospital to another;

25.2 空中救援不适用于条件不允许的情况，包括空中救援有很大危险或无法实施空中救援，例如从石油钻塔或战争地区救援被保险人。

In some circumstances, a local air ambulance may not be available as the local situation makes it impossible, unreasonably dangerous or impractical to use an air ambulance. Examples of such circumstances include collecting the beneficiary from an oil rig, or within a war zone.

25.3 我方不承担任何在山区进行空中救护的费用。
Mountain rescue is not covered by the policy.

25.4 如果需要的治疗因无法在当地获得而需要转移他地或转移回国，只有当您方已购买国际紧急转移服务保障时，我方才会支付该转移费用。具体请您查询相关条款。

Cover for evacuation or repatriation is only available if you have bought the International Emergency Evacuation option. If you have purchased the option, please refer to the relevant section of this guide.

26. 住院津贴

In-patient cash benefit

26.1 如果被保险人在本合同规定范围内进行住院治疗，并需要在医院住院超过一夜，且未成功获得任何形式的病房费及治疗费用报销，我方将按保险单所载金额向被保险人支付每日住院津贴。

Where a beneficiary has stayed overnight in a hospital and has not been charged for treatment received or the accommodation provided, we will pay inpatient cash benefit instead of us making a payment for the treatment or accommodation. The treatment must be covered by the policy.

27. 紧急牙科住院治疗

In-patient emergency dental

27.1 如果被保险人因意外事故而必需接受住院治疗，紧急牙科治疗并非被保险人住院的根本原因，我方将支付被保险人在此期间内接受紧急牙科住院治疗的费用。

If a beneficiary suffers a serious accident requiring a hospital stay, we will pay for inpatient treatment relating to a dental emergency during that stay as long as the main reason for the beneficiary being in hospital is not to receive dental treatment.

27.2 在上述情况下，我方只承担本项责任，被保险人的任何其他牙科保险责任我方均不予承担。

This benefit is paid instead of any other dental benefits the beneficiary may have in these circumstances.

28. 精神科治疗

Psychiatric Treatment

28.1 如果可以证实被保险人确实存在医治的必要并经我方批准，我方将支付被保险人接受有关精神疾病、其他精神障碍、成瘾或酗酒的治疗费用。如果被保险人需要接受的是成瘾或酗酒治疗，我方将支付该治疗的诊断费用以及被保险人首次专业医疗中心接受普通医生的认证治疗费用，例如酗酒或成瘾诊断后的首

次治疗方案。对在正式开始门诊治疗成瘾前的断瘾试验，我方最多将支付三次以内的该试验费用。我方不予支付恢复方案中更多酗酒或成瘾治疗的费用。我方也不予支付任何与酗酒或成瘾有关的疾病索偿，如因酗酒或成瘾直接导致的抑郁症，痴呆症或肝功能衰竭疾病等。

We will pay for fees relating to treatment of psychiatric conditions, other mental health disorders, addictions and alcoholism. These fees will be paid subject to medical necessity, provided we approve the treatment as evidence-based. The only payments we make for addictions and alcoholism are to cover diagnosis and the first time the beneficiary is referred by a GP for treatment at a specialist centre providing evidence-based treatment, i.e. the first alcohol or addiction programme after diagnosis. We will not pay for more than three attempts at detoxification before starting a formal out-patient addictions programme. We will not pay for any more claims for recovery programmes for addictions, alcoholism or a related condition, e.g. depression, dementia or liver failure, where, after considering the medical evidence, we reasonably believe that the condition was the direct result of the addiction.

28.2 每一保险期间内，我方将最多支付 90 天的精神科治疗费用。其中住院治疗最长为 30 天，日间治疗及门诊治疗最多 90 天，每次治疗即为一天。
A total of 90 days cover for psychiatric treatment is available in any one period of cover, of which a maximum of 30 days can be used for in-patient treatment. For day patient or out-patient treatment, the phrase “90 days cover” as used in this paragraph means 90 visits.

28.3 每五个连续的保险期间内，我方将最多支付 180 天的精神科治疗费用。例如，若被保险人在第一个保险期间住院治疗达到 90 天，在第二个保险期间又进行了 90 天的住院治疗，那么在此后三个连续的保险期间内我方将不予支付任何精神科治疗费用。
A maximum of 180 days psychiatric treatment applies in any five year period. For example, if a beneficiary use 90 days of psychiatric treatment in one period of cover, and 90 days of psychiatric treatment in the following period of cover, no further benefit for psychiatric treatment will be available for the following three consecutive years of cover.

28.4 我方不予支付因下述情况而导致的疾病的治疗费用：
The psychiatric benefit does not include cover for treatment for any conditions a beneficiary has which are the result of:

28.4.1 成瘾性疾病及异常；
addictive conditions and disorders; or

28.4.2 酗酒、滥用酒精或其他。
any kind of substance or alcohol use or misuse.

29. 癌症治疗 Cancer treatment

29.1 如果被保险人被诊断为癌症，我方将支付被保险人在所患癌症急性发作阶段的特定治疗费用，具体包括发生于住院、日间治疗或门诊期间的检查、手术、扫描、会诊、药物、放疗及化疗的费用。

The policy includes specific benefits for treatment related to cancer. Once cancer has been diagnosed, we will pay the fees for the acute phase of treatment of the cancer. This includes tests, scans, consultations, drugs, surgery, radiotherapy and chemotherapy, whether provided on an inpatient, day case or outpatient basis.

- 29.2 在急性发作阶段结束后，我方将继续支付与初始诊断相关的癌症治疗费用，最多可再延长五年。继续治疗期间自上述急性发作阶段结束后的第一次会诊起，我方承担在此期间内被保险人因所患癌症治疗所需的任何后续检查、扫描及门诊复诊费用，以及所有能够缓解或防止其复发的药物费用。

Following this acute phase of treatment, the beneficiary may still require treatment for the original cancer diagnosis. We will continue to pay fees for this treatment for a further five years, starting from the first outpatient consultation after the acute phase of cancer treatment is complete. This includes any follow-up consultations, scans or tests as well as any drugs that may be needed to keep the cancer in remission or prevent relapse.

30. 生育与新生儿

Mother and baby care

30A 常规妊娠

Routine maternity

- 30.1 如您方为女性被保险人，在您生育之前本合同连续生效达 10 个月及以上，我方将支付下述常规妊娠费用。

We will pay the following routine maternity benefits where the mother has been covered by the policy for a continuous period of 10 months or more prior to the child's birth.

- 30.2 我方支付的常规妊娠费用为被保险人怀孕期间的与常规妊娠有关的门诊和住院治疗费用，具体包括：

Where a mother is receiving inpatient or outpatient treatment for a routine pregnancy and childbirth, we will pay for the resulting fees including:

30.2.1 正常分娩期间的医院收费、妇产医生及助产医护人员费用；
hospital charges, obstetricians' and midwives' fees for normal childbirth; and

30.2.2 正常分娩后按要求对作为母亲的被保险人的医护治疗费用，例如拆线费。
any fees as a result of post-natal care required by the mother immediately following normal childbirth, such as the removal of stitches.

30B 复杂妊娠

Complicated maternity

- 30.3 如您方为女性被保险人，在您生育之前本合同连续生效达 10 个月或 10 个月以上，我方将支付下述复杂妊娠责任费用。

We will pay the following complicated maternity benefits where the mother has been covered by the policy for a continuous period of 10 months or more prior to the child's birth.

- 30.4 我方将支付与下列怀孕及分娩并发症或疾病有关的住院及门诊治疗费用，包括但不限于：

Where a mother is receiving inpatient or outpatient treatment for pregnancy or childbirth complications, we will pay for the resulting fees. This benefit is limited to those conditions which only ever arise as a direct result of pregnancy or childbirth. Examples of such conditions include but are not limited to:

- 30.4.1 先兆子痫;
pre-eclampsia;
- 30.4.2 流产;
miscarriage;
- 30.4.3 先兆流产;
threatened miscarriage;;
- 30.4.4 妊娠糖尿病;
gestational diabetes;
- 30.4.5 胎死腹中;
when the foetus has died and remains with the placenta in the womb;
- 30.4.6 死胎;
still birth;
- 30.4.7 产后出血（分娩几小时或几天后大出血）;
post-partum haemorrhage (which is heavy bleeding in the hours and days immediately after childbirth);
- 30.4.8 保留胎盘膜（婴儿出生后，胎盘落在子宫内）;
retained placental membranes(afterbirth left in the womb after delivery of the baby); and
- 30.4.9 上述任何情况下的并发症。
complications following any of the above conditions.
- 30.5 复杂妊娠责任不含家中分娩的情况。
The complicated maternity benefit does not include cover for childbirth at home.
- 30.6 如因医疗必要而须进行剖腹产，我方将支付医院收费、妇产医生费用以及其他所需的医疗费用，例如难产、胎儿情况不稳、大出血等状况。如不能证实确有必要进行剖腹产，我方将按常规妊娠费用支付。
When it is medically necessary, we will pay for hospital, obstetricians' and other medical fees for the cost of the delivery of a baby by Caesarean section. If we are unable to determine that the Caesarean section was medically necessary, it will be paid from the mother's routine maternity benefit limit.
- 30.7 本合同不予承担任何代孕及与代孕有关治疗的保险责任。无论被保险人是代孕者，还是作为被保险人的代孕者，我方不予支付其任何妊娠费用。
Surrogacy and any related treatment is not covered by the policy. Maternity benefits are not payable to a beneficiary acting as a surrogate or anyone acting as a surrogate for a beneficiary.

30C 家中分娩 Childbirth at home

- 30.8 我方为连续持有本合同 10 个月或 10 个月以上，且在此期间内本合同持续有效的女性被保险人承担家中分娩责任，支付家中分娩费用，包括助产医护人员或其他专业医师费用。
A mother must have been covered by the policy for a continuous period of ten

months or more before we will pay for midwives' or specialists' fees relating to routine childbirth at home.

- 30.9 请注意上述复杂妊娠责任不含家中分娩情况，是指如为在家中分娩的情况，我方对任何怀孕或分娩并发症的费用将按照责任清单中所载家中分娩的费用范围进行支付。

Please note the complicated maternity section above where we state that the complicated maternity benefit does not include cover for childbirth at home. This means that any fees for pregnancy or childbirth complications as a result of a childbirth at home will be paid only from the beneficiary's childbirth at home limit as shown in the list of benefits.

30D 新生儿护理及治疗 Newborn care

- 30.10 如父母亲其中一位是本合同被保险人且合同有效，我方将提供下述新生儿护理保障：

We will pay for the following newborn care benefits where at least one parent is currently covered by the policy.

30.10.1 出生后最长 10 天的新生儿常规护理；以及
up to ten days' routine care for the baby following birth; and

30.10.2 出生后 90 天内所需的所有治疗。
all treatment required for the newborn during the first 90 days following birth, instead of any other benefit.

上述责任仅适用于已成为本合同被保险人的新生儿，如果该新生儿于出生 30 天内投保本合同则无须核保。

These benefits are available only for children who are added as **beneficiaries** under this **policy**. Cover for the newborn will not be medically underwritten if he or she is added within 30 days of birth.

- 30.11 如父母亲无一人是本合同的被保险人，我方将支付下述新生儿护理费用：

We will pay for the following newborn care benefits where neither parent is currently covered by the policy:

30.11.1 出生后最长 10 天的新生儿常规护理；以及
up to ten days' routine care for the baby following birth; and

30.11.2 新生儿出生后 90 天内所需的所有治疗。
all treatment required for the newborn during the first 90 days following birth, instead of any other benefit.

该新生儿须经核保。

Cover for the newborn will be subject to medical underwriting.

- 30.12 我方对所有经不育治疗后而出生的儿童（如试管婴儿）、代孕者所生儿童或领养儿童均不予支付任何新生儿护理费用，且上述儿童须在出生满 90 天后才可投保本合同。

The newborn care benefits are not available for children who are either born as a result of fertility treatment (for example, IVF), born to a surrogate or who have been adopted. These children can only be covered by the policy once they are 90 days old.

30E 先天性疾病
Congenital conditions

- 30.13 如果可以证明被保险人 18 周岁以前患有先天性疾病，我方将支付与该先天性疾病有关的住院或日间治疗费用。
We will pay for treatment relating to a congenital condition provided on an in-patient or day patient basis when the congenital condition manifested itself before the beneficiary's 18th birthday.
- 30.14 若您方同时购买有门诊责任、健康全面体检或转移服务的保障，上述的限制也将适用于这些保障。所有符合定义的先天性疾病清单请联系我方查询获得，我方的客户服务热线电话号码载于您方持有的成员身份卡上。
If you have bought the Out-patient, Total Wellbeing or Evacuation Services coverage options, the stated limits will apply for benefits included under those options. A full list of conditions which we define as congenital is available by contacting the Customer Care Team at the phone number on your membership ID card..

第二节 国际医疗补充保障（可选保障）
International Health Insurance Plus Option

下述保险责任应符合本合同所载的全部条款、保障疾病、承保范围及责任免除事项（含一般责任免除与下述保险责任中的免责事宜）

The following benefits are provided subject to all of the terms, conditions, limits and exclusions of this **policy** (including the general and specific exclusions set out below,).

31. 专业医师会诊
Specialist consultations

- 31.1 如果被保险人因诊断病症、接受或安排治疗及治疗的后续事宜而与专科医生进行会诊，我方将支付该会诊费用。
We will pay for consultations or meetings with a medical practitioner to diagnose an illness or to receive, arrange or follow-up treatment.
- 31.2 如果被保险人因非手术治疗、病理检查、放射性检查而与专科医生进行会诊，我方也将支付该会诊费用。
We will also pay for non-surgical treatment, pathology, radiography and radiology.

32. 门诊诊断性检查
Outpatient diagnostic testing

- 32.1 如果专科医生认为进行门诊检查将有助于诊断或评估被保险人病情，我方将支付该门诊检查的费用，具体包括：
If a medical practitioner recommends testing to diagnose or assess a beneficiary's condition, we will pay for these tests including:
- 32.1.1 病理检查，如血液检查与尿液检查；
pathology, such as checking blood and urine samples;
- 32.1.2 放射性检查（如 X 光）；以及
radiology (such as X-rays); and

32.1.3 诊断性检查，例如心电图。
diagnostic tests such as electrocardiograms (ECGs).

33. 物理治疗、正骨治疗及脊椎指压治疗
Physiotherapy, osteopathy, chiropractic

33.1 如果专科医生认为采用物理治疗、正骨治疗或脊椎指压治疗能够帮助被保险人恢复正常的生理机能，我方将支付被保险人接受上述治疗的费用。
We will pay for physiotherapy, osteopathy and chiropractic treatments, which are physical therapies aimed at restoring normal physical functions, if a medical practitioner refers the beneficiary for this treatment.

33.2 正骨治疗及脊椎指压治疗在每一保险期间共计最多享有 30 次。
A combined limit of 30 visits in any one period of cover applies for osteopathy and chiropractic treatments.

34. 补充医疗
Complementary medicine

34.1 如果被保险人经专业医师（非补充医学的专业医师）建议施行补充治疗，我方将支付被保险人接受该补充治疗的会诊及治疗费用。施行补充治疗的治疗师必须是具备被保险人治疗所在国资格认证的专业补充治疗师。
We will pay for consultations and treatment with a complementary therapist if a specialist (other than a specialist in complementary medicine) recommends the treatment. The complimentary therapist must be appropriately qualified and registered to practise in the country where treatment is given.

34.2 上述补充治疗仅包含针灸治疗、中医治疗或顺势疗法，任何其他补充治疗（例如芳香疗法）均不在保障范围内。
This benefit only includes acupuncture, homeopathy and Chinese medicine prescribed or administered as part of the treatment. It does not include other complementary therapies, for example, aromatherapy.

34.3 我方在每一保险期间内最多支付 20 次的补充治疗费用，包含所有的针灸治疗、顺势疗法及中医治疗。
We will pay for a maximum of 20 visits in any one period of cover. This limit will be applied on a combined basis across all acupuncture, homeopathy and Chinese medicine treatments.

35. 言语治疗
Speech therapy

35.1 如果被保险人由于遭受本合同范围内的疾病（例如中风）须进行治疗，在专科医生的建议下，被保险人于治疗期间或紧接治疗之后接受短期的言语治疗，我方将支付上述言语治疗费用。
A beneficiary may need speech therapy as part of his or her treatment for a condition covered by the policy, such as a stroke. We will pay for such therapy as long as it is short-term, recommended by a specialist and takes place as part of, or immediately following, the original condition's treatment.

35.2 我方不承担非生理性恢复的言语治疗费用，以及下述治疗：
We will not pay for treatment for speech therapy that is not restorative in nature, or if such therapy:

- 35.2.1 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;
- 35.2.2 出于监禁管理或教育的目的;
can be considered custodial or educational;
- 35.2.3 为保持语言交流的目的;
is intended to maintain speech communication;
- 35.2.4 对于言语障碍例如口吃,或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 for speech or language disorders such as stammering or as a result of learning difficulties, or developmental problems such as dyslexia, behavioural problems such as attention-deficit hyperactivity disorder (ADHD), or autism.

36. 药物及敷药剂
Drugs and dressings

- 36.1 如果被保险人因疾病或损伤经专科医生诊断,并因该疾病或损伤而开具门诊治疗所必要的处方用药或敷药剂,我方将支付上述药物及敷药剂的费用。
If a beneficiary is prescribed drugs or dressings on an outpatient basis, we will pay the cost of these drugs or dressings as long as they are prescribed by a medical practitioner, only available with a prescription and are only used when a person is suffering from a disease, illness or injury.
- 36.2 如果被保险人属住院治疗,所需的药物及敷药剂的费用将在国际医疗保险中支付。
If the beneficiary needs drugs or dressings when staying in hospital, the cost of those items will be covered under the International Health Insurance Plan.

37. 医疗设备租赁
Rental of durable medical equipment

- 37.1 如果被保险人在专业医师的要求下,须租赁专用医疗设备以协助治疗,我方将支付该医疗设备的租赁费,每一保险期间内我方最多支付45天的医疗设备租赁费。
A beneficiary may need to rent durable medical equipment to support his or her treatment. We will pay for the rental of this equipment for up to a maximum of 45 days in any one period of cover as long as the rental is recommended by a specialist.
- 37.2 上述设备必须为非一次性用品,租赁的目的为医疗所需且可用于家中,不可任意使用,不可在疾病或损伤以外的任何时间使用。
Any equipment rented under this benefit must be capable of being used more than once, serve a medical purpose and be fit for use in the home. It cannot be disposable and should not normally be used in the absence of a disease, illness or injury.

38. 成人旅行疫苗接种
Adult travel vaccinations

- 38.1 我方将支付与旅行有关疫苗接种的费用:
We will pay for the following immunisations related to travel:

- 38.1.1 破伤风（每 10 年一次）；
tetanus (every 10 years);
- 38.1.2 甲肝；
hepatitis A;
- 38.1.3 乙肝；
hepatitis B;
- 38.1.4 脑膜炎；
meningitis;
- 38.1.5 狂犬病；
rabies;
- 38.1.6 霍乱；
cholera;
- 38.1.7 黄热病；
yellow fever;
- 38.1.8 乙型脑炎；
Japanese encephalitis;
- 38.1.9 脊髓灰质炎；
polio booster;
- 38.1.10 伤寒； 以及
typhoid; and
- 38.1.11 疟疾（以片剂形式，每日或每周）
malaria (tablet form, daily or weekly).

39. 牙科意外门诊治疗 **Dental accidents**

- 39.1 如果被保险人因遭受意外事故而导致牙损伤，并于该意外事故发生之日起 30 天内接受牙科门诊治疗，我方将支付牙科意外门诊治疗费用。
If a beneficiary needs dental treatment as a result of injuries suffered in an accident, we will pay the outpatient costs of the dental treatment to any sound natural tooth/teeth affected by the accident, provided the dental treatment commences immediately after the accident and is completed within 30 days of the date of the accident.
- 39.2 被保险人在申请理赔时须同时提供相关的牙科治疗报告以确认是否属于赔付范围，报告内容应载明发生意外事故的具体日期，并确定所需治疗的牙齿为衡牙。
To pay a claim under this benefit, we will need a medical report from the beneficiary's dentist confirming the date of the accident and that it is sound natural tooth/teeth that need the treatment.
- 39.3 本项责任仅当被保险人遭受意外伤害并导致牙损伤时我方才提供，这与任何其他牙科保险责任不同。

This benefit is paid instead of any other dental benefits the beneficiary may be entitled to, when he or she needs treatment following accidental damage to his or her tooth or teeth.

- 39.4 我方将不支付任何关于种植牙、牙冠及义齿的修补与更新费用。
This benefit does not cover the repair or provision of dental implants, crowns or dentures.

40. 儿童体检及检查 Well child tests

- 40.1 如果被保险人为 6 周岁或以下的儿童，需要按适当的年龄间隔定期进行预防性检查，若这些检查是在专科医生的监督下进行且属于正规治疗的范围之内，我方将支付如下检查费用：
We will pay for tests at any of the appropriate age intervals for a child who is a beneficiary and who is aged 6 or less, and for preventive care consisting of the following services delivered or supervised by a medical practitioner, if those services amount to orthodox treatment:

- 40.1.1 儿童健康史；
medical history of the child;
- 40.1.2 体检；
physical examination;
- 40.1.3 发育评估；
development assessment;
- 40.1.4 发育成长指导；以及
anticipatory guidance; and
- 40.1.5 适当的疫苗及实验室检查；
appropriate immunisations and laboratory tests.

- 40.2 在每一个适当的年龄间隔内，对于作为被保险人的每位儿童，我方最多支付总计不超过 13 次接受专科医生定期预防性检查的检查费用，任何超出次数的检查费用我方均不予负责。

We will not pay for more than one visit to a medical practitioner for child preventive care services at each of the appropriate age intervals up to a total of 13 visits for each child who is a beneficiary.

- 40.3 在每一保险期间内，我方仅支付 15 周岁或以下儿童一次视力检查或一次听力检查的费用。

We will pay for one eye test and one hearing test in any one period of cover for children aged 15 or under.

- 40.4 我方将为 18 周岁以下的儿童支付下述检查费用：

We will also pay for the following test for children under the age of 18:

- 40.4.1 5 周岁及以下儿童的入学健康检查，包括如下三个项目：
school entry health check up to the age of 5, consisting of the following three elements:

- (a) 发育;
growth;
- (b) 听力;
hearing; and
- (c) 视力;
vision; and

40.5 超过 12 周岁患糖尿病儿童的糖尿病视网膜病变筛查。
diabetic retinopathy screening for children over the age of 12 who have diabetes.

41. 儿童接种疫苗

Child immunisations

41.1 我方将为作为被保险人的儿童支付如下疫苗接种费用：
We will pay for the following immunisations to children who are covered beneficiaries:

- 41.1.1 DPT(白喉、百日咳和破伤风);
DPT (diphtheria, pertussis and tetanus);
- 41.1.2 MMR(麻疹、腮腺炎和风疹);
MMR (measles, mumps and rubella);
- 41.1.3 HiB (B 型流行感冒嗜血杆菌) ;
HiB (haemophilus influenza type b);
- 41.1.4 小儿麻痹症;
polio;
- 41.1.5 流行性感冒;
influenza;
- 41.1.6 乙肝;
hepatitis B
- 41.1.7 脑膜炎;
meningitis; and
- 41.1.8 人乳头状瘤病毒 (HPV) 。
human papilloma virus (HPV).

第三节 国际健康与体检保障 (可选保障)

International Health and Wellbeing Option

下述保险责任应符合本合同所载的全部条款、保障疾病、承保范围及责任免除事项 (含一般责任免除与下述保险责任中的免责事宜)

The following benefits are provided subject to all of the terms, conditions, limits and exclusions of this **policy** (including the general and specific exclusions set out below).

42. 成人健康检查

Adult screening examinations

42.1 我方将支付下述由专科医生进行的检查费用：

We will pay for the following tests to be carried out by a medical practitioner:

- 42.1.1 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 screening, commonly known as a pap smear;
- 42.1.2 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 screening, commonly known as a prostate specific antigen (PSA) test for beneficiaries who are male and aged 50 or older;
- 42.1.3 为乳癌筛查或诊断目的进行进行的乳腺 X 线摄影检查（mammogram），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，限一次的基准乳腺 X 线摄影检查；
one baseline mammogram for asymptomatic females aged 35 to 39;
 - (b) 40 周岁到 49 周岁无症状女性被保险人，每两年一次的乳腺 X 线摄影检查；
one mammogram for asymptomatic females aged 40 to 49, every two years or more, if medically necessary; and
 - (c) 50 周岁及以上被保险人，每年一次的乳腺 X 线摄影检查
a mammogram every year for beneficiaries aged 50 or over.
- 42.1.4 55 周岁至 69 周岁被保险人的肠癌筛查，每两年一次；
bowel cancer screening every two years for beneficiaries aged 55 to 69;
- 42.1.5 每年一次的骨密度扫描；
an annual bone densitometry scan to determine the density of the beneficiary's bones;
- 42.1.6 每一保险期间内营养师提供对于某些诊断疾病需要的饮食建议与要求，每一保险年度内不超过 4 次。我方不予支付任何以纤体、减肥为目的及控制体重而需要的费用；
dietetic consultations, up to a maximum of 4 meetings per period of cover, with a dietician, when required for dietary advice relating to a diagnosed disease or illness such as diabetes. We will not pay for slimming classes, slimming aids and weight management; and
- 42.1.7 列明在责任清单的常规成人体检范围；
routine adult physical exams to the limits shown in the list of benefits.

43. 个人关爱服务

Life management

- 43.1 我方将支付如下费用：
We will pay for:
- 43.1.1 全年 24 小时私人健康服务热线；
24-hour a day, 365 days a year telephonic access to confidential consultation regarding behavioural health issues;
 - 43.1.2 危机响应服务及紧急情况的救护；
crisis response services and triage to emergency care;
 - 43.1.3 转介至非医疗咨询服务机构；
referrals to non-clinical services, such as expatriate support groups; and
 - 43.1.4 与行为健康专家最多三次的正式面谈。
up to 3 face-to-face sessions with a behavioural health professional.
- 43.2 我方还将提供网络健康教育及网络健康风险评估指导项目。
We will provide access to online Health Education and Health Risk Assessment web-based coaching programmes.

第四节 国际眼科与牙科保障（可选保障） **International Vision and Dental Option**

下述保险责任应符合本合同所载的全部条款、承保条件、承保范围及责任免除事项（含一般责任免除与下述保险责任中的免责事宜）

The following benefits are provided subject to all of the terms, conditions, limits and exclusions of this **policy** (including the general and specific exclusions set out below).

44. 眼科 **Vision**

- 44.1 我方将支付下述有关眼科治疗的费用：
We will pay for procedures and treatment relating to vision consisting of the following:
- 44.1.1 每一保险期间一次验光师或眼科专家实施的眼科检查；
one eye examination per period of cover by an optometrist or ophthalmologist;
 - 44.1.2 为纠正视力问题如近视或远视，经验光师或眼科专家许可所配的眼镜或隐形眼镜；
the provision of spectacles or contact lenses to correct vision problems such as short or long sight when prescribed by an optometrist or ophthalmologist;
 - 44.1.3 所配眼镜的镜框；以及
the provision of eyeglass frames; and
 - 44.1.4 根据医嘱所配的墨镜；
the provision of prescription sunglasses.

44.2 我方将不支付如下费用：

We will not pay for:

- 44.2.1 在任一保险期间内超过一次的眼科检查；
more than one eye examination in any one period of cover;
- 44.2.2 非根据医嘱所配的墨镜；
sunglasses, unless medically prescribed;
- 44.2.3 眼科治疗或手术；
medical or surgical treatment of the eye;
- 44.2.4 非医疗所必须或非经验光师及眼科专家许可的镜片，或与镜片规格不符的镜框；或
lenses which are not a medical necessity and are not prescribed by an optometrist or ophthalmologist or frames for such lenses; or
- 44.2.5 为纠正视力所做的治疗或手术，如激光治疗、屈光角膜切开术器（RK）及准分子激光角膜切削术（PRK 治疗）。
treatment or surgery to correct eyesight such as laser treatment, refractive keratotomy (RK) and photorefractive keratectomy (PRK).

44.3 被保险人的配镜处方或发票在申请镜框理赔费用时须一并提交。

The beneficiary's spectacle lens prescription or invoice will be required in support of any claim for spectacle frames.

45. 牙科 Dental

45.1 我方为持续购买国际眼科与牙科保障达 6 个月及 6 个月以上的被保险人支付牙科预防治疗费用，包括：

We will pay for preventative treatment after a beneficiary has been covered on this option for six months. Benefits include:

- 45.1.1 每一保险期间内两次牙科检查；
two check-ups per period of cover;
- 45.1.2 X 光检查包括咬翼，单一视图，全景片保护素（OPG）；
X-rays including bitewing, single view, orthopantomogram (OPG);
- 45.1.3 洁牙及抛光；
scale and polish;
- 45.1.4 牙根防护/口腔矫治器及夜间矫治器。
gum shield/mouth guard and night guard.

45.2 我方为持续购买国际眼科与牙科保障达 6 个月及 6 个月以上的被保险人支付如下牙科常规治疗费用：

We will pay for the following routine treatment after a beneficiary has been covered on this option for six months:

- 45.2.1 根管治疗；
root canal treatment;

- 45.2.2 拔牙；
extractions;
 - 45.2.3 牙科手术；
surgical procedures;
 - 45.2.4 临时治疗；
occasional treatment;
 - 45.2.5 麻醉药；
anaesthetics; and
 - 45.2.6 牙周治疗；
periodontal treatment.
- 45.3 我方将为持续购买国际眼科与牙科保障达 12 个月的被保险人支付牙科修复性治疗费用。若被保险人在购买后的首 12 个月内申请理赔，我方将按 50% 的治疗费用支付；
We will pay for major restorative treatment after a beneficiary has been covered on this option for twelve months. If the beneficiary needs to claim within the first twelve months, any amount which we will pay in respect if this kind of treatment will be reduced by 50%.
- 45.3.1 义齿—丙烯酸/合金，金属和金属/丙烯酸；
dentures – acrylic/synthetic, metal and metal/acrylic;
 - 45.3.2 牙冠、镶牙、口腔矫治器及咬合板；
crowns, inlays, mouth guard or occlusal splint; and
 - 45.3.3 种植牙。
placement of dental implants.
- 45.4 我方将为持续购买国际眼科与牙科保障达 2 年且年龄在 18 周岁及以下的被保险人支付牙齿正畸治疗费用，但被保险人须在治疗开始前通知我方，否则我方不予支付。被保险人应在治疗开始前将此次治疗的主治牙科医生所准备的下述资料提供给我方，以供我方确定应赔付的额度：
We will pay for orthodontic treatment, after the beneficiary has been covered on this option for two years, if the beneficiary is aged 18 or under. This benefit will be payable only if we have confirmed cover before treatment starts. The beneficiary must provide the following information prepared by the dentist who is to carry out the proposed treatment to us before treatment starts, so that we can confirm how much benefit will be payable:
- 45.4.1 此次治疗计划的完整描述；
a full description of the proposed treatment;
 - 45.4.2 X 光片及研究模型；
X-rays and study models; and
 - 45.4.3 预计的治疗费用；
an estimate of the cost of treatment.

- 45.5 如果接受住院治疗的被保险人为未满 18 周岁的未成年人，我方将支付其父母亲其中一位或一位法定监护人在同一医院中的陪同住宿费用，本保障于被保险人满 18 周岁时为终止。我方仅支付符合如下要求的陪同住宿费用：
If the beneficiary is a child under 18 and they go to hospital as an in-patient, we will pay for a parent or legal guardian to stay with them in the same hospital. Cover for this benefit will stop on the child's 18th birthday. We will only pay the cost if:
- 45.5.1 被保险人接受的治疗属于本合同保障范围内；
the treatment a child receives is covered by this policy; and
 - 45.5.2 医院的病房费用是合理的。
the cost of hospital accommodation is reasonable.
- 45.6 如果某项牙齿治疗或服务并未列在责任清单中，我方在收到相关理赔申请后会决定是否赔付，但即使是赔付，该项保险责任赔付的额度及级别也会有所下降。任何所需的治疗均应取得预先批准，且有关的查询也应在治疗前完成。
If a dental procedure or service is not shown in the list of benefits, we will, after receiving notice of the claim, decide at our discretion whether to extend cover for the procedure or service, and, if so, the benefit payable and the class into which it will fall. Prior approval should be obtained before any treatment is received, and queries of this nature should be raised at the pre-treatment stage.
- 45.7 如果因牙损伤而需要紧急牙科治疗，我方将根据责任清单所列的牙科治疗程度及服务赔付规定范围内的费用，不包含本合同下所载其他牙科治疗及服务。我方将仅支付因牙损伤而导致的治疗费用，以责任清单所示为限。
If emergency dental treatment is needed because of dental injury, we will refund costs up to the limit shown in the list of benefits incurred for dental procedures and services not otherwise covered under this policy. We will only be responsible for costs relating to treatment of a dental injury, up to the limit shown in the list of benefits.
- 45.8 我方所支付的任何赔付须符合下述规定：
In all cases any payment by us is subject to:
- 45.8.1 责任清单的范围限制之内，包括特殊的程序及服务；
any limits shown in the list of benefits as to the number of times benefit is payable for a particular procedure or service;
 - 45.8.2 不超过责任清单所载最高赔付限额；
any maximum benefit limits stated in the list of benefits; and
 - 45.8.3 本合同的所有条款、承保条件及责任免除；
all of the terms, conditions and exclusions set out in this policy.

第五节 国际紧急转移服务保障（可选保障）

International Emergency Evacuation Option

下述保险责任应符合本合同所载的全部条款、保障疾病、承保范围及责任免除事项（含一般责任免除与下述保险责任中的免责事宜）

The following benefits are provided subject to all of the terms, conditions, limits and exclusions of this **policy** (including the general and specific exclusions set out below).

46. 总则
General

- 46.1 本项服务由本合同载明的医疗援助服务机构提供。
The services set out in this section 3E are provided by the medical assistance service under this policy.
- 46.2 下述条件适用于所有的医疗转移，包括转移他地或转移回国；
All of the following conditions apply to all medical transfers, whether evacuation or repatriation:
- 46.2.1 被保险人应在发生医疗转移前联系医疗救援服务机构取得预先批准，请拨打客户服务热线，客户服务热线电话号码载于您方持有的成员身份卡上。
the beneficiary must contact the medical assistance service for prior approval before any medical transfer by contacting the Customer Care Team at the phone number on your membership ID card.
 - 46.2.2 医疗援助机构必须批准转移他地或转移回国；
the medical assistance service must approve the evacuation or repatriation arrangements with the beneficiary.
 - 46.2.3 转移服务所涉及的治疗须经专科医生许可；
the treatment related to the evacuation or repatriation service must be recommended by a qualified medical practitioner;
 - 46.2.4 转移服务必须与住院治疗相关，过夜或日间治疗均可；
only treatment received in hospital as an inpatient or day patient is eligible for the evacuation and repatriation service.
 - 46.2.5 如被保险人需要任何诊断性检查，例如扫描，或癌症治疗如化疗，须取得批准后才可转移他地进行，上述诊断性检查将不适用于转移回国服务；
if the beneficiary needs any diagnostic tests, for example, scans, or cancer treatment such as chemotherapy, then the evacuation may also be approved by the medical assistance service. Repatriation would not be available for such treatment.
 - 46.2.6 转移服务所涉及的治疗须无法在当地获得,但在本合同规定的保障范围内可以获得；
the treatment to which the evacuation service relates must not be available locally and must be available under this policy;
 - 46.2.7 被保险人接受涉及转移服务的治疗前须确保已购买了本项服务；
the beneficiary must already have selected cover under the International Emergency Evacuation option before he or she needs the treatment.
 - 46.2.8 被保险人接受涉及转移服务的治疗前须确保已选择了治疗所在的国家，例如美国。
the beneficiary must have the appropriate selected area of coverage for the country where treatment will take place after the evacuation, for example, USA.

- 46.3 您在申请理赔时必须向我方提供一切合理的举证信息。只有在治疗之前已经医疗救援机构同意或预先批准，我方才予以支付。
You (or the beneficiary) must provide us with any information or proof that we may reasonably ask for to support any claim. We will only pay if all arrangements are agreed and approved in advance by the medical assistance service.
- 46.4 我方不予接受任何不符合医疗实践的转移。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移我方有权不予批准。
If, in our reasonable opinion, a medical transfer is not appropriate 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.
- 46.5 如果被保险人在转移前或转移后接受本合同规定范围之内的治疗，我方将从被保险人购买的国际医疗保险或任何其他已购买的责任选项中支付该治疗费用。
Any treatment costs received by a beneficiary before or after an evacuation or repatriation will be paid from his or her International Health Insurance Plan or any coverage options you have bought, as appropriate, provided the treatment is covered under this policy.

47. 医疗转移他地

Medical Evacuation

- 47.1 我方将支付医疗转移他地的合理且符合常规的运送费用，具体如下：
We pay the reasonable and customary transport costs for a medical evacuation:
- 47.1.1 转移地为所需治疗最近的地区（若被保险人是在其他国家或前往去到其他国家时，可以到该国的另一区域）
Transfer to the nearest place where the required treatment is available. (This could be to another part of the country that the beneficiary is in or to another country); and
- 47.1.2 返回运送被保险人的出发地的行程须符合如下条件：
the return journey to the place where the beneficiary was transferred from when:
- (a) 事前已经得到医疗救援机构的批准；
prior approval is obtained in advance by the **medical assistance service**; and
- (b) 返程时间自治疗结束日起不得超过 14 天。
the return journey takes place is within 14 days of the end of the treatment.
- 47.2 我方将按下述方式二者之小者支付返程的费用：
The costs we will pay for the return journey will be the lesser amount of either:
- 47.2.1 合理的陆运或海运费用；
the reasonable cost of the return journey by land or sea; or
- 47.2.2 经济舱机票费用；
the cost of an economy class air ticket;

- 47.3 我方将不支付任何其他与转移他地相关的费用，如出租车费或旅店住宿费。
We will not pay for any other costs related to the evacuation ,for example, taxis or hotel accommodation.
- 47.4 如果被保险人因医疗所需前往机场时，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，并已取得预先批准，我方将支付搭乘出租车的费用。
We may pay for taxi fares if prior approval is obtained in advance and if it is medically preferable for the beneficiary to travel to the airport by taxi, than any other means of transport, for example, by ambulance.

48. 医疗转移回国

Medical Repatriation

- 48.1 我方将支付医疗转移回国的合理且符合常规的运送费用，具体如下：
We will pay for the reasonable and customary transport costs of:
- 48.1.1 转移至被保险人居住地国家；
medical repatriation to the beneficiary's country of habitual residence;
and
 - 48.1.2 返回运送被保险人的出发地的行程须符合如下条件：
the return journey to the place the beneficiary was transferred from;
when:
 - (a) 事前已经得到医疗救援机构的批准；
this is approved in advance by the medical assistance service;
and
 - (b) 返程时间自治疗结束日起不得超过 14 天。
the return journey is within 14 days of the end of the treatment.
- 48.2 我方将按下述方式二者之小者支付返程的费用：
The costs we will pay for the return journey will be the less amount of either:
- 48.2.1 合理的陆运或海运费用；或
the reasonable cost of the return journey by land or sea; or
 - 48.2.2 经济舱机票费用；
the cost of an economy class air ticket;
- 48.3 我方将不支付任何其他与转移回国相关的费用，如出租车费或旅店住宿费。
We will not pay for any other costs related to the repatriation, for example, taxis or hotel accommodation.
- 48.4 如果被保险人因医疗所需前往机场时，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，并已取得预先批准，我方将支付搭乘出租车的费用。
We may pay for taxi fares if prior approval is obtained in advance and if it is medically preferable for the beneficiary to travel to the airport by taxi, than any other means of transport, for example, by ambulance.

- 48.5 如果被保险人因医疗所需前往机场时，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，并已取得预先批准，我方将支付搭乘出租车的费用。

In the event that the beneficiary requests a medical repatriation when contacting the medical assistance service for prior approval, but medical repatriation is not medically appropriate, we may evacuate the beneficiary to the nearest place where treatment is available. Once he or she has been stabilised, we may then repatriate the beneficiary to his or her specified country of nationality or country of habitual residence.

49. 遗体运送回国

Repatriation of Mortal Remains

- 49.1 如果被保险人在保险期间内在居住地国家以外的地区死亡，医疗救援机构将在收到通知后尽快安排将被保险人的遗体送回其居住地国家，但会受到航班情况的要求与限制。

If during the period of cover a beneficiary dies outside his or her country of habitual residence, the medical assistance service will arrange as soon as reasonably practicable after being notified, for the return of the beneficiary's bodily remains to his or her country of habitual residence, subject to airline requirements and restrictions.

- 49.2 我方将不支付任何殡葬、火葬及棺木等费用，以及任何接收或陪同被保险人遗体的人员的交通费用。

We will not pay for burial or cremation, the cost of burial caskets, etc, or the transport costs for someone to collect or accompany the beneficiary's mortal remains.

50. 第三方运送费用

Third party transportation costs

- 50.1 我方将在满足下述情况的条件下支付一位陪同家属或同伴的合理旅行费用：
We will pay for reasonable travel costs for a relative or partner to accompany the beneficiary when:

- 50.1.1 陪同必须是合理的；
there is a reasonable need for them to be accompanied;
- 50.1.2 回程目的地必须是陪同人员的出发地；
the return journey is to the place they were transferred from;
- 50.1.3 已经取得医疗救援机构的预先批准；
prior approval has been obtained in advance from the medical assistance service; and
- 50.1.4 返程时间自治疗结束日起不得超过 14 天。
the return journey takes place within 14 days of the end of the treatment.

- 50.2 我方将按下述方式二者之小者支付返程的费用：
The costs will pay for the return journey will be the lessor amount of either:

- 50.2.1 合理的陆运或海运费用；或
the reasonable cost of the return journey by land or sea; or

- 50.2.2 经济舱机票费用；
the cost of an economy class air ticket;
- 50.3 上述合理的需求是指被保险人因如下原因需要他人陪同：
By “reasonable need” we mean that the beneficiary needs someone to accompany them for one of the following reasons:
- 50.3.1 需要在他人的协助下登上或离开运送工具；
assistance with boarding or disembarking from transport;
- 50.3.2 需要运送的距离过长（超过 1000 英里或 1600 公里）
the transfer is over a long distance (1000 miles or 1600 KM);
- 50.3.3 无医护陪同且处于焦虑的状况下；或
there is no medical escort and they are in an anxious state; or
- 50.3.4 病情严重。
they are very seriously ill.
- 50.4 出于医疗需要，陪同者可能会与被保险人乘坐不同级别的交通工具。
Depending on medical requirements, the accompanying person may travel in a different class from the beneficiary, depending on medical requirements.
- 50.5 如果被保险人接受的是以门诊治疗为目的的转移，我方将不予支付陪同人员的转移费用。
We will not pay for someone to travel with the beneficiary when the purpose of the evacuation is for the beneficiary to receive out-patient treatment.
- 50.6 我方将支付下述情况下合理的未满 18 周岁随行未成年人的转移费用：
In the event of an evacuation or repatriation, we will pay for the reasonable travel costs for children under the age of 18 to be transferred with the beneficiary when:
- 50.6.1 需要做医疗转移的被保险人是其父母或法定监护人；
it is medically necessary for the beneficiary, as their parent or guardian, to be evacuated or repatriated;
- 50.6.2 被保险人的配偶、同伴或其他相关监护人正在陪同被保险人；以及
the beneficiary’s spouse, partner, or other joint guardian is accompanying the beneficiary; and
- 50.6.3 该未成年人不能离开父母或监护人。
the children would otherwise be left without a parent or guardian.

51. 亲属探访

Compassionate Visit

- 51.1 如被保险人因意外事故或突发性疾病，或在接受短期的临终护理，需要至少住院治疗 5 天时，我方将支付从其他国家前来探访的一位近亲属（配偶、父母、子女或兄弟姐妹）的飞机运送费用，仅限于支付乘坐经济舱的返程费用。
We will pay for the equivalent of economy class travel costs for one close relative (spouse, parent, child, brother or sister) who is in another country to visit if a beneficiary has a sudden accident or illness and is going to be hospitalised for at least

five days, or has received a short-term terminal prognosis. This includes the equivalent of economy class costs of the relative's return journey to their home country.

- 51.2 我方在被保险人生存期间内将支付最多 5 次的亲属探访费用，且探访必须获得医疗救援机构的预先批准。

We will pay for a maximum of five compassionate visits for the lifetime of the cover. The cost of any such trip must be approved in advance by the medical assistance service.

- 51.3 我方将同时支付探访亲属的生活开支，具体如下，但以所载保险责任为限，且须提供费用收据：

We will also pay towards living expenses for the relative (up to the limit shown in the list of benefits and subject to being provided with receipts in respect of the costs incurred):

51.3.1 仅限于达到探访要求的探访期间内开支；以及
during an eligible compassionate visit only; and

51.3.2 最多支付其自离开常规居住地国家 10 天的开支。
for up to 10 days whilst away from their usual country of habitual residence.

- 51.4 我方将不支付转移发生后的亲属探访费用，如果转移发生在亲属探访期间，我方将不予支付陪同人员运送费用。

We will not pay this benefit when either an evacuation or repatriation has taken place. In the event of an evacuation or repatriation taking place during a compassionate visit, no further benefits for third party transportation costs will be payable.

52. 适用于国际紧急转移服务的情况

Conditions to cover provided under the International Emergency Evacuation Option

- 52.1 下述情况适用于国际紧急转移服务：

The following conditions apply to cover provided under the International Emergency Evacuation option.

52.1.1 医疗转移不适用于条件不允许的情况，包括医疗转移有很大危险或无法实施医疗转移，例如从战争地区转移被保险人。
Where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from within a war zone, then we will not be able to arrange evacuation or repatriation services.

52.1.2 我方仅支付治疗期间的住院病房费，任何在结束治疗后以候机为目的的额外住院过夜病房费用我方均不予支付。
We will only pay for accommodation in hospital while treatment is being received. We will not pay for additional nights in hospital, if a beneficiary is no longer receiving treatment and is awaiting a return flight.

52.1.3 如果转移前或转移后的治疗费用合理且属于本合同规定范围内，我方将从国际医疗保险或其他您方已购买的保险选项中支付该治疗费用。
The costs of any treatment received either before or after an evacuation

or repatriation will be paid from the International Health Insurance Plan or any coverage options you have bought, as appropriate, provided this is covered under this policy.

- 52.1.4 任何因天气影响、机器故障、政府限制或飞行员本身或任何其他不可控制的原因所导致的运送延迟，我方均不予承担责任。
We cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond our reasonable control.
- 52.1.5 转移费用及第三方运送费用的支付必须以发生符合本合同规定的治疗为前提。
Cover for evacuation, repatriation and third party transportation costs will be provided only where the treatment, resulting from or resulting in the evacuation or medical repatriation, is covered under this policy.
- 52.1.6 我方将不支付任何本合同规定范围以外的转移费用或陪同人员运送费用。
We will not pay expenses incurred for evacuation, repatriation and third party transportation costs which are not covered under this policy.

- 52.2 医疗救援机构授权的专科医生在与当地主治医生交流治疗情况后，将基于医疗需要决定运送的必要性，运送方式、时间、医疗器械、医务人员以及最终的目的地。
The medical practitioner named by the medical assistance service, after speaking to the local attending medical practitioner and taking account of all the medical factors and considerations, will make all decisions on the medical need for transportation, the means and/or timing of any transportation, the medical equipment and medical personnel to be used and the final destination.

第六节 免赔额 Section 6 Deductible

53. 免赔额的应用范围及限制 Conditions and limits to deductible

- 53.1 我方将对保险期间内有关治疗的每一次理赔均在扣除免赔额的基础上进行支付，无论该理赔属于国际医疗保险或国际医疗补充保险。
We will reduce the amount which we will pay towards the cost of treatment in respect of each claim which is made under the International Health Insurance or International Health Insurance Plus option (if applicable) by the amount of any deductible until the deductible for the period of cover is reached.
- 53.2 免赔额将按每一被保险人的每个保险选项及每个保险期间单独计算。
The deductible applies separately to each beneficiary, each coverage option, and each period of cover.
- 53.3 您方有对国际医疗保险及国际医疗补充保险选择免赔额的权利，选择有免赔额的保险费将低于选择无免赔额的保险费。若您方计划选用免赔额，请在投保申请中注明。
You can choose to have a deductible on the International Health Insurance or International Health Insurance Plus option. If you do so, your premium will be lower

than it otherwise would be. If you would like to apply a deductible, you should tell us so in your application.

53.4 住院津贴责任、新生儿护理及治疗责任无免赔额。
No deductible applies to Hospitalisation Cash Benefits or Newborn Care Benefits.

53.5 您方应直接负责向医院、医生或诊所支付免赔额，具体金额我方会通知您方。
You will be responsible for paying the amount of any deductible directly to the hospital ,doctor or clinic. We will let you know what this amount is.

54. 变更免赔额

change of deductibles

54.1 您方可于周年续保日申请变更免赔额。如果您方希望取消或减少您方的免赔额，我方有可能要求您方提供健康问卷，以及增加所需的限制条件。
You can request a change to the deductibles with effect from your annual renewal date each year. If you wish to remove or reduce your deductible, we may require a medical history questionnaire, and we may apply new special restrictions.

第三章 责任免除

Chapter 3 - Exclusions

第一节 一般责任免除

General exclusions

55. 下述一般责任免除对本合同所有保障均适用：

Cover under this policy is subject to the following general exclusions.

- 55.1 违反法律规定，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。

We will not offer cover or pay claims when it is illegal for us to do so under applicable laws. Examples include but are not limited to, exchange controls, local licensing regulations, sanctions or trade embargo.

- 55.2 即使已经我方批准，我方仍将不对任何因接受医院治疗或由于专科医生所导致的损失、损伤、疾病或伤害承担保险责任。

We cannot be held responsible for any loss, damage, illness 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.

- 55.3 如果您方未购买国际医疗补充保障、国际紧急转移服务保障、国家健康与体检保障或国际眼科与牙科保障，我方将不支付任何与上述保险责任有关的治疗费用。

If you have not bought the International Health Insurance Plus, International Emergency Evacuation, International Health and Wellbeing, or International Vision and Dental options we will not pay for any of the treatments or benefits included under those options.

- 55.4 下述责任免除适用于国际医疗保障及任一可选保障。我方将按照被保险人所购买的保障来支付符合规定的治疗费用。

The following exclusions apply to the International Health Insurance Plan and each of the coverage options. Where we have stated that we will pay for treatment in some circumstances, this is subject to the beneficiary having cover under the appropriate coverage option or options.

- 55.5 我方对如下治疗及额外费用不予支付：

We will not pay benefit for the following treatment and extras:

- 55.5.1 人工维持生命，包含仪器辅助呼吸，除非此治疗可以使被保险人恢复或恢复至之前的健康状况的基础上。

Artificial life maintenance including mechanical ventilation, where such treatment will not or is not expected to result in the beneficiary's recovery, or restore the beneficiary to his or her previous state of health.

- 55.5.2 之前已存在的任何疾病、症状或并发症，指在投保时您方已经知道或应该知道但未如实告知我方的病症。如果在投保时已如实告知并经核保同意承保的病症则不计入其中。

Treatment for a pre-existing condition, related symptoms, or any condition that results from or is related to a pre-existing condition, and which was not disclosed to us but which the beneficiary knew about or should have known about before you accepted the policy. Certain pre-

existing conditions may be covered if you have disclosed them at the application process and our medical underwriters agree to do so.

- 55.5.3 常规护理的进行及康复，或因如下情况入院：
Convalescence and admission for general care, or staying in hospital for:
- (a) 康复治疗、疼痛控制治疗、监护；
convalescence, pain management, supervision;
 - (b) 只接受常规护理；
receiving only general nursing care;
 - (c) 治疗医师及补充治疗医师服务；
therapist or complementary therapist services;
 - (d) 家庭护理如洗澡穿衣；以及
domestic/living assistance such as bathing and dressing; and
 - (e) 日间治疗或门诊所提供的的治疗。
treatment that could take place on a day patient or out-patient basis.
- 55.5.4 任何高级病房的的费用。
Costs of hospital accommodation for a deluxe, executive or VIP suite.
- 55.5.5 器官捐献：
Donor organs:
- (a) 机械的或动物的器官，除非在等待移植过程中短期为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;
 - (b) 任何渠道购买的捐献器官；或
purchase of a donor organ from any source; or
 - (c) 针对未来可能出现的疾病而预先保存的干细胞。
harvesting and storage of stem cells, when a preventive measure against possible future disease.
- 55.5.6 胎儿手术，如在出生前子宫内进行治疗或手术。
Foetal surgery, i.e., treatment or surgery undertaken in the womb before birth.
- 55.5.7 足部护理，包括对如下疾病的治疗：
Footcare, including treatment for:
- (a) 鸡眼；
corns;
 - (b) 老茧；或
calluses; or

- (c) 灰指甲或指甲变形;
thickened or misshapen nails.

55.5.8 睡眠障碍, 包括
Sleep disorders, including:

- (a) 失眠;
insomnia;
- (b) 打鼾;
snoring;
- (c) 有关睡眠的呼吸问题; 或
sleep-related breathing problems; or
- (d) 睡眠情况评估。
sleep studies.

我方将仅支付经专业医师认定的威胁生命的睡眠呼吸暂停综合症的治疗费用, 具体如下:

We will pay for treatment of sleep apnoea when a specialist believes this to be life-threatening. In these circumstances, we will only pay for:

- (e) 第一次睡眠情况评估;
an initial sleep study;
- (f) 合理的医疗手术; 以及
surgery, if medically appropriate; and
- (g) 仪器租赁, 如持续气道正压 (CPAP) 通气仪器, 但仅限于购买了国际医疗补充保险保障的被保险人。
equipment hire, such as a Continuous Positive Airway Pressure (CPAP) machine (only if the beneficiary has cover under the International Health Insurance Plus option).

55.5.9 我方不予认可的医师、医院、诊所及机构, 具体如下:
Unrecognised physicians, hospitals, clinics doctors or facilities,:

- (a) 非治疗所在国有关当局认可的专科医生对疾病或经过处理的损伤的治疗, 且该治疗需要具备专业的知识或技能;
treatment provided by a medical practitioner who is not recognised by the relevant authorities in the country where the treatment takes place as having specialised knowledge, or expertise in, the treatment of the disease, illness or injury being treated;
- (b) 提供治疗的人员与被保险人在同一居住地, 或为被保险人的家庭成员;
treatment provided by anyone with the same residence as the beneficiary, or who is a member of the beneficiary's family;
- (c) 治疗的医院、提供治疗的专科医生或任何其他治疗者为我方基于计划要求曾书面通知不予认可的人员或机构, 我方书面认可的治疗者详情请来电咨询。

treatment in any hospital, or by any medical practitioner or any other hospital, doctor or clinic, to whom we have sent a written notice that we no longer recognise them for the purposes of our plans. Details of hospitals, doctors or clinics we have sent written notice to are available by telephoning our general enquiries number.

55.5.10 戒烟及其相关治疗。

Treatment for, or in connection with, smoking cessation.

55.5.11 武装冲突及灾难，包括：

Conflict and disaster including:

- (a) 核爆炸及化学污染；
nuclear or chemical contamination;
- (b) 战争，恐怖主义入侵，叛乱（无论是否已宣战），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, act of terrorist activities, rebellion (whether war be declared or not), civil war, commotion, military or usurped power, martial law, riot or the act of any lawfully constituted authority;
- (c) 当地卫生机构所做的疫情控制；以及
epidemics put under the control of the local public health authorities; and
- (d) 任何类似的情况，如：
any similar event; if
 - (i) 被保险人进入众所周知的武装交战地区；或
the **beneficiary** has put him or herself in danger by entering a known area of conflict; or
 - (ii) 被保险人为主动参战者；或
the **beneficiary** is an active participant; or
 - (iii) 被保险人表现的明显不顾及个人安危。
the **beneficiary** has displayed a blatant disregard for his or her personal safety.

55.5.12 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 illness that the beneficiary inflicts upon him or herself.

55.5.13 言语治疗（非自然康复）的费用，以及下述治疗：

Treatment for or in connection with speech therapy that is not restorative in nature, or if such therapy is:

- (a) 用于改进未发育完全的语言能力；
Used to improve speech skills that have not fully developed;
- (b) 出于监禁管理或教育的目的；
Can be considered custodial or educational; or

- (c) 为保持语言交流的目的;
Is intended to maintain speech communication.
- 55.5.14 发育障碍问题, 包括:
Developmental problems including:
- (a) 学习困难如阅读障碍;
Learning difficulties such as dyslexia;
- (b) 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);
- (c) 身体发育问题如身材矮小。
Physical development problems such as short height.
- 55.5.15 颞下颌关节功能障碍的(TMJ).
Disorders of the temporomandibular joint (TMJ).
- 55.5.16 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。当被保险人符合在如下情况时, 我方将为其支付手术费用, 例如胃旁路或胃束带手术:
Treatment for, or as a result of, obesity including but not limited to slimming classes, slimming aids or drugs. We may pay for surgery such as gastric banding or gastric bypass when the beneficiary:
- (a) 体重指数 (BMI) 达到 40 或 40 以上, 或;
Has a body mass index (BMI) of 40 or over; and/or
- (b) 被诊断为病态肥胖; 及
Has a diagnosis of morbid obesity; and
- (c) 在手术前已经历了心理评估。
Has undergone a psychological assessment prior to the surgery.
- 55.5.17 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机构的治疗;
Treatment in nature cure clinics, health hydros or spas, nursing homes or establishments which are not a hospital.
- 55.5.18 基于部分或全部家庭因素导致住院治疗而产生的费用, 或并不需要的治疗, 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 hospital 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.
- 55.5.19 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.
- 55.5.20 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.

- 55.5.21 任何与节制生育有关的所需治疗，包括但不限于：
Treatment needed because of or relating to male or female birth control, including but not limited to:
- (a) 避孕；
Contraception;
 - (b) 绝育；
Sterilization;
 - (c) 输卵管切除术；或
Vasectomy; or
 - (d) 生育计划，如面见医生咨询怀孕或避孕治疗；
Family planning, such as meeting a doctor to discuss becoming pregnant or contraception.
- 55.5.22 与不孕不育或任何生育问题相关的治疗及该治疗所引起的并发症（除了为确诊不孕不育而进行的检查），包括但不限于：
Treatment needed because of or relating to infertility or any type of fertility treatment, including complications arising out of such treatment, with the exception of the investigation of infertility to the point of diagnosis, including but not limited to:
- (a) 试管婴儿(IVF)；
In-vitro fertilisation (IVF);
 - (b) 卵子输卵管内移植(GIFT)；
Gamete intrafallopian transfer (GIFT);
 - (c) 受精卵输卵管内移植(ZIFT)；
Zygote intrafallopian transfer (ZIFT);
 - (d) 人工受孕 (AI) ；
Artificial insemination (AI);
 - (e) 规定的药物治疗；
Prescribed drug treatment;
 - (f) 胚胎转移（从身体的一处转移至另一处）；或
Embryo transport (from one physical location to another); or
 - (g) 捐赠卵子或精子及其相关费用。
Donor ovum and/or semen and related costs.

如果专业医师认为有症状或证据需要确诊不孕不育原因，我方将支付检查费用，且需满足：

We will only pay for investigations into the cause of infertility when a specialist believes there are symptoms and/or evidence to suggest a medical cause if:

- (h) 被保险人及其伴侣在接受检查前已连续两年投保本保险，且
Both the beneficiary and his or her partner have been covered under this policy for two years before the investigations start; and
- (i) 被保险人及其伴侣在投保前均不知道有不孕不育问题且无任何症状；
The beneficiary and his or her partner were both unaware of the existence of an infertility problem and had not been suffering any symptoms prior to their cover beginning.
- 55.5.23 有意终止怀孕的治疗，除非怀孕会危及到被保险人的生命或精神稳定；
Treatment by way of the intentional termination of pregnancy, unless the pregnancy endangers a beneficiary's life or mental stability.
- 55.5.24 任何与代孕有关的治疗。我方不予支付以下情况的妊娠责任费用：
Treatment directly related to surrogacy. We will not pay maternity benefits:
- (a) 被保险人是代孕者；
To a beneficiary who acts as a surrogate; or
- (b) 为被保险人代孕的任何人。
To anyone else acting as a surrogate for a beneficiary.
- 55.5.25 护理为治疗不孕不育非正常出生的新生儿，如试管婴儿、或代孕所生的儿童、或被收养的儿童。这些儿童须出生满 90 天后方可投保本合同，且须经过医疗核保：
Newborn Care benefits for children born as a result of fertility treatment such as IVF, or for children born to a surrogate, or who have been adopted. These children can only join once they are 90 days old, and will be subject to medical underwriting.
- 55.5.26 新生儿在医院的托管护理，除非其母亲因医疗需要必须住院接受本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 for treatment that is covered by this policy.
- 55.5.27 无法治愈的慢性肾功能衰竭的辅助治疗。如被保险人能够在居住地国家接受肾透析治疗，我方将支付肾透析治疗的费用。
Supportive treatment for chronic kidney failure or kidney failure which cannot be cured. Treatment for kidney dialysis will be covered if such treatment is available in the beneficiary's country of habitual residence.
- 55.5.28 持续性植物状态（PVS）及神经系统的损害；我方将不会支付被保险人因持续性植物人状态（PVS）或永久性神经损伤而住院治疗超过 90 天的费用。
Persistent vegetative state (PVS) and neurological damage; We will not pay for treatment whilst a beneficiary is staying in hospital for more than 90 continuous days for permanent neurological damage or if the beneficiary is in a persistent vegetative state.

- 55.5.29 任何对人格障碍的治疗，人格障碍包括但不限于：
Personality disorders; any treatment for personality disorders, including but not limited to:
- (a) 情感性人格障碍；
Affective personality disorder;
 - (b) 精神分裂人格（非精神分裂症）；或
Schizoid personality (not schizophrenia); or
 - (c) 表演型人格障碍。
Histrionic personality disorder.
- 55.5.30 预防性治疗：健康检查，包括常规体检及疫苗接种，或任何预防性治疗，除非被保险人已投保了包含这些保险责任的可选保障。
Preventive treatment: health screening, including routine health checks and vaccinations, or any preventive treatment, unless this is covered under the options under which a beneficiary has cover.
- 我方将支付如下疾病的预防性手术费用：
We may pay for preventative surgery when:
- (a) 有明显家庭遗传史的疾病，例如卵巢癌；或
There is a significant family history of the disease, for example ovarian cancer, which is part of a genetic cancer syndrome; and/or
 - (b) 基因检查结果为阳性（请注意我方不支付基因检查的费用）；
The beneficiary has positive results from genetic testing (please note that we will not pay for the genetic testing);
- 国际医疗保障的限定范围同样适用于为治疗除癌症以外的所有先天性及遗传性疾病而施行的预防性手术。
The limit shown under the International Health Insurance Plan will apply for preventative surgery for congenital and hereditary conditions other than cancer.
- 55.5.31 任何原因引起的性功能障碍的治疗，如阳痿治疗。
Treatment for sexual problems, such as impotence, whatever the cause.
- 55.5.32 如果您方投保时未选择全球含美国地区，我方将不会支付在美国接受治疗的费用。
If you have not bought worldwide cover including the United States, we will not pay for treatment received in the United States.
- 55.5.33 如果您方投保时选择的是全球含美国地区，如我方已获知或有理由怀疑被保险人前往美国旅行的目的是接受疾病治疗，且该疾病之前已有明显症状，则不论接受治疗是否为被保险人去美国旅行的主要或唯一目的，我方都将不予支付被保险人在美国的治疗费用。
If you have bought worldwide cover including the United States, we will not pay for treatment received in the United States when we know or reasonably suspect that you purchased cover and that the beneficiary travelled to the United States for the purpose of receiving treatment for a condition, when the beneficiary had already experienced symptoms of that

condition. This applies whether or not treatment was the main or sole purpose of the visit.

- 55.5.34 单眼或双眼屈光不正的治疗，包括激光治疗、屈光性角膜切开术（RK）及屈光性角膜切削术（PRK）。如因病情所需，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 to change the refraction of one or both eyes, including laser treatment, refractive keratotomy (RK) and photorefractive keratectomy (PRK). We will pay for eligible treatment for eyesight if it is needed as a result of a disease, illness or injury such as cataracts or a detached retina.
- 55.5.35 任何在您方所选区域外进行的治疗。
Any treatment outside your selected area of coverage,.
- 55.5.36 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.
- 55.5.37 任何未经医疗救援机构事先批准的国际紧急救援服务。
Any expenses for international emergency services which were not approved in advance by the medical assistance service.
- 55.5.38 为本合同范围外地区的紧急转移他地、医疗转移回国及运送陪同人员的国际服务支出。
International services expenses for emergency evacuation, medical repatriation and transportation costs for third parties where the treatment needed is not covered under this policy.
- 55.5.39 任何船运的费用。
Any expenses for ship-to-shore evacuations.
- 55.5.40 变性手术及任何该手术所需的准备及恢复性治疗（例如心理辅导），包括由该手术引起的并发症。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.
- 55.5.41 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 that arises from or is any way connected with injury, sickness or disablement as a result of:
- (a) 参与职业运动项目；
Taking part in a sporting activity on a professional basis; or
 - (b) 参加 30 米以下的深度潜水或水肺潜水，除非是具备对应深度潜水资格证（PADI）或同等资质证书。
Solo scuba-diving or scuba diving at depths below 30 metres unless the diver is PADI qualified (or equivalent) for that depth.
- 55.5.42 实验性治疗，包括：
Experimental treatment including:

- (a) 非正规治疗；
Treatment which is not orthodox;
- (b) 根据治疗发生地有关当局的意见及建议，被视为实验性或未经证实为有效的治疗和用药；
Treatment or prescribed medicines which in our reasonable opinion, based on advice of the local public authority in the country where treatment takes place, are experimental or have not been proved to be effective;
- (c) 临床试验
Clinical trials;
- (d) 未被治疗所在国批准的治疗；或
Treatment which has not been approved in the country in which it is received; or
- (e) 未按规定使用的处方用药，以各国具体情况规定为准。
Prescribed medicines used for purposes other than those defined under their licence, which may vary from country to country.

55.5.43 任何形式（包括出于生理原因导致）的整形、美容或重建手术或改进外观的治疗费用，即使是出于生理原因，除非被保险人因疾病、意外伤害或其他手术而导致的必要治疗。改进外观的治疗包括但不限于：
Expenses relating to any form of plastic, cosmetic or reconstructive surgery or treatment to improve appearance, even for psychological reasons, unless it is of medical necessity as a direct result of a beneficiary having an illness, accident or injury, or as a result of other surgery. Treatment to improve appearance includes, but is not limited to:

- (a) 改造或重建鼻部；
Facelift or re-modelled nose;
- (b) 去除多余脂肪，例如吸脂；
Removal of surplus fat tissue such as liposuction;
- (c) 任何原因的植发；
Hair transplant for any reason;
- (d) 任何原因导致的改变乳房形状的手术、乳房增大或缩小手术，但癌症治疗后的乳房重塑术除外。
Surgery to change the shape of, enhance or reduce breast(s) for any reason, except reconstruction following treatment for cancer.

如果被保险人连续持有本合同，我方将支付被保险人在现有保险期间内因疾病、意外、损伤或外科手术而接受整形、美容或重建手术的费用。

We will only pay for plastic, cosmetic or reconstructive surgery when the original illness, accident, injury or surgery have taken place during your current period of continuous membership.

- 55.5.44 各项杂费如报纸、出租车、电话、接待餐费及旅馆住宿费用。
Incidental costs including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation.
- 55.5.45 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.
- 55.5.46 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 that 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.
- 55.5.47 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.

第二节. 牙科责任免除 Dental Exclusions

56. 下述牙科责任免除也适用于本合同所有的牙科保险责任：
The following Dental Exclusions apply in addition to those set out elsewhere in this policy and in your certificate of insurance

我方将不支付如下治疗费用及其他费用：

We will not pay for the following treatment and extras:

- 56.1 纯粹以美容为目的的治疗，如对种植牙或对衡牙进行的贴面治疗；
Treatment which is purely cosmetic, such as the replacement of a sound natural tooth with an implant or veneer;
- 56.2 非必要的口腔治疗；
Treatment which is not necessary for continued oral health.
- 56.3 被保险人违法行为导致的任何牙科治疗；
Treatment which is in any way caused by a beneficiary carrying out an illegal act;
- 56.4 填写理赔申请书的费用及其他行政费用；
Fees for filling in a claim form or other administration charge;
- 56.5 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 that have been or can be paid by another insurance company, person, organisation or public programme. If the beneficiary is covered by other insurance, we will only pay our part of the benefit. 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;

- 56.6 因牙具遗失或被盜而进行的更换治疗;
Treatment for the replacement of any dental appliance which is lost or stolen;
- 56.7 在被保险人居住地国家, 普通牙医可进行的牙桥、牙冠或义齿的更换治疗;
Treatment for the replacement of a bridge, crown or denture which is or can be made useable according to a standard acceptable to a dentist of ordinary competence and skill in the beneficiary's country of habitual residence;
- 56.8 使用不足五年的牙桥、牙冠及义齿的更换除非:
Replacing a bridge, crown or denture within five years of original fitting unless:
- 56.8.1 为放置全口义齿或拔除自然牙所必须进行的更换; 或
the replacement is needed because of the placement of an original opposing full denture or extraction of natural teeth is needed; or
- 56.8.2 保险期间内被保险人因受伤导致牙桥、牙冠及义齿受损后无法修复。
The bridge, crown or denture, while in the mouth, has been damaged beyond repair because of an injury received by the beneficiary whilst he or she is covered under this policy;
- 56.9 瓷贴面或树脂贴面;
Porcelain or acrylic veneers;
- 56.10 对上下颌的第一、第二及第三颗磨牙安装牙冠或假牙, 除非:
Crowns or pontics on or replacing the upper and lower first, second and third molars unless:
- 56.10.1 牙冠或假牙为合成金属或全金属的牙冠或假牙, 如金合金牙冠; 或
they are constructed of either porcelain bonded-to-metal or metal alone, e.g. gold alloy crown; or
- 56.10.2 是常规或紧急牙科治疗中所需要的临时牙冠或假牙。
A temporary crown or pontic is required as part of routine or emergency dental treatment;
- 56.11 尚属实验性质或未达到牙科治疗标准的治疗方法及材料;
Procedures and materials which are experimental or which do not meet accepted dental standards;
- 56.12 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:
- 56.12.1 种植融合失败;
Failure of the implant to integrate;
- 56.12.2 种植体骨结合部位破裂;
Breakdown of osseointegration;
- 56.12.3 种植体周围炎;
Peri-implantitis;
- 56.12.4 更换牙冠、牙桥及义齿; 或
Replacement of crowns, bridges or dentures; or

- 56.12.5 任何意外或紧急的牙科治疗，包括任何假体设备；
Any accident or emergency treatment including for any prosthetic device;
- 56.13 牙菌斑控制、口腔卫生及饮食的指导治疗；
Instruction for plaque control, oral hygiene and diet;
- 56.14 在国际医疗保障责任范围内，入住医院接受口腔专业医师的治疗属于可保范围，如您方购买了国际医疗补充保障，该规定也适用于此，但当牙科治疗已成为您方入住医院的直接原因时，我方不予支付有关该牙科治疗的任何费用。
Medical Treatment carried out in Hospital by an oral Specialist may be covered under International Medical Insurance plan and/or International Medical Insurance plus, if this option has been bought, except when Dental treatment is the reason for you being in Hospital.;
- 56.15 被保险人满 19 周岁后的正畸治疗；
Orthodontic treatment for anyone after their 19th birthday;
- 56.16 上下颌间咬合记录，精密或半精密的配置；
Bite registration, precision or semi-precision attachments;
- 56.17 出于如下目的的治疗方法、用具及修复物（全口义齿除外）：
Procedures, appliances or restorations (except full dentures) whose main purpose is to:
- 56.17.1 改变上下（颌间）距离；或
Change vertical dimensions; or
- 56.17.2 颞下颌关节功能障碍的诊断或治疗；或
Diagnose or treat conditions or dysfunction of the temporomandibular joint;
or
- 56.17.3 患牙周围的稳定；或
Stabilise periodontal involved teeth; or
- 56.17.4 牙阻塞恢复；
Restore occlusion.

第四章 保险费及其他费用

Chapter 4- Premium and other charges

第一节 保险费及其他费用的交纳

Premium and other charges payment

57. 保险费及其他可支付的费用（如税费），及其应支付的时间与方式均已载明于您方的保险单中。您方应准时交纳保险单详细载明的保险费及任何其他费用，支付货币为人民币。

Your certificate of insurance sets out the premium and any other charges (such as taxes) which are payable, and states when and how they must be paid. **You are responsible for paying the premium and any other charges by RMB as detailed on your certificate of insurance, and are also responsible for making sure they are made on time.**

第二节. 未如期交纳保险费及其他费用的处理

Treatment for not paying premium and other charges when they are due

58. 如果您方未如期交纳应交保险费及其他费用，自该到期日起 30 日 24 小时内若发生保险事故，我方仍负保险责任；超过合同规定交付保险费日期 30 日 24 时的，本合同效力中止，所有被保险人的保险责任将全部中止。中止期间的任何治疗费用我方均不予负责。我方将不予支付任何理赔款项直至所欠款项已取得返还为止。

If you do not pay premium and other charges when they are due, there will be 30 days of grace starting from the due date detailed on your certificate of insurance. If the treatment takes place no later than 24:00 at the last day of grace, we shall undertake the insurance liability. If the premium is not paid before the expiry the days of grace as well, we shall undertake the insurance liability, cover for all beneficiaries will be suspended. Any treatment received while the cover is suspended will not be covered. We will not consider any claim while any payment to us is outstanding, unless and until the outstanding amount is paid.

第三节 保险费及其他费用的变更

Proposed changes in premium and/or other charges

59. 我方将在周年续保日前书面通知您方关于下一保险期间内将发生的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 write to you before the annual renewal date to tell you about any proposed changes in premium and/or other charges which will apply during the next period of cover. The premium and/or other charges may vary from year to year.

第五章 解除及终止保险合同

Chapter 5- Policy cancelation and termination

第一节. 保险合同的解除 Cancellation

60. 犹豫期内解除保险合同 Cancellation during free look period

60.1 若您未能充分理解本合同的所有条款及条件，请在保险单所载生效日期起的10天内联系我方进行咨询并获得答复。否则，我方将认为您方已经理解并接受本合同所载的所有条款及条件。

If you do not fully understand the terms and conditions of this policy, then you should contact us within fourteen (10) days of the start date shown on your certificate of insurance, and ask for clarification. Otherwise, we will assume that you understand and accept them.

60.2 若本合同未能满足您方的需求，或达不到您方的预期，请在保险单所载生效日期起的10天内联系我方并取消本合同。如果在此期间内未发生理赔、保证付款或未取得预先批准，我方将全额退还您方已交纳的全部保险费。

If the policy does not meet your needs, or has not been issued in accordance with your intention, you may ask us to cancel it within fourteen (10) days of the start date shown on your certificate of insurance. If no claims have been made, and no guarantees of payment or prior approvals have been put in place, we will refund any premium which has been paid.

61. 犹豫期后解除保险合同 Cancellation after free look period

61.1 如果您方计划解除本合同及所有被保险人的保险责任，请至少提前7天以信件、传真或电子邮件的方式书面通知我方，我方将在收到解除申请的当日终止本合同。

If you want to cancel this policy and end cover for all beneficiaries, you may do so at any time by giving us at least 7 days' notice in writing., by letter, fax or e-mail, we will cancel your cover on receipt of your application.

61.2 如您方申请在到期日前解除本合同，只要确认在此保险期间内无理赔或保证支付，我方将按比例退回您方已交纳的未到期净保费。

If this policy ends before the normal end date, any premium which has been paid in relation to the period after cover has ended will be refunded on a pro rata basis, so long as no claims or guarantees of payment have been made during the period of cover.

第二节 保险合同的终止 Termination

62. 我方将在如下条件下终止本合同： We may terminate this policy if:

62.1 本合同所提供的保险责任违反了相关法律法规；或
it becomes unlawful for us to provide any of the cover available under this policy; or

- 62.2 本合同存在信息误导，或因不如实告知而影响到对被保人风险评估的情况；
we have been given misleading information or not told something which we should have been told which would have affected our assessment of the risks to be insured under this policy;
- 62.3 我方将在到期日前书面通知您方本合同不予续保。
We may give you written notice that the policy will not be renewed with effect from the end date.

第六章 理赔

Chapter 6- Claim

第一节 理赔流程

Claims procedure

63. 预先批准

Prior approval

63.1 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，将可能对您方的理赔造成延迟，也有可能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:

- 63.1.1 所有的住院手术及住院治疗
All inpatient surgical procedures and hospitalization
- 63.1.2 日间手术及辅助性操作
Day surgery & Minor Operating Procedures
- 63.1.3 物理治疗
Physiotherapy
- 63.1.4 妊娠
Maternity
- 63.1.5 计算机断层扫描（CT）
CT scan
- 63.1.6 核磁共振成像（MRI）
MRI scan
- 63.1.7 正电子发射断层扫描（PET）
PET scan
- 63.1.8 精神科治疗
Psychiatric treatment
- 63.1.9 疼痛控制治疗（含住院和门诊）
Pain management (in-patient and out-patient)
- 63.1.10 牙科治疗
Dental treatment

If it is not, there may be delays in processing claims, or we may decline to pay all or part of the claim.

63.2 某些情况下，若被保险人确实无法预先联系我方取得批准（如发生紧急事件，或突然生病必须立刻接受治疗），在这样的情况下，如条件允许，您方应在接受治疗后尽快联系我方，以便我方决定是否应承担后续的治疗费用。在这种情况下，您方须向我方说明需立即接受治疗的原因，并且我方有可能请您方举证。若我方确定您方确实无法事先联系我方，即使未经预先批准，我方仍将承

担在本合同规定范围内的第一次紧急治疗费用（包括任何处方药物）。

We appreciate that there will be times when it will not be practical or possible for a beneficiary to contact us for prior approval (for example, emergencies, or when a family member is suddenly sick and the priority is to get treatment for them as soon as possible). In circumstances like these, we simply ask that you or the affected beneficiary get in touch with us as soon as is reasonably possible after treatment has been sought, so that we can confirm whether subsequent treatment will be covered. In this situation, we will ask for an explanation of why the treatment was needed urgently, and may ask for evidence of this. If we agree that it was not reasonably possible or practicable to seek prior approval, we will cover the cost of the initial treatment (including any prescribed medication) which was urgent, even without prior approval (within the terms of this policy).

- 63.3 尽管紧急治疗不需要经过我方的预先批准，若被保险人在紧急情况下被送往医院治疗，应该安排医院或其家庭成员在其入院后 48 小时内联系我方（或者在入院 48 小时后尽早联系我方），以使我方能确认被保险人合理使用了相关的保障。

Although emergency treatment does not require our prior approval, if a beneficiary is taken to hospital in an emergency, he or she should arrange for the hospital or a family member to contact us within 48 hours of admission (or as soon as reasonably possible after that). This will allow us to make sure that the beneficiary is making the best use of the cover.

- 63.4 若被保险人被送往的医院、医生或诊所不属于我方医疗网络范围内的机构，在确认不影响医治的情况下，经被保险人同意，我方将安排被保险人转至我方医疗网络范围内的医院、医生或诊所继续接受治疗。您方可以通过拨打客户服务热线查询被保险人被送往的医院、医生或诊所是否属于我方医疗网络范围，客户服务热线电话号码载于您方持有的成员身份卡上。

If a beneficiary has been taken to a hospital, doctor or clinic which is not part of the CIGNA network, then we may make arrangements (with the beneficiary's consent) to move the beneficiary to a CIGNA network hospital or hospital, doctor or clinic to continue treatment, once it is medically appropriate to do so. Please call our Customer Care Team at the phone number on your membership ID card to make sure whether a hospital, doctor or clinic belongs to part of the CIGNA network,

- 63.5 在美国以外地区治疗的预先批准
Prior approval for treatment outside the USA

对于美国以外地区的治疗，若您方已提交该治疗预先批准申请，但尚未取得我方的书面答复，我方在将按照预先批准程序应予批准的额度进行支付。若您方无法证明曾提交过关于该治疗的预先批准申请，我方将按照治疗费用的 80% 计算应予批准的费用，赔付金额也将相应减少。

If prior approval is not obtained for **treatment** outside the USA, **we** will pay only the amount which **we** would have paid if prior approval *had* been sought. In the absence of evidence to the contrary, **we** will assume that the **treatment** costs would have been reduced by 20% if **our** prior approval had been sought, and the amount which **we** will pay will be reduced accordingly.

- 63.6 在美国地区治疗的预先批准
Prior approval for treatment in the USA

- 63.6.1 对于美国地区的治疗，若您方已提交该治疗预先批准申请，但尚未取得我方的书面答复，我方将仅支付按照预先批准程序应予批准的额度

进行支付。若您方无法证明曾提交过关于该治疗的预先批准申请，我方将按照治疗费用的 50% 计算应予批准的费用，赔付金额也将相应减少。

If prior approval is not obtained for treatment in the USA, we will pay only the amount which we would have paid if prior approval had been sought. In the absence of evidence to the contrary, we will assume that the treatment costs would have been reduced by 50% if our prior approval had been sought, and the amount which we will pay will be reduced accordingly.

63.6.2 若已取得我方对预先批准的书面答复，但是被保险人决定接受我方医疗网络范围以外医院、医生或诊所的治疗，我方将按应予支付额度的 80% 支付。

If prior approval is obtained, but the beneficiary decides to receive treatment at a hospital, doctor or clinic which is not part of the CIGNA network, we will reduce any amount which we pay by 20%.

63.6.3 如果确实由于客观原因，被保险人无法接受我方医疗网络范围以内医院或医院、医生或诊所的治疗，我方将按应予支付额度的 100% 支付，例如：

There may be occasions when it is not reasonably possible for treatment to be provided by a CIGNA network hospital, doctor or clinic. In these cases, we will not apply any reduction to the payments we will make. Examples include:

(a) 距被保险人住所 50 公里（或 30 英里）以内无我方医疗网络范围内的医院、医生或诊所；

When there is no **CIGNA** network **hospital**, doctor or clinic within 30 miles/50 kilometres of the **beneficiary's** home address; and

(b) 当地我方医疗网络范围内的医院、医生或诊所无法为被保险人提供其所需的治疗。

When the **treatment** the **beneficiary** needs is not available from a local **CIGNA** network hospital, doctor or clinic.

63.7 严格遵从理赔流程
Strict compliance with claims procedure

对于每一次的理赔，被保险人必须严格按照本节所述的理赔流程执行，否则我方将不予支付理赔款项。

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 not pay the claim.

第二节 保险金申请 Claims application

64. 美国地区以外治疗的理赔申请 Claims for treatment outside the United States

64.1 被保险人在向我方申请理赔时，应详细填写理赔申请表的具体内容。理赔申请表请您在网站下载，并在填写完成后寄送至您方持有的成员身份卡上的地址：
In order to make a claim, a **beneficiary** should give us details of the claim on a

CIGNA claim form. You can download this form from website, and please send to address on your membership ID card.

64.2 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。

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.

64.3 如有必要，我方会要求您方额外提供以下资料来核定理赔，例如：
We may need to ask for extra information to help us process a claim, for example:

- 医疗报告或关于被保险人状况的其他资料;
- Medical reports or other information about the **beneficiary's** condition;
- 任何我方要求提供并予承担费用的独立医疗体检报告
- The results of any independent medical examination that **we** may ask and pay for.

64.4 理赔申请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寄送我方。

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.

65. 美国地区治疗的理赔申请

Claims for treatment in the United States

65.1 如果被保险人在美国地区接受治疗的医院、医生或诊所不属于我方医疗网络范围之内，我方将按照 80% 支付相关的医疗费用。但若为被保险人确实无法在我方医疗网络范围内的成员机构接受治疗的情况除外，如因为地点限制，或需要立即接受紧急治疗。我方医疗网络的服务机构名单可以在 65.3 条中所载地址获得。

If a beneficiary receives treatment in the United States from a hospital, doctor or clinic which is not part of the CIGNA network, any payment we make in respect of this treatment will be reduced by 20%. A list of CIGNA network providers is available upon request at the address below. The only exceptions to this are when it is not reasonably possible to obtain treatment from a member of the CIGNA network, for example because of location, or in the case of emergency treatment.

65.2 如果被保险人在美国地区接受治疗并申请理赔，如有必要，我方将要求其接受入院前证明（PAC）和持续留院观察（CSR）的评估。被保险人将在每次住院时或入住日间营业的医院时，被送至医疗协会接受入院前评估。被保险人必须按照以下时间规定与医疗协会商议：

(a) 一般情况下在入院前；

(b) 接受紧急治疗时，在入院后的第一个工作日之前。被保险人必须安排为其进行治疗的专科医生完成入院前证明并转介至医疗协会。医疗协会将据此核准治疗天数并通知被保险人。如果被保险人需要住院治疗的时间超过了医疗协会的核准的天数，则为其治疗的专科医生必须为其申请持续留院观察评

估。对于紧急入院治疗，主诊医生应致电客户服务热线，由客户服务热线安排转介至医疗协会获取入院证明。

If a **beneficiary** makes a claim for **treatment** in the United States, he or she may be required to keep to the **pre-admission certification (PAC)** and **continued stay review (CSR)** requirements. The **beneficiary** will be transferred to **Care Allies** for **PAC** for each in-patient or day case hospital admission in the United States. The **beneficiary** must discuss the **PAC** with **CareAllies** either:

- (a) before the **beneficiary** goes into **hospital**; or
- (b) in the case of **emergency treatment**, by the end of the first working day after the date on which the **beneficiary** goes into hospital.

The **beneficiary** must arrange for the **medical practitioner** who is to carry out the **treatment** to complete the PAC, which should then be sent to **CareAllies**. **CareAllies** will advise the **beneficiary** of the length of the agreed stay. If the **beneficiary** needs **in-patient treatment** for longer than agreed by **CareAllies**, then the **medical practitioner** who is carrying out the **treatment** must ask for CSR for the extra days. For emergency **in-patient** admissions, the attending medical practitioner should call the Customer Service helpline, who will then transfer him or her to Care Allies for an admission certificate.

- 65.3 美国地区接受治疗的相关理赔申请表格和文档请发送至您方持有的成员身份卡上的地址，所有的资料注意均须注明保单编号。

Claim forms and documentation relating to treatment received in the United States should be sent to the address on your membership ID card. Please clearly state the policy number on all documentation.

- 65.4 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。

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.

- 65.5 如有必要，我方会要求您方额外提供以下资料来核定理赔：
We may need to ask for extra information to help us process a claim, for example:

- 医疗报告或关于被保险人状况的其他资料；
- Medical reports or other information about the **beneficiary's** condition;
- 任何我方要求提供并予承担费用的独立医疗体检报告
- The results of any independent medical examination that **we** may ask and pay for.

- 65.6 理赔申请可以通过电邮或传真的形式发送至我方，但在这种情况下，申请资料原件仍须邮寄给我方。

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.

第三节 保险金的给付

How we pay claims

66. 提前给付

Payment in advance

在某些情况下，若我方同意提前批准为某种特殊治疗支付部分或全部款项，我方将会向被保险人或医院、医生或诊所提供付款保证担保，待治疗结束，在收到相关的申请和发票复印件后，我方将按照付款保证证明向该被保险人或该医院、医生或诊所支付担保的款项。

In some circumstances, we may give a beneficiary or a hospital, doctor or clinic a guarantee of payment. This means that we agree in advance to pay some or all of the cost of a particular treatment. Where we have given a guarantee of payment, we will pay the beneficiary or hospital, doctor or clinic the agreed amount on receipt of an appropriate request and a copy of the relevant invoice, after the treatment has been provided.

67. 收到发票后付款

Payment according to invoice

- 67.1 有些医院、医生或诊所倾向于直接与我方结算。若该项治疗确属本合同保障范围，该医院、医生或诊所应将原始发票提供给我方，一经收到发票，我方将直接向该医院、医生或诊所支付款项。

Some hospitals, doctors or clinics are willing to invoice us directly. If the treatment is covered, the hospital, doctor or clinic should send us the original invoice and we will pay them directly.

- 67.2 如果医院、医生或诊所直接与被保险人结算，但并未收到付款，被保险人必须将该原始发票提供给我方，我方将根据本合同的约定责任向该医院、医生或诊所支付应付款项。

If a hospital, doctor or clinic invoices a beneficiary directly, and the hospital, doctor or clinic has not been paid, the beneficiary must send the original invoice to us, and we will make any payment under this policy to that hospital, doctor or clinic directly.

- 67.3 如果医院、医生或诊所直接与被保险人结算，且已收到付款，被保险人应将该原始发票以及该医院、医生或诊所的收款回执一并提供给我方，我方将根据本合同的约定责任向被保险人支付应付款项。

If the hospital, doctor 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, doctor or clinic. We will then reimburse the beneficiary for any portion of the cost of the treatment which is covered.

- 67.4 任何情况下，我方仅赔付治疗费用中属于本合同约定责任的部分，如果所发生的治疗费用中有任何不属于本合同所约定的责任范围，我方将向您说明。

In each case, we will only pay the parts of the costs incurred which are covered. We will let you know if we believe that any part of the cost incurred is not covered.

第四节 其它核定结果

Other decisions

68. 谎称发生保险事故

Claim for falsely insured 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.

69. 故意制造保险事故
Claim for deliberate causing insured event

投保人、被保险人故意制造保险事故的，我方有权解除合同，不承担给付保险金的责任。

If the policyholder or the beneficiary deliberately causes an insured event, we shall have the right to terminate the policy and shall not be liable for the payment of insurance benefits.

70. 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.

71. 退回或赔偿处理
Return or compensate

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后之日起 30 日内向我方退回或者赔偿。

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 or compensate us within 30 days after he or she receives the relevant notice sent by us.

第七章 明确说明和如实告知

Chapter 7 Full Disclosure

72. 总则 Generation

订立本合同时，我方应向投保人明确说明本合同的条款内容。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书面询问，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 the exclusion clauses. We may put forward written inquiry about the relevant information of the policyholder, and each beneficiary, and the policyholder or beneficiary shall disclose the information truthfully.

73. 未如实告知的处理 How to treat untruthful disclosure

73.1 投保人故意或者因重大过失未履行如实告知义务，足以影响我方决定是否同意承保或者提高保险费率的，我方有权解除本合同。

If the policyholder intentionally or due to gross negligence, fails to perform the duty of truthful disclosure, which suffices to influence the our decision as to whether to underwrite the insurance cover or to raise the insurance premium rate, we have the right to terminate the policy.

73.2 投保人故意不履行如实告知义务的，我方对于本合同解除前发生的保险事故，不负给付保险金的责任，不退还保险费。

If the policyholder fails to perform its obligation of disclosure intentionally, 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.

73.3 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，我方对本合同解除前发生的保险事故，不负给付保险金的责任，但退还未满期保险费。

If the policyholder fails to perform the duty of truthful disclosure due to gross negligence, which failure has a material bearing on the occurrence of an insured event, hawse have the right to terminate the policycy, 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 insurance premiums.

73.4 我方在合同订立时已经知道投保人未如实告知的情况的，不会解除合同；发生保险事故的，我方承担给付保险金的责任。

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

73.5 上述规定的合同解除权，自我方知道有解除事由之日起，超过三十日不行使而消灭。自本合同成立之日起超过二年的，我方不得解除合同；发生保险事故的，我方应当承担给付保险金的责任。

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. Once two years have lapsed from the date of formation of the policy, we may not terminate the policy. If an insured event occurs, we shall bear the obligation of paying insurance benefits.

第八章 其他规定

Chapter 8 – Other terms

74. 本国国民及外籍人士 Expatriates and nationals

74.1 我方对被保险人在国籍所在地境内接受的任何治疗费用均不予支付，除非保险期间内被保险人在该国境内逗留且总计少于 90 天，且该国属于本合同的保障选择区域之内。

This policy does not cover any costs of treatment in a country of which the beneficiary receiving treatment is a national, except where the beneficiary is on a visit to that country, all such visits during the period of cover last for a total of less than 90 days and the country is within the selected area of coverage.

74.2 如果被保险人不是，或已不再是外籍人士（不管是由于国籍变更还是居住地变更），您方可以：

If any beneficiary is not, or ceases to be, an expatriate (whether as a result of a change of nationality or a change of habitual residence), then you may:

74.2.1 继续保持本合同生效状态。保险责任将对任何作为外籍人士的被保险人，或在其国籍所在地之外接受治疗的非外籍人士的被保险人均持续有效；

Leave the policy in force. Cover will remain unaffected for any beneficiary who is an expatriate and for any beneficiary who is not an expatriate but obtains treatment outside their country of nationality;

74.2.2 书面通知我方终止本合同，所有被保险人的保障将全部终止。只要在此保险期间内未发生任何理赔、保证付款或未取得预先批准，我方将按比例退还您方已缴纳的未到期净保费。

Terminate the policy by giving written notice, with the effect that cover will end for all beneficiaries. Any premium which has been paid in relation to the period after termination will be refunded on a pro rata basis, so long as no claims have been paid and no guarantees of payment or prior approvals have been put in place during the period of cover.

74.3 在某些情况下，如果变更居住地国家将致使原有保障违反当地医疗保健监管规定，我方有可能需要终止保险责任，视各国具体监管规定的不同而定。

In some instances, we may need to end 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.

74.4 在被保险人因更改其居住地国家，基于新居住地国家法律法规的限制而须变更或终止保障，或须改变保费，我方保留要求您方补充提供个人信息的权利。如果保费有所增加，我方将提供终止保险合同的选择给您方。如果保险合同在到期日前终止，要在此期间内未发生任何理赔、保证付款或未取得预先批准，我方将按比例退还保险期间内您方已缴纳的未到期净保费。

We reserve the right to ask you for further information, to vary or end the cover, or to vary the premium if any beneficiary changes their country of habitual residence, having regard to the laws and regulations of the new country of habitual residence. If the premium increases, we will give you the option to terminate the policy. If the

policy is terminated before the end date, any premium which has been paid in respect of the period after that cover ends will be refunded (on a pro rata basis), so long as no claims have been paid, and no guarantees of payment or prior approvals have been put in place during the period of cover.

75. 变更地址与国籍

Changes of address and nationality

75.1 我方将按您方所提申请载明的地址寄送与本合同有关的书信及通知。如果您方及其他被保险人的地址、居住地或居住地国家发生了任何变更，请务必通知我方，我方将给您方寄送更新信息后的保险单。

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 you or any other beneficiary change your address, country of habitual residence, or nationality. We will then send you an updated certificate of insurance

75.2 关于您方居住地国家或国籍所在地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.

76. 联系您方

Contacting you

如果我方需要就本合同的有关事宜联系您方，或通知将终止或修改本合同，我方将依据您方所提申请载明的地址寄送书面通知。

If we need to contact you in relation to this policy, or if we need to give you notice that we are going to amend or terminate this policy, we will write to you at the address which you give us in your application.

77. 联系我方

Contacting us

77.1 在本规则所述中的某些情况下，如果您需要书面联系我方，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.

77.2 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持有的成员身份卡上的电子邮箱地址，您也可拨打客户服务热线，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 Care Team at the phone number on your membership ID card.

78. 保险合同变更

Changes to this policy

78.1 除我方授权代表以外，任何人均无权更改本合同或取消其中的任意条款，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合同的任何规定。

No person other than an executive officer of CIGNA 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.

78.2 我方保留依照相关法律法规变更本合同的权利，在发生变更时将书面通知您方。

We reserve the right to change this policy to comply with any changes to relevant laws and regulations. If this happens, we will write and tell you of the change.

78.3 我方同时保留变更续保条件的权利，变更将于年度续保日起生效，我方将至少提前 28 天书面通知您方。

We also reserve the right to make changes to the terms of cover on renewal. We will give you at least 28 days' notice of such changes and the changes will take effect from the annual renewal date.

79. 保险合同执行人

Who can enforce this policy?

本合同仅对您方与我方具有法律权益，只有您方或我方可以执行本协议。

Only we and you have legal rights in connection with this insurance. This means that only we or you may enforce the agreement.

80. 其他保险

Other insurance

如果其他保险公司也为您方提供了保障，我方将与其协商具体的赔付比例。

If another insurer also provides cover, we will negotiate with them as regards who pays what proportion of any claim.

81. 资料保护

Data protection

81.1 我方需要收集及处理与您有关的个人资料以管理合同及提供保障，您方对我方出于必要而合理的需求而收集及处理您的个人资料予以认可。

CIGNA needs to collect and process personal data relating to you for the purposes of administering this policy and providing the insurance. You consent to CIGNA collecting and processing personal data relating to you to the extent reasonably necessary for these purposes.

81.2 我方将会记录来电或去电以控制质量。依据相关法规，我方会对持有的个人资料严格管控。我方将在运营过程中使用这些资料，并有可能需要与授权的第三方分享，在某些情况下需要传输资料到中国大陆之外的地区。该进程除须在保护数据的基础上执行外，还须符合契约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。我方将会对提供的信息收取合理的费用。

Telephone calls to and from CIGNA may be recorded, for quality control. Under the applicable national laws, we act as the data controller for the personal information we hold. This data will be processed by us to carry out our obligations, and we may need to share it with authorised third parties, which may mean in certain instances we need to transfer data outside of China. Such processing is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by applicable national laws. 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.

- 81.3 为更好地防范与核查欺骗行为，我方有可能需要与其他保险商或机构分享信息，但仅限于关于欺骗或试图欺骗行为的信息分享，不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 attempted fraud, and will not share information about any beneficiary's medical history.

82. 语言 Language

我方为您方提供本条款的中文版本和英文版本，但以中文版本为准。

You have asked for the **policy provision** to be provided in Chinese and English, but all benefits and details subject to Chinese version.

83. 申诉 Complaints

- 83.1 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.

- 83.2 如果申诉未能解决，将会提至相关仲裁机构或您方居住地所在国的同等权利机构处理，具体详见本规则所附保险合同信息列表。

If the complaint is not resolved, the complaint may be referred to the relevant ombudsman service, or equivalent, in the country in which you are habitually resident. These services are listed in the Policy Information Sheet enclosed with these rules.

84. 适用的法律法规 Applicable law and jurisdiction

- 84.1 本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, Chinese law.

- 84.2 关于本合同的任何争议包括合同的有效性、构成及终止条款，将适用中华人民共和国法律。

Any disputes about this policy, including disputes about its validity, formation and termination, will be determined in the courts of China.

85. 争议处理 Dispute Settlement

- 85.1 本合同履行过程中发生争议时，可以从下列两种方式中选择一种争议处理方式：

For any disputes on any issues in relation to this policy during the insurance period, the parties concerned shall resort to either of the following two dispute settlement methods:

85.1.1 因履行本合同发生的争议，由当事人协商解决，协商不成的，提交仲裁委员会仲裁；

The relevant disputing parties shall solve the disputes arising from the performance of this policy through consultation. If the disputes cannot be solved through consultation, they shall be submitted to the arbitration committee for arbitration.

85.1.2 因履行本合同发生的争议，由当事人协商解决，协商不成的，依法对本合同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 consultation. If the disputes cannot be solved through consultation, a lawsuit can be submitted to the People's Court in accordance with legal regulations.

第九章 释义

Chapter 9 – Definitions

急性发作—指疾病或损伤并需要迅速接受治疗，该治疗的目的是为了迅速恢复被保险人至遭受疾病或损伤前的状态，或是为了使被保险人完全康复。

‘Acute’ - a disease, illness or injury that is likely to respond quickly to **treatment** which aims to return the **beneficiary** to the state of health he or she was in immediately before suffering the disease, illness or injury, or which leads to his or her full recovery.

年度续保日—指每年与本合同生效日所对应的日期，如当月无对应的日期，则以该月的最后一日为对应日。

‘Annual renewal date’ - the anniversary of the **start date**, if no the same date, subject to the last day of the month.

申请—指投保人的申请（不管是邮寄申请表还是在线申请的形式），以及在保障期内关于自身及人和申请所涉及被保险人所做的声明。

‘Application’ - the **policyholder’s** application (whether they have sent in a form or applied online), and any declarations that they made during their enrolment for them and any **beneficiaries** included in the application.

适当的年龄间隔—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。

‘Appropriate age intervals’ - 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.

被保险人—指保险单所载的享有本合同保障的人员，包括新生儿，被保险人同时也是本合同的受益人。

‘Beneficiaries’ - the people named on **your certificate of insurance** as being covered under this **policy, including newborn children**.

保险责任—指任何载于责任清单中的保险责任。

‘Benefit’ - any benefit shown in the **list of benefits**.

癌症—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。

‘Cancer’ - a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

医疗协会—指与在美国治疗有关的理赔核查机构。

‘CareAllies’ - a claims review organisation used in respect of **treatment** in the United States.

保险单—指投保人所有的证明文件，上面载明有保险合同编号、生效时间、免赔额的额度（若已选择）、被保险人理赔时需要的花费、被保障人员的详细名单。

‘Certificate of insurance’ - the certificate issued to the **policyholder**. This shows the policy number, **start date**, the **deductible** amount (if one is selected), that a **beneficiary** would need to pay if they make a claim, details of who is covered.

我方、信诺、保险人—指招商信诺人寿保险有限公司。

CIGNA’, ‘we’, ‘us’, ‘our’, ‘the insurer’ – CIGNA & CMC Life Insurance Company Limited.

补充治疗医师—指经过专业培训及资格认证，并经有关当局许可允许在该国进行治疗的针灸师、顺势疗法医师或中医医师。

‘Complementary therapist’ - an acupuncturist, homeopath or practitioner of Chinese medicine who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the **treatment** is received.

先天性不足—指出生时已存在的任何生理不正常、畸形、疾病或损伤，无论是否做过诊断。

‘Congenital condition’ - any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not.

持续留院观察（CSR）—指医疗协会在被保险人在住院及之后为接受持续治疗而住院时所做的核查与决定，

‘Continued stay review’ or **‘CSR’** - a review and decision by **CareAllies**, during the **beneficiary’s** stay in **hospital**, on the suitability of the **beneficiary’s** continued **treatment** as an **in-patient**.

美容—指基于美学初衷所提供的服务、程序或项目，以及为保持可接受口腔健康标准可接受的服务、程序或项目。

‘Cosmetic’ - services, procedures or items that are supplied primarily for aesthetic purposes and which are not necessary in order to maintain an acceptable standard of **oral health**.

居住地国家—指被保险人惯常居住地所在的国家，与您方申请记录一致。

‘Country of habitual residence’ - the country where a **beneficiary** habitually resides, as stated on **your application**.

国籍所在地—指被保险人作为该国公民、国民或与您方申请记录一致的国家。

‘Country of nationality’ – any country of which a **beneficiary** is a citizen, national or subject, as stated on **your application**.

日间治疗—在医院进行护理并使用床位，但并不过夜。在美国的护理中也包含医生手术进程中的外科程序。

‘Day case treatment’ - care involving admission to **hospital** and using a bed but not staying overnight. In respect of US based admissions, this also includes surgical procedures carried out in the doctor’s surgery.

日间治疗病人—指入住医院或日间病房，或使用治疗的其他医疗设施，或需要一段时间的医疗康复监督的病人，但并不占用医院病床过夜。

‘Day patient’ - a **patient** who is admitted to a **hospital** or day patient unit or other medical facility for treatment or because they need a period of medically supervised recovery, but who does not occupy a bed overnight.

免赔额—指理赔金中被保险人必须自行承担的额度，经选择后在保险单上可见。

‘Deductible’ – is the amount of any claim which a **beneficiary** must pay themselves. This will be shown in the **certificate of insurance** if selected.

紧急牙科—指拔牙后止痛药无法遏制的剧痛或面部浮肿或流血不止，且出于被保险人日常牙科医生的非营业时间或被保险人正处于远离日常牙科治疗的地方。该情况下的治疗仅以稳定病况及缓解剧痛为目的。

‘Dental emergency’ – where either severe pain which is not amenable to relief by painkillers or facial swelling or uncontrollable bleeding after an extraction 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.

牙齿损伤—指外部口腔冲击而导致自然牙与支持体的损伤（含既有义齿的损伤），牙冠、义齿或种植牙的治疗方式均不予接受。

‘Dental injury’ - injury to dentition and supporting structures (including damage to dentures while being worn) caused by extra-oral impact. Treatment for dental implants, crowns or dentures is not covered.

牙科治疗—指下述条件所需的任何牙科流程或服务：

‘Dental treatment’ - any dental procedure or service which:

- 为了维持口腔健康；
- is needed for continued oral health; and
- 为牙医操作或控制，含辅助人员的操作流程；
- is carried out or personally controlled by a dentist, including procedures provided by a hygienist; and
- 包括于责任清单中，或尽管未列在责任清单，但已作为坚实有力的观点并已经过牙科医学界验证，为大众广泛认可符合牙科标准的流程或服务。
- 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.

牙医—指为国家、政府或其他行政地区所承认并允许在该地区提供治疗的牙科医生、牙齿外科医生或牙科从业者。

‘Dentist’ - 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.

断瘾—戒除吸食毒品、酒精或其二者并存时的治疗，包括身体条件稳定所需的休息、药物、流质体及饮食上的改变。

‘Detoxification’ - **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.

诊断检测—指对症状原因的调查研究，如 X 光或血液检测。

‘Diagnostic tests’ - investigations, such as X-rays or blood tests, to find the cause of symptoms.

符合条件的女性—指作为投保人或被保险人的女性。

‘Eligible female’ - a female **policyholder** or **beneficiary**.

紧急治疗—指为阻止疾病、损伤及症状进一步的迅速恶化而进行的医疗必要治疗，如不进行该治疗，将会显著地影响健康。只有在 24 小时之内由内科医生、专科医生或专业医师提供的紧急医疗，或 24 小时之内因此发生的住院才予以接受。

‘Emergency treatment’ - **treatment** which is medically necessary to prevent the immediate and significant effects of illnesses, injuries or conditions which, if left untreated, could result in a significant deterioration in health. Only medical treatment through a physician, **medical practitioner** or **specialist** and hospitalisation that commences within 24 hours of the emergency event will be covered.

到期日—指保险单所载的本合同保障结束的日期。

‘End date’ - the date on which cover under this **policy** ends, as shown in the **certificate of insurance**

认证治疗—指经过下述机构研究、核查及认可的治疗：

‘Evidence-based treatment’ – **treatment** which has been researched, reviewed and recognised by:

- 卫生与临床优化研究所；或
- the National Institute for Health and Clinical Excellence; or

- 我方医疗顾问团；或
- CIGNA's Medical Advisory Panel; or
- 我方认可的其他机构；
- Another source recognised by CIGNA & CMC Life Insurance Company Limited.

外籍人士—指居住地为非其国籍所在地的人士。

'Expatriate' - a person whose habitual place of residence is in a country of which they are not a national.

普通医生—指经注册并持证的一般执业医生。

'General practitioner' or **'GP'** - a registered and licensed **doctor** in general practice.

保证支付—指我方对被保险人或治疗方提供关于特殊治疗保证支付的协议费用。

'Guarantee of payment' - a guarantee to pay agreed costs associated with particular **treatment** which we may give to a **beneficiary** or a **hospital**, doctor or clinic.

家庭护理—指专职护士至被保险人家中提供的专业护理服务，仅限于为被保险人提供治疗的专业医师所要求。

'Home nursing' - visits from a **qualified nurse** to the **beneficiary's** home to give expert nursing services:

- 因医疗必要所进行的住院治疗后的护理；或
- immediately after hospital treatment for as long as is required by medical necessity; and/or
- 因医疗必要由正规医院所提供的治疗。
- visits for as long as is required by medical necessity for treatment which would normally be provided in a hospital.

Home nursing is only covered when the **specialist** who treated the **beneficiary** has recommended such services.

医院—指在当地注册或获准为医疗或外科医院的组织机构，被保险人可以在其间获得专科医生或专职护士的日间护理或监督。

'Hospital' - 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**.

损伤—指物理损伤。

'Injury' - a physical injury.

住院—指因医疗原因病人须在医院占据床位过夜。

'In-patient' - a **patient** who is admitted to **hospital** and who occupies a bed overnight or longer, for medical reasons.

重症监护—包括：

'Intensive Care' - includes:

- 高度医护病室 (HDU) :指提供高级别医疗护理及监督的病室，如单一组织系统衰竭。
- High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure.
- 深切治疗室/重症监护室 (ITU/ICU) :指提供最高级别护理的病室，如多器官功能衰竭或出于插管机械通气的情况；以及
- Intensive Therapy Unit / Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation; and
- 冠心病监护病室 (CCU) : 指提供较高级别心脏监控的病室。

- Coronary care unit (CCU): a unit that provides a higher level of cardiac monitoring.

国际服务—指医疗援助机构安排的服务。

‘**International services**’ - services arranged by the **medical assistance service**.

责任清单—指载于附件中最新的责任清单，包括对其的注释。

‘**List of benefits**’ - the latest list of benefits detailed in the appendix, including any notes to it.

妊娠责任—指有关怀孕及分娩方面的责任，包括本合同下符合条件的女性因此而产生的任何并发症，但不含：

‘**Maternity benefit**’ - benefits available in relation to all aspects of pregnancy or childbirth, including any complications, for any **eligible female** covered under this **policy**, but excluding:

有意结束怀孕的治疗，除非怀孕已危机母亲的生理健康或心理稳定；以及

- **treatment** by way of the intentional termination of pregnancy unless the pregnancy endangers the life or mental stability of the mother; and
新生儿在医院的托管护理，除非其母亲因医疗需要必须住院接受本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** for **treatment** that is covered by this **policy**.

医疗援助服务—提供医疗转移援助或转移回国的服务，并提供 24 小时 多种语言服务。

‘**Medical assistance service**’ - a service which provides medical advice, evacuation, assistance and repatriation. This service can be multi-lingual and assistance is available 24 hours per day.

医疗必要—指所保障的医疗必要服务及经医疗团队决定适用的供给，须符合下述条件：

‘**Medically necessary/ medical necessity**’ - medically necessary covered services and supplies are those determined by the **medical team** to be:

- 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 illness, injury, disease or its symptoms;
- 符合普通医疗实践标准的正规治疗服务；
- orthodox, and in accordance with generally accepted standards of medical practice;
- 根据类型、频率、范围、地点及期限而定的适当的临床治疗服务；
- clinically appropriate in terms of type, frequency, extent, site and duration;
- 非主要出于方便被保险人、内科医生或其他其他健康护理提供者的目的；以及
- not primarily for the convenience of the beneficiary, physician or other health care provider; and
- 为适合服务与供给运输而提供最佳的设施。
- 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最佳的设施。

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

专科医生—指经国家、政府或其他行政机构注册或认可的进行治疗的从业医生或专业医师，本人或其任何家庭成员均不在本合同保障之内。

‘**Medical practitioner**’ - 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**.

医疗团队—指我方临床小组或医疗援助服务。

‘**Medical team**’ – means **our** clinical team or the **medical assistance service**.

手术—指载于外科手术时间表上的所有手术操作流程。

‘**Operation**’ - any procedure described as an operation in the **schedule of surgical procedures**.

口腔健康—指作为维护基本健康水平的病人所在居住地国家的普通牙医所接受的，该牙医具备业界的一般能力与技术水平，对病人的牙齿、支承结构及其他口腔组织所认定合理的口腔健康标准。

‘**Oral health**’ - 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.

正规—指针对有关流程或治疗，在所在国接受的流程或治疗由于具备坚实有力的观点并在该医学领域经过专科医生的验证，在其开始时已被医学界认可。

‘**Orthodox**’ - 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**, in that it accords 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.

门诊—指病人在医院、诊疗室，或门诊部进行的非日间治疗或住院治疗。

‘**Out-patient**’ - a **patient** who attends a **hospital**, consulting room, or out-patient clinic for **treatment** and is not admitted as a **day patient** or an **in-patient**.

安乐护理—指不以治愈或完全改善症状为目的，但为减轻病痛而进行的治疗。

‘**Palliative Care**’ - **treatment** that does not cure or substantially improve a condition but is given in order to alleviate symptoms.

保险期间—指被保险人受到本合同保障的期限，由生效日至到期日或提交终止。

‘**Period of cover**’ - the period during which the **beneficiaries** are covered under this **policy**, being the period from the **start date** to the **end date** or earlier termination.

物理疗法、整骨疗法及脊椎指压治疗法—指经过全面培训及资格验证的从业者，并在认可该治疗的国家为有关当局批准执业。

‘**Physiotherapy, osteopathy and chiropractic practitioners**’ - practitioners who are fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the **treatment** is received.

投保人—指投保人是指与我方订立本保险合同，并按照本合同约定负有支付保险费义务的人。

‘**Policyholder**’ - 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.

入院前证明（PAC）—指医疗协会在病人进入美国医院之前对其住院治疗或日间治疗所做的审核与初始决定。

‘**Pre-admission certification**’ or ‘**PAC**’ - a review and an initial decision by **CareAllies**, before admission to a **hospital** in the United States, on the suitability of **in-patient treatment** or **day case treatment** for a **patient**.

之前已存在的病症—指被保险人在本合同生效前已有的疾病或损伤，并因该疾病或损伤接受的药物、医疗建议，或在生效日前已显现的经过或未经过诊断的症状。

‘Pre-existing condition’ - any disease, illness or injury for which a **beneficiary** has received medication, advice or **treatment**, or has experienced symptoms before the start of the cover, whether diagnosed or not.

精神科治疗—指精神健康状况的治疗，包括饮食失调。

‘Psychiatric treatment’ - treatment of mental health conditions, including eating disorders.

心理医师—指具备专业资格并经所在国认可进行治疗的心理医师。

‘Psychologist’ - a person who is legally qualified and permitted to practise as a psychologist in the country where the **treatment** is received.

专职护士—指为国家、政府或其他行政地区所承认并允许在该地区提供治疗的护士。

‘Qualified nurse’ - 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.

重大人生事件—指：

‘Qualifying life event’ means:

结婚或成为伴侣；

- marriage or civil partnership;
与伴侣开始同居；
- commencing cohabitation with a partner;
离婚或分手；
- divorce or separation;
生育儿女；
- birth of a child;
收养孩子；或
- legal adoption of a child; or
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证据。

We may require evidence of the above event.

康复—指采用一种或多种形式捆绑的治疗，如中风后的物理治疗、职业治疗和语言治疗。

‘Rehabilitation’ - **treatment** in the form of one or a combination of therapies such as physical, occupational and speech therapies aimed at restoring function after an **acute** event such as a stroke.

外科手术时间表—指经我方首席医疗执行官所核准的最新外科手术时间表。

‘Schedule of surgical procedures’ - the current **schedule of surgical procedures** approved by **our** chief medical officer.

可选择保障区域—指下述二者之一：

‘Selected area of coverage’ - means either:

全球含美国；或

- **worldwide, including USA;** or
全球不含美国
- **worldwide, excluding USA.**

短期—指与治疗相符的所需治疗时间，遵循专科医生的规定并经我方医疗主管核准。

‘Short-term’ - 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.

疾病一指生理或心理疾病，包括妊娠所导致的或与妊娠有关的疾病。

‘**Sickness**’ - a physical or mental illness, including illness resulting from or relating to pregnancy.

健全的自然牙一指无牙龈萎缩，填充不超过两面，未出现与骨质输送有关的牙龈疾病，且未做过根管治疗、种植牙，并且咀嚼及说话功能正常的牙齿。

‘**Sound natural tooth/teeth**’ - a tooth with no decay, no filling on more than two surfaces, no gum disease associated with bone loss, and no root canal therapy, that is not a dental implant and that functions normally in chewing and speech.

专业医师一指国家、政府或其他行政地区所承认并允许在该地区提供治疗并仅提供所涉及治疗的从业医生。

‘**Specialist**’ - 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.

配偶一指被保险人的法定丈夫或妻子，或我方已接受承保于本合同中的未婚人员或伴侣。

‘**Spouse**’ - a **beneficiary’s** legal husband or wife, or unmarried or civil partner who **we** have accepted for cover under this **policy**.

生效日一指载于保险单中的本合同保障开始日期。

‘**Start Date**’ - the date on which coverage under this **policy** starts, as shown in the **certificate of insurance**

手术一对身体进行切割的医疗过程。

‘**Surgery**’ - a medical procedure involving an incision into the body.

治疗医师一指国家、政府或其他行政地区所承认并允许在该地区提供治疗的理疗师、职业治疗师、视力矫正医师或语言治疗师。

‘**Therapist**’ - a physiotherapist, occupational therapist, orthoptist, dietician or speech therapist who is legally qualified and is permitted to practise as such in the country where the **treatment** is received.

治疗一指医疗必须的手术或医疗服务（包括诊断检测），及所需的诊断、缓解或疾病及损伤的治疗。

‘**Treatment**’ - surgical or medical services (including **diagnostic tests**) that are **medically necessary** and are needed to diagnose, relieve or cure disease, illness or injury.

全球含美国一指世界各国及海上。

‘**Worldwide**’ - every country throughout the world and at sea.

全球不含美国一指除美利坚合众国以外的世界所有地区。

‘**Worldwide excluding USA**’ - **worldwide**, with the exception of the United States of America.

您、您方、您方的一指投保人。

‘**You, your**’ - the **policyholder**.

责任清单

List of benefits

国际医疗保障

International Medical Insurance

总保障限额 Core Plan – Overall Benefit Limit	
每一保险期间内每一被保险人所有保险责任赔付限额 Annual Benefit – Maximum per beneficiary This includes claims paid across all sections of the International Medical Insurance	¥20,000,000 Up to ¥ 20 Million per period of cover

您所享有的基本医疗保险责任 Your Standard Medical Benefits	赔付限额 Benefit Limit
住院费用，具体包括： Hospital Charges for: 住院治疗的护理费及病房费 <ul style="list-style-type: none"> • Nursing and accommodation for in-patient treatment 日间治疗费用 • Day case treatment 手术室及手术观察室费用 • Operating theatre and recovery room 住院或日间治疗的处方药及敷药剂费用 • Prescribed medicines, drugs and dressings for in-patient or day case Treatment 门诊手术的治疗室费用 • Treatment room fees for outpatient surgery 	全额 Paid in Full
重症监护室、冠心病监护室及高度医护室费用 Intensive care, intensive therapy, coronary care and high dependency unit	全额 Paid in full
父母陪同病房费用 Parental Accommodation 本项责任仅适用于未满 18 周岁的未成年人。如被保险人须过夜留院治疗，我方将支付合理的在同一医院的父母陪同住宿费用。 This applies to dependent children under the age of 18. CIGNA will pay for reasonable costs for a parent staying in the same hospital with the child where the child is required to stay in the hospital overnight	全额 Paid in Full
外科医生及麻醉师费用 Surgeons' and Anaesthetists' Fees 适用于任何基于住院、日间治疗或门诊而施行的手术。 Whether surgery is provided on an in-patient, day case or out-patient basis.	全额 Paid in Full
专业医师咨询费用	全额

<p>Specialists' consultation fees 本项责任适用于在被保险人住院时专科医师的常规巡查，并包括因医疗必要而须专业医生执导的重症紧急护理。 This benefit is paid in full for regular visits by a specialist during stays in hospital including intensive care by a specialist for as long as is required by medical necessity</p>	Paid in Full
<p>移植服务 Transplant Services 适用于住院或日间治疗期间 Where treatment is provided on an in-patient or day patient basis</p>	<p>全额 Paid in Full</p>
<p>物理疗法 Physiotherapy 适用于住院或日间治疗期间 Where treatment is provided on an in-patient or day patient basis</p>	<p>全额 Paid in Full</p>
<p>放射、病理检测、X光及诊断检测 Radiology, Radiotherapy, Pathology, X rays, diagnostic tests 适用于住院或日间治疗期间 Where treatment is provided on an in-patient or day patient basis</p>	<p>全额 Paid in Full</p>
<p>高清影像 Advanced imaging 适用于门诊、住院或日间治疗期间的核磁共振成像（MRI）、计算机断层扫描（CT）以及正电子发射断层扫描（PET） Includes MRI, CT and PET scans performed whether staying in hospital overnight, or as a day-case patient or as an out-patient</p>	<p>全额 Paid in Full</p>
<p>家庭护理费用 Home nursing charges 适用于在专业医师建议下于出院治疗后立即开始，基于全天候治疗情况下与一般医院提供的医疗护理相同的家庭护理，每一保险期间内以30天为限。 This benefit will be paid if recommended by a specialist immediately after hospital treatment or on a full time basis for treatment which would normally be provided in a hospital for up to 30 days in any one year of insurance.</p>	<p>全额 Paid in Full</p>
<p>康复 Rehabilitation 每一保险期间内以30天为限 Up to 30 days per year of insurance</p>	<p>全额 Paid in full</p>
<p>临终住宿及安乐护理 Hospice stay to receive Palliative Care</p>	<p>全额 Paid in Full</p>
<p>内用假体设备/手术及医疗用品 Internal prosthetic devices/surgical and medical appliances 我方将支付被保险人治疗过程中施用内用植入假体、设备或医疗用品的费用。 We pay for internal prosthetic implants, devices or medical appliances needed as part of the beneficiary's treatment. 本项责任应符合： This benefit will be paid in respect of: 植入假体、设备或用品是在手术期间使用。 • a prosthetic implant, device or appliance which is inserted during surgery.</p>	<p>全额 Paid in Full</p>
<p>外用假体设备/手术及医疗用品 External prosthetic devices/surgical and medical appliances 我方将支付被保险人治疗过程中施用外用植入假体、设备或医疗用品的费用。 We pay for external prosthetic devices or appliances needed as part of the</p>	<p>每一假体设备以¥20,000为限 Up to¥20,000 for each prosthetic device</p>

<p>beneficiary's treatment. 本项责任应符合： This benefit will be paid in respect of: 作为治疗必要组成的假体设备或用品基于医疗必要紧接手术而施用。</p> <ul style="list-style-type: none"> • 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. 在短期恢复阶段基于医疗必要而施用的假体设备或用品。 • a prosthetic device or appliance which is medically necessary and is part of the recuperation process on a short-term basis. <p>注意：外用假体设备包括义肢或人造耳。 Please note: Examples of prosthetic devices include a prosthetic limb or prosthetic ear. 我方为成年人仅支付一次外用假体费用。我方为16周岁及以下的未成年人支付初始的假体设备费用及最多两次用于替换的假体设备费用。 For adults, we will pay for one external prosthetic device. For children up to the age of 16, we will pay for the initial prosthetic device and up to two replacement devices.</p>	
<p>当地救护车 Local Road Ambulance 因医疗必要而须使用当地救护车前往医院进行治疗 Medically necessary travel by local road ambulance when related to covered hospitalisation</p>	<p>全额 Paid in Full</p>
<p>当地空中救护 Local Air Ambulance 因医疗必要而须使用当地空中救护（例如直升机）前往医院进行治疗 Medically necessary travel by local air ambulance, such as helicopter, when related to covered hospitalisation</p>	<p>全额 Paid in Full</p>
<p>住院津贴 Hospitalisation Cash Benefit 我方将在满足下述条件的基础上向您支付每日住院津贴： Paid instead of us making a payment for treatment provided under the plan when you</p> <p>您所接受的治疗在本合同责任规定范围内</p> <ul style="list-style-type: none"> • received treatment in hospital which is covered under this plan 您需要的住院治疗须过夜 • stay in hospital overnight 您未曾报销任何病房费 • have not been charged for your room and board, and 您未曾报销任何治疗费 • have not been charged for your treatment 	<p>¥ 1,200 元/天，每一保险期间内以 30 天为限 ¥ 1,200 per night, up to 30 nights per period of cover</p>
<p>紧急牙科治疗 Emergency dental treatment 因遭受严重意外事故而导致住院接受牙科治疗 Dental treatment in hospital after a serious accident</p>	<p>全额 Paid in full</p>
<p>您所享有的精神科护理责任 Your Psychiatric Care</p>	
<p>精神科护理 Psychiatric Care 本项责任将在被保险人因精神疾病及精神障碍而接受住院、日间治疗</p>	<p>全额 Paid in Full</p>

<p>或门诊治疗的基础上予以支付。</p> <p>This benefit will be paid in respect of psychiatric conditions and mental health disorders whether the beneficiary is staying in a hospital overnight or receiving treatment as a day-patient or out-patient basis.</p> <p>每一保险期间以 90 天为限，其中住院治疗最多可达 30 天，日间治疗及门诊治疗中每一次指每一天最多达 90 次。</p> <p>A total of 90 days cover is available in the period of cover and a maximum of 30 days can be used for in-patient treatment. For day-patient and out-patient treatment, the phrase “90 days cover” means 90 visits.</p> <p>请注意每五个连续的保险期间以 180 天为限，其中住院治疗最多可达 60 天，日间治疗及门诊治疗中每一次指每一天最多可达 180 次。</p> <p>Please note that an overall 5 year total limit of 180 days will apply, of which a maximum of 60 days can be used for in-patient treatment. For day-patient and out-patient treatment, the phrase “180 days cover” means 180 visits.</p>	
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<p>您所享有的癌症护理责任</p> <p>Your Cancer Care</p>	
<p>癌症治疗</p> <p>Cancer Treatment</p> <p>所有与癌症有关的必要治疗，包括住院、日间治疗或门诊治疗，以及化疗、放疗、肿瘤治疗、诊断测试及药物。</p> <p>All medically necessary treatment a beneficiary receives for or related to cancer, whether staying in a hospital overnight, as a day-patient or as an outpatient, including Chemotherapy, Radiotherapy, Oncology, Diagnostic Tests and Drugs)</p>	<p>全额</p> <p>Paid in Full</p>

<p>您所享有的生育与新生儿护理及治疗责任</p> <p>Your Mother And Baby Care</p>	
<p>常规妊娠及分娩保障</p> <p>Routine Maternity and Childbirth Cover</p> <p>连续持有本合同 10 个月及以上且在此期间内持续有效的女性被保险人可享有本保障。</p> <p>Available once the mother has been covered by the policy for 10 months or more.</p> <p>涵盖门诊及住院治疗费用，包括医院收费，妇产医生及助产医护人员费用。</p> <p>In-patient and out-patient treatment including hospital charges, obstetricians’ and midwives’ fees</p>	<p>每一保险期间以¥ 90,000 为限</p> <p>Up to ¥ 90,000 per period of cover</p>
<p>复杂妊娠及分娩保障</p> <p>Complicated Maternity and Childbirth Cover</p> <p>连续持有本合同 10 个月及以上且在此期间内持续有效的女性被保险人可享有本保障。</p> <p>Available once the mother has been covered by the policy for 10 months or more.</p> <p>涵盖门诊及住院治疗费用，包括医院收费，妇产医生及助产医护人员费用。</p> <p>In-patient and out-patient treatment including hospital charges,</p>	<p>每一保险期间以¥ 180,000 为限</p> <p>Up to ¥ 180,000 per period of cover</p>

<p>obstetricians' and midwives' fees 本项责任含因医疗必要而发生的剖腹产。如果我方无法确定您的剖腹产确因医疗必要而发生，我方将按常规妊娠及分娩责任限额进行支付。 Caesarean sections are only covered under this benefit where they are required by medical necessity. If we are unable to determine that your Caesarean section was medically necessary, it will be paid from the beneficiary's routine maternity and childbirth benefit limit.</p>	
<p>家中分娩 Childbirth at home</p>	<p>每一保险期间以¥7,000 为限 Up to ¥7,000 per year of insurance</p>
<p>新生儿护理 Newborn care 若父母亲任何一方目前在保于本合同。 If parent is already covered by the policy.</p>	<p>自出生之日起享有最多 90 天以¥1,000,000 为限的保障，新生儿于出生之日起 30 天内加入本合同无须经医学核保 Up to ¥1 Million, for treatment within first 90 days following birth No medical underwriting so long as child added within 30 days from birth</p>
<p>新生儿护理 Newborn care 若父母亲任何一方目前均不在保于本合同。 If parent is not already covered by the policy.</p>	<p>自出生之日起享有最多 90 天以¥1,000,000 为限的保障，新生儿加入本合同须经医学核保 Up to ¥1 Million for treatment within first 90 days following birth Subject to medical underwriting</p>
<p>先天性疾病 Congenital conditions 包括对先天性疾病的住院或日间治疗费用，且该先天性疾病须证明是在被保险人 18 周岁以前患有。 Where treatment is provided on an in-patient or day patient basis and the congenital condition manifested itself before the patient's 18th birthday</p>	<p>以¥250,000 为限 Up to ¥250,000</p>
<p>您可选择的免赔额 Your deductible options</p>	
<p>免赔额（多项） Deductible (various) 免赔额作为理赔的组成部分将不涵盖于您的保险责任当中。例如您为所购买的国际医疗保险选择了¥5,000 的免赔额，那么您在任何一个保险期间内理赔时，我方将在扣除¥5,000 的基础上向您支付理赔款项。 A deductible is a portion of a claim or claims that is not covered by your plan. So, for example if you choose a deductible of ¥5,000 for International Medical Insurance, you'll need to pay the first ¥5,000 of a</p>	<p>¥0 / ¥2,500 / ¥5,000 / ¥10,000 / ¥20,000 / ¥50,000</p>

covered claim or covered claims in any **period of cover**.

如果您已经选择了免赔额，您所支付的任一保险期间内的保险费将不含在该保险期间内您所选择的免赔额的部分。您选择的免赔额越高，您所应支付的保险费则越低。免赔额适用于本合同内的所有被保险人。

If a **deductible** is chosen, **you** would only have to pay this once during any **period of cover** irrespective of the number of claims. The higher the **deductible you** apply, the lower **your** premium will be. The **deductible** is payable by each person covered by the **policy**.

国际医疗补充保障（可选保障）

International Medical Insurance Plus (Optional)

门诊护理责任 Out-patient Healthcare Benefits	赔付限额 Benefit Limit
每一保险期间内每一被保险人所有保险责任赔付限额 Annual Benefit – Maximum per beneficiary	Up to ¥ 500,000 Up to ¥ 500,000 per period of cover
专业医师及专科医生会诊 Consultations with Medical Practitioners and Specialists	全额 Paid in Full
非手术治疗，病理科及放射科 Non-surgical treatment, Pathology, Radiography, Radiology	全额 Paid in Full
物理治疗 Physiotherapy	全额 Paid In Full
脊椎指压治疗及正骨治疗 Chiropractic and Osteopathy 每一保险期间内全部组合总计不超过 30 次 30 visits per period of cover overall combined total	全额 Paid in Full
针灸、中医及顺势疗法 Acupuncture, Homeopathy and Chinese Herbal Medicine 每一保险期间内全部组合总计不超过 20 次 20 visits per period of cover overall combined total;	全额 Paid in Full
言语治疗 Speech Therapy 基于遭受疾病（例如中风）而接受的短期治疗 Provided on a short-term basis following a condition such as a stroke	全额 Paid in Full
处方药物及敷药剂 Prescribed Medicines, Drugs and Dressings	全额 Paid In Full
病理检查，X 光及诊断性检查 Pathology, X-rays, Diagnostic Tests	全额 Paid in Full
医疗设备租赁 Durable Medical Equipment 每一保险期间内最多 45 天的租赁时长 Rental for up to a maximum of 45 days in the period of cover	全额 Paid In Full
成人旅行疫苗接种 Adult Travel Vaccinations	全额 Paid in Full
牙科意外治疗 Accidental Dental Treatment 本项责任仅对被保险人因遭受意外事故而导致牙损伤，并在该意外事故发生之日起 30 天内接受的牙科门诊治疗费用进行支付，30 天以后的治疗费用将不包括在内。 This benefit is payable for treatment received immediately after an accident for treatment incurred within 30 days following the date of the accident for damage to the beneficiary's sound natural teeth. No benefit is payable after 30 days.	全额 Paid In Full
儿童体检及检查 Well Child Tests 本项责任对于 18 周岁及以下的未成年被保险人在适当的年龄间隔内享有。详情请联系我方咨询。 This benefit will be payable for dependent children up to the age of 18 at appropriate age intervals. For full details please contact CIGNA	全额 Paid in Full

每年常规检查 Annual Routine Tests 15 周岁以下儿童一次的视力及听力检查 One eye test and hearing test for children under the age of 15	全额 Paid in Full
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您可选择的免赔额 Your deductible options	
免赔额（多项） Deductible (various) 免赔额作为理赔的组成部分将不涵盖于您的保险责任当中。例如您为所购买的国际医疗补充保险选择了¥ 1,000 的免赔额，那么您在任何一个保险期间内理赔时，我方将在扣除¥ 1,000 的基础上向您支付理赔款项。如果您已经选择了免赔额，您所支付的任一保险期间内的保险费将不含在该保险期间内您所选择的免赔额的部分。您选择的免赔额越高，您所应支付的保险费则越低。免赔额适用于本合同内的所有被保险人。 A deductible is a portion of a claim or claims that is not covered by your plan. So, for example if you choose a deductible of ¥ 1,000 for International Medical Insurance Plus, you'll need to pay the first ¥ 1,000 of a covered claim or covered claims in any period of cover. If a deductible is chosen, you would only have to pay this once during any period of cover irrespective of the number of claims. The higher the deductible you apply, the lower your premium will be. The deductible is payable by each person covered by the policy.	¥ 0 / ¥ 1,000

国际紧急转移服务保障（可选保障）

International Emergency Evacuation (Optional)

转移服务 Evacuation Services	赔付限额 Benefit Limit
医疗转移他地 Medical Evacuation 如被保险人所需要的治疗无法在当地获得，将转移至最近的医疗机构进行治疗。 Transfer to the nearest center of medical excellence if the treatment the beneficiary needs is not available locally	全额 Paid in Full
医疗转移回国 Medical Repatriation	全额 Paid in Full
遗体转移回国 Repatriation of Mortal Remains	全额 Paid in Full
第三方运送费用 Travel cost for an accompanying person	全额 Paid in Full
未成年人运送费用 Travel cost for the transfer of minor children	全额 Paid in Full
家属探访津贴 Compassionate visit allowance	终生以 5 次为限 Up to five trips per lifetime
探访旅行费用 Travel costs	每一保险期间以¥ 8,000 为限 Up to ¥ 8,000 for each period of cover
探访生活津贴 Living allowance costs	每次探访旅行最多给付 10 天，每天以¥ 1,000 为限 For a maximum of 10 days per visit, each day up to ¥ 1,000

国际健康与体检保障（可选保障）

International Health and Wellbeing (Optional)

国际健康与体检责任 International Health and Wellbeing Benefits	赔付限额 Benefit Limit
成人常规健康检查 Routine Adult Physical Exams 本项责任仅适用于 18 周岁以上的被保险人。 This benefit will be paid for, or in connection with, routine physical examinations for beneficiaries over the age of 18 years old	每一保险期间以¥ 3,000 为限 Up to ¥ 3,000 per period of cover
巴氏涂片 Pap Smear 我方将支付每年的巴氏涂片检查费用 CIGNA will pay charges for an annual Papanicolaou screening	全额 Paid in Full
前列腺癌症筛查 Prostate Cancer Screening 我方将为 50 周岁以上的男性被保险人支付每年的前列腺筛查费用 CIGNA will pay charges for an annual prostate cancer screening for eligible males over 50 years old	全额 Paid in Full
以乳癌筛查或诊断为目的的乳腺 X 线摄影检查 Mammograms for Breast Cancer Screening or Diagnostic Purposes 本项责任具体包括： This benefit will be paid in respect of: 35 周岁到 39 周岁无症状女性被保险人，限一次的基准乳腺 X 线摄影检查； • one baseline mammogram for asymptomatic women aged 35-39; 40 周岁到 49 周岁无症状女性被保险人，每两年一次的乳腺 X 线摄影检查； • a mammogram for asymptomatic women aged 40-49 every two years or more if medically necessary; 50 周岁及以上女性被保险人，每年一次的乳腺 X 线摄影检查 • a mammogram every year for women aged 50 and over	全额 Paid in Full
肠癌筛查 Bowel cancer screening 我方将支付每两年一次为 55 周岁至 69 周岁被保险人进行肠癌筛查的费用。 CIGNA will pay charges for an annual bowel cancer screening for eligible male and females over 55 years old.	全额 Paid in Full
骨密度扫描 Bone densitometry 我方将支付每年一次的骨密度扫描 CIGNA will pay charges for an annual scan to determine the density of the beneficiary's bones	全额 Paid in Full
饮食咨询 Dietetic consultations 我方将提供每一保险期间内不多于 4 次的营养师咨询服务 CIGNA will pay charges for 4 meetings per period of cover with a dietician	全额 Paid in Full
个人关爱服务 Life Management (EAP services) 全年 24 小时私人健康服务热线	全额 Paid in Full

<ul style="list-style-type: none"> • 24-hour/365-days telephonic access to confidential consultation regarding behavioural health issues 危机响应服务及紧急情况的救护 • Crisis response services and triage to emergency care 转介至非医疗咨询服务机构 • Referrals to non-clinical services, such as expatriate support groups 与行为健康专家最多三次的正式面谈 • Up to 3 face-to-face sessions with a behavioural health professional 	
<p>网络健康教育及网络健康风险评估指导项目 Online health education, health assessment and web-based coaching programmes</p>	

国际眼科与牙科保障（可选保障）

International Dental and Vision (Optional)

牙科治疗 Dental Treatment	赔付限额 Benefit Limit
每一保险期间内每一被保险人所有保险责任赔付限额 Annual benefits - Maximum per beneficiary	¥ 35,000 Up to ¥ 35,000 per period of cover
预防治疗 Preventive 适用于持续购买本保障 6 个月及以上的被保险人 Available after the beneficiary has been covered on this option for six months 包括研究性及预防性治疗费用 Investigative and Preventative Treatment	全额 Paid in Full
常规治疗 Routine 适用于持续购买本保障 6 个月及以上的被保险人 Available after the beneficiary has have been covered on this option for 6 months. 牙科疾病治疗 Treatment for a dental problem	全额 Paid in Full
牙科修复性治疗 Major Restorative 适用于持续购买本保障 12 个月及以上的被保险人.若被保险人在购买后 12 个月内申请理赔，我方将按 50% 的治疗费用支付。 Available after the beneficiary has been covered on this option for 12 months. If the beneficiary needs to claim within the first 12 months then this will be covered with a 50% coinsurance. 牙科疾病治疗 Treatment for a dental problem	全额 Paid in Full
正畸治疗 Orthodontic Treatment 适用于持续购买本保障达 2 年且年龄在 18 周岁及以下的被保险人 Orthodontic treatment for ages 18 and under, after the beneficiary has been covered on this option for two years 牙错位、反颌、覆咬合的治疗 Treatment of misaligned teeth, under-bite, over-bite	每一保险期间内退还 50% 50% Refund per period of cover

眼科护理 Vision Care	赔付限额 Benefit Limit
每一保险期间一次验光师或眼科专家实施的眼科检查 One eye examination per period of cover by an Optometrist or an Ophthalmologist	全额 Paid in Full
费用包含： Expenses for: <ul style="list-style-type: none"> • Spectacle lenses 眼镜镜片 • Contact lenses 隐形眼镜 • Spectacle frames 眼镜镜框 	每一保险期间以¥ 2,000 为限 Up to ¥ 2,000 per period of cover

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| • Prescription sunglasses 根据医嘱所配墨镜 | |
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