



招商信诺寰球精致高端个人医疗保险条款阅读指引
The Reading Guide to CIGNA&CMC Individual Advance Medical Insurance Provision

本阅读指引帮助您理解条款，若与条款冲突，以条款为准。

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

✓ 您所拥有的重要权益
Highlight of Your Rights

1. 本保险合同的被保险人为常住国为中国大陆的外籍常住者。本保险合同不承保被保险人在其国籍国发生的任何医疗费用（例如，德国籍被保险人在德国发生的医疗费用不在本合同保障范围内），除非该医疗费用属于条款 16 所列的情况。

Beneficiaries under this policy shall be foreign nationals whose country of habitual residence is Mainland China. This policy does not provide any cover for the cost of treatment in a country of which a beneficiary is a national at the time of treatment (for example, the cover does not cover the costs of a German national obtaining any treatment in Germany) except in limited circumstances stated in Article 16.

若本保险合同不符合您的需求或期望，您可以在收到保险合同并书面签收之日起 10 天内联系我方解除本保险合同。如果尚未发生理赔、付款担保或付款预授权，我方将无息全额退还您方已交纳的全部保险费。粗体词汇的理解请见释义。

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 ten (10) days upon your receipt of 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 and without accrued interest. Words and phrases in bold have the meanings given to them in 'Definitions'.

2. 被保险人可以享受本保险合同提供的保障。
Beneficiaries are covered by the benefits on the policy.

✓ 您应特别注意的事项
Matters for attention

1. 请您注意理解各项保险责任的保障内容，相应选择您的保障计划。
Please make sure you know all benefits, and decide your insurance coverage accordingly.
2. 请您留意关于保险金给付限额和条件的条款。
Please pay attention to the provisions about the limits and conditions of cover.
3. 请您留意责任免除条款，尤其是已加下划线的免除或限制我方责任的条款。
Please pay attention to the provisions about exclusions, especially those having been underlined.
4. 请您留意保险合同中关于保险期间及合同效力终止的条款。
Please pay attention to the provisions about period of cover and policy termination.
5. 请您留意续保的条件，如果您方不愿意续保，请在保单周年日前通知我方。
Please pay attention to the renewal conditions. If you decide not to renew, please inform us prior to your policy anniversary.
6. 请您留意一些重要术语的定义，如“常住国”、“日间病房治疗”、“专科医生”、“执业医师”等。
Please pay attention to the definitions of some key terms, such as “country of habitual residence”, “day case treatment”, “specialist”, “medical practitioner” and etc.

✓ 条款目录

Table of contents

第一章 一般条款及规定

Section 1 - General Terms and Conditions

1. 保险双方协议
Insurance agreement
2. 保险合同构成
Policy constitution
3. 保险责任生效
When does the cover begin
4. 保险责任终止
When does the cover end
5. 保险合同续保
How is the policy renewed
6. 被保障人员
Who is covered?
7. 增减被保险人
Add or remove beneficiaries
8. 保障范围
What is covered?
9. 保障选项
Coverage options
10. 保险费及其他费用的交纳
Premium and other charges
11. 免赔额
Deductible
12. 自负比例
Coinsurance
13. 保险合同的终止
Termination of cover
14. 明确说明和如实告知
Truthful and Full Disclosure
15. 未如实告知的处理
False or withheld information
16. 外籍常住者与本国国民
Expatriates and nationals
17. 变更地址与国籍
Changes of address and nationality
18. 联系您方
Contacting you
19. 联系我方
Contacting us
20. 保险合同变更
Changes to this policy
21. 保险合同执行人
Who can enforce this policy?
22. 其他保险
Other insurance
23. 资料保护
Data protection
24. 语言
Language
25. 申诉及争议处理
Complaints & Dispute Settlement
26. 适用的法律法规
Applicable law and jurisdiction

第二章 保险责任

Section 2 - Benefits

27. 国际医疗保障
International Medical Benefit
28. 国际医疗补充保障（可选保障）
International Health Insurance Plus Option
29. 国际健康与体检保障（可选保障）
International Health and Wellbeing Cover Option
30. 国际眼科与牙科保障（可选保障）
International Vision and Dental Cover Option
31. 国际紧急转运服务保障（可选保障）
International Emergency Evacuation Cover Option

第三章 责任免除

Section 3 - Exclusions

32. 通用责任免除
General Exclusions

第四章 预先批准

Section 4 - Prior approvals

33. 预先批准清单
List of prior approvals
34. 在美国以外地区治疗的预先批准
Prior approval for treatment outside the USA
35. 在美国地区治疗的预先批准
Prior approval for treatment in the USA
36. 严格遵从理赔流程
Strict compliance with claim procedure

第五章 保险金申请

Section 5 - Claims application

37. 提供信息
Providing information
38. 诉讼时效
Claiming period
39. 美国地区治疗的理赔
Claims for treatment in the United States
40. 中国大陆地区治疗的理赔
Claims for treatment in Mainland China
41. 其他地区治疗的理赔申请
Claims for treatment in other areas
42. 保险金的给付
How we pay claims
43. 其它核定结果
Other decisions

第六章 释义

Section 6 - Definitions

44. 术语定义
Defined terms

附件：保险利益表

Appendix: List of benefits

招商信诺寰球精致高端个人医疗保险条款

CIGNA&CMC Individual Advance Medical Insurance Provision

第一章 一般条款及规定

Section 1 - General Terms and Conditions

<p>1. 保险双方协议 Insurance agreement</p>	<p>根据本保险合同载明的各条款、赔付条件、赔付限额、责任免除等条款，我方将支付在本保险合同保险期间内、所选择保险区域内被保险人发生损伤、疾病、怀孕及分娩而产生的医疗费用及相关费用，在扣除相应免赔额后按照相应的自负比例赔付，并以相应赔付限额为限。</p> <p>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 selected area of coverage for injury, sickness, and medical conditions relating to pregnancy and childbirth. The treatment must occur during the period of cover and deductibles, coinsurances, and limits of cover may apply..</p>
<p>2. 保单合同构成 Policy constitution</p>	<p>2.1 本保险合同由投保申请、保险凭证、保险条款等其他文件组成，请注意仔细阅读。</p> <p>This policy consists of your application, your certificate of insurance and this provision. They constitute the entire contract between us and you. You should read them carefully.</p> <p>2.2 如果在您发出申请到保单生效前，您的健康与医疗情况发生了变化，不同于投保时的健康告知，您方应告知我方。我方将重新审核您的投保申请，并可能增加（额外的）特别责任免除，或重新评估是否承保。</p> <p>You must let us know of any change in your medical condition which occurs between the time of your application and the start time of your policy. We will then review your application and may need to apply (additional) special exclusions or review coverage acceptance.</p>
<p>3. 保险责任生效 When does the cover begin?</p>	<p>3.1 保险责任将于保险凭证首页所载生效时间起生效，该保险凭证将发送给您方。如果续保的，年度续保日也为每年对应的此日期，如当月无对应的日期，则以该月的最后一日计算。</p> <p>The cover will begin on the start time shown on the first certificate of insurance which we send to you. If the policy is renewed, the annual renewal date will fall on this date each year.</p> <p>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时间为其所在保险凭证首页载明的时间，该保险凭证将发送给您方。</p> <p>If you choose to buy cover for any additional beneficiaries, their cover will begin on the start time shown on the first certificate of insurance on which they are listed, which we send to you.</p> <p>3.3 如您方接受我方承保条件的日期在生效时间之后，请您务必及时向我方告知在申请日与接受承保条件日之间您方所发生的任何医疗情况变化，我方将重新审核您的申请，并可能增加特别责任免除、或重新评估是否承保。</p> <p>If your acceptance of the policy occurs after your selected start time, 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 and may need to apply (additional) special exclusions or review coverage acceptance.</p>
<p>4. 保险责任终止 When does the</p>	<p>4.1 本保险合同为一年期保险合同。即：除非本保险合同提前终止或本保险合同续保，保险责任将在保单终止日终止。</p>

cover end?	<p>This policy is an annual contract. This means that, unless it is terminated earlier or renewed, the cover will end on the end day.</p>
4.2	<p>在下列情况下，保险责任自动终止： Cover will automatically end for any beneficiary if:</p>
4.2.1	<p>被保险人死亡（虽然有些责任在其死亡后仍可获赔偿，如医疗运送回国及遗体运送回国），对该被保险人的保险责任终止； 或 the beneficiary dies (although any benefits which may be payable after death, such as repatriation of mortal remains, will still be paid) ,the insurance liabilities for the corresponding insured will terminate; or</p>
4.2.2	<p>本保险合同被终止。您方及我方可终止本保险合同的情形请见第 13 条。 the policy is terminated. The circumstances in which you or we can terminate the policy are explained in provision 13.</p>
4.3	<p>如果投保人死亡，所有被保险人的保障将在投保人已缴保险费所对应的期间届满时终止。在这样的情况下，我方将尝试联系本保单下的所有被保险人，允许他们选择其中的一位作为新的投保人、如此则所有被保险人的保障将延续到保单终止日。如果被保险人确实希望延续保障，他们必须在 30 天内书面确认他们同意延续。如果被保险人不希望，所有被保险人保障将在投保人已缴保险费所对应的期间届满时即行终止；我方将不支付保障终止日及以后发生的医疗费用及服务。 If you die, cover will end for all beneficiaries when the insured period corresponding the premiums having been paid by you ends. If this happens, we will try to contact any other beneficiaries who are covered under this policy, and offer them the opportunity to continue the cover until the end date, with one of them taking over as policyholder. If the beneficiary does wish to continue the cover, they must respond, in writing, within 30 days, to confirm their acceptance. If they do not do so, all cover will end when the insured period corresponding the premiums having been paid by you ends, and we will not make any payments in relation to treatment or services which are received on or after the date on which the cover ends.</p>
4.4	<p>如果在保险终止日前本保险合同提前终止，只要被保险人在终止日前没有进行理赔、付款担保或预先批准，我方将向您方退还未满期净保费。 If this policy ends before the normal end date, unearned net premium will be refunded, so long as no claims have been made and no guarantees of payment or prior approvals have been put in place during the period of cover.</p>
5. 保险合同续保 How is the policy renewed?	<p>5.1 我方将在本保单终止日前至少一个月前书面询问您是否希望续保当前保单。我方将同时告知您续保后保费的变化及续保的承保条件。 We will write to you at least one month before the end date and ask you whether you want to renew the cover you currently have. We will also inform you of any changes to the premiums or terms and conditions which would apply on renewal.</p> <p>5.2 如果您方同意续保，您方无需给予任何反应，您的保障将延续 12 个月。续保所依据的是在续保时我方生效的术语定义、保险条款、保障利益等。如果我方不同意继续承保，我方将根据后面 13.6 条款通知您方。如果您方不同意续保，您方须在保单终止日前至少 7 天通知我方。 If you choose to renew, you do not need to do anything, and your cover will be renewed automatically for another 12 months. Renewal is subject to the</p>

definitions, **benefits** and terms of the **provision** in force at the time of renewal. If **we** are unable to renew **your** cover, **we** will give **you** notice as described in paragraph 13.6. If **you** do not want to renew **your** cover, **you** must let **us** know at least seven days before **your policy end date**.

- 5.3 如果您方不同意续保，本保险合同将不延续。本保险合同符合条件的各被保险人可以申请为自己投保。我方将个别审核，分别告知他们我方是否同意承保及承保条件。

If **you** do not renew **your** cover, the **policy** will not be renewed. Any **beneficiaries** who have been covered under the **policy** can apply for their own cover. **We** will consider their **applications** individually, and inform them whether, and on what terms, **we** are willing to offer them such cover.

6. 被保障人员 Who is covered?

- 6.1 本保险合同的被保险人是常住国为中国大陆的外籍常住者。在本保险合同下被保险人与受益人为同一人。

This **policy** only covers the foreign nationals whose **country of habitual residence is Mainland China**. Under this **policy**, **beneficiary** is the same person as the insured person.

- 6.2 您方可以酌情同时为其他人员投保；如果这样，您方需要把相应被保险人添加在投保申请中。经我方审核同意后，该被保险人姓名将载于保险凭证上，您方将可能承担额外的保险费，我方可能对新增人员适用特别责任免除。

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, and special exclusions may be applied in relation to them.

- 6.3 您方可能为他人投保，却不为您本人投保。如果这样，您方将作为投保人并承担交纳本保险合同保险费及其他所有本保险合同规定的责任，但不享有保险保障。所有的申请须经医疗核保，我方将向您方告知我方对保险凭证上列明的被保险人的承保条件。

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**.

- 6.4 投保年龄与年龄误告的处理

Issue age and how to deal with incorrectness of age

- 6.4.1 被保险人在其最初生效时的年龄上限为 70 周岁。投保申请上填写的各被保险人的出生日期以其有效身份证件为准。

One beneficiary's oldest age at his **initial start time** is 70 years old. The birth date of **beneficiary(ies)** on **your application** should be based upon effective identity card.

- 6.4.2 如您方申报的被保险人年龄不真实，并且其真实年龄不符合本保险合同约定投保年龄限制的，我们有权解除保险合同，并向您方退还未满期净保费。我方行使保险合同解除权，该解除权自我方知道有解除事由之日起超过 30 日不行使而消灭。

If **you** provide **us** with an incorrect date of birth and the real age does not comply with the eligibility requirements of this **policy**, **we** have the right to cancel this **policy**. In this situation, **we** shall refund the **unearned net premium**. The right to cancel the **policy** will be rescinded after 30 days starting from the day **we** notice this error.

- 6.4.3 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.
- 6.4.4 如您方申报的**被保险人**年龄不真实，致使实付**保险费**多于应付**保险费**的，我方会将多收的**保险费**无息退还给您。
- 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.
- 7. 增减被保险人**
Add or remove beneficiaries
- 7.1 除非发生**重大人生事件**，您方仅可在每一**保险期间**终止时增加或减少**被保险人**。例如，您方的**保险凭证**所载**生效时间**在1月1日，您方仅能在下一年度的1月1日增加或减少**被保险人**。
- Unless there has been a relevant **qualifying life event**, **you** may add or remove a **beneficiary** only when **you** are renewing the cover at the end of an annual **period of cover**. For example, if the **start time** 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.
- 7.2 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所增加的**被保险人**完整信息的**申请**，我方将及时通知您方是否接受此投保以及由于接受这一投保而可能需要增加的额外责任免除、额外**保险费**等其他条件。新增**被保险人的保险责任**将于我方确认同意接受该**申请**之日起生效，我方将会出具包含该新增**被保险人的保险凭证**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 exclusions and any additional premium which would apply. Cover for the new **beneficiary** will begin from the date on which **we** confirm acceptance of the **application**. **We** will send **you** an updated **certificate of insurance** to confirm that the new **beneficiary** has been added.
- 7.3 若您或您的**配偶**分娩，您方可要求增加新生儿至已有的**保险责任**中：
If **you** or **your spouse** gives birth, **you** may apply to add the newborn as a **beneficiary** to **your** existing plan:
- 7.3.1 如在新生儿出生前的10个月或更长期间内，其父母中至少有一位已经持续有效地作为**我方被保险人**，并且**我方**在该新生儿出生后30天内收到该新生儿的投保**申请**的，该新生儿将无须经医疗核保，**我方**不要求新生儿的健康或医疗信息，该新生儿的**保险责任**将于**我方**确认同意接受该**申请**之日起生效。**我方**将把更新的**保险凭证**发送给您方。
- If at least one parent has been covered by the **policy** for a continuous period of 10 months or more prior to the newborn's birth and the **application** is received by **us** within 30 days of the newborn's date of birth, the newborn will not be subject to medical underwriting, **we**

will not require information regarding the newborn's health or a medical examination, and 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.

7.3.2 如在新生儿出生前的 10 个月或更长期间内，其父母中至少有一位已经持续有效地作为**我方被保险人**，并且**我方**在该新生儿在出生 30 天后才收到该新生儿的投保申请的，则该新生儿须经医疗核保。**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**的特别条件及特别责任免除。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**保险凭证**以确认新增**被保险人**并发送给**您方**。
If at least one parent has been covered by the **policy** for a continuous period of 10 months or more prior to the newborn's birth and the **application** is received by **us** more than 30 days after the newborn's 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 and exclusions 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.

7.3.3 如果新生儿的父母中没有一位能满足“在新生儿出生前的 10 个月或更长期间内，已经持续有效地作为**我方被保险人**”的条件。该新生儿则须经医疗核保。**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**的特别条件及特别责任免除。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**保险凭证**以确认新增**被保险人**并发送给**您方**。
If neither parent has been covered by the **policy** for a period of 10 consecutive months or more prior to the newborn's 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 and exclusions which would apply. If **you** accept the offered terms, cover will begin when **we** confirm acceptance of the **application**. **We** will send **you** an updated **certificate of insurance** confirming that the new **beneficiary** has been added.

8. 保障范围
What is covered?

- 8.1 本**保险合同**承担经**专科医生**建议并由**我方医疗团队**所确认，因**损伤或疾病**而导致的、属于**医疗必要**的护理及**治疗**费用给付责任，以及特定服务费用给付责任。
This **policy** covers certain costs of services or supplies which are recommended by a **medical practitioner**, and which are **medically necessary** for the care and **treatment** of an **injury** or **sickness**, as determined by **our medical team**.
- 8.2 保险条款中所列的费用。这些费用的支付须符合本**保险合同**的规定及**保险凭证**所载的限额及责任免除。
The costs which are covered are set out in the **provision**. These costs are subject to the limits and exclusions which are set out in the **provision** and **your certificate of insurance**.
- 8.3 我方可能给予个别**被保险人**特别责任免除。特别责任免除详细内容在**保险凭证**上明示。
Special exclusions, imposed on an individual basis, may apply. Details of these special exclusions will be shown on **your certificate of insurance**.

- 8.4 任何理赔均须符合既定的免赔额、自负比例，以及保险条款与保险凭证所载的给付限额。
Any claim is subject to the applicable **deductible, coinsurance, and limits of cover** set out in the **provision and your certificate of insurance.**
- 8.5 本保险合同将不承担任何发生在保险合同开始前与终止后相关治疗的费用，即使该治疗在保险合同终止前已经获得了我方的批准。
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).
- 9. 保障选项**
Coverage options
- 9.1 国际医疗保障为**被保险人**的必选保障，具体责任（参考适用的条款、规定、限额及责任免除）详见本**保险合同**中“**保障利益表**”所载。
The International Medical 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 ‘**list of benefits**’ in the **provision**.
- 9.2 **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障，并交纳相应的附加**保险费**：
You may (for additional premium) add to the cover provided under the International Medical Insurance plan by choosing one or more from the following extra coverage options for any **beneficiary or beneficiaries**:
- 9.2.1 国际医疗补充保障；
International Medical Insurance Plus;
- 9.2.2 国际紧急转运服务保障；
International Emergency Evacuation;
- 9.2.3 国际健康与体检保障；
International Health and Wellbeing; and
- 9.2.4 国际眼科与牙科保障。
International Vision and Dental.
- 9.3 可选保障的**保险责任**具体详见本**保险合同**“**保障利益表**”所载。
Details of the extra coverage options are set out in ‘**list of benefits**’ in the **provision**.
- 9.4 **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**年度续保日**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**.
- 9.5 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**可能对**您方**新增的保障选项责任适用新的特殊规定或除外责任。
If **you** want to add new coverage options, **we** may ask for a completed medical history questionnaire, and **we** may apply new special restrictions or exclusions on the new coverage options.
- 9.6 **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.
- 9.6.1 **全球不含美国**
Worldwide, excluding USA.
- 9.6.2 **全球含美国**
Worldwide, including USA.

- 10. 保险费及其他费用的交纳**
Premium and other charges
- 10.1 保险费及其他应支付的费用（如税费），及其应支付的时间与方式均已载明于**您方的保险凭证**中。
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.
- 10.2 支付货币为人民币。
Payments must be made in Chinese Yuan (CNY).
- 10.3 **您方**应准时交纳**保险凭证**详细载明的**保险费**及任何其他费用。
You are responsible for paying the premium and any other charges as detailed on **your certificate of insurance**, and are also responsible for making sure they are made on time.
- 10.4 如果**您**未支付首期保险费，本**保险合同**自始无效。如果**您**未如期缴清到期的续期**保险费**，自该到期日起 60 日内若发生**保险事故**，**我方**仍负**保险责任**，但在给付**保险金**时会扣减应缴的续期**保险费**；超过该到期日起 60 日的 24 时仍未缴清的，本**保险合同**效力终止。
If **you** do not pay first premium, this **policy** will be ineffective from all the beginning. If **you** do not pay following premium when it is due, **we** will still be responsible for cover of **treatment** within the 60 days after the due date. But **we** will deduct any following premium due when making payment for **treatment**. If the aforementioned overdue premium remains outstanding upon the end of the 60th day after the due date, this **policy** will be terminated.
- 10.5 **我方**将根据每年的医疗费用通胀情况对**保险费率**进行调整。**我方**将在**年度续保日**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 adjust the premium rates each year according to medical cost inflation. **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.
- 11. 免赔额**
Deductible
- 11.1 对国际医疗保障或国际医疗补充保障的支付，如果**被保险人**的保障计划中选择了**免赔额**，**我方**将对**保险期间**内有关**治疗**的每一次理赔均扣除**免赔额**，直到累积免赔达到了年度**免赔额**。
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 Medical Insurance or International Medical Insurance Plus option (if applicable) by the amount of any **deductible** until the **deductible** for the **period of cover** is reached.
- 11.2 **免赔额**将按每一**被保险人**、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**.
- 11.3 **您方**有对国际医疗保障及国际医疗补充保障选择**免赔额**的权利，选择有**免赔额**的**保险费**将低于选择无**免赔额**的**保险费**。若**您方**计划选择**免赔额**，请在**投保申请**中注明。
You can choose to have a **deductible** on the International Medical Insurance or International Medical 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**.
- 11.4 **住院津贴保险责任**、**新生儿护理保险责任**无**免赔额**。
No **deductible** applies to 'Inpatient Cash Benefits' or 'Newborn Care Benefits'.

- 11.5 您方应直接负责向医院、诊所或执业医生支付免赔额，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, clinic or medical practitioner. We will let you know what this amount is.

- 11.6 您方可于年度续保日要求变更免赔额。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，并可能附加特别承保条件或特别责任免除。

You can request a change to the 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 or exclusions.

12. 自负比例 Coinsurance

- 12.1 如果在国际医疗保障中选择了自负比例，我们将按照相应的自负比例降低我们所支付的金额。此自负比例将是导致所发生费用不能从我们这里得到补偿的原因之一；所有因为自负比例不能从我们这里得到补偿的费用最高不超过您方所选择的每个保险期间的自负上限。

If a coinsurance is selected on the International Medical Insurance plan, we will reduce the amount we pay towards the cost of treatment by the coinsurance percentage. The coinsurance percentage results in part of the costs of treatment not being covered by us; these costs will be capped by the out of pocket maximum you have chosen for any one period of cover.

- 12.2 如果在国际医疗补充保障中选择了自负比例，我们将按照相应的自负比例降低我们所支付的金额。此自负比例将是导致所发生费用不能从我们这里得到补偿的原因之一；在国际医疗补充保障中，本保险合同没有设定相应的自负上限。

If a coinsurance is selected on the International Medical Insurance Plus option, we will reduce the amount we pay towards the cost of treatment by the coinsurance percentage. The coinsurance percentage results in parts of costs of treatment not being covered by us; for the International Medical Insurance Plus option there is no capping out of pocket maximum available under the terms of this policy.

- 12.3 只有在国际医疗保障下您根据自负比例所自负的医疗费用部分适用自负上限的限制效应，您由于免赔额或超过赔付限额而支付的费用、不在国际医疗保障内的其他费用、因未履行适当的预先批准要求而征收的惩罚性的自负费用、或因在美国使用医疗网络外的医疗服务而导致的自负费用，均不适用自负上限。

Only amounts you pay related to the coinsurance on the International Medical Insurance plan are subject to the capping effect of the out of pocket maximum. Any amounts you pay due to a deductible, due to exceeding limits of cover, for treatment not covered by the International Medical Insurance plan, or due to penalties for not obtaining proper pre-authorization or using out of network providers in the USA, are not subject to the out of pocket maximum.

- 12.4 每个被保险人在每个保险期间内分别适用各自的自负上限和自负比例。

The out of pocket maximum and the coinsurance apply separately to each beneficiary and each period of cover.

- 12.5 您可以选择在国际医疗保障或国际医疗补充保障中选择一定的自负比例。如此，您所支付的保险费将会更低。如果您希望适用某一自负比例，您需要在您的投保申请上注明。另外，如果您在国际医疗保障中

选择了**自负比例**，您需要同时也选择相应的**自负上限**。

You can choose to have a coinsurance on the International Medical Insurance plan or International Medical Insurance Plus option. If you do so, your premium will be lower than it otherwise would be. If you would like to apply a coinsurance, you should tell us so in your application.

Additionally, if **you** choose to have a **coinsurance** on the International Medical Insurance plan, **you** also select a corresponding **out of pocket maximum**.

- 12.6 如果您同时选择了**免赔额**和**自负比例**，您因**免赔额**而自负的部分将先于因**自负比例**而自负的部分进行计算。关于**免赔额**的相关内容请参见第 11 条。

If **you** select both a **deductible** and a **coinsurance**, the amount **you** will need to pay due to the **deductible** is calculated before the amount **you** will need to pay due to the **coinsurance**. Refer to section 11 for more information relating to **deductibles**.

- 12.7 因**自负比例**而自负的费用将由您负责直接向**医院、诊所或执业医师**支付。我们将告知您具体的金额。

You will be responsible for paying the amount of any coinsurance directly to the hospital, clinic or medical practitioner. We will let you know what this amount is.

- 12.8 您可以在每年的**年度续保日**申请对随后生效的**自负比例**和**自负上限**进行变更。如果您希望取消或降低您的**自负比例**或降低您的**自负上限**，我方有可能要求您方提供健康问卷，并可能附加特别承保条件或特别责任免除。

You can request a change to the coinsurances and out of pocket maximum with effect from your annual renewal date each year. If you wish to remove or reduce your coinsurance or reduce your out of pocket maximum, we may require a medical history questionnaire and we may apply new special restrictions or exclusions.

13. 保险合同的终止 Termination of cover

- 13.1 在下面情况下，我方将终止**保险合同**：

We may terminate this policy if:

- 13.1.1 在续期**保险费**或其他应缴的费用（包括**税收**等）的应缴日期后 60 天内，未及时支付上述费用。如果**我方**因为此原因解除本**保险合同**，**我方**将书面向您方发出通知。本**保险合同**不承担任何发生在**保险合同**开始前与终止后相关**治疗**的费用，即使该**治疗**已经在**保险合同**终止前获得了**我方**的批准；或
any premium or other charge (including any relevant tax) is not paid in full within 60 days of the date on which it is due. **We will give you** written notice if **we** are going to terminate the **policy** for this reason. 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); or
- 13.1.2 本**保险合同**所提供的保障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
- 13.1.3 被监管机构处罚而不适宜成为**被保险人**；或
any **beneficiary** is identified on any sanctions listings of regulator; or
- 13.1.4 向**我方**告知的信息存在信息误导，或因不如实告知而影响**我方**对本**保险合同**所承保风险的评估。
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**.

13.2 犹豫期内解除保险合同

Cancellation during cooling off period

13.2.1 若本**保险合同**未能满足**您方**的需求，或达不到**您方**的预期，**您**可以在收到**保险合同**并书面签收之日起 10 天内联系**我方**并取消本**保险合同**。如果在此期间内未发生理赔、**付款担保**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 ten (10) days upon **your** receipt of **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.

13.3 如果**您方**计划解除本**保险合同**及所有**被保险人**的保障，请至少提前 7 天书面通知**我方**。

If **you** want to terminate this **policy** and end cover for all **beneficiaries**, **you** may do so at any time by giving **us** at least seven days' notice in writing.

13.4 如**您方**要求在**保单终止**日前解除本**保险合同**，只要确认在此**保险期间**内无理赔、**付款担保**或预授权审核，**我方**将向**您方**退还未满期净**保费**。

If this **policy** ends before the normal **end date**, **unearned net premium** will be refunded, so long as no claims have been made and no **guarantees of payment** or prior approvals have been put in place during the **period of cover**.

13.5 即使某项**治疗**已经获预先审核同意，如果该项**治疗**的发生在**保险合同**终止或某**被保险人**离开**保单**之后，**我方**不承担该项费用。

If **treatment** has been authorised, **Cigna** will not be held responsible for any **treatment** costs if the **policy** ends or a **beneficiary** leaves the **policy** before **treatment** has taken place.

13.6 如果**我方**不同意续保本**保险合同**，**我方**将在**保单**到期前至少一个月书面通知**您**本**保险合同**在**保单**期满后不再续保。

We will wherever possible, write to **you** at least one month before the **end date** to give **you** written notice that the **policy** will not be renewed with effect from the **end date**.

14. 明确说明和如实告知

Truthful and Full Disclosure

订立本**保险合同**时，**我方**应向**投保人**明确说明本**保险合同**的条款内容。对**保险条款**中免除责任的条款，**我方**在订立**保险合同**时应当在**投保申请**、**保险凭证**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 for the exclusion clauses, the company shall have striking notes in **application form**, **certificate of insurance** and other documents, as well as make clear explanations to the applicant in oral or written; otherwise, the exclusion clauses won't be effective. **We** may put forward written inquiry about the relevant information of the **policyholder** and each **beneficiary**. The **policyholder** shall disclose the information fully and truthfully.

15. 未如实告知的处理

15.1 **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**决定是否同意接受**投保申请**或者提高**保险费率**的，**我方**有权解除本**保险合**

False or withheld information	<p>同。</p> <p>If the policyholder intentionally or due to gross negligence, fails to perform the duty of truthful and full disclosure, which suffices to influence our decision as to whether to accept the application or to raise the insurance premium rate, we have the right to terminate the policy.</p>
15.2	<p>投保人故意不履行如实告知义务的，我方对于本保险合同解除前发生的保险事故，不承担保险责任的给付，不退还保险费。</p> <p>If the policyholder fails to perform its obligation of truthful and full 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.</p>
15.3	<p>投保人因重大过失未履行如实告知义务，对保险事故的发生有严重影响的，我方对本保险合同解除前发生的保险事故，不承担保险责任的给付，但退还未满期净保费。</p> <p>If the policyholder fails to perform the duty of truthful and full disclosure due to gross negligence, which failure has a material bearing on the occurrence of an insured event, we have the right to terminate the policy, and shall not be liable to pay insurance benefits for the insured events that occurred before the termination of the policy, but shall refund the unearned net premium.</p>
15.4	<p>我方在保险合同订立时已经知道投保人未如实告知的情况的，不会解除保险合同；发生保险事故的，我方承担给付保险金的责任。</p> <p>When concluding the policy, we have aware that the policyholder fails to perform the duty of truthful and full disclosure, we shall not terminate the policy; and shall pay insurance benefits for occurred events which are covered in the benefit coverage.</p>
15.5	<p>上述规定的保险合同解除权，自我方知道有解除事由之日起，超过三十日不行使而消灭。</p> <p>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..</p>
<p>16. 外籍常住者与本国国民 Expatriates and nationals</p>	<p>16.1 只有当保险期间内被保险人在其国籍国境内逗留且总计少于 90 天、且该国属于本保险合同的所选择保障区域之内时，我方才可以承担被保险人在其国籍国境内发生的医疗费用；在其他情况下，我方对被保险人在其国籍国境内接受的任何治疗费用均不予支付。</p> <p>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.</p> <p>16.2 如果任一被保险人不再是外籍常住者（不管是由于国籍变更还是常住地变更），您方可以：</p> <p>If any beneficiary ceases to be, an expatriate (whether as a result of a change of nationality or a change of habitual residence), then you may:</p> <p>16.2.1 继续保持本保险合同生效状态。保险责任将继续对作为外籍常住者的被保险人，以及对在国籍国外治疗的非外籍常住者被保险人均持续有效；</p> <p>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;</p> <p>16.2.2 书面通知我方终止本保险合同，所有被保险人的保障将全部终</p>

止。只要在此**保险期间**内未发生任何理赔、**付款担保**或未取得预先批准，**我方**将向您方退还未满期净保费。

terminate the **policy** by giving written notice, with the effect that cover will end for all **beneficiaries**. **Unearned net premium** will be refunded, so long as no claims have been made and no **guarantees of payment** or prior approvals have been put in place during the **period of cover**.

- 16.3 在某些情况下，如果变更**常住国**将致使原有保障违反当地医疗保健监管规定，**我方**有可能需要终止**保险责任**，具体的规定可能根据不同国家及/或不同时期而变化。

In some instances, **we** may 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.

- 16.4 **被保险人**变更**常住国**的，根据新**常住国**法律法规，**我方**保留要求您方补充个人信息、变更/终止保障、或改变保费的权利。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**保单终止**日前终止，只要在此期间内未发生任何理赔、**付款担保**或未取得预先批准，**我方**将向您方退还未满期净保费。

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**, **unearned net premium** will be refunded, so long as no claims have been made, and no **guarantees of payment** or prior approvals have been put in place during the **period of cover**.

17. 变更地址与国籍

Changes of address and nationality

- 17.1 **我方**将按您方投保申请上载明的地址寄送与本**保险合同**有关的书信及通知。如果您方及其他**被保险人**的地址、常住地或**常住国**发生了任何变更，请务必通知**我方**。

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

我方将给您方寄送更新信息后的**保险凭证**。

We will then send **you** an updated **certificate of insurance**.

- 17.2 关于您方**常住国**或**国籍国**的任何变更请务必及时通知**我方**。

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

18. 联系您方

Contacting you

如果**我方**需要就本**保险合同**的有关事宜联系您方，或通知将终止或修改本**保险合同**，**我方**将依据您方**保险凭证**上载明的最新地址寄送书面通知，并视为已送达给您方。

If **we** need to contact **you** 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** gave **us** in the latest **certificate of insurance**, and all notices sent will be considered delivered.

19. 联系我方

Contacting us

- 19.1 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.
- 19.2 如果在其他情况下您需要联系**我方**，请您发送电子邮件至**您方**所持的成员身份卡上的电子邮箱地址，**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.
- 20. 保险合同变更**
Changes to this policy
- 20.1 除**我方**授权代表以外，任何人均无权更改本**保险合同**或取消其中的任意条款，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**保险合同**的任何规定。
No person other than an authorized executive officer of **us** has authority to change this **policy** or to waive any of its **provisions** on **our** behalf, for example, sales representatives, brokers and other intermediaries cannot vary or extend the terms of the **policy**.
- 20.2 **我方**保留依照相关法律法规变更本**保险合同**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.
- 20.3 **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**.
- 20.4 如果有**被保险人**存在特别责任免除，**我方**将可能在年度续保日重新对该**被保险人**进行评估，以决定**我方**是否同意去除该特别责任免除。如果**我方**可能进行评估以决定是否去除特别责任免除，**我方**将在**保险凭证**上注明此重新评估的日期。如果**您方**有特别责任免除需要进行重新评估，**您方**应该在收到续保通知后、年度续保日前至少 14 天期间通知**我方**。**您方**应该提供或告知在保单开始日或最近续保日后重要风险因素的变化，以便于**我方**对特别责任免除进行重新评估并决定相应的保单承保条件变更。如果**我方**对特别责任免除进行了变更，**我方**将就此变更通知**您方**、并且在适当的情况下将变更后的**保险凭证**发送**您方**。特别责任免除的变更将在相关的年度续保日后生效。**我方**不承诺在续保时，特别责任免除一定会去除。
If special exclusion(s) have been applied to any **beneficiary** there may be occasions when **we** can review them at a future **annual renewal date**, to consider whether **we** are willing to remove the exclusion. If this is the case, **we** will show the exclusions review date on the **certificate of insurance**. **You** should contact **us** upon receipt of the renewal notification, and at least 14 days before the **annual renewal date** if there is an exclusion which is due for review at that date. **You** should provide information or disclose any changes affecting risks where such changes have occurred since the **policy** inception or last renewal, whichever is the latter, to help **us** review the exclusion and any change to this **policy**. **We** will then advise **you** of changes (if any) **we** have made to the special exclusion(s) and, where appropriate, issue an amended **certificate of insurance**. Amendments to special exclusion(s) will be effective from the relevant **annual renewal date**. **We** do not guarantee that any special exclusion(s) will be removed on review.
- 21. 保险合同执行人**
人
- 本**保险合同**仅对**您方**与**我方**具有法律权益，只有**您方**或**我方**是本协议的合同执行人（即使本**保险合同**赋予其他**被保险人**进行投诉的权利）。

Who can enforce this policy?	Only we and you have legal rights in connection with this insurance . This means that only we or you may enforce the agreement (although we will allow anyone who is covered under this policy to use our complaints process).
22. 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.
23. 资料保护 Data protection	<p>23.1 出于办理本保险合同事务、提供保险保障及其他在第 23 条中所述的目 的或原因，我方需要收集及处理您方的个人资料及敏感信息，例如： 姓名、地址、出生日期、电话号码及健康信息等等。您方对我方出于 必要而合理的需求而按第 23 条约定的情形收集及处理您方的个人资料 及敏感信息的行为予以认可。 We need to collect and process personal and sensitive data relating to you, which includes all identifiable information that relates to you for example: name, address, date of birth, telephone numbers and details of health information relating to you, for the purposes of administering this policy and providing the insurance and other purposes stated in provision 23. Pursuant to the stipulation herein and to the extent reasonably necessary for these purposes, you consent to us collecting and processing all personal and sensitive data relating to you.</p> <p>23.2 我方将会记录来电或去电以控制质量。 Telephone calls to and from us may be recorded for quality control.</p> <p>我方将出于履行本保险合同义务、遵守法律法规的规定、服从监管机构 、行业协会的要求等原因而使用或提供上述信息和资料，并有可能 需要与我方授权的第三方分享，在某些情况下需要传输资料到中国大 陆之外的地区。 The abovementioned information and data will be processed or provided by us for reasons including carrying out our obligations, acting pursuant to laws and regulations, or following industry regulator's and industry association's requests and we may need to share it with third parties authorised by us, which may mean in certain instances we need to transfer data outside Mainland China.</p> <p>以上信息和资料的处理除应符合中国关于信息保护的法律规定外，还 须符合合同中关于机密性及安全性方面的规定。如果您方需要一份我 方持有的您方个人资料复印件，请书面告知我方您的成员编号。我方 可能对提供的信息收取合理的费用。 Such processing is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by applicable data protection laws in China. If you would like a copy of the information we hold about you, please write to us quoting your membership number. Please note that we may charge a reasonable fee to provide this information.</p> <p>23.3 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，但该分享仅限于关于欺骗或试图欺骗行为的信息分享，不 会涉及任何被保险人医疗信息的泄露。 To help us detect and prevent fraud, we may need to share information with other insurers or organisations. If we need to share information for this reason, we will only share information relating to fraud or attempted fraud, and will not share information about any beneficiary's medical history.</p>
24. 语言 Language	我方 将为 您方 提供本 保险合同 文件的中文版本和英文版本，但英文版本只供 参考，应以中文版本为准。 You have asked for all of the policy documents in relation to this policy to be

	provided in Chinese and English. All such documents will be provided in Chinese and English. But Chinese version shall always be the governing version. English version is for reference only.
25. 申诉及争议处理 Complaints & Dispute Settlement	<p>25.1 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.</p> <p>25.2 如果申诉未能解决时，可以从下列两种方式中选择一种争议处理方式： If the complaint is not resolved, the parties concerned shall resort to either of the following two dispute settlement methods:</p> <p>25.2.1 因履行本保险合同发生的争议，由当事人协商解决，协商不成的，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;</p> <p>25.2.2 因履行本保险合同发生的争议，由当事人协商解决，协商不成的，依法对本保险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.</p>
26. 适用的法律法规 Applicable law and jurisdiction	<p>26.1 本保险合同依据中华人民共和国法律制定，并严格遵循该法律。 This policy is governed by, and will be interpreted in accordance with, laws of the People's Republic of China.</p> <p>26.2 关于本保险合同的任何争议包括合同的有效性、构成及终止条款，将由中华人民共和国法庭管辖。 Any disputes about this policy, including disputes about its validity, formation and termination, will be determined in the courts of People's Republic of China.</p>

第二章 保险责任 Section 2 - Benefits

27. 国际医疗保障 International Medical Benefit	<p>国际医疗保障为您提供所需要的住院费用、日间病房的手术费用及病房膳食等费用的保障。另外，对癌症、妊娠导致的并发症和精神心理治疗，保障的范围包括住院费用、门诊费用及日间病房费用。 International Medical Insurance protects you for as many everyday needs as possible including all inpatient, day-patient surgery and accommodation costs. You will also have essential cover for cancer, complications resulting from maternity and psychiatric treatment on an inpatient, outpatient and day-patient basis.</p>
27.1 住院或日间病房的病房膳食费 Accommodation for inpatient or day-patient treatment	<p>27.1.1 我方将支付满足下列条件之一的费用： We will pay for:</p> <p>(a) 被保险人接受住院或日间病房治疗期间的护理费、病房膳食费；或 nursing care and accommodation whilst a beneficiary is receiving inpatient or day-patient treatment; or</p> <p>(b) 被保险人在接受门诊手术时所支付的手术治疗室收费。 the cost of a treatment room while a beneficiary is undergoing</p>

outpatient surgery, if one is required.

27.1.2 仅在满足下列全部条件时，**我方**才支付上述费用：

We will only pay these costs if:

- (a) **被保险人接受住院治疗或日间病房治疗是出于医疗必要；**
it is **medically necessary** for the **beneficiary** to be treated on an **inpatient** or **day-patient** basis;
- (b) **被保险人住院的时间长度是合理的；**
they stay in **hospital** for a medically appropriate period of time;
- (c) **所接受的治疗由专科医生亲自执行或在其有效监控之下；并且**
the **treatment** which they receive is provided or managed by a **specialist**; and
- (d) **如果入住单人间，入住标准不超过带独立卫生间（或类似设施）的标准单人房。**
they stay in a standard single room with a private bathroom (or equivalent).

27.1.3 如果有多规格的单人病房且**被保险人**入住超过标准单人间规格的病房的，**我方**将按照带独立卫生间（或类似设施）的标准单人房的规格给付。

If a **hospital's** fees vary depending on the type of room which the **beneficiary** stays in, then the maximum amount which **we** will pay is the amount which would have been charged if the **beneficiary** had stayed in a standard single room with a private bathroom (or equivalent).

27.1.4 如果主持**被保险人治疗**的**执业医师**决定需要延长留院**治疗**时间并超出**我方**的预先批准时长，或者已获**我方**审核同意的**治疗方案**将有所变动，必须尽快向**我方**寄送由主持**治疗**的**执业医师**出具的医疗报告，并载明下列全部信息：

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

- (a) **被保险人预期需要留院治疗的时长；**
how long the **beneficiary** will need to stay in **hospital**;
- (b) **被保险人的诊断信息（如果诊断发生了变更）；以及**
the diagnosis (if this has changed); and
- (c) **被保险人已经接受的治疗和需要接受的治疗。**
the **treatment** which the **beneficiary** has received, and needs to receive.

27.2 手术室及麻醉复苏室费用
Operating theatre and recovery room costs

如果相应的手术费经**我方**审核可赔付，**我方**将支付与之相关的手术室及麻醉复苏室费用。

We will pay any costs and charges relating to the use of an operating theatre or recovery room, if the treatment being given is covered under this policy.

27.3 药品费及敷料费
Medicines,

27.3.1 **我方**将支付**被保险人**接受**住院治疗**或**日间病房治疗**期间发生的有处方的药品费及敷料费；

We will pay for medicines, drugs and dressings which are prescribed for

		<p>the beneficiary whilst he or she is receiving inpatient or day-patient treatment.</p>
	27.3.2	<p>除非被保险人接受的是癌症治疗，否则，只有被保险人也选择了国际医疗补充保障，我方才支付被保险人在门诊治疗发生的药品费及敷料费。</p> <p>We will only pay for medicines, drugs and dressings which are prescribed for use at home if the beneficiary has cover under the International Medical Insurance Plus option (unless they are prescribed as part of cancer treatment).</p>
27.4 重症监护室 Intensive care	27.4.1	<p>如符合下列全部条件，我方承担被保险人入住重症监护室，重症治疗室，加护病房或冠心病监护室的费用：</p> <p>We will pay for a beneficiary to be treated in an intensive care, intensive therapy, high dependency or coronary care facility if:</p> <p>(a) 此病房是为被保险人提供恰当治疗的最佳场所； that facility is the most appropriate place for them to be treated;</p> <p>(b) 在此病房接受此治疗是所需治疗的必要部分；以及 the care provided by that facility is an essential part of their treatment; and</p> <p>(c) 在此病房所接受的治疗是与被保险人病情/伤情相仿者通常接受的治疗、或相同的治疗。 the care provided by that facility is routinely required by patients suffering from the same type of illness or injury, or receiving the same type of treatment.</p>
27.5 父母或监护人 陪护费 Hospital accommodation for a parent or guardian	27.5.1	<p>如果被保险人在接受住院治疗时为 17 周岁或以下的未成年人，符合下列全部条件时，我方将承担其父母中的一位或一位法定监护人在同一医院中的陪同住宿费用：</p> <p>If a beneficiary who is 17 years old or younger needs inpatient treatment and has to stay in hospital overnight, we will also pay for hospital accommodation for a parent or legal guardian, if:</p> <p>(a) 该医院可以进行陪护；且 accommodation is available in the same hospital; and</p> <p>(b) 其陪同住宿费用是合理的。 the cost is reasonable.</p>
27.6 手术的外科医生及麻醉师费用 Surgeons' and anaesthetists' fees	27.6.1	<p>仅当被保险人接受的是属于本保险合同约定范围内的治疗时，我方才承担此陪护费用；</p> <p>We will only pay for hospital accommodation for a parent or legal guardian if the treatment which the beneficiary is receiving during their stay in hospital is covered under this policy.</p> <p>我方将支付在住院、日间病房或门诊发生的下列费用：</p> <p>We will pay for inpatient, day-patient or outpatient costs for:</p> <p>(a) 手术中发生的外科医生及麻醉师费用；及 surgeons' and anaesthetists' surgery fees; and</p> <p>(b) 手术前或手术后发生的与手术直接相关的治疗（与手术同一天发生）中的外科医生及麻醉师费用； surgeons' and anaesthetists' fees in respect of treatment which is needed immediately before or after surgery (i.e. on the same day as the surgery).</p>
	27.6.2	<p>除非被保险人接受的是癌症治疗；否则，只有被保险人也选择了国</p>

		<p>际医疗补充保障，我方才支付被保险人在手术前或手术后的门诊治疗费用。</p> <p>We will only pay for outpatient treatments received before or after surgery if the beneficiary has cover under the International Medical Insurance Plus option (unless the treatment is given as part of cancer treatment).</p>
27.7	<p>专科医生诊疗费</p> <p>Specialists' consultation fees</p>	<p>27.7.1 如果满足下列条件之一，我方将支付在医院发生的下列专科医生诊疗费。</p> <p>We will pay for consultations with a specialist during stays in a hospital where the beneficiary:</p> <p>(a) 因住院或日间病房治疗而发生； is being treated on an inpatient or day-patient basis;</p> <p>(b) 因手术而发生；或者 is having surgery; or</p> <p>(c) 因医疗必要而发生的诊疗费。 where the consultation is a medical necessity.</p>
27.8	<p>器官、骨髓及干细胞移植费用</p> <p>Transplant services for organ, bone marrow and stem cell transplants</p>	<p>27.8.1 如果满足下列全部条件，我方将支付与器官移植直接相关的住院医疗费用：</p> <p>We will pay for inpatient treatment directly associated with an organ transplant, for the beneficiary if:</p> <p>(a) 移植是出于医疗必要；并且 the transplant is medically necessary, and</p> <p>(b) 器官来源为其家属捐献，或具有已验证的、合法的来源。 the organ to be transplanted has been donated by a member of the beneficiary's family or come from a verified and legitimate source.</p> <p>27.8.2 我方将支付在住院期间发生的移植后抗排异药物费用。 We will pay for anti-rejection medicines following a transplant, when they are given on an inpatient basis.</p> <p>27.8.3 如果满足下列全部条件，我方将支付与骨髓及干细胞移植直接相关的住院医疗费用：</p> <p>We will pay for inpatient treatment directly associated with a bone marrow or peripheral stem cell transplant if:</p> <p>(a) 移植是出于医疗必要；并且 the transplant is medically necessary; and</p> <p>(b) 骨髓或干细胞来源为其自体骨髓或干细胞，或具有已验证的、合法的来源。 the material to be transplanted is the beneficiary's own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source.</p> <p>27.8.4 如果骨髓及干细胞移植是癌症治疗的一部分，则此费用将不作为移植费用承担，而是按照本保险合同有关癌症治疗部分的条款进行承担。</p> <p>We will not pay for bone marrow or peripheral stem cell transplants under this part of this policy if the transplants form part of cancer treatment.</p> <p>关于癌症治疗的内容见本条款相关部分。 The cover which we provide in respect of cancer treatment is explained in other parts of this policy.</p>

- 27.8.5 如果有捐献者捐献骨髓或器官给**被保险人**，**我方**将承担：
 If a person donates bone marrow or an organ to a **beneficiary**, **we** will pay for:
- (a) 获取器官或骨髓的手术费用；
the harvesting of the organ or bone marrow;
 - (b) **医疗必要**的组织配型检测费用；
any **medically necessary** tissue matching tests or procedures;
 - (c) 捐献者因捐献行为而发生的必要**医院**收费；及
the donor's **hospital** costs; and
 - (d) 捐献者因捐献而发生的并发症**治疗**费用，但限于捐献进行后30天内的**治疗**费用。
any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure;
- 无论捐献者是否是本**保险**的**被保险人**。
whether or not the donor is covered by this **policy**.
- 27.8.6 对本**保险合同**规定范围内的捐献者费用，如果捐献者可以从其他**保险**或费用承担者获得赔偿或补偿，**我方**承担的部分相应减少。
The amount which **we** will pay towards a donor's medical costs will be reduced by the amount which is payable to them in relation to those costs under any other **insurance policy** or from any other source.
- 27.8.7 只有**被保险人**也选择了国际医疗补充保障，**我方**才支付**被保险人**或捐献者所需要在**门诊**进行的上述**治疗**费用。
We will not pay for **outpatient treatment** for either the **beneficiary** or donor, unless the **beneficiary** has cover under the International Medical Insurance Plus option for the specific **outpatient treatment** required.
- 27.8.8 如果某一位**被保险人**捐献器官、且受捐献者也是本**保险合同**的**被保险人**，**我方**对捐献者的赔付仅包括摘取器官的**手术**费用。
If a **beneficiary** donates an organ, **we** will only pay for the harvesting of the organ if the intended recipient is also a **beneficiary** under this **policy**.
- 27.8.9 **我方**仅支付**医疗必要**的移植，对其他非**医疗必要**的移植（如实验性的移植等）不予承担。“**医疗必要**”的规定和限制见本**保险合同**相关条款，如释义条款。
We will consider all **medically necessary** transplants. Those transplants (such as transplants which are considered to be experimental procedures) are not covered under this **policy**. This is because of conditions or limitations to coverage which are explained elsewhere in this **policy**.
- 27.8.10 在**被保险人**接受器官、骨髓或干细胞移植前需要事先通知**我方**并获得**我方**同意。
A **beneficiary** must contact **us** and get approval in advance before they incur any costs relating to organ, bone marrow or stem cell donation or transplant.
- 27.9 肾透析
Kidney dialysis
- 27.9.1 如果在**被保险人**的**常住国内**可以进行肾透析**治疗**，**我方**将支付**被保险人**在**日间病房**进行的肾透析**治疗**。
Treatment for kidney dialysis will be covered if such **treatment** is available in the **beneficiary's** country of residence. **We** will pay for this on a **day-patient** basis.
- 27.9.2 对**被保险人**到其**常住国外**的**所选择保障区域**内进行的肾透析**治疗**，**我方**支付其在**日间病房**进行的肾透析费用，但不承担其**旅行**费用。

			<p>We will pay for kidney dialysis treatment outside the beneficiary's country of habitual residence if the country where that treatment is provided is within the beneficiary's selected area of coverage. We will pay for this on a day-patient basis. We will not pay travel costs.</p>
27.10	病理检测、放射检查及其他诊断性检查化验 Pathology, radiology and other diagnostic tests	27.10.1	<p>我方将支付： We will pay for:</p> <p>(a) 病理检测； pathology tests;</p> <p>(b) 放射学检查；及 radiology; and</p> <p>(c) 诊断性检查化验； diagnostic tests;</p> <p>但应符合：这些检查化验是医疗必要的、并且是在被保险人进行住院或日间病房治疗时由专科医生明确要求进行。 where they are medically necessary and are recommended by a specialist as part of a beneficiary's hospital stay for inpatient or day-patient treatment.</p>
27.11	住院及日间病房发生的物理治疗及补充治疗 Inpatient and day-patient physiotherapy and complementary therapies	27.11.1	<p>我方将支付： We will pay for:</p> <p>(a) 专科物理治疗师进行的物理治疗；及 treatment provided by physiotherapist and</p> <p>(b) 专业补充治疗师（专业针灸师、专业顺势治疗师及专业中医医生等）进行的专业补充治疗； complementary therapists (acupuncturists, homeopaths, and practitioners of Chinese medicine);</p> <p>但应符合：这些治疗在被保险人进行住院或日间病房治疗期间由专科医生明确要求进行（但该被保险人不能主要因为接受这些治疗而进行此住院或日间病房治疗）。 if these therapies are recommended by a specialist as part of the beneficiary's hospital stay for inpatient or day-patient treatment (but are not the primary treatment which they are in hospital to receive).</p>
27.12	核磁共振、计算机断层扫描及正电子发射断层扫描 MRI, CT & PET scans	27.12.1	<p>我方将支付： We will pay for:</p> <p>(a) 核磁共振； magnetic resonance imaging (MRI);</p> <p>(b) 计算机断层扫描；和/或 computed tomography (CT); and / or</p> <p>(c) 正电子发射断层扫描； positron emission tomography (PET);</p> <p>但应符合：这些检查是在被保险人进行住院、日间病房治疗或门诊期间由专科医生明确要求进行。 if they are recommended by a specialist as a part of a beneficiary's inpatient, day-patient or outpatient treatment.</p>
27.13	家庭护理 Home nursing	27.13.1	<p>如果满足下列全部条件，我方将支付被保险人家庭护理费用： We will pay for a beneficiary to have home nursing care if:</p> <p>(a) 被保险人进行可获本保险合同赔偿的住院或日间病房治疗期</p>

- 间由**专科医生**明确要求进行；
it is recommended by a **specialist** following **inpatient** or **day-patient treatment** which is covered by this **policy**;
- (b) 在**被保险人**出院后立即开始；并且
it starts immediately after the **beneficiary** leaves **hospital**; and
- (c) 进行**家庭护理**可以实质减少**被保险人**继续在**医院**就医的时间。
it reduces the length of time for which the **beneficiary** needs to stay in **hospital**.
- 27.13.2 我方将只支付符合下列全部条件的**家庭护理**：
We will only pay for home nursing if:
- (a) 由具有合格资质的**专职护士**提供；
it is provided in the **beneficiary's** home by a **qualified nurse**;
- (b) 护理的内容须是**医疗必要**的护理，且这些护理通常在**医院**才能提供的服务。**我方**不支付非**医疗性质**的护理或私人服务。
it comprises **medically necessary** care that would normally be provided in a **hospital**. **We will not pay for home nursing** which only provides non-medical care or personal assistance.
- 27.14 康复治疗
Rehabilitation treatment
- 27.14.1 我方将支付在**被保险人**遭受**损伤**（如**中风**或**脊髓损伤**等）后由**专科医生**明确要求进行的**医疗必要**的**康复治疗**，包括**理疗**、**职业治疗**及**言语治疗**等。**我方**支付的费用包括因前述某原因需要进行**康复治疗**而产生的费用，包括**病房膳食费**和**生活费**。
We will pay for rehabilitation treatments (physical, occupational and speech therapies) which are recommended by a **specialist** and are **medically necessary** after a traumatic event such as a stroke or spinal injury. This includes accommodation and living costs, for each separate condition which requires **rehabilitation treatment**.
- 27.14.2 若在**整形外科治疗**后、或**脊髓/神经系统疾病治疗**后由**专科医生**明确为有**医疗必要**进行**康复治疗**，并且经**我方**预先审核批准后，**我方**可以承担相应的**康复治疗**费用。
If the **rehabilitation treatment** is required following an orthopaedic, spinal or neurological event, **we will**, subject to prior approval being obtained prior to the commencement of any **treatment** pay for **rehabilitation treatment**, if further **treatment** is **medically necessary** and is recommended by the treating **specialist**.
- 27.14.3 我方将只支付符合下列全部条件的**康复治疗**：
We will only pay for rehabilitation treatment if:
- (a) 导致**康复治疗**的**疾病**本身也在本**保险合同**可赔偿范围内；并且
it is needed after, or as a result of, **treatment** which is covered by this **policy**; and
- (b) **康复治疗**开始的时间在导致**康复治疗**的**疾病治疗**结束后 30 天内。
it begins within 30 days of the end of that original **treatment**.
- 27.14.4 所有的**康复治疗**必须经**我方**事先审核同意，且须由**治疗的专科医生**向**我方**出具包含下列全部内容的证明资料：
All rehabilitation treatment must be approved by **us** in advance. **We will only approve rehabilitation treatment** if the treating **specialist** provides **us**

		with a report, explaining:
		(a) 被保险人 预计在 医院 停留的时间; how long the beneficiary will need to stay in hospital ;
		(b) 诊断; 及 the diagnosis; and
		(c) 被保险人 已经接受的 治疗 及需要接受的 治疗 。 the treatment which the beneficiary has received, or needs to receive.
27.15 临终关怀及姑息治疗 Hospice and palliative care		如果 被保险人 被诊断为终末期状态, 且现有医学技术没有有效的 治疗 手段, 我方 将支付在 医院 进行 临终治疗 或护理而发生的病房膳食费、护理费、处方药品费、理疗及心理关怀等。 If a beneficiary is given a terminal diagnosis, and there is no available treatment which will be effective in aiding recovery, we will pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care.
27.16 修复体、设备及装置 Prosthetics, devices and appliances		内置修复体、设备及装置 Internal prosthetics devices and appliances
	27.16.1	我方 将支付为了对 被保险人 进行 治疗 、在 手术 过程中植入 被保险人 体内的修复体、设备及装置。 We will pay for internal prosthetic implants, devices or appliances which are put in place during surgery as part of a beneficiary's treatment .
		外置修复体、设备及装置 External prosthetics devices and appliances
	27.16.2	我方 将支付为了对 被保险人 进行 治疗 所必不可少的、满足下述条件的外置修复体、设备及装置。 We will pay for external prosthetics, devices or appliances which are necessary as part of a beneficiary's treatment (subject to the limitations explained below).
	27.16.3	我方 将支付满足下列条件的外置修复体、设备及装置: We will pay for:
		(a) 手术 后立即需要的、 医疗必要 的修复性设备或装置; a prosthetic device or appliance which is a necessary part of the treatment immediately following surgery for as long as is required by medical necessity ;
		(b) 在病后恢复阶段内 短期 内需要的、 医疗必要 的修复性设备或装置。 a prosthetic device or appliance which is medically necessary and is part of the recuperation process on a short-term basis.
	27.16.4	对 17 周岁及以上的 被保险人 , 每一 保险期间 我方 最多承担一个外置修复体、设备或装置。 We will pay for one external prosthetic device for beneficiaries aged 17 or over per period of cover .
	27.16.5	对 16 周岁及以下的 被保险人 , 每一 保险期间 我方 最多承担一个外置修复体、设备或装置的初装费用、及两次更换费用。 We will pay for an initial external prosthetic device and up to two replacements for beneficiaries aged 16 or younger per period of cover .
27.17 当地救护车及	27.17.1	如为 医疗必要 , 我方 将支付下列运送 被保险人 的当地救护车费用:

空中救援服务
Local
ambulance and
air ambulance
services

Where it is **medically necessary**, we will pay for a local ambulance to transport a **beneficiary**:

- (a) 从意外或损伤发生地到医院;
from the scene of an accident or **injury to a hospital**;
- (b) 从一医院转送另一医院; 或者
from one **hospital** to another; or
- (c) 从其家中到医院。
from their home to a **hospital**.

27.17.2 只有在当地救护车的使用是为了到医院进行医疗性质的治疗时, 我方才支付其费用。

We will only pay for a local ambulance where its use relates to treatment which a beneficiary needs to receive in hospital.

27.17.3 如为医疗必要, 我方将支付下列运送被保险人的空中救援费用:
Where it is **medically necessary**, we will pay for an air ambulance to transport the **beneficiary**:

- (a) 从意外或损伤发生地到医院; 或者
from the scene of an accident or **injury to a hospital**; or
- (b) 从一医院转送另一医院。
from one **hospital** to another.

空中救援的使用适用下列条件及限制:

Air ambulance cover is subject to the following conditions and limitations:

27.17.4 某些情况下, 空中救援的使用是不可能的、无法操作的或有难以承担的风险。在这些情况下我方将不予安排或支付空中救援。另外, 空中救援需要适用下列两项条件。因而, 即使满足医疗必要的条件, 本保险合同并不保证任何情况下被保险人一定可以得到空中救援的服务;

In some situations it will be impossible, impractical or unreasonably dangerous for an air ambulance to operate. In these situations, we will not arrange or pay for an air ambulance. This policy does not guarantee that an air ambulance will always be available when requested, even if it is medically appropriate;

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

27.17.5 本保险合同不承担山地救援的服务。

This policy does not provide cover for mountain rescue services.

27.17.6 只有被保险人也选择了国际紧急转运服务保障, 我方才支付医疗异地转运、医疗转运回国的服务。具体情况请参见相关条款。

Cover for medical evacuation or repatriation is only available if you have cover under the International Emergency Evacuation option. Please refer to the relevant section of this provision for details of that option.

27.18 住院津贴

如果被保险人进行可获本保险合同赔偿的住院治疗, 但未就任何病房膳食

Inpatient Cash Benefit	<p>费、治疗等医疗费用进行理赔，我方将向被保险人支付住院津贴。 We will make cash payments directly to a beneficiary who has received inpatient treatment but has not been charged for that treatment or for accommodation, if the treatment is covered under this policy.</p>
27.19 住院紧急牙科治疗 Emergency inpatient dental treatment	<p>如果被保险人在住院期间由主持治疗的专科医生明确要求因牙科紧急症状需要在住院期间进行紧急牙科治疗，我方将支付此治疗（但此牙科治疗不能构成住院的主要治疗，否则住院本身将不成立医疗必要性）。 We will pay for emergency dental treatment which is required by a beneficiary while they are in hospital as an inpatient, if that emergency inpatient dental treatment is recommended by the treating medical practitioner because of a dental emergency (but is not the primary treatment which the beneficiary is in hospital to receive).</p> <p>如果住院发生的某次紧急牙科治疗既可以在本保障获偿，也可以在其他保障中获偿，则按本保障中进行赔偿，而不按其他保障。 This benefit is paid instead of any other dental benefits the beneficiary may be entitled to in these circumstances.</p>
27.20 精神疾病或异常治疗 Treatment of mental health conditions and disorders	<p>27.20.1 我方将按照下述条件支付精神疾病或异常的治疗。 Subject to the limits explained below, we will pay for the treatment of mental health conditions and disorders.</p> <p>27.20.2 我方仅支付循证治疗及有医疗必要性的治疗。 We will only pay for evidence-based treatment and medically necessary treatment.</p> <p>27.20.3 任意连续五年时间内，我方支付下列两项治疗的总和不超过 180 天： We will pay for up to a combined maximum total of 180 days of:</p> <p>(a) 精神疾病或异常的治疗；及 treatment for mental health conditions and disorders; and</p> <p>(b) 成瘾性嗜好的治疗；（见下述成瘾性嗜好的条款） addiction treatment (see additional treatment below);</p> <p>例如，在某一保险期间内，某被保险人使用了 90 天的精神疾病或成瘾性治疗，又在随后的保险期间内使用了 90 天的精神疾病或成瘾性治疗，则在再随后的连续 3 年时间里我方将不再支付任何精神疾病或成瘾性治疗。 in any consecutive five year period. For example, if a beneficiary uses 90 days of psychiatric or addiction treatment in one period of cover, and 90 days of psychiatric or addiction treatment in the following period of cover, we will not pay for any further psychiatric or addiction treatment for the next three consecutive years of cover.</p> <p>27.20.4 在确定上述“180 天”的限制时： In determining when this 180 day limits have been reached:</p> <p>(a) 如果被保险人住院进行治疗的，每在医院过一个夜晚计作“一天”；以及 we count each overnight stay during which a beneficiary received inpatient treatment as one day; and</p> <p>(b) 如果被保险人在门诊或日间病房进行治疗的，每一个发生门诊或日间病房治疗的日历日计作“一天”。 we count each day on which a beneficiary receives outpatient and day-patient treatment as one day.</p>
27.21 成瘾性治疗	<p>27.21.1 我方将支付：</p>

Addiction
treatment

We will pay for:

- (a) 成瘾性症状（包括嗜酒）的诊断；及
diagnosis of addictions (including alcoholism); and
- (b) 在提供此类专项治疗的遵循循证治疗的专业治疗中心进行的医疗必要的、并由专科医生所明确要求的一个阶段或一个疗程的成瘾性治疗。
one course or programme of addiction **treatment** at a **specialist** centre providing **evidence-based treatment**, if that **treatment** is **medically necessary** and recommended by a **medical practitioner**.

27.21.2 在正式的门诊成瘾治疗疗程前，我方最多将支付三次断瘾治疗费用。

We pay for up to three attempts at detoxification, following which **we** will only pay for further **detoxification treatment** if the **beneficiary** completes a formal **outpatient** course or programme of addiction **treatment**.

27.21.3 我方不承担：

We will not pay for:

- (a) 其他对酗酒、成瘾性状态的治疗；或
any other **treatment** related to alcoholism or addiction; or
- (b) 对任何并发症的治疗（包括抑郁，痴呆或肝功能衰竭等）；
treatment of any related condition (such as depression, dementia or liver failure);

——如果我们合理认为这些并发症是由酗酒或成瘾直接导致的。
where **we** reasonably believe that the condition which requires **treatment** was the direct result of alcoholism or addiction.

27.21.4 我方仅支付循证治疗及有医疗必要性的治疗。

We will only pay for evidence-based treatment and medically necessary treatment.

27.21.5 任意连续五年期间内，我方支付的下列两项的共计上限为 180 天：

We will pay for up to a combined maximum total of 180 days of:

- (a) 成瘾性治疗；及
addiction **treatment**; and
- (b) 精神疾病及异常的治疗；（见前述有关部分）
treatment for mental health conditions and disorders (see additional **treatment** above);

例如，在某一保险期间内，某被保险人使用了 90 天的精神疾病或成瘾性治疗，又在随后的保险期间内使用了 90 天的精神疾病或成瘾性治疗，则在再随后连续 3 年时间里我方将不再支付任何精神疾病或成瘾性治疗。

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

27.21.6 在确定上述“180 天”的限制时：

In determining when this 180 day limits have been reached:

- (a) 如果被保险人住院进行治疗的，每在医院过一个夜晚计作“一天”；以及

we count each overnight stay during which a beneficiary receives inpatient treatment as one day; and

- (b) 如果**被保险人在门诊或日间病房进行治疗的**，每一个发生**门诊或日间病房治疗**的日历日计作“一天”。

we count each day on which a beneficiary receives outpatient treatment as one day.

27.22 癌症治疗
Cancer
treatment

我方将支付对**癌症**进行的**积极治疗及循证治疗**。包括：**被保险人在住院、日间病房或门诊**发生的化疗、放疗、肿瘤病理、检查化验及药物等。

We will pay costs for the treatment of cancer if the treatment is considered by us to be active treatment and evidence-based treatment. This includes chemotherapy, radiotherapy, oncology, **diagnostic tests** and drugs, whether the **beneficiary** is staying in a **hospital** overnight or receiving **treatment as a day-patient or outpatient.**

27.23 复杂妊娠及新生儿护理
Complicated
maternity and
baby care

复杂妊娠

Complicated **maternity benefit care**

- 27.23.1 如母亲为**被保险人**，且在生育之前本**保险合同**连续生效达 10 个月或以上，**我方**将支付本**保险合同**连续生效 10 个月后因**被保险人的**妊娠、分娩直接导致并发症而发生的**门诊和住院治疗**费用。

We will pay for inpatient or outpatient treatment incurred after 10 months of start date, relating to complications resulting from pregnancy or childbirth if the mother has been a beneficiary under this policy for a continuous period of at least 10 months prior to the birth of the child. This is limited to conditions which can only arise as a direct result of pregnancy or childbirth.

- 27.23.2 复杂**妊娠责任**不含家中分娩导致并发症的情况。

This part of this **policy** does not provide cover for home births.

- 27.23.3 如因**医疗必要**而须进行剖腹产，**我方**将按照复杂妊娠承担相应的**医疗费用**。如不能证实确有**必要**进行剖腹产，**我方**将不承担相应的**剖腹产费用**。

We will pay for a Caesarean section, where it is medically necessary. If we cannot confirm that it was medically necessary, the Caesarean section will not be covered.

- 27.23.4 本**保险合同**不予承担任何代孕及与代孕有关**治疗**的**保险责任**。无论代孕者是**被保险人**，还是被代孕者是**被保险人**，**我方**不予支付其任何**妊娠费用**。

We will not pay for surrogacy or any related treatment. We will not pay for maternity benefit care or treatment for a beneficiary acting as a surrogate, or anyone acting as a surrogate for a beneficiary.

新生儿护理

Newborn care

- 27.23.5 新生儿成为本合同**被保险人**后，**我方**将支付下列**费用**：

We will pay for:

- (a) 累计不超过 10 天的新生儿常规护理；以及
up to 10 days routine care for the baby following birth; and
- (b) 出生后 90 天内所需的所有**治疗**。此两项费用均在本保障中承担，不在其他责任中承担。
all treatment required for the baby during the first 90 days after birth instead of any other **benefit**;

对于父母亲中至少一位是本**保险合同被保险人**，且新生儿出生前

10 个月或更长期间内其**保险合同**连续有效的情形：如果新生儿于出生 30 天内**申请**加入本**保险合同**，**我方**将不要求提供其医疗资料、并且无须医疗核保加入本**保险合同**；如果新生儿于出生 30 天后**申请**加入本**保险合同**，**我方**将要求进行医疗核保、并要求**您方**完成相应的医疗健康问卷、**我方**有可能适用特别限制条件或特别责任免除。

If at least one parent has been covered by the **policy** for a continuous period of 10 months or more prior to the newborn's birth. **We** will not require information about the newborn's health or a medical examination if an **application** is received by **us** to add the newborn to the **policy** within 30 days of the newborn's date of birth. If an **application** is received after 30 days of the newborn's date of birth, the newborn will be subject to medical underwriting and **we** will require the completion of a medical health questionnaire whereby **we** may apply special restrictions or exclusions.

27.23.6 新生儿成为本合同**被保险人**后，**我方**将支付下列费用：

We will pay for:

- (a) 累计不超过 10 天的新生儿常规护理；以及
up to 10 days routine care for the baby following birth; and
- (b) 出生后 90 天内所需的所有**治疗**。此两项费用均在本保障中承担，不在其他责任中承担。
all **treatment** required for the baby during the first 90 days after birth instead of any other **benefit**;

如果新生儿的父母中没有一位能满足“在新生儿出生前 10 月或更长时间内，已经持续有效地作为**我方**的**被保险人**”的条件，而我们收到该新生儿投保**申请**的：则须经医疗核保，**我方**将要求**您方**完成其医疗及健康信息问卷。**我方**将根据医疗核保结果决定是否承保及承保条件，**我方**有可能适用特别限制条件或特别责任免除。

If neither parent has been covered by the **policy** for a continuous period of 10 months or more prior to the newborn's birth and an **application** is received by **us** to add the newborn to the **policy** as a **beneficiary**. The newborn will be subject to medical underwriting and **we** will require the completion of a medical health questionnaire. Cover for the newborn will be subject to medical underwriting whereby **we** may apply special restrictions or exclusions.

27.23.7 所有经不育**治疗**后出生的儿童（如试管婴儿）、代孕者所生儿童或领养儿童须在出生满 90 天后才可投保本**保险合同**。

The newborn care **benefits** explained above are not available for children who are born following fertility **treatment** (such as IVF), are born to a surrogate, or have been adopted. In these circumstances children can only be covered by the **policy** when they are 90 days old.

除另有特别说明，为新生儿投保均须填写健康信息问卷并经医疗核保，**我方**可能根据其健康情况适用一定的特别限制条件或特别除外责任。

Cover for the baby will be subject to completion of a medical health questionnaire whereby **we** may apply special restrictions or exclusions.

27.24 先天性疾病
Congenital
conditions

27.24.1 如果**被保险人** 18 周岁以前已经明确患有某**先天性疾病**，**我方**将支付与该**先天性疾病**有关的**住院或日间病房治疗**费用。

We will pay for treatment on an **inpatient** or **day-patient** basis of **congenital conditions** which manifest themselves before the **beneficiary's**

		18 th birthday.
	27.24.2	<p>若您方同时购买有国际医疗补充保障、国际紧急转运服务保障、国际健康与体检保障或国际眼科与牙科保障的保障，这些保障下所有因先天性疾病导致的赔付总和受本责任限额的限制。</p> <p>If you have cover under the International Medical Insurance Plus, International Emergency Evacuation, International Health and Wellbeing or International Vision and Dental options, the stated limits will apply for cover which is available under those options.</p> <p>先天性疾病详细清单请联系我方的客户服务团队进行查询。 A full list of the conditions which we define as congenital can be obtained from our Customer Care Team.</p>
28. 国际医疗补充保障（可选保障）		国际医疗补充保障给予您更全面的关于门诊的保障，包括：门诊诊疗费、门诊处方药费、门诊敷料费、门诊理疗、门诊整骨治疗、门诊脊椎治疗等。International Medical Insurance Plus covers you more comprehensively for outpatient care and includes specialist consultations, prescribed outpatient drugs and dressings, physiotherapy, osteopathy, chiropractic and much more.
International Health Insurance Plus Option		
28.1 执业医师及专科医生诊疗费	28.1.1	<p>如被保险人因诊断咨询、安排治疗或接受治疗，至执业医师就诊，我方将支付该次就诊的挂号费或诊疗费。</p> <p>We will pay for consultations or meetings with a medical practitioner which are necessary to diagnose an illness, or to arrange or receive treatment.</p>
Consultations with Medical Practitioners and Specialists	28.1.2	<p>如被保险人经专科医生明确建议需要在门诊进行医疗必要的非手术治疗，我方将支付在门诊进行的该非手术治疗费，包括病理学、放射学及放射影像学。</p> <p>We will pay for non-surgical treatment on an outpatient basis, which is recommended by a specialist as being medically necessary including, but not limited to, pathology, radiology and radiography.</p>
28.2 门诊诊断性检查化验费		<p>如被保险人经执业医师明确建议需要进行检查或化验以诊断或评估其疾病状况，我方将支付在门诊发生的诊断性检查化验费。</p> <p>We will pay for any diagnostic test that is carried out on an outpatient basis, if recommended by a medical practitioner in order to diagnose or assess a beneficiary's conditions.</p>
Outpatient diagnostic testing		
28.3 物理治疗	28.3.1	<p>我方将支付医疗必要的、以恢复被保险人日常生活的正常生理功能为目的的物理治疗。</p> <p>We will pay for physiotherapy treatment that is medically necessary, restorative in nature to help you to carry out your normal activities of daily living.</p>
Physiotherapy treatment	28.3.2	<p>这些物理治疗必须由拥有治疗所在国恰当专业资格认证的合格物理治疗师进行。</p> <p>The treatment must be carried out by a properly qualified practitioner and holds the appropriate license to practice in the country where the treatment is received.</p>
28.4 正骨治疗及脊椎治疗		<p>如果由执业医师建议进行正骨治疗或脊椎治疗、并进行了推荐，在一个保险期间内我方将支付总计不超过 30 次的正骨治疗或脊椎治疗。同时，这些治疗必须是循证治疗、且医疗必要的，并且主持对被保险人进行治疗的专科医生也建议进行。这些治疗必须由拥有治疗所在国专业资格认证的合格治疗师进行。</p> <p>We will pay for a combined maximum total of 30 consultations in any one period of cover for osteopathy and chiropractic treatment which is evidence-based treatment,</p>
Osteopathy and Chiropractic treatment		

		<p>medically necessary and recommended by a treating specialist, if a medical practitioner recommends the treatment and provides a referral. The treatment must be carried out by a properly qualified practitioner and holds the appropriate license to practice in the country where the treatment is received.</p>
28.5	<p>针灸治疗、顺势治疗及中医治疗 Acupuncture, Homeopathy, and Chinese medicine</p>	<p>28.5.1 如果被保险人经执业医师明确要求进行针灸治疗、顺势治疗或中医治疗，在一个保险期间内我方将支付总计不超过 20 次的针灸治疗、顺势治疗或中医治疗。 We will pay for a combined maximum total of 20 consultations with acupuncturists, homeopaths and practitioners of Chinese medicine for each beneficiary in any one period of cover, if those treatments are recommended by a medical practitioner.</p> <p>28.5.2 这些治疗必须由拥有治疗所在国恰当的专业执业资格的合法注册护士进行。 We will only pay for these therapies if the practitioner is an appropriately qualified nurse and entitled to practise in the country where treatment is given.</p>
28.6	<p>言语复健治疗 Restorative Speech therapy</p>	<p>28.6.1 我方将支付满足下列全部条件的言语复健治疗： We will pay for restorative speech therapy if:</p> <p>(a) 言语复健治疗是紧随着可获本保险合同赔偿的治疗后立即发生的（如作为被保险人中风后续治疗必要一部分的言语治疗）； it is required immediately following treatment which is covered under this policy (for example, as part of a beneficiary's follow-up care after they have suffered a stroke);</p> <p>(b) 该治疗经专科医生明确是短期的、且是医疗必要的。 it is confirmed by a specialist to be medically necessary on a short-term basis.</p> <p>28.6.2 <u>我方不予承担不是以恢复原有言语能力为目的的言语治疗，如下列任一情况：</u> We will only pay for speech therapy if the aim of that therapy is to restore impaired speech function. We will not pay for speech therapy which:</p> <p>(a) <u>用于改善发育不完全的言语能力；</u> aims to improve speech skills which are not fully developed;</p> <p>(b) <u>出于教育提高言语能力的目的；</u> is educational in nature;</p> <p>(c) <u>出于维持语言交流能力为目的；</u> is intended to maintain speech communication;</p> <p>(d) <u>为纠正言语障碍（例如口吃）；或</u> aims to improve speech or language disorders (such as stammering); or</p> <p>(e) <u>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。</u> is as a result of learning difficulties, developmental problems (such as dyslexia), behavioural problems (such as attention-deficit hyperactivity disorder), or autism.</p>
28.7	<p>药品费及敷料费 Drugs and</p>	<p>我方将支付被保险人在门诊发生的由执业医师开具处方的处方药或敷料费。 We will pay for prescription drugs and dressings which are prescribed by a medical practitioner on an outpatient basis.</p>

	dressings		
28.8	耐用医疗设备 租赁费 Rental of durable medical equipment	28.8.1	如果由 专科医生 明确要求须租赁专用医疗设备以辅助 治疗被保险人 ，每一 保险期间内我方 将支付最多 45 天的医疗设备租赁费。 We will pay for the rental of durable medical equipment for up to 45 days per period of cover, if the use of that equipment is recommended by a specialist in order to support the beneficiary's treatment.
		28.8.2	可被支付的耐用医疗设备须满足下列全部条件： We will only pay for the rental of durable medical equipment which:
		(a)	非一次性用品、可多次反复使用； is not disposable, and is capable of being used more than once;
		(b)	以医疗为目的； serves a medical purpose;
		(c)	适于家庭使用；并且 is fit for use in the home; and
		(d)	不能用于除 治疗疾病或损伤 以外的任何其他目的。 is of a type only normally used by a person who is suffering from the effect of a disease, illness or injury .
28.9	成人疫苗接种 Adult vaccinations	28.9.1	我方 将支付下列疫苗或免疫费用，包括： We will pay for certain vaccinations and immunisations namely:
		(a)	破伤风（每 10 年一次）； tetanus (once every 10 years);
		(b)	甲肝； hepatitis A;
		(c)	乙肝； hepatitis B;
		(d)	脑膜炎； meningitis;
		(e)	狂犬病； rabies;
		(f)	霍乱； cholera;
		(g)	黄热病； yellow fever;
		(h)	乙型脑炎； Japanese encephalitis;
		(i)	脊髓灰质炎； polio booster;
		(j)	伤寒；以及 typhoid; and
		(k)	疟疾（以片剂形式，每日或每周）。 malaria (in tablet form, either daily or weekly).
28.10	牙科意外门诊 治疗 Dental accidents	28.10.1	如果 被保险人 因遭受意外事故而导致 健康自体牙 发生 损伤 ， 牙齿损伤的治疗 在意外事故后立即开始、且在意外事故后 30 天内完成的， 我方 将支付该项牙科意外门诊治疗费用。 If a beneficiary needs dental treatment as a result of injuries which they

- have suffered in an accident, **we** will pay for **outpatient dental treatment** for any **sound natural tooth/teeth** or teeth damaged or affected by the accident, provided the **treatment** commences immediately after the accident and is completed within 30 days of the date of the accident.
- 28.10.2 为加快理赔过程，须同时提供进行**治疗**的牙科**医生**提供的下列全部信息：
In order to approve this **treatment**, **we** will require confirmation from the **beneficiary's** treating **dentist** of:
- (a) 意外事故的具体日期；及
the date of the accident; and
 - (b) 确认所**治疗**的牙齿为**健康自体牙**。
the fact that the tooth/teeth which are the subject of the proposed **treatment** are **sound natural tooth/teeth**.
- 28.10.3 如果某次意外伤害的**牙科治疗**既可以在本保障获偿，也可以在其他保障中获偿，则按本保障中进行赔偿，而不按其他保障。（但如果也可在“**住院紧急牙科治疗**”中获偿，则优先按“**住院紧急牙科治疗**”承担赔偿责任。）
We will pay for this treatment instead of any other **dental treatment** the **beneficiary** may be entitled to under this **policy**, when they need **treatment** following accidental damage to a tooth or teeth.
- 28.10.4 在本项**保险责任**中，**我方**将不支付任何对种植牙、冠修复体及义齿的修补与更换费用。
We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this policy.
- 28.11 儿童健康检查
Well child tests
- 28.11.1 **我方**将支付在每一**适当的年龄间隔**内进行的儿童定期检查费用，具体包括由**执业医师**提供的下列健康维护服务：
We will pay for well child routine tests at any of the appropriate age intervals, and for a **medical practitioner** to provide preventative care consisting of:
- (a) 根据健康信息评估健康状况；
evaluating medical history;
 - (b) 体格检查；
physical examinations;
 - (c) 发育评估；
development assessment;
 - (d) 成长发育指导；以及
anticipatory guidance; and
 - (e) 对 6 周岁以下的儿童，还包括合理的免疫和试验室化验费用。
appropriate immunisations and laboratory tests; for children aged 6 or younger.
- 28.11.2 **我方**将支付下列费用：
We will pay for:
- (a) 每一个**适当的年龄间隔**内**我方**仅承担 1 次到**执业医师**定期预防性检查的费用，且终身累积不到 13 次。
one visit to a **medical practitioner** at each of the **appropriate age intervals** (up to a total of 13 visits for each child) for the purposes of

		receiving preventative care services;
	(b)	在每一 保险期间 内，15 周岁或以下儿童一次视力检查及一次听力检查的费用。 one eye test and one hearing test, per period of cover , for each child aged 15 or younger;
	(c)	5 周岁及以下儿童的一次性入学健康检查，包括发育、听力和视力； one school entry health check, to assess growth, hearing and vision, for each child aged 5 or younger;
	(d)	大于 12 周岁的糖尿病患儿的糖尿病视网膜病变筛查。 diabetic retinopathy screening for children over the age of 12 who have diabetes.
28.12 儿童免疫 Child immunisations	28.12.1	我方 将支付 17 周岁及以下儿童的下列免疫费用： We will pay for the following immunisations for children aged 17 or younger;
	(a)	白百破（白喉、百日咳和破伤风）； DPT (diphtheria, pertussis and tetanus);
	(b)	MMR（麻疹、腮腺炎和风疹）； MMR (measles, mumps and rubella);
	(c)	B 型流行感冒嗜血杆菌； HIB (haemophilus influenza type b);
	(d)	脊髓灰质炎； polio;
	(e)	流感； influenza;
	(f)	乙肝； hepatitis B;
	(g)	脑膜炎；及 meningitis; and
	(h)	人乳头状瘤病毒。 human papilloma virus (HPV).
28.13 每年常规检查 Annual routine tests	28.13.1	（如“儿童健康检查”所述）， 我方 将支付 15 周岁或以下儿童如下两项费用。 We will pay for the following routine tests for children aged 15 or younger:
	(a)	一次视力检查；及 one eye test; and
	(b)	一次听力检查。 one hearing test.
29. 国际健康与体检保障（可选保障） International Health and Wellbeing Cover Option		国际健康与体检保障给予 被保险人 关于 疾病 筛查、化验及检查的保障，并可通过在线健康教育、健康风险评估给 被保险人 提供关于健康评估及生活危机处理等一系列量身定制的个性化的咨询建议方案，以帮助 被保险人 按照他们喜欢的方式维护其健康。 International Health and Wellbeing covers the beneficiary for screenings, tests, examinations, counselling support for a range of life crises and tailored advice and support through our online health education and health risk assessment, helping the beneficiary to take control and manage their health the way they want.

29.1 成人健康筛查 Adult Screening	29.1.1	<p>每一保险年度内，我方将支付下列由执业医生执行的检查： During each period of cover we will pay for the following tests to be carried out by a medical practitioner:</p> <ul style="list-style-type: none"> (a) 每年一次帕帕尼科拉乌检查，通常被称为巴氏涂片（检查）； an annual papanicolaou test (pap smear) for female beneficiaries; (b) 每年一次针对 50 周岁及以上男性被保险人进行的前列腺筛查，通常称为前列腺特异性抗原（PSA）检查； an annual prostate examination (prostate specific antigen (PSA) test) for male beneficiaries aged 50 or over; (c) 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 female beneficiaries aged between 35 and 39; (d) 40 周岁到 49 周岁无症状女性被保险人，每两年一次医疗必要的乳腺 X 线摄影检查； one mammogram every two years for asymptomatic female beneficiaries aged between 40 and 49 (or more often, if medically necessary); (e) 50 周岁及以上被保险人，每年一次的乳腺 X 线摄影检查； one mammogram per year for female beneficiaries aged 50 or over; (f) 55 周岁及以上的被保险人的肠癌筛查，每年一次； one bowel cancer screening per year for beneficiaries aged 55 or over; (g) 每年一次的骨密度扫描； one bone density scan per period of cover; (h) 常规成人体检，其赔付以保障利益表中所列金额为限。 routine adult physical examinations, within the limits set out in the list of benefits.
29.2 个人关爱服务 Life management	29.2.1	每天 24 小时、每周 7 天、每年 365 天随时可获得本项服务。 Available 24 hours a day, 7 days a week, 365 days a year.
	29.2.2	最多 5 次的与专业顾问当面咨询的机会。 Up to 5 face-to-face sessions with a professional counsellor.
	29.2.3	服务的内容包括：在工作、生活、个人及家庭事务等方面为 被保险人 提供信息或资源的获取、专家咨询等专业支持。 Provides information, resources, and counselling on any work, life, personal, or family issue that matters to you .
	29.2.4	电子咨询平台提供方便的在线咨询。 Convenient online counselling via E-counselling.
	29.2.5	不限次的电话咨询服务。 Unlimited telephonic support.
	29.2.6	您方 还可以用短信发送所需服务， 我方 将进行电话回访。 SMS texting text the support you need and receive a call back.
	29.2.7	危机支援。 Crisis support.
29.3 在线健康教		您方 可在线登录到 我方 提供健康咨询服务的安全网站。

<p>育、健康风险评估及健康指导 Online health education, health assessments and web-based coaching</p>	<p>Online access to our health and wellbeing section in our secure customer area.</p>
<p>30. 国际眼科与牙科保障（可选保障） International Vision and Dental Cover Option</p>	<p>国际眼科与牙科保障为被保险人提供广泛范围的牙科预防治疗、牙科常规治疗、牙科重大治疗及牙科正畸治疗等保障。另外，它还提供常规验光费用。 International Vision and Dental gives the beneficiary access to a wide range of preventative, routine, major and orthodontic treatments. It also pays for the beneficiary's routine eye examination.</p>
<p>30.1 视力 Vision</p>	<p>30.1.1 我方将支付每一保险期间一次验光师或眼科医生实施的眼科检查。 We will pay for one eye examination per period of cover, to be carried out by either an ophthalmologist or optometrist.</p>
<p>30.2 牙科 Dental</p>	<p>预防性牙科治疗 Preventative dental treatment</p> <p>30.2.1 我方为国际眼科与牙科保障持续有效达 6 个月及以上的被保险人支付下列牙科预防治疗费用，包括： We will pay for the following preventative dental treatment recommended by a dentist after a beneficiary has had International Visual and Dental cover for at least six months:</p> <ul style="list-style-type: none"> (a) 每一保险期间内两次牙科检查； two dental check-ups per period of cover; (b) X 光检查包括咬翼片、牙片及口腔全景片； X-rays, including bitewing, single view, and orthopantomogram (OPG); (c) 每一保险期间两次的洁牙及抛光，包括必要情况下局部氟化剂处理； scaling and polishing including topical fluoride application when necessary (two per period of cover); (d) 每一保险期间一付护齿的费用； one mouth guard per period of cover; (e) 每一保险期间一付夜间咬合垫的费用；以及 one night guard per period of cover; and (f) 窝沟封闭治疗。 Fissure sealant.
	<p>常规牙科治疗 Routine dental treatment</p> <p>30.2.2 我方为国际眼科与牙科保障持续有效达 6 个月及以上的被保险人支付 80%的如下牙科常规治疗费用（如果这些治疗是出于维护口腔健康所必须的并且由牙科医生要求）： We will pay for 80% of treatment costs for the following routine dental treatment after a beneficiary has had International Visual and Dental cover for at least 6 months (if that treatment is necessary for continued</p>

oral health and is recommended by a **dentist**):

- (a) 根管治疗;
root canal **treatment**;
- (b) 拔牙;
extractions;
- (c) 牙科手术;
surgical procedures;
- (d) 暂时性牙科处理（包括开髓、换药、引流、暂封、暂时充填等）;
occasional **treatment**;
- (e) 麻醉药; 以及
anaesthetics; and
- (f) 牙周治疗。
periodontal **treatment**.

重大牙科治疗

Major restorative **dental treatment**

30.2.3 我方将为国际眼科与牙科保障持续有效达 12 个月及以上的**被保险人**按 80%支付牙科修复性**治疗**费用。

We will pay for 80% of treatment costs for the following major restorative dental treatment in full after a beneficiary has had International Visual and Dental cover for at least 12 months:

- (a) 义齿—丙烯酸树脂/合金复合义齿, 金属义齿或金属/丙烯酸树脂复合义齿;
dentures (acrylic/synthetic, metal and metal/acrylic);
- (b) 冠修复体;
crowns;
- (c) 嵌体; 以及
inlays; and
- (d) 种植牙。
placement of dental implants.

若**被保险人**在其国际眼科与牙科保障持续有效不足 12 个月时要求对其修复性义齿**治疗**进行理赔, **我方**将按其实际**治疗**费用的 50%作为理赔计算中的**治疗**费用;

If a **beneficiary** needs major restorative **dental treatment** before they have had International Visual and Dental cover for 12 months, **we** will pay 50% of the amount which **we** would pay if they had been covered for 12 months or more.

正畸治疗

Orthodontic **treatment**

30.2.4 我方将为国际眼科与牙科保障持续有效不少于 24 个月且年龄在 18 周岁及以下的**被保险人**支付牙齿正畸**治疗**费用。但**我方**仅支付满足下列全部条件的正畸**治疗**:

We will pay for orthodontic treatment for beneficiaries aged 18 or younger, if they have had International Visual and Dental cover for at least 24 months. We will only pay for orthodontic treatment if:

- (a) 为**被保险人**主持进行正畸**治疗**的牙科**医生**应事先向**我方**提供

有关正畸**治疗**的详细资料（包括 X 光片及牙科模型的情况），以及预期的费用；并且
the **dentist** or orthodontist who is going to provide the **treatment** provides us, in advance, with a detailed description of the proposed **treatment** (including X-rays and models), and an estimate of the cost of **treatment**; and

- (b) 事先得到**我方**审核同意。
we have approved the **treatment** in advance.

父母或监护人陪同**住院**的病房膳食费

Hospital accommodation for a parent or guardian

30.2.5 如果 17 周岁或以下的**被保险人**需要**住院**进行**牙科治疗**并且需要在**医院**停留过夜：如果满足下面全部条件，**我方**将支付其父母或监护人中的一人陪同**被保险人住院**的病房膳食费用：

If a **beneficiary** who is 17 years old or younger needs **inpatient dental treatment** and has to stay overnight in **hospital**, we will pay for **hospital accommodation** for a parent or legal guardian, if:

- (a) 该**医院**可以进行陪护；且
accommodation is available in the same **hospital**, and
(b) 其陪同住宿费用是合理的。
the cost is reasonable.

仅当**被保险人**接受的是属于本**保险合同**约定范围内的**牙科治疗**时，**我方**才承担此陪护费用；

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

其他**牙科治疗**

Other dental treatment

30.2.6 如果**被保险人**进行了本条款列明外的某**牙科治疗**，**被保险人**可以（在**治疗**开始前）联系**我方**查询**我方**是否同意承担该项**治疗**。**我方**将考虑其要求，审慎决定：

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

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

30.2.7 预先批准应该在各项**治疗**开始之前进行。

Prior approval should be obtained before any **treatment** is received.

一般事项

General conditions

30.2.8 所有保障应受到下列限制：

All cover is subject to:

- (a) 保障利益表中所列的对各项保障利益的次数的限制；
the limits shown in the list of benefits as to the number of times we will pay for a particular treatment;
- (b) 保障利益表中所列的对各项保障利益的赔偿最高额度的限制；以及
the limits shown in the list of benefits as to the maximum amounts we will pay in relation to a particular treatment; and
- (c) 本保险条款中所述的各术语、支付条件、限制（包括次数及额度）及责任免除。
all of the terms, conditions, limits and exclusions set out in this policy.

牙科责任免除

Dental exclusions

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

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

我方将不支付：

We will not pay for:

- (a) 单纯的美容性治疗，或其他不是为维持或改善口腔健康而必须进行治疗；
Purely cosmetic treatments, or other treatments which are not necessary for continued or improved oral health.
- (b) 被保险人以非法活动为目的（不论是完全还是部分以此为目的）所需要进行的牙科治疗；
Treatment which is, to any extent, made necessary by a beneficiary engaging in any illegal activity.
- (c) 为了填写理赔申请表或其他日常事务而导致的费用；
Fees or costs which relate to the filling of a claim form, or any other administrative service.
- (d) 已经或者应该由第三方保险公司、个人、组织或公共机构承担的费用。如果被保险人也在其他保险公司拥有承担相应费用的保险，我方将按比例承担我方应该适当承担的部分。如果我方承担的费用中的全部或部分应该由第三方保险公司、个人、组织或公共机构承担，我方将可能适当地向他们追讨此全部或部分费用。
Fees or costs which either have been paid, or could be paid, by another insurance company, person, organisation or public body. If the beneficiary is also covered by other insurance, we will only pay a proportion of the cost of treatment, as appropriate. If all or any of the cost of the treatment could also be met by some other person, organisation or public body, we may claim back all or any of the amount we have paid from them, as appropriate.
- (e) 因牙具遗失或被盗而进行的更换；
The replacement of any dental appliance which is lost or stolen, or associated treatment.
- (f) 按照被保险人常住国内拥有普通能力技术的牙医的正常合理

的意见：被保险人的牙桥、冠修复体或义齿可以修理并达到正常可用的状态。但被保险人更换该牙桥、冠修复体或义齿；

The replacement of a bridge, crown or denture which (in the reasonable opinion of a **dentist** of ordinary competence and skill in the **beneficiary's country of habitual residence**) is capable of being repaired and made **usable**.

- (g) 初次安装后不足五年的牙桥、冠修复体及义齿的更换，除非：
The replacement of a bridge, crown or denture within five years of its original fitting unless:
- (i) 保险期间内被保险人因外力伤害导致牙桥、冠修复体及义齿受损后无法修复达到正常可用的状况；或
it has been damaged beyond repair, whilst in use, as a result of an **dental injury** suffered by the **beneficiary** whilst they are covered under this **policy**; or
 - (ii) 在被保险人必须拔除健康自体牙后，从医疗上必须对与被拔除牙齿有邻接关系或对合关系的原义齿进行更换；或
the replacement is necessary because the **beneficiary** requires the extraction of a **sound natural tooth/teeth**; or
 - (iii) 在对颌牙初次安装半口义齿时，为进行全口牙列的咬合关系配置，原义齿必须更换。
the replacement is necessary because of the placement of an original opposing full denture.
- (h) 树脂贴面或瓷贴面。
Acrylic or porcelain veneers.
- (i) 对上下颌的第一、第二及第三颗磨牙安装冠修复体或假牙，除非：
Crowns or pontics on, or replacing, the upper and lower first, second and third molars unless:
- (i) 是全瓷、烤瓷或全金属的冠修复体或假牙，如镍铬合金冠；或
they are constructed of either porcelain; bonded-to-metal or metal alone (for example, a gold alloy crown); or
 - (ii) 常规或紧急牙科治疗中所需要的临时冠或假牙。
a temporary crown or pontic is necessary as part of routine or emergency **dental treatment**.
- (j) 实验性的或不符合通常牙科治疗规范的牙科治疗、操作或材料；
Treatments, procedures and materials which are experimental or do not meet generally accepted dental standards.
- (k) 直接或间接由下述原因造成的种植牙治疗：
Treatment for dental implants directly or indirectly related to:
- (i) 种植融合失败；
failure of the implant to integrate;
 - (ii) 种植体骨结合部位破裂；
breakdown of osseo-integration;

- (iii) 种植体周围炎；
peri-implantitis;
- (iv) 更换冠修复体、牙桥及义齿；或
replacement of crowns, bridges or dentures; or
- (v) 或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.
- (l) 口腔卫生咨询建议，如牙菌斑控制、口腔卫生及饮食等；
Advice relating to plaque control, oral hygiene and diet.
- (m) 单纯的服务或商品，包括但不限于漱口水、牙刷及牙膏等；
Services and supplies, including but not limited to mouthwash,
toothbrush and toothpaste.
- (n) 国际眼科与牙科保障不包含在**医院**进行的应包含在国际医疗
保障及/或国际医疗补充保障（如果**被保险人**购买了该项可选
责任）内的**牙科治疗**；另外，如果该**牙科治疗**是导致**被保险
人住院**的原因，则该**治疗**也不包含在国际医疗保障及/或国际
医疗补充保障内；
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.
- (o) **被保险人在 19 周岁生日后**进行的**正畸治疗**；
Orthodontic **treatment** for anyone after their 19th birthday.
- (p) 咬合关系取模，精密/半精密附着体；
Bite registration, precision or semi-precision attachments.
- (q) 主要出于如下目的的**治疗**方法、用具及修复物（全口义齿除
外）：
Any **treatment, procedure, appliance or restoration (except full
dentures)** if its main purpose is to:
 - (i) 改变上下（颌间）距离；或者
change vertical dimensions; or
 - (ii) 颞下颌关节功能障碍的诊断或**治疗**；或者
diagnose or treat conditions or dysfunction of the
temporomandibular joint; or
 - (iii) 牙周病患牙固定；或者
stabilise periodontally involved teeth; or
 - (iv) 咬合运动障碍解除。
restore occlusion.

**31. 国际紧急转运
服务保障（可
选保障）**
International
Emergency
Evacuation Cover
Option

国际紧急转运服务保障提供如下保障：当地不能得到合适医疗时转运到最近可获得该**治疗**的医疗中心的医疗转运费用。另外还提供保障以转运**被保险人**回到其**国籍国**或**常住国**、在其家人方便照顾的范围内进行**治疗**。
International Emergency Evacuation provides coverage for reasonable transportation costs to the nearest centre of medical excellence in the event that the **treatment** is not available locally. This option also includes repatriation coverage, allowing the **beneficiary** to return to their **country of habitual residence** or **country of nationality** to be treated in a familiar location.

- 31.1 总则
General
- 31.1.1 本项服务由本**保险合同**载明的**医疗援助服务机构**提供或安排。
The services described in this section are provided or arranged by the **medical assistance service** under this **policy**.
- 31.1.2 下述条件适用于医疗异地转运或转运回国；
The following conditions apply to both medical evacuations and repatriations:
- (a) **被保险人**应在发生医疗转运前联系医疗救援服务机构取得预先批准，也可以通过**我方**的客户服务团队转接给**医疗援助服务机构**；
all evacuations and repatriations must be approved in advance by the **medical assistance service**, which is contactable through the Customer Care Team;
- (b) 医疗异地转运或医疗转运回国所计划进行的**治疗**必须由**合法注册护士**或**执业医生**建议；
the **treatment** for which, or following which, the evacuation or repatriation is required must be recommended by a **qualified nurse or medical practitioner**;
- (c) 医疗异地转运或医疗转运回国所进行的（或所需进行的）**治疗**必须是**住院治疗**或**日间病房治疗**；
evacuation and repatriation services are only available under this **policy** if the **beneficiary** is being treated (or needs to be treated) on an **inpatient or day-patient** basis;
- (d) 医疗异地转运或医疗转运回国所涉及的**治疗**必须满足下列全部条件：
the **treatment** because of which the evacuation or repatriation service is required must:
- (i) 是本**保险合同**可赔付范围内的**治疗**；并且
be **treatment** for which the **beneficiary** is covered under this **policy**; and
- (ii) 在**被保险人**医疗异地转运或医疗转运回国的出发地无法获得该项**治疗**；
not be available in the location from which the **beneficiary** is to be evacuated or repatriated;
- (iii) 在**被保险人**发生医疗异地转运或医疗转运回国的事由之前，该**被保险人**就已经处在本**保险合同**的国际紧急转运服务保障之下。
the **beneficiary** must already have cover under the International Emergency Evacuation option, before they need the evacuation or repatriation service;
- (iv) 医疗转运后接受**治疗**的所在国应该在**被保险人的**所**选择保障区域内**（如果**被保险人**选择的是**全球不含美国**，则在**美国**发生的**治疗**不受保障）。
the **beneficiary** must have cover in the **selected area of coverage** which includes the country where the **treatment** will be provided after the evacuation or repatriation (**treatment** in the **USA** is excluded unless the **beneficiary** has purchased Worldwide cover including the **USA**).
- (e) 只有在医疗异地转运或医疗转运回国已经事先向**医疗援助服务机构**通知并获同意或批准，**我方**才予以支付。在进行批准

之前，**我方**有权要求提供**我方**合理需要的信息或证明材料。
We will only pay for evacuation or repatriation services if all arrangements are approved in advance by our medical assistance service. Before that approval will be given, we must be provided with any information or proof that we may reasonably request;

- (f) **我方**将不同意承担任何按照合理的观点应认为是不适当、或违背医疗意见、或不符合医疗实践的医疗转运。在判别某次医疗转运是否“不适当”时，**我方**将参考已经确立的临床医疗常规。

we will not approve or pay for an evacuation or repatriation if, in our reasonable opinion, it is not appropriate, or if it is against medical advice. In coming to a decision as to whether an evacuation or repatriation is appropriate, we will refer to established clinical and medical practice;

- (g) 在**被保险人**医疗转运发生之前或之后**被保险人**接受的其他治疗应该归入国际医疗保障或本**保险合同**下所选的其他保障。
any treatment received by a beneficiary before or after an evacuation or repatriation will be paid for under his or her International Medical Insurance plan, or any other coverage options under which they have cover;

- (h) **我方**将时常对本保障所赔付的医疗病例进行回顾，并且有权和**您方**联系并向**您方**要求提供**我方**认为合理的信息。

from time to time we may carry out a review of this cover and reserve the right to contact you to obtain further information when it is reasonable for us to do so.

31.2 医疗异地转运
 Medical
 evacuation

31.2.1 如果**被保险人**需要进行**紧急治疗**，**我方**将支付下列医疗异地转运的费用：

If a beneficiary requires emergency treatment, we will pay for medical evacuation for them:

- (a) 转运到技术条件可以进行必要**治疗**的最近**医院**（即使该**医院**可能处于同一国家的另一地区、或处于另一国家）；以及
to be taken to the nearest hospital where the necessary treatment is available (even if this is in another part of the country, or in another country); and

- (b) 如果**被保险人**需要在转运进行**紧急治疗**之后 14 天内被送返原地，**我方**也支付其返程费用（详细见下一条）。

to return to the place they were taken from, provided the return journey takes place not more than 14 days after the treatment is completed.

31.2.2 关于上述返程费用，**我方**支付的标准按照：

As regards the return journey, we will pay:

- (a) 经济舱机票费用；或
the price of an economy class air ticket; or

- (b) 合理的路上或海上旅行费用；
the reasonable cost of travel by land or sea;

两者较小的金额。

whichever is lesser.

31.2.3 只有满足下面全部条件，**我方**才支付出租车费用：

We will only pay for taxi fares if:

- (a) 从医学上来说，**被保险人**乘出租车去机场比乘救护车去机场更有利于对其病情或伤情的救治；并且
it is medically preferable for the **beneficiary** to travel to the airport by taxi, rather than by ambulance; and
- (b) 已经事先向医疗救援机构通知并获同意或批准。
approval is obtained in advance from the **medical assistance service**.
- 31.2.4 在**被保险人**需要进行**诊断性检查**或者**癌症治疗**（如化疗）的情况下：如果根据**医疗援助服务**机构的意见——根据其具体境况医疗异地转运是合适和**医疗必要**的，**我方**将支付其医疗异地转运的费用（而不是医疗转运回国的费用）。
We will pay for evacuation (but not repatriation) if the beneficiary needs diagnostic tests or cancer treatment (such as chemotherapy) if, in the opinion of our medical assistance service, evacuation is appropriate and medically necessary in the circumstances.
- 31.2.5 除上面明示的费用外，**我方**将不支付与医疗异地转运相关的任何其他费用（如病房膳食费）。
We will not pay any other costs related to an evacuation (such as accommodation costs).
- 31.3 医疗转运回国
Medical repatriation
- 31.3.1 如果**被保险人**需要医疗转运回国，**我方**将支付下列有关费用：
If a **beneficiary** requires a medical repatriation, **we** will pay:
- (a) **被保险人**转运回**常住国**或**国籍国**的费用；以及
for them to be returned to their **country of habitual residence or country of nationality**; and
- (b) 如果**被保险人**需要在转运进行**紧急治疗**之后 14 天内送返原地，**我方**也支付其返程费用（详见下一条）。
to return them to the place they were taken from, provided the return journey takes place not more than 14 days after the **treatment** is completed.
- 上述医疗转运必须事先向**医疗援助服务**机构通知并获同意或批准，请注意的是为了有助于得到同意或批准——上述转运费用应该是合理的和通常的。
The above journey must be approved in advance by **our medical assistance service** and to avoid doubt all transportation costs are required to be reasonable and customary.
- 31.3.2 关于上述返程费用，**我方**支付的标准按照：
As regards the return journey, **we** will pay:
- (a) 经济舱机票费用；或
the price of an economy class air ticket; or
- (b) 合理的路上或海上旅行费用；
the reasonable cost of travel by land or sea;
- 两者较小的金额。
whichever is lesser.
- 31.3.3 只有满足下面全部条件，**我方**才支付出租车费用：
We will only pay for taxi fares if:
- (a) 从医学上来说，**被保险人**乘出租车去机场比乘救护车去机场更有利于对其病情或伤情的救治；并且
it is medically preferable for the **beneficiary** to travel to the airport

			by taxi, rather than by ambulance; and
		(b)	已经事先向 医疗援助服务 机构通知并获同意或批准。 approval is obtained in advance from the medical assistance service .
	31.3.4		除上面明示的费用外， 我方 将不支付与医疗转运回国相关的任何其他费用（如病房膳食费）。 We will not pay any other costs related to a repatriation (such as accommodation costs).
	31.3.5		如果 被保险人 联系 医疗援助服务 机构要求进行预先批准进行医疗转运回国，但 医疗援助服务 机构并不认为医疗转运回国对该 被保险人 在医学上是合适的， 我方 可能转而安排该 被保险人 到技术条件可进行必要治疗的最近 医院 。当 被保险人 的病情稳定并且医学上适当时， 我方 将转运 被保险人 返回其指定的 国籍国 或 常住国 。 If a beneficiary contacts the medical assistance service to ask for prior approval for repatriation, but the medical assistance service does not consider repatriation to be medically appropriate, we may instead arrange for the beneficiary to be evacuated to the nearest hospital where the necessary treatment is available. We will then repatriate the beneficiary to his or her specified country of nationality or country of habitual residence when his or her condition is stable, and it is medically appropriate to do so.
31.4	遗体运送回国 Repatriation of mortal remains	31.4.1	如果 被保险人 在 保险期间 内在 常住国 外的地区死亡，医疗救援机构收到通知后将在合理可行的基础上根据航空公司的要求和限制、尽快安排将 被保险人 的遗体送回其 常住国 。 If a beneficiary dies outside their country of habitual residence during the period of cover , the medical assistance service will arrange for their mortal remains to be returned to their country of habitual residence as soon as reasonably practicable, subject to airlines requirements and restrictions.
		31.4.2	我方 将不支付任何与葬礼有关的费用，以及遗体的迎接及护送人员的旅行费用。 We will not pay any costs associated with burial or cremation or the transport costs for someone to collect or accompany the beneficiary's mortal remains.
31.5	第三方陪护费用 Third party travel costs	31.5.1	如果在医疗异地转运或医疗转运回国中， 被保险人 出于下列目的之一需要有人陪护： If a beneficiary needs somebody to travel with them on their journey in conjunction with a medical evacuation or repatriation, because they: (a) 帮助其登上或离开飞机或其他交通工具； need help getting on or off an aeroplane or other vehicle; (b) 旅行距离达到 1000 英里（或 1600 公里）或以上； are travelling 1000 miles (or 1600km) or further; (c) 处于严重的焦虑或抑郁状态，并且没有注册护士、专职医疗护送人员或其他医疗性的专业护送人员陪同；或者 are severely anxious or distressed, and are not being accompanied by a nurse, paramedic or other medical escort and; or (d) 病情或伤情处于非常严重状态。 are very seriously ill or injured; 我方 将支付一位家属或伴侣的陪同旅行费用。这些旅行（为免歧义，包括一次出发及一次返回）必须事先向 医疗援助服务 机构通知

并获同意或批准；并且，返回旅行必须在**治疗**结束后 14 天内进行。

we will pay for a relative or partner to accompany them. The journeys (for the avoidance of doubt shall mean one outbound and one return) must be approved in advance by the **medical assistance service and the return journey must take place not more than 14 days after the **treatment** is completed.**

31.5.2 我方支付的标准按照：

We will pay:

- (a) 经济舱机票费用；或
the price of an economy class air ticket; or
- (b) 合理的路上或海上旅行费用；
the reasonable cost of travel by land or sea;

两者较小的金额。
whichever is lesser.

如果合理，考虑到**被保险人**的病情/伤情需要，陪同的家属或伴侣可以乘坐与**被保险人**不同的舱位。

If it is appropriate, considering the **beneficiary's** medical requirements, the family member or partner who is accompanying them may travel in a different class.

31.5.3 如果陪同所涉及的医疗转运的初衷是使**被保险人**接受门诊治疗，我方将不支付第三方陪护费用。

We will not pay for a third party to accompany a **beneficiary if the original purpose of the evacuation was to enable the **beneficiary** to receive outpatient treatment.**

31.5.4 如果**被保险人**接受医疗异地转运或医疗转运回国是**医疗必要的**，并且将其**配偶**或伴侣陪护，**我方**将也支付其 17 周岁及以下子女的合理旅行费用（如果子女将因此将没有父母或监护人在身边）。

If it is **medically necessary** for a **beneficiary** to be evacuated or repatriated, and they are going to be accompanied by their **spouse** or partner, **we** will also pay the reasonable travel costs of any children aged 17 or under, if those children would otherwise be left without a parent or guardian.

31.5.5 除上面明示的费用外，**我方**将不支任何其他第三方陪同费用，如病房膳食费或当地交通费等。

We will not pay for any other costs relating to third party travel costs, such as accommodation or local transportation.

31.6 慰问探访
Compassionate
visit

31.6.1 如果**被保险人**身处另一国家并将预期住院 5 天或以上或经历**短期**的终末期救治，**我方**将支付父母、**配偶**、伴侣、兄弟姐妹或子女中的一位在意外事故或急病发生后对**被保险人**探访的费用。

We will pay the cost of economy class return travel for a parent, **spouse, partner, sibling or child to visit a **beneficiary** after an accident or sudden illness, if the **beneficiary** is in a different country and is anticipated to be **hospitalised** for five days or more, or has been given a **short-term** terminal prognosis.**

31.6.2 对每一位**被保险人**整个生命期间，**我方**累积支付不超过 5 次慰问探访费用。

For each **beneficiary** **we** will pay for up to 5 compassionate visits over the lifetime of the cover.

31.6.3 慰问探访必须事先向**医疗援助服务机构**通知并获同意或批准。

Compassionate visits must be approved in advance by **our medical assistance service**.

31.6.4 如果探访人员离开其本人的**常住国**，**我方**将按照**保障利益表**中的限额支付探访期间该家庭成员最长不超过 10 天的生活费用（需要提供发生费用的发票等单据）。

We will also pay for living expenses incurred by a family member during a compassionate visit, for up to 10 days while they are away from their country of habitual residence up to the limits shown in the list of benefits (subject to being provided with receipts in respect of the costs incurred).

31.6.5 如果被**被保险人**已经进行了医疗异地转运或医疗转运回国，**我方**将不支付慰问探访费用。如果在慰问探访期间进行了医疗异地转运或医疗转运回国，**我方**将不支付其后的第三方陪护费用。

We will not pay for a compassionate visit when the beneficiary has been evacuated or repatriated. If an evacuation or repatriation takes place during a compassionate visit, we will not pay any further third party transportation costs.

31.7 一般条件
General
conditions

下列条件适用于国际紧急转运服务保障下的所有保障。

The following conditions apply to all of the cover which is provided under the International Emergency Evacuation option.

31.7.1 在某些情况下，当地条件使得进入该地区是不可能、不现实或存在无法承受的风险；例如：因为政治动荡或战争，**我方**无法安排医疗异地转运或医疗转运回国服务。因而，本条款并不能完全保证医疗异地转运或医疗转运回国服务是一直可以获得的——即使从它们从医学上是合理的。

Where local conditions make it impossible, impractical, or unreasonably dangerous to enter an area, for example because of political instability or war, we may not be able to arrange evacuation or repatriation services. This policy does not guarantee that evacuation or repatriation services will always be available when requested, even if they are medically appropriate.

31.7.2 **我方**仅支付**被保险人**还在接受治疗时的住院病房膳食费。如果**被保险人**不再接受治疗而只是在等候返程航班，**我方**将不再支付其住院病房膳食费。

We will only pay for hospital accommodation for as long as the beneficiary is being treated. We will not pay for hospital accommodation if a beneficiary is no longer being treated but is waiting for a return flight.

31.7.3 在**被保险人**医疗异地转运或医疗转运回国之前或之后发生的任何其他医疗费用将按照国际医疗补充保障（或其所选的其他保障）的赔付条件，在这些保障项下得到保障。

Any medical **treatment** which a **beneficiary** receives before or after an evacuation or repatriation will be paid from the International Medical Insurance plan (or under another coverage option if appropriate) provided that the **treatment** is covered under this **policy** and **you** have purchased the relevant cover.

31.7.4 **我方**对此不承担责任：因天气、技术或机械故障、实际条件、政府当局设定的限制或其他超出**我方**控制范围的原因导致医疗异地转运或医疗转运回国的延迟或不能实现。

We cannot be held liable for any delays or lack of availability of evacuation or repatriation services which result from adverse weather conditions, technical or mechanical problems, conditions or restrictions imposed by public authorities, or any other factor which is beyond our reasonable

control.

31.7.5 只有医疗异地转运或医疗转运回国所计划进行的**治疗**本身在本**保险合同**可赔付范围内，该医疗异地转运或医疗转运回国、及第三方赔付等才可得到支付。

We will only pay for evacuation, repatriation and third party transportation if the **treatment for which, or because of which, the evacuation or repatriation is necessary is covered under this **policy**.**

31.7.6 所有下列决定将由**我方医疗团队**审核并作出：
All decisions as to:

- (a) 医疗异地转运或医疗转运回国的**医疗必要性**；
the **medical necessity** of evacuation or repatriation;
- (b) 医疗异地转运或医疗转运回国的方式及时机；
the means and timing of any evacuation or repatriation;
- (c) 使用的医疗设备及医疗人员；以及
the medical equipment and medical personnel to be used; and
- (d) **被保险人**被运送的目的地；
the destination to which the **beneficiary** should be transported;

这些决定将在考虑有关的医疗因素和各种应考量的实际情况、并咨询主持该**被保险人**治疗的**执业医生**后作出。

will be made by **our medical team**, after consultation with the **medical practitioners** who are treating the **beneficiary**, taking into account all of the relevant medical factors and considerations.

第三章 责任免除 Section 3 - Exclusions

32. 通用责任免除 General Exclusions

下述通用责任免除对本**保险合同**所有保障均适用：

Cover under this **policy** is subject to the following general exclusions:

32.1 违反法律规定的行为，包括但不限于违反外汇管理的规定、当地的法律法规、贸易制裁或管制规定。

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.

32.2 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**执业医生**所导致的损失、损害、**疾病**或**损伤**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.**

32.3 如果**您方**未购买国际医疗补充保障、国际紧急转运服务保障、国际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 a **beneficiary** does not have cover under the International Medical 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 other **benefits** which are available under those options.

32.4 下述责任免除适用于国际医疗保障及任一可选保障。

The following exclusions apply to the International Medical Insurance plan and to all of the extra coverage options.

除了我们下面列出的责任免除外，我方将按照被保险人当时所拥有的保障来支付符合规定条件的治疗费用。

Where, in the exclusions which are set out below, 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.

32.5 我方将不予支付：

We will not pay for:

32.5.1 人工维持生命，包含仪器辅助呼吸，除非此治疗有使被保险人复原或恢复到患病前健康状况的合理预期。

Life support treatment (such as mechanical ventilation) unless such treatment has a reasonable prospect of resulting in the beneficiary's recovery, or restoring the beneficiary to his or her previous state of health.

32.5.2 下列治疗：

Treatment for:

(a) 既往症；或

a pre-existing condition; or

(b) 投保前被保险人已经知道（或者应该已经知道）但未告知的既往症所导致或相关的任何疾病或症状；

any condition or symptoms which result from, or are related to, a pre-existing condition which the beneficiary knew about (or should have known about) before the start of their cover, but which was not disclosed to us.

对任何既往症，只有在投保申请过程中向我方告知并且我方医疗核保同意接受后，才能在本保险合同中得到支付。

Pre-existing conditions will only be covered under this policy if they were disclosed during the application process and our medical underwriters agreed to provide that cover.

32.5.3 医疗核保所作出的任何特别责任免除中所涉及疾病或症状导致的治疗。特别责任免除详见您的保险凭证。

Treatment for a condition which is the subject of a special exclusion. Special exclusions are set out in your certificate of insurance.

32.5.4 非出于医疗必要的入院或住院，包括：

Non medical admissions or stays in hospital which includes:

(a) 可以在日间病房或门诊进行的治疗；

treatment that could take place on a day-patient or outpatient basis;

(b) 病后自然恢复过程；

convalescence;

(c) 社会性或家庭性事务导致的入院，如洗衣、穿着及沐浴等。

social or domestic reasons e.g. washing, dressing and bathing.

32.5.5 豪华套间、行政套间、贵宾病房等高级病房费用。

Costs of hospital accommodation for a deluxe, executive or VIP suite.

32.5.6 器官捐献

Donor organs:

- (a) 机械性人工器官、或动物器官，除非在等待移植过程中为短期维持身体机能而临时使用的机械设备；
mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant;
- (b) 通过任何渠道购买捐献器官的费用；或
purchase of a donor organ from any source; or
- (c) 针对未来可能出现的疾病而预先保存干细胞的费用。
harvesting and storage of stem cells, when a preventative measure against possible future disease.
- 32.5.7 胎儿手术，如在出生前子宫内进行治疗或手术；除非是由妊娠并发症引起——在此情况下应该包含在“复杂妊娠”责任范围内进行赔付。
Foetal surgery, i.e. treatment or surgery undertaken in the womb before birth, unless this is resulting from complications arising through maternity and shall be subject to the limits detailed in the ‘Complicated Maternity’ section of your policy.
- 32.5.8 足部护理，包括由手足病治疗专家或足科医生进行的。
Foot care by a Chiropodist or Podiatrist.
- 32.5.9 睡眠异常；除非有证据表明该被保险人经受着严重的呼吸睡眠综合症（窒息），在这样的情况下我方将支付：
Sleep disorders unless there are indications that the beneficiary is suffering from severe sleep apnoea. in these circumstances, we will only pay for:
- (a) 一次睡眠情况评估；
one sleep study;
- (b) 医学上合理的手术；以及
surgery, if medically appropriate; and
- (c) 仪器租借使用费，如其他方法都失败的情况下使用持续气道正压（CPAP）通气仪器，但仅限于购买了国际医疗补充保障的被保险人。
the hire of equipment such as a Continuous Positive Airway Pressure (CPAP) machine because all other methods have failed to resolve the issue (only if the beneficiary has cover under the International Medical Insurance Plus option).
- 32.5.10 下列医生、医院、诊所及机构提供的治疗：
Treatment which is provided by:
- (a) 医疗从业人员没有得到治疗所在国有关当局认可为具有治疗相应疾病、病症或损伤所需要的适当专业知识和技能；
a medical practitioner who is not recognised by the relevant authorities in the country where the treatment is received as having specialist knowledge of, or expertise in, the treatment of the disease, illness or injury being treated;
- (b) 我方已经以书面形式致函执业医师、治疗师、医院、诊所及机构通知：我方不再承认其作为我方认可的医疗服务主体（我方已经作出这样通知的执业医师、治疗师、医院、诊所及机构的信息可询问我方的信息查询热线）；或者

a medical practitioner, therapist, hospital, clinic, or facility to whom we have given written notice that we no longer recognise them as a treatment provider. Details of individuals, institutions and organisations to whom we have given such notice may be obtained by calling our general enquiries number; or

- (c) 根据我方的合理意见，没有得到有效认证或授权、或没有适当的能力进行相应治疗的执业医师、治疗师、医院、诊所及机构。
a medical practitioner, therapist, hospital, clinic, or facility which, in our reasonable opinion, is either not properly qualified or authorised to provide treatment, or is not competent to provide treatment.

32.5.11 提供治疗的人员与被保险人在同一居所，或为被保险人的家庭成员；

Treatment which is provided by anyone who lives at the same address as the beneficiary, or who is a member of the beneficiary's family.

32.5.12 戒烟及其相关治疗。

Treatment for, or in connection with, smoking cessation.

32.5.13 由于武装冲突或灾难导致的必要治疗，包括但不限于：

Treatment which is necessary as a result of conflict or disaster including but not limited to:

(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, acts of terrorism, rebellion (whether or not war is declared), civil war, commotion, military coup or other usurpation of power, martial law, riot, or the act of any unlawfully constituted authority;

(c) 当地卫生机构宣布的疫情爆发，并且相应进行的疫情控制；以及

outbreaks of disease which are declared to be epidemics and put under the control of the local public health authorities; and

(d) 其他武装冲突或灾难，如果被保险人有如下情况：

any other conflict or disaster events if the beneficiary has:

(i) 进入众所周知的武装交战地区（由您国籍国的政府所宣布，例如由英国外事及公共安全办公室宣布）；或

put him or herself in danger by entering a known area of conflict (as identified by a Government in your Country of nationality, for example the British Foreign and Commonwealth Office);

(ii) 为主动介入冲突者；或

actively participated in the conflict; or

(iii) 表现出明显不顾及个人安危。

displayed a blatant disregard for their own safety.

- 32.5.14 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.
- 32.5.15 不是以使原有言语能力复原为目的的言语治疗，包括但不限于下述任一情况:
Treatment for or in connection with speech therapy that is not restorative in nature, or if such therapy is:
- (a) 用于改善发育不完全的言语能力;
used to improve speech skills that have not fully developed;
 - (b) 作为家庭监护或家庭教育的; 或
can be considered custodial or educational; or
 - (c) 出于维持语言交流能力为目的。
is intended to maintain speech communication.
- 32.5.16 发育问题，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.
- 32.5.17 颞下颌关节功能障碍的(TMJ).
Disorders of the temporomandibular joint (TMJ).
- 32.5.18 治疗肥胖或其并发症，包括但不限于减肥课程、减肥指导或药物减肥。
Treatment for obesity, or which is necessary because of obesity. This includes, but is not limited to, slimming classes, aids and drugs.
- 当被保险人符合在如下情况时，我方将支付胃束带或胃旁路手术:
We will only pay for gastric banding or gastric bypass surgery if a beneficiary:
- (a) 体重指数 (BMI) 达到 40 或以上并被诊断为病态肥胖，或;
has a body mass index (BMI) of 40 or over and has been diagnosed as being morbidly obese;
 - (b) 能够提供文件证明：过去 24 个月内已经尝试过其他减肥方法;
can provide documented evidence of other methods of weight loss which have been tried over the past 24 months;
 - (c) 在手术前已经历了心理评估，并确认被保险人适宜进行这样的手术。
has been through a psychological assessment which has confirmed that it is appropriate for them to undergo the procedure.

- 32.5.19 在自然治疗诊所、水疗养院或温泉疗养院、疗养院或任何非医院性质的或不被认为是合格的医疗服务提供者的机构提供的治疗；
Treatment in nature cure clinics, health spas, nursing homes, or other facilities which are not hospitals or recognised medical treatment providers.
- 32.5.20 部分或全部由于家庭事务因素导致在医院居住，或在医院居住期间实际上并不需要进行治疗，或医院已经成为被保险人的住所或永久居住的住所。
Charges for residential stays in 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.
- 32.5.21 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.
- 32.5.22 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.
- 32.5.23 任何与男性或女性有关的生育控制产生的治疗，包括但不限于：
Treatment needed because of or relating to male or female birth control, including but not limited to:
- (a) 手术避孕，即：
surgical contraception, namely:
 - (i) 输精管切除术、绝育术或皮下埋置避孕术等；
vasectomy, sterilisation or implants;
 - (b) 非手术避孕，即：
non surgical contraception, namely:
 - (i) 避孕药或避孕套；
pills or condoms;
 - (c) 生育咨询，即：
family planning, namely:
 - (i) 当面向医生咨询怀孕或避孕治疗；
meeting a doctor to discuss becoming pregnant or contraception.
- 32.5.24 与不孕不育（除了为确诊不孕不育而进行的检查）或各种生育问题相关的治疗、及对这些治疗导致并发症的后续治疗，包括但不限于：
Treatment relating to infertility (other than investigation to the point of diagnosis), fertility treatment of any sort, or treatment of complications arising as a result of such treatment. This includes, but is not limited to:
- (a) 试管婴儿(IVF)；
in-vitro fertilisation (IVF);
 - (b) 卵子输卵管内移植(GIFT)；
gamete intra-fallopian transfer (GIFT);

- (c) 受精卵输卵管内移植(ZIFT):
zygote intra-fallopian transfer (ZIFT);
- (d) 人工受孕 (AI) ;
artificial insemination (AI);
- (e) 处方药物治疗:
prescribed drug **treatment**;
- (f) 胚胎转移 (从身体的一处转移至另一处) ; 或
embryo transportation (from one physical location to another);
or
- (g) 卵子/精子捐赠及其相关费用。
ovum and/or semen donation and related costs.

如果满足下列全部条件, **我方**将支付确诊不孕不育的检查费用:

We will pay for investigations into the cause of infertility if:

- (a) 主持治疗的专科医生希望明确医学原因;
the **specialist** wishes to rule out any medical cause;
- (b) 被保险人在接受检查前已连续两年投保本保险; 且
the **beneficiary** has been covered under this **policy** for two consecutive years before the investigations have commenced;
and
- (c) 被保险人在投保时对其不孕不育的问题一无所知, 且没有出现过明显的征兆。
the **beneficiary** was unaware of the existence of any infertility problem, and had not suffered any symptoms, when their cover under this **policy** commenced.

32.5.25 意图终止怀孕的措施, 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.

32.5.26 任何与代孕直接有关的治疗。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; 或者
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**.

32.5.27 “新生儿护理”责任中, 对因采取治疗不孕不育手段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 天后方可投保本保险合同, 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.

32.5.28 新生儿在医院的托管护理, 除非其母亲因医疗必要须住院接受本保险合同规定范围内的治疗;

Nursery care for a newborn in **hospital**, unless the mother is required to remain in **hospital** due to **medical necessity** for **treatment** that is covered by this **policy**.

32.5.29 被保险人因永久性神经损伤和/或永久植物人状态(PVS)超过 90 天的治疗费用；

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

32.5.30 任何对个性或人格障碍的治疗，包括但不限于：

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

- (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 disorder; or
- (c) 表演型人格障碍；
histrionic personality disorder.

32.5.31 预防性治疗：包括但不限于健康筛查、常规体检及疫苗接种（除非被保险人已投保了包含这些保险责任的可选保障）。
Preventative **treatment**, including but not limited to health screening, routine health checks and vaccinations (unless that **treatment** is available under one of the options under which a **beneficiary** has cover).

我方将支付如下疾病的预防性手术费用：

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

- (a) 有明显家庭遗传史的疾病、或作为某种遗传性肿瘤综合征的症状之一的疾病（例如卵巢癌）；以及
has a significant family history of a disease which is part of a **hereditary cancer syndrome** (such as ovarian **cancer**); and
- (b) 已经进行基因检查，并且结果显示患有某种遗传性肿瘤综合征（请注意我方不支付基因检查的费用）；
has undergone genetic testing which has established the presence of a **hereditary cancer syndrome**. (Please note that **we will not pay for the genetic testing**).

在国际医疗保障下，除癌症治疗外，对先天性疾病和遗传性疾病的预防性手术计算在先天性疾病的限额内。

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

32.5.32 任何原因引起的性功能障碍的治疗，如阳痿治疗或其他性方面的问题。

Treatment for sexual dysfunction disorders (such as impotence) or other sexual problems regardless of the underlying cause.

32.5.33 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。

Treatment in the **USA**, unless the **beneficiary** has purchased **Worldwide including USA** cover under this **policy**.

32.5.34 如果我方获知或有理由怀疑下列情况，我方不承担在美国的治

疗:

Treatment in the USA if we know or reasonably suspect that:

(a) 该治疗在保障范围内; 并且
the cover was purchased; and

(b) 被保险人旅行到美国;
the beneficiary travelled to the USA:

且该旅行是为了对投保时即存在的既往病症进行治疗 (无论该
治疗是否其前往美国的主要或唯一原因)。

for the purpose of receiving treatment for a pre-existing condition
(whether or not treatment was the main or sole purpose of the visit).

32.5.35 单眼或双眼屈光不正的治疗, 包括但不限于: 激光治疗、屈光
性角膜切开术及屈光性角膜切削术。如因病情所需, 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 which is intended to change the refraction of one or both
eyes, including but not limited to laser treatment, refractive
keratotomy and photorefractive keratectomy. We will pay for
treatment to correct or restore eyesight if it is needed as a result of a
disease, illness or injury (such as cataracts or a detached retina).

32.5.36 在您方所选择保障区域外进行的任何治疗。

Any treatment outside your selected area of coverage.

32.5.37 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.

32.5.38 任何未事先向医疗援助服务机构通知并获同意或批准的紧急
救援服务。

Any expenses for international emergency services which were not
approved in advance by the medical assistance service.

32.5.39 为本保险合同责任范围外的医疗异地转运、医疗转运回国及第
三方陪护等跨国援助费用。

International services expenses for emergency evacuation, medical
repatriation and transportation costs for third parties where the
treatment needed is not covered under this policy.

32.5.40 任何船运到岸的转运费用。

Any expenses for ship-to-shore evacuations.

32.5.41 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.

32.5.42 因参与如下活动导致身体损伤、疾病或残疾而接受的治疗:

Treatment which is necessary because of, or is any way connected
with, any injury or sickness suffered by a beneficiary as a result of:

(a) 参与职业运动项目;

taking part in a sporting activity on a professional basis;

(b) 独自进行水肺潜水运动; 或

solo scuba-diving; or

- (c) 30 米以上深度的水肺潜水，除非被保险人获得适当的潜水资格（即：深度潜水资格证或同等资格证书）认证为可以潜水到此深度。
scuba-diving at a depth of more than 30 metres unless the **beneficiary** is appropriately qualified (namely PADI or equivalent) to scuba-dive at that depth.
- 32.5.43 根据我方的合理观点认为是实验性的、非规范的、或未被证实为有效的治疗。这些治疗包括但不限于：
Treatment which (in our reasonable opinion) is experimental, is not orthodox, or has not been proven to be effective. This includes but is not limited to:
- (a) 临床试验性质的治疗；
treatment which is provided as part of a clinical trial;
- (b) 未被治疗发生所在国权威部门批准的治疗；或
treatment which has not been approved by the relevant public health authority in the country in which it is received; or
- (c) 药品或药物没有获得药品或药物使用地所在国政府许可或批准。
any drug or medicine which is prescribed for a purpose for which it has not been licensed or approved in the country in which it is prescribed.
- 32.5.44 除了是医疗必要的并且由疾病、意外伤害或其他手术而导致的整形、美容或重建手术外，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人的外表的治疗费用，即使是出于心理原因。这些治疗包括但不限于：
Any form of plastic, cosmetic or reconstructive treatment, the purpose of which is to alter or improve appearance even for psychological reasons, unless that treatment is medically necessary and is a direct result of an illness or an injury suffered by the beneficiary, or as a result of surgery. This includes but is not limited to:
- (a) 面部提升术（皱纹切除术）；
facelifts (rhytidectomy);
- (b) 鼻部塑形术（鼻整形术）；
nose reshaping (rhinoplasty);
- (c) 吸脂术及其他去除脂肪的治疗；
liposuction and other procedures which remove fat tissue;
- (d) 植发术；以及
hair transplants; and
- (e) 改变乳房形状的手术、乳房增大或缩小手术（癌症治疗后的乳房重塑术除外）。
surgery to change the shape of, enhance or reduce breasts (other than breast reconstruction following treatment for cancer).

在被保险人的保险合同有效期内，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 treatment if the illness, injury or surgery as a result of which the treatment is required took place during the beneficiary's current continuous period of cover and is itself covered under the policy.

- 32.5.45 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.
- 32.5.46 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.
- 32.5.47 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.
- 32.5.48 由于被保险人的违法行为而导致的任何形式治疗或必要治疗。 Treatment that is in any way caused by, or necessary because of, a beneficiary carrying out an illegal act.

第四章 预先批准

Section 4 - Prior approvals

33. 预先批准清单

List of prior approvals

下述所有的治疗均需取得我方的预先批准。若您方未取得我方的预先批准，将可能对您方的理赔造成延迟，也有可能使我方拒绝向您方给付全部或部分理赔款项。

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

33.1 被保险人必须在每次住院前联系我方；

A beneficiary must contact us before each hospitalizations;

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

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

33.1.1 被保险人预期需要留院治疗的时长；

how long the beneficiary will need to stay in hospital;

33.1.2 被保险人的诊断信息（如果诊断发生了变更）；以及

the diagnosis (if this has changed); and

33.1.3 被保险人所接受过的治疗和未来需要接受的治疗。

the treatment which the beneficiary has received, and needs to

receive.

- 33.2 **被保险人**必须在每次所有手术（包括器官移植、骨髓移植或外周血干细胞移植）及操作性治疗前联系我方，包括在门诊、住院或日间病房发生的；

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

- 33.3 **被保险人**必须在每次生育就诊前联系我方，包括住院和门诊；

A **beneficiary** must contact **us** before each maternity visits, including **inpatients and outpatients**;

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

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

- 33.5 无论是在门诊、住院或日间病房，**被保险人**都必须在每次物理治疗、职业治疗、言语治疗或任何以康复为目的的治疗前通知我方；

A **beneficiary** must contact **us** before each physiotherapies, occupational and speech therapies, or any **treatments for rehabilitations**, wherever occurred in **in-patient, out-patient or day patient**;

因需要物理治疗、职业治疗、言语治疗或任何康复治疗疾病往往较为复杂，您方通知我方时必须提交主持该次治疗的专科医生的医疗报告，该报告须载明：

As conditions requiring physiotherapies, occupational and speech therapies, or **treatments for rehabilitations** can be very complex, as part of the prior approval process **we** must receive a medical report from the treating **specialist**, detailing the following:

- 33.5.1 **被保险人**预计在医院停留的时间；

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

- 33.5.2 诊断；及

the diagnosis; and

- 33.5.3 **被保险人**已经接受的治疗及需要接受的治疗。

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

每一保险期间内我方承担的对单一疾病的康复治疗以30天/次治疗为限；若为整形外科、脊髓或神经系统疾病治疗的需要进行康复治疗，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；

In each **period of cover**, for each disease, the cover of **rehabilitation** is up to 30 days/visits. If **rehabilitation treatment** is needed following orthopaedic, spinal or neurological events, **we** may pay for **rehabilitation treatment** for more than 30 days. But **you** should contact **us** for prior approval.

- 33.6 **被保险人**必须在每次精神心理治疗前联系我方；

A **beneficiary** must contact **us** before each **psychiatric treatment**;

- 33.7 **被保险人**必须在每次医疗异地转运、每次医疗转运回国、每次第三方陪护、每次亲友探访前联系我方；

A **beneficiary** must contact **us** before each medical evacuation, medical repatriation, third party transportation and compassionate visit.

我方不予接受任何不符合医疗实践的转运。如确有必要，我方有权检

查所有案例，对任何有悖医疗建议的转运**我方**有权不予批准。

If, in **our** reasonable opinion, a medical transfer is not 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.

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

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

33.8 **被保险人**必须在每次疼痛控制**治疗**前联系**我方**，包括住院和门诊；
A **beneficiary** must contact **us** before each pain management, including **in-patient** and **out-patient**;

33.9 **被保险人**必须在每次**家庭护理**前联系**我方**；
A **beneficiary** must contact **us** before each **home nursing**;

33.10 **被保险人**必须在每次**姑息治疗**、每次长期护理**治疗**前联系**我方**；
A **beneficiary** must contact **us** before each **palliative care** or long term care;

33.11 **被保险人**必须在每次**种植牙治疗**、每次**正畸治疗**前联系**我方**；
A **beneficiary** must contact **us** before each dental implant or dental orthodontic procedure;

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**保险合同**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**).

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.

若**被保险人**被送往的**医院**、**执业医师**或**诊所**不在**我方**医疗网络范围内，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、执业医师或诊所**继续接受治疗。

If a **beneficiary** has been taken to a **hospital, medical practitioner 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, medical practitioner or clinic** to continue **treatment**, once it is medically appropriate to do so.

34. 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，若您方已寻求该治疗预先批准，但尚未取得**我方**的书面答复，**我方**将按照预先批准程序应予批准的额度进行支付。若您方无法证明曾寻求过就该治疗的预先批准，**我方**将假设：如果您方事先寻求预先批准，实际发生的治疗费用将减少 20%，因而我们将按照 80%的治疗费用进行理赔，赔付金额相应减少。

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.

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

35.1 对于**美国**地区的治疗，若您方已寻求该治疗预先批准，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。若您方无法证明曾寻求过关于该治疗的预先批准，**我方**将假设：如果您方事先寻求预先批准，实际发生的治疗费用将减少 50%，因而我们将按照 50%的治疗费用进行理赔，赔付金额相应减少。

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.

35.2 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、执业医师或诊所**的治疗，**我方**将按应支付额度的 80%支付。

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

35.3 如果确实由于合理的原因，**被保险人**无法接受**我方**医疗网络范围以内的**医院、执业医师或诊所**的治疗，**我方**将按应支付额度的 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, medical practitioner or clinic**. In these cases, **we** will not apply any reduction to the payments **we** will make.

Examples include:

35.3.1 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、执业医师或诊所**；以及

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

35.3.2 当地**我方**医疗网络范围内的**医院、执业医师或诊所**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, medical practitioner or clinic**.

36. 严格遵从理赔流程
Strict compliance

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，否则**我方**将减少或不予支付理赔款项。

Beneficiaries must comply strictly with the claims procedures set out in this section in

with claim procedure

respect of every claim. If they do not do so, **we** will reduce **benefits** or not pay the claim as specified above.

第五章 保险金申请 Section 5 - Claims application

37. 提供信息 Providing information	您方在要求理赔时有向我方提供与理赔相关的合理信息或证据的责任。 You (or the beneficiary) must provide us with any information or proof that we may reasonably ask for to support any claim.
38. 诉讼时效 Claiming period	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.
39. 美国地区治疗的理赔 Claims for treatment in the United States	<p>39.1 如果被保险人在美国地区接受治疗的医院、执业医师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。我方医疗网络的医院、执业医师或诊所名单可以查询您方会员卡上的网址。但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。 If a beneficiary receives treatment in the USA from a hospital, medical practitioner 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 hospitals, clinics and medical practitioners is available upon request at the address in your membership card. 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.</p> <p>39.2 如果被保险人在美国地区接受治疗并要求理赔，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日间病房治疗时，被送至医疗审核联盟接受入院前评估。被保险人必须按照以下时间规定与医疗审核联盟商议： If a beneficiary makes a claim for treatment in the USA, 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 CareAllies for PAC for each inpatient or day-patient hospital admission in the USA. The beneficiary must discuss the PAC with CareAllies either:</p> <p>39.2.1 一般情况下在入院前；或者 before the beneficiary goes into hospital; or</p> <p>39.2.2 接受紧急治疗时，在入院后的第一个工作日之前。 in the case of emergency treatment, by the end of the first working day after the date on which the beneficiary goes into hospital.</p> <p>被保险人必须安排为其进行治疗的执业医师完成入院前证明并转介至医疗审核联盟。医疗审核联盟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审核联盟的核准的天数，则为其治疗的执业医师必须为其建议持续留院观察评估。对于紧急入院治疗，主持治疗的执业医师应致电客户服务热线，由客户服务热线安排转介至医疗审核联盟获取入院证明。 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</p>

beneficiary needs **inpatient 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 **inpatient** admissions, the attending **medical practitioner** should call the Customer Care Team, who will then transfer him or her to **CareAllies** for an admission certificate.

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 **USA** should be sent to the address on **your** membership ID card. Please clearly state the **policy** number on all documentation.

- 39.3 如有必要，我方会要求您方额外提供以下资料来核定理赔：
We may need to ask for extra information to help **us** process a claim, for example:
- 39.3.1 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;
- 39.3.2 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.
- 39.4 理赔申请表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.

40. 中国大陆地区治疗的理赔
 Claims for treatment in Mainland China

- 40.1 完整填写一份正本理赔申请表
 complete the claim form
- 您的**招商信诺**会员文件包中附有一份理赔申请表，或者您可以致电我们的客服团队，我们的客服专员会为您提供一份理赔申请表。建议您就诊时带好理赔申请表，但如果您忘记带了，也没有关系，可以致电我们的客服团队。
 A **beneficiary** could get the claim forms from his/her **CIGNA & CMC** member pack (there is one claim form included in it) or call **our** Customer Care Team to get one claim form. **You** are highly recommended to take one claim form with **you** while medical visits. In cases that **you** forget to take it, **you** could call **our** Customer Care Team.
- 40.2 随附所有的医疗文件
 include all relevant medical documents
- 例如：医生诊断书，以及/或医疗记录/医疗手册。医疗报告/医疗手册必须有主持治疗的**执业医师**的签字以及/或印章（正式的医疗诊断章）。这些文件的副本是可以接受的。
 including: certificate of diagnosis, and/or medical records. The signatures of treating **medical practitioners** are necessary in Medical records. Copies of these documents are also acceptable.
- 40.3 随附所有的收据和发票原件
 include all original receipts and invoices
- 例如：发票、盖章的医疗费收据等。
 including: invoices, sealed medical receipts and so on.

41. 其他地区治疗的理赔申请
 Claims for

- 41.1 **被保险人在向我方**要求理赔时，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

treatment in other areas	<p>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.</p>
41.2	<p>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:</p>
41.2.1	<p>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;</p>
41.2.2	<p>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.</p>
41.3	<p>理赔申请表可以通过电邮的形式发送给我方，但同时也必须将书面资料原件寄送我方。 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.</p>
<p>42. 保险金的给付 How we pay claims</p>	<p>42.1 在某些情况下，我方可能给予被保险人或医院、执业医师或诊所提供付款担保。此担保意味着：我方事先同意就某一特定治疗支付部分或全部费用。 In some circumstances, we may give a beneficiary or a hospital, medical practitioner 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. 如果我方出具付款担保，待治疗结束，在收到相关的申请表和发票复印件后，我方将按照付款担保向该被保险人或该医院、执业医师或诊所支付担保的款项。 Where we have given a guarantee of payment, we will pay the beneficiary or hospital, medical practitioner or clinic the agreed amount on receipt of an appropriate request and a copy of the relevant invoice, after the treatment has been provided.</p> <p>42.2 一些医院、执业医师或诊所愿意直接向我方结算，只要实际的医疗费用在被保险人的保险责任范围内，在这些医院、执业医师或诊所向我方寄送医疗账单原件后，我方将向其直接支付我方所担保的费用。 Some hospitals, medical practitioners or clinics are willing to invoice us directly. If the treatment is covered, the hospital, medical practitioner or clinic should send us the original invoice and we will pay them directly.</p> <p>42.3 如果某医院、执业医师或诊所向被保险人要求结算，在医疗费用还没有支付的情况下，若要求我方将直接向医院、执业医师或诊所直接结算，被保险人必须把医疗账单原件发给我方。 If a hospital, medical practitioner or clinic invoices a beneficiary directly, and the hospital, medical practitioner or clinic has not been paid, the beneficiary must send the original invoice to us, and we will make any payment under this policy to that hospital, medical practitioner or clinic directly.</p> <p>42.4 如果某医院、执业医师或诊所向被保险人要求结算，在医疗费用已经支付的情况下，被保险人可以把医疗账单原件和其支付医疗费用的发票原件发送我方。我方将就其在保险责任范围内的费用赔偿被保险人。 If the hospital, medical practitioner or clinic invoices to a beneficiary directly, and the invoice is paid, the beneficiary may send us the original invoice and a receipt for the payment which has been made to the hospital, medical</p>

practitioner or clinic. We will then reimburse the **beneficiary** for any portion of the cost of the **treatment** which is covered.

- 42.5 在各种情况下，**我方**将仅支付在**保险责任**范围内的部分。**我方**将告知**您方****我方**是否认为某部分费用在**保险责任**范围内。

In each case, **we** will only pay the 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.

- 42.6 理赔**申请表**可以通过电邮的形式发送给**我方**，但同时也必须将书面资料原件寄送**我方**。地址在**您方**持有的成员身份卡上。

Claims may be submitted in electronic format (by email or fax) but in that case the original hard copy document must also be sent to **us** by post. **Our** contact details may be found on **your** membership ID card.

43. 其它核定结果 Other decisions

- 43.1 谎称发生**保险事故**

Claim for false **insurance** event

未发生**保险事故**，**被保险人**谎称发生了**保险事故**，向**我方**提出**索赔申请**的，**我方**有权解除**保险合同**，并不退还**保险费**。

If an insured event has not occurred by the **beneficiary** falsely claims that such an event has occurred, and lodges a claim with **us** for the payment of **insurance benefits**, **we** shall have the right to terminate the **policy** and shall not return the **insurance** premium.

- 43.2 故意制造**保险事故**

Claim for deliberate caused **insurance** event

投保人、**被保险人**故意制造**保险事故**的，**我方**有权解除**保险合同**，不承担给付**保险金**的责任也不退还**保险费**。

If the **policyholder** or the **beneficiary** deliberately causes an insured event, **we** shall have the right to terminate the **policy** and shall neither be liable for the payment of **insurance benefits** nor return the **insurance** premium.

- 43.3 虚假证明

Claim for forged proofs

保险事故发生后，**投保人**或**被保险人**以伪造、变造的有关证明、资料或者其他证据，编造虚假的**事故原因**或者夸大**损失程度**的，**我方**对虚报的部分不承担给付**保险金**的责任。

If the **policyholder**, the **beneficiary** fabricates false causes for an insured event or overstates the extent of the losses, by means of forged or altered relevant proofs, information or other evidence after the occurrence of such event, **we** shall not be liable for payment of **insurance benefits** for the portion that is false.

- 43.4 退回或赔偿处理

Claw back or reimbursement

投保人或**被保险人**有以上规定行为之一，致使**我方**支付**保险金**或者支出**费用**的，应当在收到**我方**相关通知之日起 30 日内向**我方**退回或者赔偿。

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.

第六章 释义

Section 6 - Definitions

44. 术语定义 Defined terms	<p>下列名词或术语按照下面所指明的定义为准。本条款及保障利益表中按照下列定义的名词或术语将标为粗体字。</p> <p>The words and phrases set out below have the meanings specified. Where those words and phrases are used with those meanings, they will appear in bold in these provisions, including the list of benefits.</p> <p>带星号的名词或术语定义仅适用于在美国发生的治疗。除非特别指明，下列术语定义中单数的情况也适用于复数，指男性“他”的也适用于女性“她”；反之亦然。</p> <p>All definitions that are marked with an asterisk apply to admissions in the USA only. Unless otherwise provided, the singular includes the plural and the masculine includes the feminine and vice versa.</p>
44.1 积极治疗 Active treatment	<p>指为了缩小肿瘤、制止或延缓其扩散而进行的治疗。不包括单纯减轻症状的治疗。</p> <p>treatment which is intended to shrink a cancer, stabilise it or slow down the spread of the disease. This excludes treatment given solely to relieve symptoms.</p>
44.2 急性发作 Acute	<p>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复原。</p> <p>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.</p>
44.3 年度续保日 Annual renewal date	<p>指每年与生效时间所对应的日期，如当月无对应的日期，则以该月的最后一日计算。</p> <p>the anniversary of the start time.</p>
44.4 申请 Application	<p>指投保人的申请（不管是直接邮寄申请表给我方、通过中介机构提出、在线申请还是通过电话专员提出），以及在保障期内就自己或投保的被保险人所做的声明。</p> <p>the policyholder's application (whether they have sent in a form directly to us or through a broker or applied online or through our telemarketers), and any declarations that they made during their enrolment for them and any beneficiaries included in the application.</p>
44.5 适当的年龄间隔 Appropriate age intervals	<p>下列每两个相邻时间点之间的时间间隔：出生，出生后满 2 个月，出生后满 4 个月，出生后满 6 个月，出生后满 9 个月，出生后满 12 个月，出生后满 15 个月，出生后满 18 个月，2 周岁，3 周岁，4 周岁，5 周岁及 6 周岁。</p> <p>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.</p>
44.6 被保险人 Beneficiaries, beneficiary	<p>指保险凭证所载的享有本保险合同保障的人员，包括新生儿。</p> <p>anybody named on your certificate of insurance as being covered under this policy, including newborn children.</p>
44.7 保险责任 Benefit(s)	<p>指任何载于保障利益表中的保险责任。</p> <p>any benefit(s) shown in the list of benefits.</p>
44.8 癌症 Cancer	<p>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。</p> <p>a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.</p>
44.9 医疗审核联盟 CareAllies	<p>即 CareAllies，是对在美国进行的治疗进行审核的一个理赔审核机构。</p> <p>a claims review organisation used in respect of treatment in the USA.</p>
44.10 保险凭证 Certificate of	<p>指出具给投保人的证明文件，上面载明有保险合同编号、生效时间、免赔额的额度（若已选择）、自负比例（若已选择）、自负上限（若已选择）、被</p>

insurance	保障人员的详细名单、及附加的特别责任免除或利益。 the certificate issued to the policyholder . This shows the policy number, start time , the deductible amounts (if selected), the coinsurance amounts (if selected), the out of pocket maximum (if applicable), details of who is covered, any special exclusions and benefits which apply.
44.11 我方、信诺、 保险人 Cigna, we, us, our, the insurer	指招商信诺人寿保险有限公司。 Cigna-CMC Life Insurance Company.
44.12 诊所 Clinic(s)	指在 治疗 所在国注册或登记的健康服务机构，主要目的是提供 门诊 医疗服务，并且该医疗服务是由 执业医师 亲自执行或有效监控的。 a health care facility which is registered or licensed in the country in which it is located, primarily to provide care for outpatients and where care or supervision is by a medical practitioner .
44.13 自负比例 Coinsurance(s)	被保险人 必须自己负担的比例。对国际医疗保障和国际医疗补充保障可以分别适用不同的自负比例。如果选择了自负比例，将在 保险凭证 上列明。 is the percentage of any claim which a beneficiary must pay themselves. A separate coinsurance may apply to the International Medical Insurance plan and International Medical Insurance Plus option. These will be shown in the Certificate of insurance if selected.
44.14 补充治疗师 Complementary therapist	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。 an acupuncturist, homeopath or practitioner of Chinese medicine who is appropriately qualified and entitled to practise in the country where treatment is given.
44.15 先天性疾病 Congenital condition	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。 any abnormality, deformity, disease, illness or injury present at birth, whether diagnosed or not.
44.16 持续留院观察 Continued stay review, CSR	指当 被保险人 发生 住院 时， 医疗审核联盟 就该 被保险人 是否需要继续 住院治疗 进行的审核和决定。 a review and decision by CareAllies , during the beneficiary's stay in hospital , on the suitability of the beneficiary's continued treatment as an inpatient .
44.17 美容 Cosmetic	指基于美学初衷所提供的服务、程序或项目，以及不是为了保持可接受的健康标准所必须的服务、程序或项目。 services, procedures or items that are supplied primarily for aesthetic purposes and which are not necessary in order to maintain an acceptable standard of health.
44.18 常住国 Country of habitual residence	指 被保险人 常住地所在的国家，与 您方 申请记录一致。 the country where a beneficiary habitually resides, as stated on your application .
44.19 国籍国 Country of nationality	指 被保险人 作为其公民、国民的国家或与 您方 申请记录一致的国家。 any country of which a beneficiary is a citizen, national or subject, as stated on your application .
44.20 日间病房治疗 Day-patient treatment	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 在 手术 中的 外科操作 程序。 care involving admission to hospital and using a bed but not staying overnight. In respect of USA based admissions, this also includes surgical procedures carried out in the doctor's surgery .

44.21 日间病房病人 Day-patient	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观察的病人，但并不占用 医院 病床过夜。 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.
44.22 免赔额 Deductible(s)	指理赔金中 被保险人 必须自行承担的额度，经选择后在 保险凭证 上载明。 is the amount of any claim which a beneficiary must pay themselves. This will be shown in the certificate of insurance if selected.
44.23 紧急牙科 Dental emergency	指拔牙后止痛药无法遏制的剧痛或面部浮肿或流血不止，同时 被保险人 的惯常牙科 医生 不在非营业时间或不在 被保险人 当时可及的地域范围之内。在该情况下的紧急牙科 治疗 仅以稳定病况及缓解剧痛为目的。 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.
44.24 牙齿损伤 Dental injury	指口腔受外部打击而导致 健康自然牙 的 损伤 。只有 您方 选择了国际眼科和牙科保障，冠修复体、义齿或种植牙的 治疗 才在保障范围内；并且，需要根据该保障条款的条件进行承担。 injury to a sound natural tooth caused by extra-oral impact. Treatment for dental implants, crowns or dentures is not covered unless you have purchased the International Vision and Dental option and subject to the conditions outlined in the policy .
44.25 牙科治疗 Dental treatment	指符合下述全部条件的牙科治疗： any dental procedure or service which: <ul style="list-style-type: none"> 44.25.1 为了维持口腔健康；并且 is needed for continued oral health; and 44.25.2 由牙医亲自操作或有效监控，包括辅助人员的操作流程；并且 is carried out or personally controlled by a dentist, including procedures provided by a hygienist; and 44.25.3 包括于保障利益表中，或尽管未列在保障利益表，但已被我方认可、符合通常适用的牙科标准、并已被牙科医学界普遍支持的流程或服务。 is included in the list of benefits, or, though not included in the list of benefits, is accepted by us as a procedure or service meeting common dental standards as upheld by a respectable, responsible and substantial body of dental opinion, experienced in the particular field of dentistry.
44.26 牙医 Dentist	指为国家、政府或其他监管地区所承认并允许在该地区提供 治疗 的牙科 医生 、牙齿外科 医生 或牙科执业人员。 a dentist , dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided.
44.27 断瘾 Detoxification	对戒除吸毒或/及嗜酒时戒断症状的医疗处理，包括采用休息、药物、输液或调整饮食以稳定身体状态。 treatment for withdrawal symptoms after a beneficiary has been abusing drugs, alcohol or both. It includes the rest, medication, fluids and changes in diet needed to stabilise the body.
44.28 诊断检测	指对症状原因的调查研究，如X光或血液检测等。 investigations such as x-rays or blood tests to find or to help to find the cause of the

	Diagnostic tests	beneficiary's symptoms.
44.29	医生 Doctor	指同时符合下列条件的医疗从业人员：拥有适当的医疗学位；在所在的国家、地区或管辖范围内合法注册并拥有行医执照，可以在医疗发生地提供医疗服务。 a medical professional who holds an appropriate doctoral degree, is registered and licensed under the laws of the country, state or regulated area to practice medicine in the country in which the treatment is provided.
44.30	符合条件的女性 Eligible female	指作为 投保人或被保险人 的女性。 a female policyholder or beneficiary .
44.31	紧急治疗 Emergency treatment	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。 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. 只有在紧急事由发生后 24 小时之内由内科 医生、执业医生 或 住院服务机构 提供的紧急医疗，或 24 小时之内因此发生的 住院 才受保障。 Only medical treatment through a physician, medical practitioner and hospitalisation that commences within 24 hours of the emergency event will be covered.
44.32	保单终止日 End date	指 保险凭证 所载的本 保险合同 保障结束的日期。 the date on which cover under this policy ends, as shown in the certificate of insurance .
44.33	循证治疗 Evidence-based treatment	指经过下述机构研究、核查及认可的 治疗 ： treatment which has been researched, reviewed and recognised by: 44.33.1 美国国家健康及临床优化研究所 (the National Institute for Health and Clinical Excellence); 或 the National Institute for Health and Clinical Excellence; or 44.33.2 我方医疗顾问团 ；或 the Cigna Medical Team ; or 44.33.3 我方 认可的其他机构； another source recognised by the Cigna Medical Team .
44.34	外籍常住者 Expatriate	常住国 为 中国大陆 的外国籍人士。 foreign nationals whose country of habitual residence is Mainland China .
44.35	付款担保 Guarantee of payment	指 我方 对 被保险人 或 治疗方 提供关于特定 治疗 付款担保的协议费用。 a guarantee to pay agreed costs associated with particular treatment which we may give to a beneficiary or a hospital, clinic or medical practitioner .
44.36	家庭护理 Home nursing	指一位 合法注册护士 至 被保险人 家中提供的专业护理服务，包括： visits from a qualified nurse to the beneficiary's home to give expert nursing services: 44.36.1 因 医疗必要 所进行的紧随 住院治疗 之后的护理；以及 immediately after hospital treatment for as long as is required by medical necessity ; and 44.36.2 因 医疗必要 而本应在正规 医院 里所提供的护理。 visits for as long as is required by medical necessity for treatment which would normally be provided in a hospital . 家庭护理仅限于为 被保险人 提供 治疗 的 专科医生 所要求的范围。 Home nursing is only covered when the specialist who treated the beneficiary has

	recommended such services.
44.37 医院 Hospital	指由 执业医师或合法注册护士 对 被保险人 进行日常护理、观察、 治疗 的医疗机构，并且该医疗机构在所在地的监管机构注册或登记为提供综合医疗服务或外科医疗服务的合格机构。 any organisation or institution which is registered or licensed as a medical or surgical hospital in the country in which it is located and where the beneficiary is under the daily care or supervision of a medical practitioner or qualified nurse .
44.38 最初生效时 Initial start time	指 被保险人 首次获得国际医疗保障的开始时间。 the first time the beneficiary's cover commenced on the International Medical Insurance plan.
44.39 损伤 Injury	指机体损伤。 a physical injury.
44.40 住院 Inpatient	指 被保险人 因医疗原因、被接纳入一家 医院 并且需要在 医院 占用正式病床停留一个夜晚或以上。 a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.
44.41 保险 Insurance	指根据本条款及 保险凭证 上载明的保障内容、赔付条件、赔付限额、责任免除等条款， 我方 为 被保险人 提供的保障。 the coverage which is provided by us to the beneficiaries subject to the terms, conditions, limits and exclusions set out in these provisions , and your certificate of insurance .
44.42 重症监护 Intensive care	医院 中专门用于提供重症监护 治疗 的病房，例如重症监护室、重疾监护室、重症 治疗 室及重症护理室等。 a specialised department in a hospital that provides intensive care treatment , for example an intensive care unit, critical care unit, intensive therapy unit, or intensive treatment unit.
44.43 跨国援助 International services	指 医疗援助服务 机构安排的服务。 services arranged by the medical assistance service .
44.44 保障利益表 List of benefits	指载于附件中最新的保障利益表，包括对其的注释。 the latest list of benefits detailed in the provision , including any notes to it.
44.45 妊娠责任 Maternity benefit	指有关怀孕及分娩方面的责任，包括本 保险合同 下 符合条件的女性被保险人 因此而产生的任何并发症，但不含： benefits available in relation to all aspects of pregnancy or childbirth, including any complications, for any eligible female covered under this policy , but excluding:
	44.45.1 有意结束怀孕的 治疗 ，除非怀孕已危及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
	44.45.2 新生儿在 医院 的托管护理，除非其母亲因 医疗必要 必须 住院 接受本 保险合同 规定范围内的 治疗 。 nursery care for a newborn in hospital , unless the mother is required to remain in hospital due to medical necessity for treatment that is covered by this policy .
44.46 中国大陆 Mainland China	指中华人民共和国的全部领土、领海及其领空，除香港特区、澳门特区和台湾地区外。 all territories, seas and related airspaces of People's Republic of China, excluding Hong Kong, Macau and Taiwan.

44.47	医疗援助服务 Medical assistance service	提供医疗异地转运或医疗转运回国的服务，并提供 24 小时多种语言服务。 a service which provides medical advice, evacuation, assistance and repatriation. This service can be multi-lingual and assistance is available 24 hours per day.
44.48	医疗必要 Medically necessary/ medical necessity	指经 医疗团队 同意的、受保障的必要医疗服务及供给，须符合下述全部条件： medically necessary covered services and supplies are those determined by the medical team to be: <ul style="list-style-type: none"> 44.48.1 基于诊断或治疗疾病、损伤或相关症状的需求； required to diagnose or treat an illness, injury, disease or its symptoms; 44.48.2 符合通常医疗标准及医疗实践的规范医疗服务； orthodox, and in accordance with generally accepted standards of medical practice; 44.48.3 与疾病的类型、发病频率、波及范围、部位及病程相适应的临床治疗服务； clinically appropriate in terms of type, frequency, extent, site and duration; 44.48.4 非主要出于方便被保险人、内科医生或其他医院、诊所及执业医师的目的；以及 not primarily for the convenience of the beneficiary, physician or other hospital, clinic or medical practitioner; and 44.48.5 在合适的最佳设施中所提供的服务与供给。 rendered in the least intensive setting that is appropriate for the delivery of the services and supplies. <p>医疗团队会在比较过可选择服务、设施或供给的成本效率后决定什么是最佳设施。 Where applicable, the medical team may compare the cost effectiveness of alternative services, settings or supplies when determining what the least intensive setting is.</p>
44.49	执业医师 Medical practitioner	指经国家、政府或其他监管注册或认可的可在该其管辖范围内进行 治疗 的 执业医师 或 专业医生 ，不包括本 保险合同 保障下的本人或其任何家庭成员。 a doctor or specialist who is registered or licensed to practice medicine under the laws of the country, state or other regulated area in which the treatment is provided, and who is not covered under this policy , or a family member of someone covered under this policy .
44.50	医疗团队 Medical team	指 我方 临床小组或 医疗援助服务 。 means our clinical team and/or the medical assistance service .
44.51	外科操作 Operation(s)	指载于 手术价目表 上的所有 手术 的操作流程。 any procedure described as an operation in the schedule of surgical procedures .
44.52	口腔健康 Oral health	根据 被保险人常住国 具有普通能力技术的牙科 医生 可以接受的口腔健康维护标准，该标准是关于牙齿、牙周及其他口腔支持组织、咀嚼效率等要素的口腔健康合理标准。 for a patient, a reasonable standard of oral health of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency, according to a standard acceptable to a dentist of ordinary competence and skill in the patient's country of habitual residence which will safeguard his or her general health.
44.53	规范 Orthodox	对于 治疗程序 或 治疗方式 ，“规范”应根据：在 治疗 发生国家内、在疗程开始或 治疗 发生当时，与权威的实体主管机构公布的标准或意见相一致的、由在涉及 疾病 的专业医疗领域具有丰富经验的 执业医师 具有并作出的意见。

- when used in relation to a procedure or **treatment**, ‘orthodox’ means that the procedure or **treatment** in question is medically accepted in the country where it takes place at the time of the commencement of the procedure or **treatment**, that complies with a respectable, responsible and substantial body of medical opinion, held and expressed by **medical practitioners** experienced in the particular field of medicine in question.
- 44.54 自负上限
out of pocket
maximum 指在国际医疗保障责任中，按照**自负比例**而某一**被保险人**自己承担的上限。若已选择将在**保险凭证**中列明。此上限仅仅与因国际医疗保障的**自负比例**相关。由于**免赔额**或超过赔付限额而支付的费用、不在国际医疗保障内的其他费用、因未履行适当的**预先批准**要求而征收的惩罚性的自费用、或因在美国使用医疗网络外的医疗服务而导致的自费用，均不适用自负上限。
is the maximum amount of **coinsurance** under the International Medical Insurance plan any **beneficiary** must pay. This will be shown in the **certificate of insurance** if applicable. This applies only to amounts paid relating to **coinsurance** on the International Medical Insurance plan. Any amounts paid due to a **deductible**, due to exceeding limits of cover, for **treatment** not covered by the International Medical Insurance plan, or due to penalties for not obtaining proper pre-authorization or using out of network providers in the **USA**, are not subject to the out of pocket maximum.
- 44.55 门诊
Outpatient 指病人在**医院**、诊疗室，或门诊部进行的不是**日间病房治疗**或**住院治疗**的**治疗**。
a patient who attends a **hospital**, consulting room, or outpatient **clinic** for **treatment** and is not admitted as a **day-patient** or an **inpatient**.
- 44.56 姑息治疗
Palliative care 指不以使病症完全治愈或实质性好转为目的，仅以缓解痛苦为目的的**治疗**。
treatment that does not cure or substantially improve a condition but is given in order to alleviate symptoms.
- 44.57 保险期间
Period of cover 指**被保险人**受到本**保险合同**保障的期限，由**生效时间**至**保单终止日**的连续 12 个月期间、或由**生效时间**到提交终止日的期间。
the 12 month continuous period during which the **beneficiaries** are covered under this **policy**, being the period from the **start time** to the **end date** as noted on the **certificate of insurance** or earlier if terminated in accordance with the **provisions**.
- 44.58 永久植物人状态
Persistent
vegetative state 指一**被保险人**至少连续 90 天处于植物人状态。“植物人状态”是指由于**损伤**或**疾病**使**被保险人**处于神志丧失的状态，并无法以表情或动作等表现出对自我或周围环境的感知（此处“对自我或周围环境的感知”是指一种意识反应或表达，而不是指神经肌肉反射等基础生理反射现象），并且按照医学上的合理可能性，**被保险人**应该没有苏醒的可能。
a **beneficiary** who is in a vegetative state for at least 90 consecutive days. A **persistent vegetative state** means a condition caused by **injury**, disease or illness in which the **beneficiary** has suffered a loss of consciousness, with no behavioural evidence of awareness of self or surroundings in a learned manner, other than reflex activity of muscles and nerves for low level conditioned response, and from which to a reasonable degree of medical probability, there can be no recovery.
- 44.59 保险合同
Policy 指包括**保险条款**（包括**保障利益表**及**理赔**等信息）、**您方**的**保险凭证**等内容的保险合同。
the policy comprising these **provisions** (which contains the **list of benefits** and **claiming information**) and **your certificate of insurance**.
- 44.60 保险合同文件
Policy
documents 指**保险合同**所包含的文件，包括：**保险条款**、**保险凭证**、**客户手册**、**理赔申请表**及**您方**的**保险会员卡**。
the documentation relating to the **policy**, comprising of these **provisions**, **certificate of insurance**, customer guide, the **Cigna** claim form, and **your Cigna** ID Card.

44.61 投保人 Policyholder	是指向 我方 发出 申请 ，并经 我方 书面同意按照本 保险合同 约定负有支付 保险费 义务的人。 a person who has made an application to us which has been accepted in writing by us, and who pays the premium under the policy .
44.62 入院前证明* Pre-admission certification, PAC *	指 医疗审核联盟 在病人进入 美国医院 之前对其 住院治疗 或 日间病房治疗 所做的审核与初始决定。 a review and an initial decision by CareAllies , before admission to a hospital in the USA , on the suitability of inpatient treatment or day-patient treatment for a patient.
44.63 既往症 Pre-existing condition	指 被保险人 在本 保险合同 生效前已有的 疾病 或 损伤 ，并满足下列条件之一： any disease, illness or injury , or symptoms linked to such disease, illness or injury for which: 44.63.1 已经因该 疾病 或 损伤 进行过 的就诊 或 治疗 ；或者 medical advice or treatment has been sought or received; or 44.63.2 在 最初生效时 前虽然没有进行 就诊 或 治疗 ， 被保险人 已经知道或者应该已经知道。 the beneficiary knew about and did not seek medical advice or treatment ; before the initial start time .
44.64 保险条款 Provision	指包括附件 保障利益表 的本文件，构成 保险合同 的一部分。 is this document including appended list of benefits , and forms part of the policy .
44.65 精神心理治疗 Psychiatric treatment	指对有精神健康问题的 被保险人 进行的 治疗 ，包括饮食失调。 management and care of a person who is suffering from a mental health condition including but not limited to eating disorders.
44.66 心理医生 Psychologist	指具备 治疗 所在国的专业资格认证（并拥有在 治疗 所在国执业的合法资格）、在临床心理 治疗 机构执业的、提供精神和心理问题医疗服务的专业人员。 is a person who is qualified (and holds the appropriate license to practice in the country where treatment is received) in clinical psychology and who provides treatment services to patients with mental and emotional disorders.
44.67 合法注册护士 Qualified nurse	指被 治疗 所在地的国家、政府或其他监管区域的法律所承认、注册并允许在该地区提供服务的护士。 a nurse who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided.
44.68 重大人生事件 Qualifying life event	指： means: 44.68.1 结婚或结为伴侣； marriage or civil partnership; 44.68.2 与伴侣开始同居； commencing cohabitation with a partner; 44.68.3 离婚或分居； divorce or separation; 44.68.4 生育儿女； birth of a child; 44.68.5 收养孩子；或 legal adoption of a child; or 44.68.6 配偶 、伴侣或孩子去世。 death of a spouse , partner or child.

		上述情况我方均要求提供相应证明。 We may require evidence of the above event.
44.69 康复 Rehabilitation		指采用物理治疗、职业治疗和语言治疗等手段，使被保险人恢复到疾病或损伤急性发作之前的状态。 physical, speech and occupational therapy for the purpose of treatment aimed at restoring the beneficiary to their previous state of health after an acute event.
44.70 手术价目表 Schedule of surgical procedures		指经我方首席医疗官所核准的最新手术价目表。 the current schedule of surgical procedures approved by our chief medical officer.
44.71 所选择保障区域 Selected area of coverage		指下述二者之一： means either: 44.71.1 全球含美国；或 Worldwide, including USA; or 44.71.2 全球不含美国 Worldwide, excluding USA.
44.72 短期 Short-term		指按照主持治疗的执业医师的评估并经我方医疗主管的认可，与治疗疾病后被保险人正常复元的合理过程相吻合的时间段。 means a period of time consistent with the recuperation time required for the treatment and as prescribed by the treating medical practitioner with the approval of our medical director.
44.73 疾病 Sickness		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。 a physical or mental illness, including illness resulting from or relating to pregnancy.
44.74 健康自体牙 Sound natural tooth/teeth		指咀嚼、语言等功能完全正常的牙齿、且非种植牙。另外，不得存在下列任何情况之一： a tooth that functions normally for chewing and speech purposes and that is not a dental implant. Such natural tooth/teeth should not have experienced any of the following: 44.74.1 龋齿或牙科充填； decay or filling; 44.74.2 伴随牙槽骨丧失的牙龈牙周疾病； gum disease associated with bone loss; 44.74.3 根管治疗。 root canal treatment .
44.75 专科医生 Specialist		指根据治疗所在地的国家、政府或其他监管区域的法律，合法承认、注册或登记的医生，并且其所提供的治疗必须在其合法资质的范围内。 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.
44.76 配偶 Spouse		指被保险人的法定丈夫或妻子，或我方已接受承保于本保险合同中的未婚人员或伴侣。 a beneficiary's legal husband or wife, or unmarried or civil partner who we have accepted for cover under this policy .
44.77 生效时间 Start time		指载于保险凭证中的本保险合同保障开始的时间。 the time on which coverage under this policy starts, as shown in the certificate of insurance .
44.78 手术		对肢体进行开放性切割以治疗疾病、创伤及畸形的医疗专业。

Surgery	the branch of medicine that treats diseases, injuries , and deformities by operative methods which involves an incision into the body.
44.79 对症状的 Symptomatic	指不以改变肿瘤生长及进展为目的，仅为了缓解症状的 治疗 。 treatment that no longer attempts to alter cancer growth or progression but is given to alleviate symptoms.
44.80 治疗师 Therapist	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。 a speech therapist, dietician or orthoptist who is suitably qualified and holds the appropriate license to practice in the country where treatment is received.
44.81 治疗 Treatment	指由 执业医生 进行的 手术 或治疗，并且是为了达到“诊断、治愈或实质性缓解 疾病 或 损伤 ”的目的所必须进行的。 any surgical or medical treatment controlled by a medical practitioner that are medically necessary to diagnose, cure or substantially relieve disease, illness or injury .
44.82 未到期净保费 Unearned net premium	指对应保险期间尚未经过部分的保险费。 any premium which has been paid in relation to the period after cover has ended.
44.83 美国 USA	指美利坚合众国。 the United States of America.
44.84 全球含美国 Worldwide including USA	指世界各国及海上。 every country throughout the world and at sea.
44.85 全球不含美国 Worldwide excluding USA	指除美利坚合众国以外的世界所有地区。 worldwide, with the exception of the USA .
44.86 您、您方、您方的 You, your	指 投保人 。 the policyholder .

附件：保险利益表

Appendix: List of benefits

国际医疗保障

International Medical Insurance

每一保险期间内每一被保险人的国际医疗保障的赔付限额 Annual Benefit – Maximum per beneficiary. This includes claims paid across all sections of the International Medical Insurance	¥9,500,000 Up to ¥ 9.5 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（可能适用免赔额） Benefit Limit (Subject to Deductable)
综合住院医疗费用，具体包括： Hospital Charges for: — 住院治疗的护理费及病房膳食费； • Nursing and accommodation for in-patient treatment; — 日间病房治疗费用； • Day case treatment; — 手术室及麻醉复苏室费用； • Operating theatre and recovery room; — 住院或日间病房治疗的处方药及敷料费用； • 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，包括重症治疗室、加护病房或冠心病监护室 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.	每一保险期间以¥ 6,300 为限 Up to the ¥ 6,300 per period of cover
外科医生及麻醉师费用 Surgeons' and Anesthetists' Fees 适用于任何基于住院、日间病房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
专科医生诊疗费 Specialists' consultation fees 本项责任适用于在被保险人住院时专科医生的常规巡查，并包括因医疗必要而须专科医生执行的重症紧急护理。 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.	全额 Paid in Full
移植治疗 Transplant Services 适用于住院发生的移植治疗。 Where treatment is provided on an in-patient basis.	全额 Paid in Full
病理检测、放射学检查及诊断检测 Pathology, Radiology and diagnostic tests 适用于住院或日间病房期间。 Where treatment is provided on an in-patient or day patient basis.	全额 Paid in Full
物理疗法及补充治疗 Physiotherapy and complementary therapies 适用于住院或日间病房期间。 Where treatment is provided on an in-patient or day patient basis.	每一保险期间以¥ 31,500 为限 Up to the ¥ 31,500 per period of cover

<p>核磁共振、计算机断层扫描及正电子发射断层扫描 MRI, CT and PET scans 我方将支付在住院、日间病房或门诊发生的这些扫描检查。 We will pay for these scans whether received on an inpatient, day-patient or an outpatient basis.</p>	<p>每一保险期间以¥ 63,000 为限 Up to the ¥ 63,000 per period of cover</p>
<p>家庭护理费用 Home nursing charges 每一保险期间内以 30 天为限。 Paid up to 30 days in any one period of cover.</p>	<p>每一保险期间以¥ 31,500 为限 Up to the ¥ 31,500 per period of cover</p>
<p>康复治疗 Rehabilitation 每一保险期间内以 30 天为限。 Paid up to 30 days in any one period of cover.</p>	<p>每一保险期间以¥ 31,500 为限 Up to the ¥ 31,500 per period of cover</p>
<p>临终关怀及姑息治疗 Hospice stay to receive Palliative Care</p>	<p>每一保险期间以¥ 31,500 为限 Up to the ¥ 31,500 per period of cover</p>
<p>内置修复体、设备及装置 Internal prosthetic devices/surgical and medical appliances 我方将支付： We pay for: —手术过程中植入体内的假体、设备或医疗用品。 • a prosthetic implant, device or appliance which is inserted during surgery.</p>	<p>全额 Paid in Full</p>
<p>外置修复体、设备及装置 External prosthetic devices/surgical and medical appliances 我方将支付： We pay for: —手术后立即需要的、医疗必要的修复性设备或装置。 • a prosthetic device or appliance which is a necessary part of the treatment immediately following surgery for as long as is required by medical necessity. —在病后恢复阶段内短期内需要的、医疗必要的修复性设备或装置。 • a prosthetic device or appliance which is medically necessary and is part of the recuperation process on a short-term basis. 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>每一假体设备以¥ 20,000 为限 Up to ¥ 20,000 for each prosthetic device</p>
<p>当地救护车及空中救援服务 Local Ambulance and Air Ambulance Services 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 or local air ambulance, such as a helicopter, when related to covered hospitalization.</p>	<p>全额 Paid in Full</p>
<p>住院津贴 Hospitalization 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： We will make a cash payment to the beneficiary when they: —您所接受的治疗在本合同责任规定范围内； • received treatment in hospital which is covered under this plan —住院治疗须过夜； • stay in hospital overnight —您未曾报销任何病房膳食费及治疗费。 • have not been charged for your room, board and treatment costs.</p>	<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>您所享有的精神疾病医疗责任 Your Psychiatric Care</p>	
<p>精神疾病医疗 Psychiatric Care 我方将支付: We will pay for: —精神疾病或异常的治疗。 • treatment of mental health conditions and disorders. —成瘾性治疗 • addiction treatment. 包括被保险人在住院还是在日间病房或门诊接受治疗。 Whether the beneficiary is staying in a hospital overnight or receiving treatment as a day-patient or outpatient. 一个连续 5 年的期间内总累积限 180 天, 其中住院最多可以到 60 天。 An overall 5 year total limit of 180 days cover will apply, of which a maximum of 60 days can be used for inpatient treatment.</p>	<p>每一保险期间以¥ 63,000 为限 Up to the ¥ 63,000 per period of cover</p>
<p>您所享有的癌症医疗责任 Your Cancer Care</p>	
<p>癌症治疗 我方将支付对癌症进行的积极治疗及循证治疗。包括: 被保险人在住院、日间病房或门诊发生的化疗、放疗、肿瘤病理、检查化验及药物等。 We will pay for active and evidence-based treatment received for, or related to cancer, including chemotherapy, radiotherapy, oncology, diagnostic tests and drugs whether the beneficiary is staying in a hospital overnight or receiving treatment as a day-patient or outpatient.</p>	<p>全额 Paid in Full</p>
<p>您所享有的生育与新生儿护理及治疗责任 Your Mother And Baby Care</p>	
<p>复杂妊娠及分娩保障 Complicated Maternity and Childbirth Cover 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。 Available once the mother has been covered by the policy for 10 months or more. 涵盖门诊及住院治疗费用, 包括医院收费, 产科医生及助产士费用。 In-patient and out-patient treatment including hospital charges, 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, 我方将不支付相关剖腹产费用。 Caesarean sections are only covered when these are required by medical necessity.</p>	<p>每一保险期间以¥ 90,000 为限 Up to ¥ 90,000 per period of cover</p>
<p>新生儿护理 Newborn care 若在新生儿出生前至少 10 个月或以上的连续期间内, 父母亲中至少一位一直在本合同保障下, 则: If at least one parent has been covered by the policy for a continuous period of 10 months or more prior to the newborn's birth. 如果新生儿于出生 30 天内申请加入本保险合同, 我方将不要求提供其医疗资料、并且无须医疗核保加入本保险合同; 如果新生儿于出生 30 天后申请加入本保险合同, 我方将要求进行医疗核保、并要求您方完成相应的医疗健康问卷、我方有可能适用特别限制条件或特别责任免除。 We will not require information about the newborn's health or a medical examination if an application is received by us to add the newborn to the policy within 30 days of the newborn's date of birth. If an application is received after 30 days of the newborn's date of birth, the newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire whereby we may apply special restrictions or exclusions.</p>	<p>自出生之日起享有最多 90 天以¥ 500,000 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 ¥ 0.5 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</p> <p>如果新生儿的父母中没有一位能满足“在新生儿出生前 10 月或更长时间内，已经持续有效地作为我方被保险人”的条件，而我们收到该新生儿投保申请的： If neither parent has been covered by the policy for a continuous period of 10 months or more prior to the newborn’s birth and an application is received by us to add the newborn to the policy as a beneficiary.</p> <p>则须经医疗核保，我方将要求您方完成其医疗及健康信息问卷。我方将根据医疗核保结果决定是否承保及承保条件，我方有可能适用特别限制条件或特别责任免除。 The newborn will be subject to medical underwriting and we will require the completion of a medical health questionnaire. Cover for the newborn will be subject to medical underwriting whereby we may apply special restrictions or exclusions.</p>	<p>自出生之日起享有最多 90 天以¥ 500,000 为限的保障，新生儿加入本合同须经医学核保 Up to ¥ 0.5 Million, for treatment within first 90 days following birth Subject to medical underwriting</p>
<p>先天性疾病 Congenital conditions</p> <p>包括对先天性疾病的住院或日间病房治疗费用，且该先天性疾病须在被保险人 18 周岁以前已经证明患有。 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>每一保险期间以 ¥ 125,000 为限 Up to ¥ 125,000 shown per period of cover</p>
<p>您可选的免赔额 Your deductible options</p>	
<p>免赔额（多项） Deductible (various)</p> <p>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。 A deductible is a portion of a claim or claims that is not covered by your plan.</p>	<p>¥ 0 / ¥ 2,500 / ¥ 5,000 / ¥ 10,000 / ¥ 20,000 / ¥ 50,000</p>
<p>自负比例和自负上限 Coinsurance and out of pocket maximum</p> <p>自负比例是根据你的保障计划，不被赔付的费用比例。 Coinsurance is the percentage of your claim not covered by your plan.</p> <p>自负上限是一个保险期间内，根据自负比例您需要自己承担的费用上限。 The out of pocket maximum is the maximum amount of coinsurance you would have to pay in a period of cover.</p> <p>因自负比例而自负的金额后于因免赔额而自负的金额之后而计算。只有因自负比例而自负的金额才包括在自负上限的计算之内。 The coinsurance amount is calculated after the deductible is taken into account. Only amounts you pay related to coinsurance contribute to the out of pocket maximum.</p>	<p>No coinsurance 10% coinsurance with ¥ 12,500 out of pocket maximum 10% coinsurance with ¥ 31,500 out of pocket maximum 20% coinsurance with ¥ 12,500 out of pocket maximum 20% coinsurance with ¥ 31,500 out of pocket maximum</p>
<p>国际医疗补充保障（可选保障） International Medical Insurance Plus (Optional)</p>	
<p>门诊医疗责任 Out-patient Healthcare Benefits</p>	<p>赔付限额（可能适用免赔额） Benefit Limit (Subject to Deductable)</p>
<p>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</p>	<p>每一保险年度以 ¥ 63,000 为限 Up to ¥ 63,000 per period of cover</p>
<p>执业医师及专科医生诊疗费 Consultations with Medical Practitioners and Specialists</p>	<p>全额 Paid in Full</p>
<p>诊断性检查化验费 Diagnostic testing</p>	<p>全额 Paid in Full</p>
<p>物理治疗 Physiotherapy</p>	<p>全额 Paid in Full</p>

<p>正骨治疗及脊椎治疗 Osteopathy and chiropractic treatment 每一保险期间内总计不超过 30 次。 Up to a combined maximum of 30 visits per period of cover.</p>	<p>全额 Paid in Full</p>
<p>针灸治疗、顺势治疗及中医治疗 Acupuncture, Homeopathy and Chinese Medicine 每一保险期间内总计不超过 20 次。 Up to a combined maximum of 20 visits per period of cover.</p>	<p>全额 Paid in Full</p>
<p>言语复健治疗 Restorative 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.</p>	<p>全额 Paid in Full</p>
<p>药品费及敷料费 Drugs and dressings 在门诊发生的由执业医师开具处方的处方药或敷料费。 When prescribed by a medical practitioner on an outpatient basis.</p>	<p>每一保险期间以¥ 12,500 为限 Up to ¥ 12,500 shown per period of cover</p>
<p>耐用医疗设备租赁 Rental of Durable Medical Equipment 每一保险期间内最多 45 天的租赁时长。 Up to a maximum of 45 days in the period of cover.</p>	<p>全额 Paid in Full</p>
<p>成人疫苗接种 Adult Vaccinations</p>	<p>全额 Paid in Full</p>
<p>牙科意外门诊治疗 Accidental Dental Treatment 如果被保险人因遭受意外事故而导致健康自体牙发生损伤，牙齿损伤的治疗在意外事故后立即开始、且在意外事故后 30 天内完成的，我方将支付牙科意外门诊治疗费用。 We will pay for dental treatment required for the damage to the beneficiary's sound natural tooth/teeth as the result of an accident. Treatment must commence immediately after the accident and be completed within 30 days of the date of the accident.</p>	<p>全额 Paid in Full</p>
<p>儿童健康检查 Well Child Tests 为 6 周岁及以下的未成年被保险人在适当的年龄间隔内。详情请联系我方咨询。 Payable for children at appropriate age intervals up to the age of 6. For full details please contact CIGNA.</p>	<p>全额 Paid in Full</p>
<p>儿童免疫 Child immunizations 为 17 周岁及以下未成年被保险人。 Payable for children aged 17 or younger.</p>	<p>全额 Paid in Full</p>
<p>每年常规检查 Annual Routine Tests 15 周岁以下儿童每年一次的视力及听力检查。 One eye test and hearing test for children under the age of 15.</p>	<p>全额 Paid in Full</p>
<p>您可选的免赔额 Your deductible options</p>	
<p>免赔额（多项） 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。 A deductible is a portion of a claim or claims that is not covered by your plan.</p>	<p>¥ 0 / ¥ 1,000 / ¥ 6,500</p>
<p>自负比例 Coinsurance 自负比例是根据你的保障计划，不被赔付的费用比例。因自负比例而自负的金额后于因免赔额而自负的金额之后而计算。 Coinsurance is the percentage of your claim not covered by your plan. The coinsurance amount is calculated after the deductible is taken into account.</p>	<p>No coinsurance 10% coinsurance 20% coinsurance</p>

国际紧急转运服务保障（可选保障） International Emergency Evacuation (Optional)	
Annual benefit Maximum per beneficiary	每一保险期间以 ¥ 1,600,000 为限 Up to ¥ 1,600,000 for each period of cover
医疗转移他地 Medical Evacuation 如果在当地无法获得被保险人所需的医疗服务，转运到最近的可满足医疗需要的所在地。 Transfer to the nearest centre 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
慰问探访 Compassionate visit	终生以 5 次为限 Up to five trips per lifetime
慰问探访旅行费用 Compassionate visit - Travel costs	每一保险期间以¥ 8,000 为限 Up to ¥ 8,000 for each period of cover
慰问探访生活津贴 Compassionate visit - 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
常规成人体检 Routine Adult Physical Exams 本项责任仅适用于 18 周岁以上的被保险人。 We will pay for routine physical examinations for persons aged 18 or older.	每一保险期间以¥ 1,600 为限 Up to ¥ 1,600 per period of cover
巴氏涂片 Pap Smear 我方将支付每年限一次的巴氏涂片检查费用。 We will pay for an annual Papanicolaou screening.	每一保险期间以¥ 1,600 为限 Up to ¥ 1,600 per period of cover
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限一次的前列腺筛查费用。 We will pay for an annual prostate cancer screening for men aged 50 years or older.	全额 Paid in Full

<p>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 我方将支付下列费用： We will pay for: —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，每两年一次医疗必要的乳腺 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.</p>	<p>每一保险期间以¥ 1,600 为限 Up to ¥ 1,600 per period of cover</p>
<p>肠癌筛查 Bowel cancer screening 我方将为 55 周岁及以上的被保险人支付每年一次的肠癌筛查的费用。 We will pay for an annual bowel cancer screening for beneficiaries aged 55 or older.</p>	<p>每一保险期间以¥ 1,600 为限 Up to ¥ 1,600 per period of cover</p>
<p>骨密度扫描 Bone densitometry 我方将支付每年一次的骨密度扫描。 We will pay for an annual scan to determine the density of the beneficiary's bones.</p>	<p>每一保险期间以¥ 1,600 为限 Up to ¥ 1,600 per period of cover</p>
<p>个人关爱服务 Life Management (customer assistance programme) —每天 24 小时、每周 7 天、每年 365 天随时可获得本项服务。 • Available 24 hours a day, 7 days a week, 365 days a year. —最多 5 次的与专业顾问当面咨询的机会。 • Up to 5 face-to-face sessions with a professional counsellor. —服务的内容包括：在工作、生活、个人及家庭事务等方面为被保险人提供信息或资源的获取、专家咨询等专业支持。 • Provides information, resources, and counselling on any work, life, personal, or family issue that matters to you. —电子咨询平台提供方便的在线咨询。 • Convenient online counselling via E-counselling. —不限次的电话咨询服务。 • Unlimited telephonic support. —您方还可以用短信发送所需服务，我方将进行电话回访。 • SMS texting text the support you need and receive a call back. —危机支援。 • Crisis support.</p>	<p>全额 Paid in Full</p>
<p>在线健康教育、健康风险评估及健康指导 Online health education, health assessment and web-based coaching programs</p>	<p>全额 Paid in Full</p>
<p>国际眼科与牙科保障（可选保障） International Vision and Dental (Optional)</p>	
<p>牙科治疗 Dental Treatment</p>	<p>赔付限额 Benefit Limit</p>
<p>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</p>	<p>每一保险期间以¥ 16,000 为限 Up to ¥ 16,000 per period of cover</p>
<p>预防性牙科治疗 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.</p>	<p>每一保险期间以¥ 1,250 为限 Up to ¥ 1,250 per period of cover</p>
<p>常规牙科治疗 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 been covered on this option for 6 months.</p>	<p>每一保险期间按 80% 赔付 80% refund per period of cover</p>

<p>重大牙科治疗 Major Restorative</p> <p>对持续购买本保障 12 个月及以上的被保险人，我方将按 80%的治疗费用支付。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。</p> <p>After the beneficiary has been covered on this option for 12 consecutive months, 80% reimbursement will apply. If the beneficiary needs to claim within the first 12 months, 50% reimbursement will apply.</p>	<p>每一保险期间按 80%赔付 80% refund per period of cover</p>
<p>正畸治疗 Orthodontic Treatment</p> <p>适用于持续购买本保障连续满 2 年及以上且年龄在 18 周岁及以下的被保险人。</p> <p>Available for beneficiaries aged 18 or younger, after they have been covered on this option for 2 consecutive years.</p>	<p>每一保险期间按 50%赔付 50% refund per period of cover</p>
<p>眼科护理 Vision Care</p>	<p>赔付限额 Benefit Limit</p>
<p>每一保险期间一次验光师或眼科医生实施的眼科检查 One eye examination per period of cover by an Optometrist or an Ophthalmologist</p>	<p>每一保险期间以¥ 1,250 为限 Up to ¥ 1,250 per period of cover</p>