

# HealthNoble Medical Insurance Plan Policy

Please read this policy carefully upon receipt and promptly request for any necessary amendments.

This policy together with the enclosed *schedule* and any endorsements and attachments subsequently issued are read as if they are one document and form the contract between *you* and *us*, and no variations shall be admitted except those acknowledged in writing by *us*. The enrollment form and declaration which *you* completed and provided to *us*, either verbal (if recorded by *us* or by *our* appointed authorized agent) or written are the basis of this contract.

I agree, in consideration of *your* payment of the premium and in reliance upon the statements, warranties or declarations and subject to the terms and conditions of this policy and the attached *schedule*, to pay the benefits defined to any *insured person(s)* who sustain(s) *injury* or *sickness* or incurs charges within the scope of coverage provided hereinafter as a result of *accidental* bodily *injury* or *sickness*. The benefits payable by *us* to an *insured person* as a result of any *sickness* or *accidental* bodily *injury* will be limited to the coverage provided by this contract at the time the first charge is incurred or loss is suffered for which a benefit is payable under this contract for such *injury* or *sickness*.

We will insure *the insured person(s)* under those sections shown in the *schedule* during any *period of insurance* for which we have accepted *your* premium, provided that all of the terms and conditions of this policy are complied with. This policy is an annual medical insurance policy which will be renewed subject to subsequent premium payments and *our* acceptance. *You* are responsible for the annual premium of any *period of insurance* when there is a claim made or service used.

Should *you* change any information given on *your* enrollment form, please keep *us* informed immediately as the changes may affect the *insured person's* insurance cover.

This policy is a legal document and should be kept in a safe place.

## PART 1 - DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help *you* identify these words in this policy, we have printed them in *italics* throughout. Words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

### **Accident/Accidental**

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

### **Age/Aged**

Age at last birthday.

### **Anaesthetist**

A registered *medical practitioner* other than *you*, the *insured person* or *immediate family member*, legally registered under the Specialist Register of Anaesthesiology of the Medical Council of *Hong Kong* or the equivalent.

### **Annual Limit**

The maximum aggregate sum of benefits (of all sections stated below) for which the *insured person* can cover under this policy and the applicable supplementary contract (if any) during the twelve (12) months commencing from the first date the *insured person* is enrolled in a benefit plan under this policy or, if the *insured person* was registered as of the commencement date of this policy, during the twelve (12) months period measured from the policy effective date, *upgrade effective date*, or last reinstatement date of this policy, whichever is later.

### **Annual Renewal Date**

Each twelve (12) months from the policy effective date or any anniversary thereafter at which time renewal will be offered on the terms, conditions and rates as notified by *us* at the annual renewal date.

### **Benign Brain Tumour**

Life threatening, non-cancerous tumour in the brain as confirmed by a neurologist or neurosurgeon. This includes intracranial tumours causing damage to the brain. Such a tumour is deemed to require neurosurgical excision, or if inoperable cause permanent neurological impairment.

### **Child**

Any person who is from the age of fifteen (15) days to seventeen (17)

years, and is unmarried and dependent.

### **Chronic Liver Disease**

End stage liver *disease* or cirrhosis which means chronic end-stage liver failure that causes at least one (1) of the following:

- (i) Uncontrollable ascites;
- (ii) Permanent jaundice;
- (iii) Oesophageal or gastric varices; or
- (iv) Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

### **Civil War**

An internecine *war* or a *war* carried on between or among opposing citizens of the same country or nation.

### **Computer Virus**

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

### **Congenital Abnormalities**

Deductible Medical abnormalities existing at the time of birth or neonatal physical abnormalities developing before the *insured person* attains the age of twelve (12).

### **Cyber Act**

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

### **Day Patient**

A patient who is admitted to a *hospital* or day patient unit for the purpose of undergoing a surgical procedure, but does not require an overnight stay.

### **Deductible**

The portion of costs for which the *insured person* is liable for. We shall reimburse the hospitalization and surgical benefits of a covered *injury* or *sickness* after deducting the deductible as specified in the *schedule*, if applicable. The deductible is on a per annum basis, and *our* liability to reimburse only starts when your medical expenses exceed the specified deductible.

In case the *insured person* has made a claim reimbursement from other policy(ies) for a covered *injury* or *sickness*, the deductible will be reduced by the paid amount of the other policy(ies) and we are liable to reimburse the unpaid balance of such eligible covered charge of the same *injury* or *sickness* after the applied deductible.

### **Disability/Disabilities**

A bodily *injury* or *sickness*. All bodily *injuries* sustained in any one (1) *accident* shall be considered one (1) disability. All *sickness* or *disease* existing simultaneously which are due to the same or related causes including any and all complications therefrom shall be considered as one disability as well. If a disability is due to causes which are the same or related to the causes of a prior disability including complications arising therefrom, the disability shall be considered a continuation of the prior disability and not a separate disability.

### **Eligible Expenses**

Those *medically necessary* expenses incurred in respect of a covered *injury* or *sickness* up to the specified limit as stated in the Table of Benefits, for which the entire *treatment* is rendered by a registered *medical practitioner*.

### **Emergency**

A sudden, serious and unforeseen *injury* or *sickness* that requires immediate *medical treatment*, which without *treatment* commencing within forty-eight (48) hours of the emergency event could result in death or permanent impairment of an *insured person's* health.

### **Heart Attack**

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle, as a result of an acute interruption of blood supply to the myocardium. The diagnosis must be based on a history of typical chest pain, new electrocardiography

changes proving infarction, and significant elevation of cardiac enzymes. Angina is specifically excluded.

### **Hong Kong**

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

### **Hospital**

An institution which

- (i) is licensed in accordance with the applicable laws of the jurisdiction in which it is located,
- (ii) is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and *treatment* of injured or sick person,
- (iii) has staff of one (1) or more physician available at all times,
- (iv) has twenty-four (24) hour-a-day nursing service by registered graduate nurses under the permanent supervision of the physician in charge,
- (v) maintains *inpatient* facilities, and
- (vi) maintains a daily medical record for each of its patients.

Hospital does not include any institution which is primarily a clinic, a nature care clinic, a health hydro, a rest or convalescent facility, a place for custodial care, a facility for the elderly or alcoholics or drug addicts or for *treatment* of mental disorders, or a nursing home, or similar establishment.

### **Hospital Confinement/Confinement/Confine**

The *insured person* is admitted to a *hospital* as a result of *injury* or *sickness* and requires *medically necessary treatment* upon the recommendation of a registered *medical practitioner* and continuously stays in the *hospital* prior to his/her discharge from the *hospital*. *Hospital* confinement will be evidenced by a daily room and board charge issued by the *hospital* where *you* confined in, but exclude such confinement of a *day patient* nature.

### **Immediate Family Member**

*Your* or the *insured person's* spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild, or legal guardian.

### **Injury/Injuries**

Bodily damage to the *insured person* caused solely by an *accident* and independently of all other causes.

### **Inpatient**

A patient in a *hospital* who occupies a bed and will be evidenced by a daily room and board charge issued by a *hospital*.

### **Insured person**

The name listed under the "Insured Name" in the *schedule* who is being insured under this policy.

### **Intensive Care Unit**

A part of a *hospital* which is designated as an intensive care unit by the *hospital* providing one-to-one nursing care, in which patients undergo specialized resuscitation, monitoring and *treatment* procedures. The part or unit must be staffed twenty-four (24) hours a day with highly trained nurses, technicians and *medical practitioners*, and be equipped with resuscitative equipment and monitoring devices that allow continuous assessment of vital body functions such as heart rate, blood pressure and blood chemistry.

### **Major Organ Transplant**

The actual undergoing of a transplant of any of the below organs as a recipient or the inclusion on an official organ transplant waiting list for any of the below organs:

- (i) One (1) of the following whole human organs: heart, lung, liver, kidney or pancreas; or
- (ii) Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation.

The transplant must be *medically necessary* and based on objective confirmation of organ failure.

All other stem cell transplants are excluded.

### **Maternity**

Any cause or condition arising out of or during anyone (1) pregnancy, childbirth or miscarriage or any complication arising therefrom.

### **Medically Necessary**

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

- (i) consistent with the diagnosis and customary medical *treatment* for the condition; or

- (ii) in accordance with standards of good and prudent medical practice; or
- (iii) performed at a *reasonable and customary charge* on *treatment* of a covered *injury* or *sickness*; or
- (iv) is not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy without medical treatment, medication or surgery.

Note: (i)–(iii) apply to all circumstances, whereas (iv) applies to *day patient* case or *hospital* confinement only.

### **Medical Practitioner**

A registered medical practitioner recognized under the Medical Registration Ordinance, Chapter 161, Laws of *Hong Kong*, other than *you*, the *insured person*, or *immediate family member*; or where a *treatment* is performed out of *Hong Kong*, it shall mean a person other than *you*, the *insured person*, or *immediate family member*, who is qualified by degree in western medicine, legally authorized in the geographical area of his/her practice to render medical and surgical services.

### **Outpatient**

An *insured person* who receives medical services and medicines in connection with *treatment* for a covered *injury* or *sickness* given in the clinic or office of a registered *medical practitioner* or a *specialist*, outpatient department or *emergency treatment* room of a *hospital*.

### **Period of Insurance**

The period of time as stated in the *schedule* during which this policy is effective and we have accepted *your* premium.

### **Physiotherapist**

A qualified physiotherapist other than *you*, the *insured person*, or *immediate family member*, legally registered or licensed under the law of the territory in which *treatment* is received, and is deemed to be a *specialist* only for services provided as a result of a referral from a registered *medical practitioner*.

### **Policy Anniversary**

The anniversary of the effective date as stated in the *schedule*.

### **Pre-existing Condition**

Any *injury*, *sickness* or condition and/or directly related conditions for which the *insured person* showed symptoms or has received medical consultation, diagnosis, *treatment* or advice by a *medical practitioner* or took prescribed drugs or medicine for a period of time during which the *insured person* was aware of or could reasonably be expected to be aware of prior to the policy effective date or the date of reinstatement or *upgrade effective date*, whichever is later, unless such conditions have been fully disclosed on the application form and accepted by *us* in writing and the policy document does not expressly exclude *treatment* relating to such pre-existing condition.

### **Qualified Nurse**

A qualified nurse other than *you*, the *insured person*, or *immediate family member*, legally authorized by the government of the geographical area of his/her practice to render nursing services.

### **Reasonable and Customary Charges**

In relation to a fee, a charge or an expense, means any fee or expense which:

- (i) is charged for *treatment*, supplies or medical services that are *medically necessary* and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a registered *medical practitioner*;
- (ii) does not exceed the usual level of charges for similar *treatment*, supplies or medical services in the locality where the expense is incurred; and
- (iii) does not include charges that would not have been made if no insurance existed. We reserve the right to determine whether any particular *hospital*/medical charge is a reasonable and customary charge with reference including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. We also reserve the right to adjust any or all benefits payable in relation to any *hospital*/medical charges which is not a reasonable and customary charge based on the above mentioned reference.

### **Reasonable and Customary Hospital Confinement**

A *confinement*, the admission and length of which, and medical services and *treatment* received during which, are in accordance with generally accepted professional standards of medical practice, and do not exceed the usual standard for the *treatment* of similar *injury* or *sickness* at the location where such *confinement* is made.

## Schedule

The schedule attached to and incorporated to this policy of insurance.

## Sickness/Disease

A physical condition marked by a pathological deviation from the normal healthy state during the *period of insurance*.

## Specialist

A registered *medical practitioner* other than *you*, the *insured person* or *immediate family member*, legally registered in the Specialist Register of the Medical Council of Hong Kong. Where a *treatment* is performed out of Hong Kong, it shall mean a person other than *you*, the *insured person*, or *immediate family member*, duly qualified and registered to practise specialist care according to the equivalent specialty laws in the country in which the claim arises.

## Standard Private Room

A standard single occupancy room with private bathroom in a *hospital* (excluding Suites, Deluxe Rooms, Executive Rooms and VIP Suites or equivalent).

## Semi-private Room

A standard double occupancy room with shared bathroom.

## Terrorism

An act of terrorism includes any act, preparation or threat of action of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) *de jure* or *de facto* committed for political, religious, ideological, or similar purposes, including the intention to influence any government *de jure* or *de facto* of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation and which

- (i) involves violence against one (1) or more persons; or
- (ii) involves damage to property; or
- (iii) endangers life other than that of the person committing the action; or
- (iv) creates a risk to the health or safety of the public or a section of the public; or
- (v) is designed to interfere with or disrupt an electronic system.

## Traditional Chinese Medicine

### Practitioner/Bonesetter/Acupuncturist

Chinese medicine practitioner registered with the Chinese Medicine Council of Hong Kong according to the Chinese Medicine Ordinance, Chapter 549 of the Laws of Hong Kong and is legally qualified to

practise Chinese medicine in Hong Kong other than *you*, the *insured person*, or *immediate family member*.

## Treatment

Surgical or medical procedures undertaken by the registered *medical practitioner*, the sole purpose of which is the cure or relief of *injury*, *sickness* or *disease*.

## Upgrade

An increase in the level of benefit and/or plan level.

## Upgrade Effective Date

00:00 Hong Kong Time on the date we agree to provide an *upgrade* of your policy and such date is shown on your policy *schedule* or endorsement issued by us, recording that *upgrade*.

## Usual place of residence

The place in which the *insured person* works or lives for the majority of the year. For *insured persons* who travel for a majority of the year, it means the place in which the *insured person* maintains his/her primary residence or in which the *insured person* last fixed residence was located, provided that he/she will not consecutively stay in a place other than the usual place of residence over one hundred and twenty (120) days.

## Waiting Period

Thirty (30) days from the effective date of this policy, or the *upgrade effective date*, or the effective date of any endorsement or extension of cover which is subsequently added (applicable to the extension only), or last reinstatement date, whichever is later. During such period, no benefit for both *inpatient* and *outpatient* will be payable for any *sickness*, *disease* or condition sustained by the *insured person* with the signs or symptoms first manifested or occurred within such waiting period. For the avoidance of doubt, waiting period is not applicable to *accidental injury*.

## War

A contest by force between two (2) or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undecared and open hostilities; or the state of nations among whom there is

- (i) an interruption of peaceful relations; and
- (ii) a general contention by force, both authorized by the sovereign.

## We/Us/Our

Zurich Insurance Company Ltd.

## You/Your/Yours

The insured shown in the *schedule* who is the owner of this policy.

## PART 2 – TABLE OF BENEFITS

Plans and sections contained hereunder are only applicable if they are shown as being operative in the *schedule*.

Coverage	Maximum benefits per insured person per policy year (USD)		
	Semi-private Room/ Standard Private Room Essential Plan	Semi-private Room/ Standard Private Room Premier Plan	Semi-private Room/ Standard Private Room Platinum Plan
Annual Limit	1,000,000	2,000,000	3,000,000
Section 1 – Room and Board			
1.1 Room and Board	Full refund	Full refund	Full refund
1.2 Accompanying Bed Benefit (Parent Accommodation)			
Section 2 – Surgical Cover			
2.1 In-hospital Medical Practitioner's Call Fees	Full refund	Full refund	Full refund
2.2 In-hospital Specialist Consultation Fees			
2.3 Hospital/Special Services Charges			
2.4 Surgical Charges (including Anaesthetist's Fee and Operating Theatre Charges)			
2.5 Day Patient Surgery			
Section 3 – Cancer, Dialysis and Transplant Treatment			
3.1 Chemotherapy and Radiotherapy for Cancer	Full refund	Full refund	Full refund
3.2 Dialysis	Full refund	Full refund	Full refund
3.3 Organ Transplant	Up to 50,000 per disability	Up to 100,000 per disability	Up to 100,000 per disability
Section 4 – Other Medical Treatment			
4.1 Prosthetic Devices	Full refund	Full refund	Full refund
4.2 AIDS/HIV Treatment	Up to 100,000 per year	Up to 100,000 per year	Up to 100,000 per year
4.3 Accidental Dental Treatment	Full refund	Full refund	Full refund
4.4 Local Ambulance			
Section 5 – Pre and Post-Surgery Cover			
5.1 Post-surgery Outpatient Benefit	Full refund	Full refund	Full refund
5.2 Post-surgery Specialist Treatment due to Critical Illness			
5.3 Home Nursing Fees			

Coverage	Maximum benefits per insured person per policy year (USD)		
	Semi-private Room/ Standard Private Room Essential Plan	Semi-private Room/ Standard Private Room Premier Plan	Semi-private Room/ Standard Private Room Platinum Plan
<b>Annual Limit</b>	<b>1,000,000</b>	<b>2,000,000</b>	<b>3,000,000</b>
5.4 Pre-hospitalization <i>Outpatient</i> Consultation			
<b>Section 6 – Zurich Emergency Assistance</b>			
6.1 Overseas Telephone Medical Advice	24/7 medical advice included		
6.2 Overseas Medical Service Provider Referral	Included		
6.3 Overseas Guarantee of <i>Hospital</i> Admission Deposit	15,000		
6.4 Overseas <i>Emergency</i> Medical Evacuation or Repatriation	Actual cost		
6.5 Arrangement of Limousine Service in <i>Hong Kong</i>	Included		
<b>Extended Optional Benefits</b>			
<b>Section 7 – Outpatient Benefits and Wellness Benefits</b>			
<b>Section 7.1 – Outpatient Benefits</b>			
7.1.1 <i>Medical Practitioner</i> Fees including Consultations	Not applicable	Full refund and maximum 10 visits per year	Full refund and maximum 30 visits per year
7.1.2 <i>Specialist</i> Fees including Consultations		Full refund and maximum 10 visits per year	Full refund and maximum 30 visits per year
7.1.3 Diagnostic Procedures and Lab Tests		Full refund	Full refund
7.1.4 Prescribed Drugs and Dressings		Full refund	Full refund
7.1.5 <i>Traditional Chinese Medicine Practitioner/ Bonesetter/Acupuncturist</i>		Up to 100 per visit and maximum 5 visits per year	Up to 100 per visit and maximum 10 visits per year
7.1.6 <i>Physiotherapist/Chiropractor</i>		Up to 100 per visit and maximum 5 visits per year	Up to 100 per visit and maximum 10 visits per year
<b>Section 7.2 – Wellness Benefits</b>			
7.2.1 Baby and <i>Child</i> Vaccinations	Not applicable	80% refund and up to 300 per year	90% refund and up to 300 per year
7.2.2 Adult Vaccinations		80% refund and up to 200 per year	90% refund and up to 300 per year
7.2.3 Routine Physical Examination		1 exam per 2 years and up to 100 per year	1 exam per 2 years and up to 400 per year
7.2.4 Mammogram and Pap Smear Test (for females <i>age</i> 35 and over)		80% refund and up to 325 per year	90% refund and up to 325 per year
7.2.5 PSA Test (for males <i>age</i> 50 and over)		80% refund and up to 325 per year	90% refund and up to 325 per year
7.2.6 Dietary Consultation		1 visit per year and up to 100 per visit	1 visit per year and up to 100 per visit
<b>Section 8 – Dental Care</b>			
8.1 Routine Examinations	Not applicable	50% refund and up to 1,000 per year	90% refund and up to 1,000 per year
8.2 Major Restorative Treatment		50% refund and up to 2,000 per year	90% refund and up to 2,000 per year
<b>Section 9 – Maternity Benefit</b>			
<i>Maternity</i> costs associated with normal pregnancy and childbirth. Pre and post-natal check up and delivery costs	Not applicable	80% refund and up to 10,000 per year	90% refund and up to 10,000 per year
<b>Section 10 – Voluntary Deductible</b>			
Voluntary Deductible (3 options)	2,500 or 5,000 or 10,000	2,500 or 5,000 or 10,000	2,500 or 5,000 or 10,000

For claims concerning *hospital confinement*, the benefits payable for Sections 1 – 4 as shown in the above Table of Benefits are subject to corresponding reimbursement percentages of the selected room types as listed below. In the event that the *hospital confinement* is for a room type higher than the selected room type under this policy, the reimbursement percentages shall be adjusted downward and still be based on the selected room type in accordance with the plan type under the policy.

Plan Type	Confinement Room Type	Reimbursement Percentage for Eligible Benefits as shown in Table of Benefits
<b>Standard Private Room Plan</b>	<i>Standard Private Room</i>	100%
	<i>Semi-private Room</i>	100%
<b>Semi-private Room Plan</b>	<i>Standard Private Room</i>	50%
	<i>Semi-private Room</i>	100%

No benefit shall be payable for Sections 1 – 4 for any *insured person confined* in a Suite, Deluxe Room, Executive Room, VIP Suite or equivalent or any room charge that is higher than a *standard private room*. In case of dispute, we shall have the sole discretion in determining the classification of any room for the purpose of determining the amount of benefits payable. For the purpose of our determination, we will take into account the room type classification as adopted by the *hospital* where the *insured person* was *confined*.

### PART 3 – BENEFITS

If the *insured person* is *confined* in a *hospital* on the recommendation of an attending registered *medical practitioner* due to *injury* or *sickness* occurring during the *period of insurance*, upon receipt of proof acceptable to us and subject to the terms and conditions of this policy, we will pay up to the Maximum Benefits shown as insured in the *schedule*. In no event shall the aggregate benefits payable per policy year

exceed the *annual limit* or sub-limit(s) as stated under the plan selected in Part 2 – Table of Benefits.

#### Section 1 – Room and Board

##### 1.1 Room and Board

We shall reimburse the actual *reasonable* and *customary* charges for room and board benefit when, upon recommendation by a registered *medical practitioner*, an *insured person* is *confined* and

registered as an *inpatient* or being accommodated in an *intensive care unit* recommended by the attending registered *medical practitioner* in a *hospital* for the *treatment* of an *injury* or *sickness*. No benefit will be payable in respect of any day in which the *insured person* has taken any leave from the *hospital*.

### 1.2 Accompanying Bed Benefit (Parent Accommodation)

If the *insured person* is under sixteen (16) years old and benefits are payable under Section 1.1 – Room and Board, we shall reimburse the actual *reasonable and customary charges* of one (1) extra bed for one (1) of the *insured person's* parents for the purpose of accompanying the *insured person* in the *hospital*.

## Section 2 – Surgical Cover

### 2.1 In-hospital Medical Practitioner's Call Fees

If an *insured person* is confined in a *hospital*, we shall reimburse the actual *reasonable and customary charges* of the attending *medical practitioner* for *treatment* or consultation during such *confinement* but in no event shall the benefit payable exceed for any one (1) day the rate of *medical practitioner's* fee during any one twenty-four (24) hour period.

The coverage provided under this Section 2.1 does not cover charges for:

- (i) medical services in connection with an *injury* or *sickness* during which a surgical procedure is performed; or
- (ii) any *treatment* by physiotherapy or any medical check-up by X-ray examination or any other means for purely diagnostic purposes.

### 2.2 In-hospital Specialist Consultation Fees

We shall reimburse the actual *reasonable and customary charges* of a *specialist* (not related to any surgical operation) to whom the *insured person* has been referred by the attending registered *medical practitioner* in writing during *hospital confinement*.

### 2.3 Hospital Special Services Charges

We shall reimburse the actual *reasonable and customary charges* charged by the *hospital* for miscellaneous medical services rendered during such *hospital confinement* and which are normal, proper and customarily supplied by the *hospital*.

### 2.4 Surgical Charges (including Anaesthetist's Fee and Operating Theatre Charges)

We shall reimburse the actual *reasonable and customary charges* for an operation or procedure performed on the *insured person* by a registered *medical practitioner*. Payment shall comprise of the *medical practitioner's* fee, operating theatre fee and anaesthetic charges for all surgical operations performed in respect of any *injury* or *sickness*.

### 2.5 Day Patient Surgery

If the *insured person* shall require surgery for a covered *injury* or *sickness* by a registered *medical practitioner* in the *day* or *outpatient* department of a *hospital* or a registered clinic, we shall reimburse the actual charges for the full procedure including operating theatre, *anaesthetist* charges, oxygen and equipments.

## Section 3 – Cancer, Dialysis and Transplant Treatment

### 3.1 Chemotherapy and Radiotherapy for Cancer

We shall reimburse the actual *reasonable and customary charges* for *treatment* of cancer chemotherapy and radiotherapy (whereas targeted cancer therapy cover is only applicable to Premier Plan & Platinum Plan) in a *hospital* or clinic performed for one (1) or more malignant tumors as recommended in writing by the attending registered *medical practitioner* of the *insured person*. All follow-up consultations and/or *treatments* concerning such chemotherapy, radiotherapy *treatments* will be covered.

### 3.2 Dialysis

We shall reimburse the actual *reasonable and customary charges* if the *insured person* has been discharged from *hospital* suffering from chronic and irreversible kidney failure and haemodialysis or peritoneal dialysis is recommended by the attending *medical practitioner*. The amount payable under this benefit equals to the amount actually charged as either *inpatient* or *outpatient* for such regular haemodialysis or peritoneal dialysis.

### 3.3 Organ Transplant

We shall reimburse the costs incurred to treat and/or to perform an organ transplant including all *hospital* services, surgery, *medical practitioner's* fee and follow-up expense while the *insured person* is admitted in the *hospital* under this benefit.

Payment shall be equal to the actual *reasonable and customary charges* of major organ transplant.

## Section 4 – Other Medical Treatment

### 4.1 Prosthetic Devices

Prosthetic devices are the medical aids or an external artificial body part which is designed to form a permanent part of the *insured person's* body or medical material or appliance implanted during surgery or used in replacement procedures, which is required to perform the surgery.

This section is only applicable to the following prosthetic devices which are *medically necessary* to be implanted in a surgery or to be used for replacement procedures:

- (i) Lens for cornea of the eye;
- (ii) Blood vessel valves for valve replacement;
- (iii) Metallic or artificial joints for joint replacement;
- (iv) Prosthetic ligaments for replacement or implantation between bones;
- (v) Prosthetic intervertebral disc;
- (vi) Artificial limb;
- (vii) Artificial eye;
- (viii) Pacemaker; and
- (ix) Balloon & Stents for percutaneous transluminal coronary angioplasty.

### 4.2 AIDS/HIV Treatment

We shall reimburse the *reasonable and customary charges* incurred for *medically necessary treatment* of the *insured person* during such *hospital confinement* for any HIV infection related illness including Acquired Immune Deficiency Syndrome (AIDS). This benefit is only payable if the signs or symptoms of such *sickness* first occur after the policy has been effective for five (5) consecutive policy years. This benefit is only payable once during any *period of insurance*.

### 4.3 Accidental Dental Treatment

We shall reimburse the *reasonable and customary charges* incurred for the *treatment* of sound natural teeth that arises solely and independently from an *accident* including consultation, staunch bleeding, tooth extraction and x-ray, provided such *treatment* is performed within two (2) weeks of the *accident* and in a legally registered dental clinic or *hospital*. Notwithstanding the foregoing, this benefit shall not cover any restorative or remedial work, the use of any precious metals, orthodontic *treatment* of any kind, or dental surgery performed in a *hospital* unless dental surgery is the only *treatment* available to alleviate the pain. It shall not cover any *treatment* for: (i) *injury* caused by eating or drinking; (ii) damage caused by normal wear and tear; and (iii) damage caused by tooth brushing or any other oral hygiene procedure.

### 4.4 Local Ambulance

We shall reimburse the actual *reasonable and customary charges* incurred for *emergency* use of the local road ambulance to transport the *insured person* to and from a *hospital* for *inpatient treatment* in connection with illness or *injury*.

## Section 5 – Pre and Post-surgery Cover

The benefits under this Section 5 are only applicable upon our acceptance of the concerned surgical claim, subject to all terms and conditions of this policy are complied with.

### 5.1 Post-surgery Outpatient Benefit

We shall reimburse the actual *reasonable and customary charges* incurred for the *insured person's* post-surgery consultation and medication for up to a maximum of thirty (30) days on an *outpatient* basis directly relating to and as a result of the surgical operation and which are incurred within sixty (60) days after his/her discharge from the *hospital* following such operation, and provided that the consultation is in respect of the same covered *injury* or *sickness*.

### 5.2 Post-surgery Specialist Treatment due to Critical Illness

We shall reimburse the actual *reasonable and customary charges* of the registered *specialist* for the *insured person's* postsurgery follow-up consultation and medication of the covered critical illness on an *outpatient* basis within one hundred and twenty (120) days following his/her discharge from the *hospital*, provided that the consultation is in respect of the same covered *injury* or *sickness*. Such *specialist treatment* must be recommended in writing by the attending registered *medical practitioner*. Covered critical illnesses are:

- (i) *Benign brain tumour*;
- (ii) *Chronic liver disease*;
- (iii) *Heart attack*, and
- (iv) *Major organ transplant*.

### 5.3 Home Nursing Fees

We shall reimburse the actual charges of a *qualified nurse* in respect of services given to the *insured person* at the *insured person's* usual residence (not being a nursing or convalescent home) which is required in writing by the attending *medical practitioner* immediately after the *insured person's* discharge from the *hospital* for up to a maximum of thirty (30) days.

The coverage provided under this section does not apply to charges:

- (i) for a nursing service provided by more than one (1) *qualified nurse* during any one twenty-four (24) hour period; or
- (ii) for any nursing service or *treatment* by physical therapy or any medical check-up by x-ray examination or any other means which are purely for diagnostic purposes.

### 5.4 Pre-hospitalization Outpatient Consultation

We shall reimburse the actual *reasonable and customary charges* incurred for the *insured person's* pre-surgery consultation and medication for up to a maximum of thirty (30) days on an *outpatient* basis directly relating to and received within thirty (30) days preceding his/her *hospital confinement* as a result of the same covered *injury or sickness*.

## Section 6 – Zurich Emergency Assistance

The service provider of Zurich Emergency Assistance under this Section 6 is an independent service provider providing such respective services to the *insured person* upon his/her request. We or any of our affiliates, agents, or employees of any of them has no responsibility or liability in respect of any act, default, negligence, error or omission of the relevant service provider of Zurich Emergency Assistance or any of its respective employees, agents or representatives.

### 6.1 Overseas Telephone Medical Advice

We shall arrange for the provision of medical advice to the *insured person* over the telephone when traveling outside *Hong Kong* to assist in stabilizing his/her medical condition. Such advice shall not be construed as a diagnosis and the *insured person* shall be referred to a *medical practitioner*, if necessary. However, our nominated service provider shall exercise due care and diligence in arranging the provision of such advice.

### 6.2 Overseas Medical Service Provider Referral

We shall provide to the *insured person* upon request, the name, address, telephone number and, if available, office hours of *medical practitioners, hospitals, clinics, dentists and dental clinics* worldwide (collectively, “*medical service providers*”). We shall not be responsible for providing medical diagnosis or *treatment*. Although we shall make such referrals, it cannot guarantee the quality of the medical service providers and the final selection of a medical service provider shall be the decision of the *insured person*. We, however, shall exercise due care and diligence in selecting the medical service providers.

All consultation fees and related charges shall be borne entirely and directly by the *insured person* without any reimbursement from us.

### 6.3 Overseas Guarantee of Hospital Admission Deposit

If the *insured person* is required to be hospitalized in a *hospital* approved by us whilst travelling outside *Hong Kong*, we will pay directly to the *hospital* the admission guarantee required by the *hospital*, up to a maximum of USD 15,000 subject to any additional administrative fee payable to the service provider and be borne by you whenever applicable.

If we have paid any amount under this item whereby it is not covered by this policy, you shall repay the amount in full to us forthwith.

### 6.4 Overseas Emergency Medical Evacuation or Repatriation

We shall arrange and pay for the actual cost of transportation, medical services and medical supplies necessarily and unavoidably incurred as a result of an *emergency* medical evacuation or repatriation of the *insured person* who leaves *Hong Kong* not exceeding one hundred and twenty (120) days. The timing, means (on economy class) and final destination of evacuation will be solely decided by Zurich Emergency Assistance and will be based entirely upon such being *medically necessary*.

### 6.5 Arrangement of Limousine Service in Hong Kong

Upon the request of the *insured person*, we shall arrange and pay for limousine service for the *insured person* who is hospitalized in *Hong Kong* for a period in excess of seven (7) consecutive days. The limousine service shall be a single trip from the *hospital* to the *insured person's* place of residence in *Hong Kong*.

In respect to Benefits 6.1 – 6.4 under this Section 6, any hospitalization expenses or medical expenses charged to you by a third party are to be borne by you unless they are covered by this policy.

Zurich Emergency Assistance is rendered by the service provider nominated by Zurich Insurance Company Ltd. Please call our 24-hour emergency hotline in *Hong Kong* at +852 2886 3977 for assistance.

## PART 4 – EXTENDED OPTIONAL BENEFITS

### Section 7 – Outpatient Benefits and Wellness Benefits

#### Section 7.1 – Outpatient Benefits

This benefit is only applicable if it is shown as being operative in the *schedule*.

##### 7.1.1 Medical Practitioner Fees Including Consultations

We shall reimburse the actual *reasonable and customary charges* incurred for the consultation visit on an *outpatient* basis for a covered *injury or sickness*. The medical expenses covered shall include consultation fee with a *medical practitioner*, prescribed medication for a maximum of thirty (30) days, and dressing as and when required.

##### 7.1.2 Specialist Fees Including Consultations

We shall reimburse the actual *reasonable and customary charges* incurred for the consultation visit on an *outpatient* basis for a covered *injury or sickness* provided that such consultation is *medically necessary* and the consultation of *specialist* must be recommended by a registered *medical practitioner* in writing. The medical expenses covered shall include consultation fee with a *specialist*, prescribed medication for a maximum of thirty (30) days, and dressing as and when required.

##### 7.1.3 Diagnostic Procedures and Lab Tests

We shall reimburse the actual *reasonable and customary charges* incurred for the diagnostic procedures and laboratory tests performed on the *insured person* and recommended by a *medical practitioner or specialist* for diagnostic purpose as *medically necessary*.

##### 7.1.4 Prescribed Drugs and Dressings

We shall reimburse the actual *reasonable and customary charges* incurred for the purchases of prescribed medicines and drugs for a maximum of thirty (30) days prescribed by a *medical practitioner or specialist* as *medically necessary* for *treatment* or management of a covered *injury or sickness* from a legally operated pharmacy.

##### 7.1.5 Traditional Chinese Medicine

###### Practitioner/Bonesetter/Acupuncturist

We shall reimburse the actual *reasonable and customary charges* incurred for the medical *treatment* performed by a *traditional Chinese practitioner/bonesetter/acupuncturist* for a covered *injury or sickness* provided that such consultation is *medically necessary*. The benefit is restricted by a maximum of one (1) visit per day for each type of *treatment*.

##### 7.1.6 Physiotherapist/Chiropractor

We shall reimburse the actual *reasonable and customary charges* incurred for the medical *treatment* performed by a *physiotherapist/chiropractor* for a covered *injury or sickness* provided that such consultation is *medically necessary* and the consultation must be recommended by a registered *medical practitioner* in writing. The benefit is restricted by a maximum of one (1) visit per day for each type of *treatment*.

### Section 7.2 – Wellness Benefits

This benefit is only applicable if it is shown as being operative in the *schedule*.

#### 7.2.1 Baby and Child Vaccinations

We shall reimburse the actual *reasonable and customary charges* incurred for the covered vaccinations.

The covered vaccinations are:

- Pneumococcal conjugate vaccine;
- Rotavirus vaccine;
- Influenza vaccine;
- Chicken pox vaccine;
- Hepatitis A vaccine.

#### 7.2.2 Adult Vaccinations

We shall reimburse the actual *reasonable and customary charges* incurred for the covered vaccinations.

The covered vaccinations are:

- Hepatitis B vaccine;

- Bacillus Calmette-Guerin (BCG) vaccine;
- Polio (poliomyelitis) vaccine;
- Diphtheria-pertussis-tetanus vaccine;
- Leprosy vaccine;
- Japanese encephalitis vaccine;
- Meningitis vaccine;
- Hepatitis A vaccine;
- Measles vaccine;
- Influenza vaccine; and
- Other vaccinations recommended by government or World Health Organization from time to time.

### 7.2.3 Routine Physical Examination

We shall reimburse the actual *reasonable and customary charges* incurred for a routine physical examination carried out by a *medical practitioner* in Hong Kong once every two (2) policy years.

### 7.2.4 Mammogram and Pap Smear Test (for female age 35 and over)

We shall reimburse the actual *reasonable and customary charges* incurred for a mammogram and pap smear test carried out by a *medical practitioner* in Hong Kong.

### 7.2.5 PSA Test (for males age 50 and over)

We shall reimburse the actual *reasonable and customary charges* incurred for a blood test for Total PSA carried out in Hong Kong.

### 7.2.6 Dietary Consultation

We will reimburse the actual *reasonable and customary charges* incurred for one (1) dietary consultation per *period of insurance* upon referral from a registered *medical practitioner*. The consultation must be with a registered dietitian.

## Section 8 – Dental Care

This benefit is only applicable if it is shown as being operative in the *schedule*.

### 8.1 Routine Examinations

We shall reimburse the actual *reasonable and customary charges* incurred for the following routine dental *treatments* provided to the *insured person*, and the benefit will not be provided for within six (6) months following the policy effective date or the date of reinstatement or *upgrade effective date*, whichever is later except for the *treatments* which are caused by *injury*:

- tooth fillings
- tooth extraction (except removal of wisdom tooth or impacted tooth)
- x-ray
- inlays & onlays (except gold inlays & gold onlays)
- abscesses
- root canal work
- periodontal surgery other than for cosmetic purposes
- one (1) time of clinical oral examination and scaling per *period of insurance*

### 8.2 Major Restorative Treatment

We shall reimburse the actual *reasonable and customary charges* incurred for the following routine dental *treatments* received by the *insured person*, and the benefit will not be provided for within twelve (12) months following the policy effective date or the date of reinstatement or *upgrade effective date*, whichever is later except for the *treatments* which are caused by *injury*:

- surgeries for removal of wisdom tooth or impacted tooth
- new or repair of dentures
- new or repair of crown (excluding gold crowns)
- new or repair of bridge work (excluding gold bridge work)
- implants
- pins for cusp restoration
- apicoectomy
- orthodontic *treatment*

## Section 9 – Maternity Benefits

This benefit is only applicable if it is shown as being operative in the *schedule*.

*Maternity* costs associated with natural pregnancy and childbirth, including pre and post-natal check-ups and delivery costs. This benefit is applicable only if both husband and wife are enrolled, subject to the childbirth is in Hong Kong only. The age limit for the *insured person* is from aged nineteen (19) to fifty (50) years old. The benefit will not be provided for within twelve (12) months following the policy effective

date or the date of reinstatement or *upgrade effective date*, whichever is later.

Either category (a) or (b) is payable.

#### (a) Natural Delivery

We shall reimburse the actual *reasonable and customary charges* for *confinement* in a *hospital*, surgery or consultation of an obstetrician on account of the pregnancy including pre-natal check-up, post-natal check-up and natural delivery.

#### (b) Caesarean Section

We shall reimburse the actual *reasonable and customary charges* for *confinement* in a *hospital*, surgery or consultation of an obstetrician on account of the pregnancy including pre-natal check-up, post-natal check-up and caesarean section regardless where the procedure is elective or *medically necessary*.

#### (c) Pregnancy Complications

We shall reimburse the actual *reasonable and customary charges* incurred for an obstetric procedure if the *insured person* is diagnosed by a *medical practitioner* as having any of the following pregnancy complications which arise during antenatal stages of pregnancy or during childbirth:

- Disseminated Intravascular Coagulation**  
Over-activation of the coagulation and fibrinolytic system resulting in microvascular thrombosis, consumption of platelets and coagulation factors, and major haemorrhage requiring *treatment* with frozen plasma and platelet concentrates. Only Disseminated Intravascular Coagulation caused as a result of pregnancy complications is covered.
- Ectopic Pregnancy**  
Development of a fertilized ovum outside the uterine cavity. The Ectopic Pregnancy has to be terminated by laparotomy or laparoscopic surgery.
- Foetal or Neonatal Death**  
Death of the foetus of the *insured person* at twenty-eight (28) weeks of pregnancy or older, or death of the *child* of the *insured person* within twenty-eight (28) days of birth.
- Hydatidiform Mole**  
A gestational trophoblastic *disease* with abnormal hyperplasia of trophoblasts resulting in uterus being filled with abnormal vesicular villi tissue with no sign of a foetus. The uterus must have been evacuated. Invasive choriocarcinoma is excluded.
- Postpartum Haemorrhage Requiring Hysterectomy**  
Ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus with hysterectomy done.
- Eclampsia**  
It is characterized by the appearance of tonic-clonic seizures. Eclampsia includes seizures and coma that happen during pregnancy but are not due to pre-existing or organic brain disorders.
- Amniotic Fluid Embolism**  
An obstetric *emergency* in which amniotic fluid, fetal cells, hair or other debris enters the insured's blood stream via the placental bed of the uterus and trigger an allergic reaction. This reaction then results in cardiorespiratory (heart and lung) collapse and coagulopathy.
- Pulmonary Embolism of Pregnancy**  
A thrombus (blood clot) breaking off in a distal site and traversing the venous system to lodge in the pulmonary arterial tree during pregnancy, immediate anticoagulation *treatment* should be initiated and continued until at least six (6) weeks postpartum unless anticoagulation *treatment* is contraindicated. The diagnosis must be confirmed by a *specialist*.

## Section 10 – Voluntary Deductible

For any *insured person* who voluntarily accepts a *deductible* amount on a per annum basis made under this policy as stated in the *schedule*, we shall pay the hospitalization and surgical benefits under Sections 1 – 5 for a covered *injury* or *sickness* after deducting the *deductible* as specified in the *schedule*.

## PART 5 – GENERAL EXCLUSIONS

This policy will not cover any claim arising directly or indirectly from:

1. acquisition of the organ to be used for organ transplantation and all expenses incurred by the donor, who is someone other than the *insured person*, including all costs related to organ donation as the donor;
2. air travel except as a passenger in a properly licensed aircraft operated by a licensed commercial air carrier, private jet or

- helicopter; or engaging in naval or military or armed force or services;
3. contraceptive or contraceptive devices, infertility or any other method of inducing pregnancy, sterilization of either sex; any condition resulting from abortion, *maternity*, pregnancy including but not limited to pregnancy test, pre-natal care as well as post-natal care and other complications arising from pregnancy, unless you have purchased the optional *Maternity* Benefits under Part 4 – Extended Optional Benefits and cover is then provided as described in the plan benefits;
  4. any costs incurred by any *insured person* outside any *period of insurance* of this policy or for any *period of insurance* of this policy for which the appropriate premium has not been paid;
  5. any expense for health or dietary supplements and all specialized Chinese herbs and/or tonic medicine such as but not limited to bird's nest, lingzhi, red ginseng, American ginseng, radix ginseng silvestris, cordiceps sinensis, agaricus blazei murill, sika deer antler, donkey-hide gelatin, hippocampus, antelope horn powder, placenta hominis, musk, and pearl powder, etc;
  6. any *pre-existing condition* or related conditions, unless disclosed to and accepted by us;
  7. any treatment including services and supplies which are not *medically necessary*;
  8. any *treatment* or expenses incurred within the *waiting period* except those arising out of an *accidental injury*;
  9. charges for non-medical services such as telephone, television, radio, telex, extra meal, extra bed or similar facilities;
  10. *congenital abnormalities* arising out of the same or resulting therefrom, including but not limited to epilepsy, strabismus, hydrocephalus, and hernia;
  11. convalescence, custodial or rest care or sanitarium care, or *treatment* received in any home, health hydro, nature cure clinic, sanatorium or long term care facility;
  12. cosmetic surgery or plastic surgery for purposes of beautification except as medically necessitated by an *injury* or *accident*;
  13. dental work or surgery, unless you have purchased the optional Dental Care under Part 4 – Extended Optional Benefits and cover is then provided as described in the plan benefits. We shall reimburse for procedures necessitated by damage to sound natural teeth as a result of an *injury* or *accident* occurring during the *period of insurance*. Benefit is payable purely for *emergency* condition and to alleviate the pain and in a legally registered dental clinic or *hospital* but in all circumstances shall not cover any restorative or remedial work, the use of any precious metals, orthodontic *treatment* of any kind, replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses;
  14. *disease* or *sickness* arising from asbestos;
  15. any *treatment* provided outside of *Hong Kong* unless as the result of an *accident* or an *emergency*.
  16. experimental *treatment* and drugs, unproven or pioneering medical and surgery techniques;
  17. refractive defects of the eyes, eye tests or fitting of glasses or surgical correction of nearsightedness;
  18. general check-up, vaccination or inoculations for immunization; quarantine purposes which is not *medically necessary*, unless you have purchased the optional Wellness Benefit under Part 4 – Extended Optional Benefits and cover is then provided as described in the plan benefits;
  19. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or from any nuclear weapons material;
  20. procurement or use of special braces, appliances, equipment, including but not limited to organ; prosthetic appliances, hearing aids, cochlear implants, wheelchairs, crutches, denture or any other similar equipment, except for those named in Section 4.1 – Prosthetic Devices under Part 3 – Benefits;
  21. professional sports, or where the *insured person* would or could earn any remuneration from engaging in such sport or race or participating in any illegal acts;
  22. suicide, attempted suicide, intentional self-injury, insanity or any functional disorder or psychiatric condition of the mind, including but not *confined* to psychoses, neuroses, depression of any kind, anxiety, anorexia nervosa, bulimia, gender reassignment, schizophrenia and other behavioral disorders; abuse of alcohol, drugs or other addictive substances and any costs associated from such dependency or abuse;
  23. *treatment* by any person other than a registered *medical practitioner* or by any person who ordinarily resides in the *insured person's* home;

24. *treatment* for learning difficulties in *child(ren)*, such as dyslexia or behavioural problems, attention deficit, hyperactivity disorder, or development problems such as shortness of stature;
25. *treatment* of obesity, or *treatment* for the purpose of weight reduction or gain regardless of the existence of morbid or comorbid conditions, removing fat or surplus tissue;
26. venereal *diseases*, sexually-transmitted *diseases*, communicable *disease* requiring by law isolation or quarantine;
27. *war*, invasion, act of foreign enemy, hostilities (whether *war* be declared or not), *civil war*, rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion or any kinds of participation in any act of *terrorism*; and
28. Any *cyber* act that results in any *accident*, *disability*, *sickness* and/or *injury*.

## PART 6 – GENERAL PROVISIONS

### 1. Entire Contract

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

### 2. Age Limit and Eligibility

Unless specifically mentioned to the contrary, the *age* of the *insured person* must be from fifteen (15) days to sixty-four(64) years old at the effective date of this policy and this policy is renewable up to lifetime of an *insured person*, and the *insured person* must be a *Hong Kong* citizen or resident in *Hong Kong* holding a valid *Hong Kong* Identity Card, with a permanent address and live in *Hong Kong* as a *usual place of residence* will be eligible to application subject to individual underwriting and acceptance by us as the *insured person*.

### 3. Hospital Confinement

The confinement must be evidenced by a daily room/room & board charge by the *hospital*. We shall not be liable to pay any benefit:

- (i) for more than one daily room/room & board charge for each day of *confinement*; or
- (ii) for any *confinement* that is not a *reasonable and customary hospital confinement*.

### 4. Refusal or Acceptance of Application

We reserve the right to refuse any application without giving any reason or to accept the applicant on any special terms which we may require.

### 5. Upgraded Benefits

If the medical benefits to any *insured person* under the terms of this policy are to be increased to a higher class at the time of the policy *annual renewal date*, written notice in a form prescribed by or satisfactory to us must be given by the insured. If such *insured person* shall have been afflicted with a covered *injury* or *sickness* before the said written notice is received, the benefits payable in respect of such *injury* or *sickness* shall not exceed the limit(s) or maximum(s) of benefits applicable to that *injury* or *sickness* prior to the date the written notice is received by us.

### 6. Notice of Claims

On the happening of any event which may give rise to a claim under this policy, the insured shall give notice with all available particulars to us as soon as possible and in any case within thirty (30) days from the date of admission to *hospital*, and failure to do so may invalidate a claim unless it can be shown that the circumstances have not been reasonably possible to give such notice. Admission of any claim will be subject to the proof as required to be provided by the insured or the *insured person*.

### 7. Proof of Loss

You must furnish us affirmative proof of loss, including receipts and itemized bills with the diagnosis in original in support of a claim, together with a fully completed claim form supplied by us within thirty (30) days after termination of *treatment* for the *injury* or *sickness* for which the claim is being made.

We will not be liable in any event until satisfactory proof is furnished to us. Claimant will furnish such information, assistance, documents, medical evidence and reports signed by the registered *medical practitioner* and in such form and of such nature as we may prescribe at claimant's own expense.

We shall have the right at *our* expense to examine the *insured person*, as appropriate, when and as often as it may reasonably require during the pendency of a claim under the policy, and also the right to perform an autopsy at *our* expense in case of death (where it is not forbidden by law).

#### 8. Overseas Medical Treatment

All benefits are applicable in accordance to the plan as selected by the insured or the *insured person*, however; no benefits shall be paid under the policy in respect of any claim arises at a time when the *insured person* who is on a temporary stay in any countries other than *Hong Kong* for a period exceeding one hundred and twenty (120) days, and the medical condition or *treatment* has been incurred as the result of an *accident* or *sickness* occurring in that other country or those other countries which require *emergency treatment*.

For *treatment* overseas, *insured person* should contact *our* 24-hour Zurich Emergency Assistance either before or as soon as possible after admission to the emergency unit of the hospital.

In all circumstances, elective overseas *treatment* for non-emergency conditions is not covered under this policy.

We reserve the right to obtain the proof from the *insured person* to *our* satisfaction at the time of processing any claim.

#### 9. Payment in Foreign Currencies

Any claim for reimbursement of expenses made by an *insured person* in any foreign currency shall be converted to *Hong Kong* dollars at the official buying rate of such currency for *Hong Kong* dollars in effect in *Hong Kong* at the time payment of such claim is paid by the *insured person*, or if no such official rate exists, at the rate certified as appropriate by *our* bankers which shall be deemed to be final and binding.

#### 10. Fraudulent Claims

If any claims under this policy made by the *insured person* or anyone acting on behalf of the *insured person* shall be, in any respect, fraudulent, including without limitation to the use of fraudulent means or devices, the making of or omitting the making of any statement or misstatement in any form or document, we shall not be liable in respect of such claims under any and all circumstances whatsoever and we shall be entitled to terminate forthwith the insurance under this policy. Such termination of insurance shall not be construed as a waiver of *our* right to pursue any rights or claims against the insured and/or the *insured person* or to report the fraud to the police.

#### 11. Medical Examination

We shall be entitled in the case of non-fatal *injury* to call for examination by a medical referee appointed by *us* whenever required.

#### 12. Payment of Claims

All indemnities provided in this policy are payable to the *insured person* immediately after the receipt of due proof, in the event of the *insured person's* death, to the *insured person's* estate, except under Section 6 – Zurich Emergency Assistance of Part 3 – Benefits where the benefits will be paid based on actual cost directly to the provider of service. *Our* liability in connection with the policy, including liability for reimbursement for medical expenses for on-going *treatment*, after-effects or related damages in connection with an *injury* or illness incurred or treated during the insurance period, shall automatically cease upon expiry, cancellation or termination of the policy. Vice versa, upon expiry, cancellation or termination of the policy, *your* right to claim reimbursement shall cease.

#### 13. Misrepresentation, Non-disclosure or Fraud

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

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

imposed premium loading, added exclusion(s), rejected the application or considered it as a pending application.

- (b) any enrolment form or claim submitted is fraudulent or where a fraudulent representation is made. (i) we shall refund the applicable premiums and insurance levy (if any) received after offsetting against all past claim payments and necessary expenses incurred by *us* including, but not limited to, *our* reasonable administration charge and service fees incurred in relation to this policy (if any).

In the event of (a):

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

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

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

#### 14. Premium Charge

- (i) This policy is an annual medical policy. *You* may pay the premium to *us* on an annual or a monthly basis. All premiums after the first premium are payable to *us* on or before the due date. The validity of the policy is subject to *your* settlement of the full premium for the entire policy year and *you* are required to settle the annual premium for the concurrent *period of insurance* when there is a claim made or service used in such policy year. We will not be liable to refund any premium paid.
- (ii) We reserve the right to revise or adjust the premium under the following circumstances:
  - (a) According to our applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by *you* and/or in relation to this product, and any changes in benefit) by giving thirty (30) days' advance written notice to *you*.
  - (b) The premium rate should be adjusted automatically according to the attained *age* of the *insured person* at the time of renewal.

#### 15. No Claim Discount

No claim discount on the renewal premium of any *period of insurance* may be available for Sections 1 – 5 under Part 3 – Benefits and is calculated as follows:

- (i) If no claim has been made by or has arisen from the *insured person* prior to the *policy anniversary*, the no claim discount on the renewal premium of the following *period of insurance* will be increased by five percent (5%) in the first no claim year, followed by another five percent (5%) in the second no claim year, and accumulated up to fifteen percent (15%) in maximum in the third no claim year.
- (ii) If a claim has been made by or has arisen from the *insured person* prior to the *policy anniversary*, the no claim discount on the renewal premium of the following *period of insurance* will be decreased to nil percent (0%). The maximum deduction of the no claim discount is up to fifteen percent (15%) and the minimum of the no claim discount is nil percent (0%).
- (iii) The no claim discount of any *period of insurance* shall be invariably deducted from the originally chargeable renewal premium (without deduction of no claim discount) of such *period of insurance* and shall disregard the balance of the originally chargeable renewal premium of any previous *period of insurance* after deduction of the no claim discount of such previous *period of insurance*.

#### 16. Grace Period

We will allow *you* thirty-one (31) days grace period for the payment of each premium after the first premium. During grace period we will keep this policy in force. If after that time the premium remains unpaid, this policy will be deemed to have lapsed from the date when the unpaid premium was due.

## 17. Reinstatement

If we have allowed this policy to lapse due to non-payment of premium, we may allow this policy to be reinstated if *you* provide *us* with a satisfactory written application for reinstatement including proof of insurability. The reinstated policy shall only cover an *injury* sustained by the *insured person* after the date of reinstatement and shall only cover *sickness* of the *insured person* which begins no sooner than ten (10) days after the date of reinstatement.

## 18. Cancellation and Renewal

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

Notwithstanding the above, we may cancel or refuse to renew or vary the policy at any time notwithstanding any other provisions of this policy if:

- (i) the *insured person* has
  - (a) not acted in the utmost good faith and has misled *us* or any other insurer by hiding facts fraudulently or otherwise,
  - (b) breached the terms of this policy,
  - (c) ceased to live in *Hong Kong* as the *usual place of residence*;
- (ii) any premium has not been paid prior to end of the grace period; or
- (iii) We discontinue the scheme type specified in Part 2 - Table of Benefits or any part of the scheme.

On cancellation, we shall give the insured a written notice stating when, not less than thirty (30) days after the date of such notice, such cancellation shall become effective. The mailing of the notice as aforesaid shall be sufficient proof of notice. The time of surrender or the effective date and hour of cancellation stated in the notice shall be considered the end of this policy. Whenever this policy is so cancelled, the unearned portion of the premium at the time of cancellation or surrender shall be refunded provided that no claim has been made during the relevant *period of insurance* of this policy.

## 19. Cancellation by the insured

*You* may cancel this policy by giving thirty (30) days' written notice of cancellation delivered to *us*, or mailed to *our* last known address. In such event, the premium for the unexpired policy period of this policy will be refunded in accordance with the charges indicated below, but in no event less than *our* customary minimum premiums below and provided that no claim has been made during the relevant *period of insurance*. We reserve the right to cancel this policy subject to the above Clause 13 – Misrepresentation, Non-disclosure or Fraud under this part for all covers to cease by giving seven (7) days' written notice of cancellation delivered to *you*, or mailed to *your* last known address.

Covered period	Change of premium
2 months ( <i>our</i> customary minimum premiums)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

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

## 20. Termination of Coverage

Coverage of any one of *insured person* under this policy shall automatically terminate on the earliest of the dates specified below:

- (i) the premium due date when any or any part of premium pertaining to this policy is not paid within the grace period;
- (ii) in accordance with Clause 2 – Age Limit under this part when the *insured person* died;
- (iii) upon *your* request, termination of coverage will be effective on the date specified in the written notice received by *us*, provided that thirty (30) days' prior notice of cancellation is given to *us* before premium due date;
- (iv) subject to the above Clause 13 – Misrepresentation, Non-disclosure or Fraud under this Part.

## 21. Termination of Plan

Under any circumstance where we terminate or suspend this plan, the following condition(s) shall apply:

- (i) *you* may select to renew this policy in accordance to Clause 18 – Cancellation and Renewal under this Part; or
- (ii) *you* may opt to transfer to a plan which we may offer. Notwithstanding the above, we reserve the right to alter the terms and conditions, including but not limited to the premiums or benefits of this plan where *you* choose to renew this policy.

## 22. Misstatement of Age or Sex

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

## 23. Additions and Deletions

*You* must notify *us* in writing of *your* request for any additions to or deletions of the benefits or *insured person* in this policy. Such request shall be subject to *our* right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions of this policy.

## 24. Claims Admittance

In no case shall we be liable in respect of any claim after the expiration of twelve (12) months from the occurrence of the *injury* or *sickness* giving rise to it unless the claim has been admitted or is the subject of a pending legal action or alternative dispute resolution.

## 25. Change in Place of Residence

The Insured must notify *us* in writing of any change in his/her or *insured person's* *usual place of residence* within the first thirty (30) days of the change. Changes in the insured's or *insured person's* *usual place of residence* as declared to *us* shall result, at *our* sole discretion, in the coverage being modified or the policy being cancelled. Changes in residence to the United States or North America or Western Europe, shall result in the non-renewal of the policy. Failure to notify *us* of any change and should a claim occur, we reserve the right to decline such claim.

## 26. Subrogation

We have the right to proceed at *our* own expense in the name of the *insured person* against any third parties who may be responsible for an occurrence giving rise to a claim under this policy.

## 27. Alternative Dispute Resolution

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

## 28. Compliance with Policy Provisions

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

## 29. Governing Law and Jurisdiction

This policy shall be governed by and interpreted in accordance with the laws of Hong Kong and subject to the exclusive jurisdiction of the Hong Kong courts.

## 30. Sanctions

Notwithstanding any other terms under this policy, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any *insured person* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the *insured person* would violate any applicable trade or economic sanctions law or regulation. The above clause shall also apply for any trade or economic sanction law or regulation that the insurer deems applicable or if the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

## PART 7 – CLAIMS PROCEDURE

### 1. For application of Cashless Arrangement Service for Hospitalization:

Contact our Customer Service Hotline and return us with the Cashless Arrangement Service for Hospitalization Application Form completed by the attending *medical practitioner* **no later than three (3) working days** prior to admission date.

Cashless Arrangement Service for Hospitalization in Hong Kong (Applicable to Premier Plan & Platinum Plan only) Cashless Arrangement Service is rendered by the service provider which is nominated by us, and this service is available for private hospitals in Hong Kong only. If you require such service, please make your application by following the procedures below:

- Call Customer Service Hotline through +852 2903 9382 to obtain Pre-assessment Application Form.
- Complete Parts I & II of the Pre-assessment Application Form by you and your attending *medical practitioner* and return it to the service provider by fax +852 2802 6633 or email [zurich.medical@hk.zurich.com](mailto:zurich.medical@hk.zurich.com) **not less than three (3) working days** prior to your admission to the *hospital* for assessment.
- After receiving your application, the service provider will inform you whether your application is approved within three (3) working days. Should the pre-assessment be approved, the service provider will contact the *hospital* for direct settlement arrangement.

The assessment is based on information before admission. The actual reimbursement is subject to the information supplied by your attending *medical practitioner* and the *hospital* after you are discharged from the *hospital*, actual circumstances and details of the insurance coverage, exclusion clauses, terms and conditions stated in the policy and any other relevant document.

You will be required to authorize us to collect shortfall in payment on medical expenses, if any, from a credit card account designated by you. If hospitalization is due to illness/injury or sickness classified under exclusion, application of this service will not be accepted.

### 2. For non-direct settlement claim:

Step 1: Notify us within 30 days from the date of *treatment* in *hospitals*.  
Step 2: Complete the claim form and supply us the following original documents as appropriate.

#### 2.1 Hospitalization

- Hospital* statement showing:
  - name of the patient
  - period of confinement
  - itemized charges
- Receipts of all *medical practitioner/specialists/anaesthetists/physiotherapists* showing:
  - name of the patient
  - date of consultation
  - diagnosis and/or treatment given
  - amount charged
- All associated medical reports, laboratory reports and documents
- Referral letter by attending *medical practitioner* for in-hospital *Specialist* Consultation (if applicable)

#### 2.2 Outpatient Benefits/Dental Treatment/Pre and Post-surgery Cover/Wellness Benefit

- Medical receipts showing:

- name of the patient
  - date of consultation
  - diagnosis and/or *treatment* given
  - itemized amount charged
- All associated medical reports, laboratory reports and documents
  - Referral letter by attending *medical practitioner* for *specialist treatment/physiotherapist/chiropractor/lab test*

#### 2.3 Post-surgery Home Nursing

- Written requirement of the attending *medical practitioner*
- Receipt(s) of *qualified nurse* for services showing:
  - name of the patient
  - period of services
  - amount charged (per day/total)
  - name of *qualified nurse*

### Second Medical Opinion Benefit Rider

This benefit is only applicable if it is shown as being operative in the *schedule*.

As an additional benefit of your HealthNoble Medical Insurance Policy, we are pleased to provide you with access to a second medical opinion review service. You may enjoy a second medical opinion, if you have been diagnosed by a *medical practitioner* with one (1) of the qualifying medical conditions listed below:

AIDS/HIV	Loss of Hearing	Bladder Cancer
Amyotrophic Lateral Sclerosis	Loss of Limbs	Bone Cancer
Angioplasty	Loss of Speech	Brain Tumor
Aortic Aneurysm	Major Burns	Breast Cancer
Apallic Syndrome (Vegetative State)	Major Organ Transplantation	Cervical Cancer
Aplastic Anaemia	Medullary Cystic Disease	Colorectal Cancer
Benign Brain Tumor	Motor Neuron Disease	Esophageal Cancer
Blindness	Multiple Sclerosis	Eye Cancer
Bone Marrow Transplantation	Muscular Dystrophy	Gallbladder Cancer
Cardiomyopathy	Myasthenia Gravis	Kidney Cancer
Cerebrovascular Diseases	Myelodysplastic Syndrome (Myelodysplasia)	Leukemia
Chronic Obstructive Pulmonary Disease	Myocardial Infarction (MI)	Liver Cancer
Chronic Relapsing Pancreatitis	Necrotizing Fasciitis (Flesh Eating Disease)	Lung Cancer
Cirrhosis	Paralysis	Lymphoma
Coma Melanoma	Parkinson's Disease (PD)	Melanoma
Congenital Heart Defect	Poliomyelitis	Multiple Myeloma
Coronary Artery Bypass Surgery	Primary Lateral Sclerosis (PLS)	Nasopharyngeal Cancer
Coronary Artery Disease (CAD)	Primary Pulmonary Arterial Hypertension	Neuroblastoma
Creutzfeld-Jacob Disease (CJD)	Progressive Muscular Atrophy (PMA)	Non-Hodgkin's Lymphoma
Cystic Fibrosis (CF)	Progressive Scleroderma	Oral Cavity Cancer
Elephantiasis	Pulmonary Arterial Hypertension	Ovarian Cancer
Emphysema	Renal Failure = Kidney failure: see above	Pancreatic Cancer
(End Stage) Liver Disease	(Severe) Asthma	Prostate Cancer
(End Stage) Lung Disease	Severe Brain Damage	Skin Cancer, non-Melanoma
(Fulminant) Viral Hepatitis	(Severe) Rheumatoid Arthritis	Stomach Cancer
Heart Valve Surgery	Stroke	Testicular Cancer
HIV Infection Due to Blood Transfusion	Surgery to Aorta	Thyroid Cancer
Kidney Failure	Systemic Lupus Erythematosus	Uterine Cancer

Liver Failure	Ulcerative Colitis Valvular Heart Disease	Vaginal Cancer
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If *you* would like to exercise the second medical opinion benefit under this Rider, *you* may contact us at + 852 2968 2288 during office hours. If *you* are eligible, we will request *your* provision of necessary pieces of medical proof or information directly and reply *you* with a written medical report as a second medical opinion within ten (10) business days upon receipt of all necessary medical information to complete the second opinion review. *You* will receive, in writing, a re-evaluation of the original diagnosis and a statement of the recommended *treatment*.

This Rider does not entitle *you* to any medical care or *treatment* for the qualifying medical condition. we are not is licensed to practise medicine, provide professional services, nor render advice. The second medical opinion is provided by independent contractors and are solely responsible for any opinions offered based on reviewing *your* medical records. The services provided by this Rider are not *treatment* or diagnosis and should not be relied upon as such. This Rider does not change any of the terms of *your* HealthNoble Medical Insurance Policy except as expressly stated herein. This Rider forms a part of, and is to be attached to, *your* policy. This Rider terminates on the earlier of the termination of *your* policy, or *your* receipt of written notification from *us* that this Rider is terminated.

# 「貴族」醫療保險計劃保單條款

此乃中文譯本，僅供參考之用。若與英文版本有異，概以英文版本為準。

請細閱本保單，並確保本保單內容符合「閣下」的需要，如有任何修正請求，請盡快提出。

本保單連同「附表」及嗣後發出的任何附帶批單應以整體文件形式一併閱讀，並構成「閣下」與「本公司」之間的合約。除非獲「本公司」書面同意，合約內容不得更改。而「閣下」的投保表格及聲明，不論以口述（若是由「本公司」或「本公司」授權之代理錄音）或書面形式提供，均會構成本合約的依據。

「本公司」現與「閣下」協議，鑒於「閣下」支付保費及信賴各陳述、保證或聲明，以及遵從本保單及隨附之「附表」的條款與規章，如任何「受保人」因「意外」、「損傷」或「疾病」而導致「損傷」或「疾病」或招致下文所訂承保範圍內的費用，「本公司」將支付指定的保障。

「本公司」就任何「疾病」或「意外」、「損傷」向任何「受保人」支付的最高賠償額為該「受保人」最初因「損傷」或「疾病」招致費用或蒙受損失時的本合約投保額。

「本公司」將於收訖「閣下」所繳的保費後，在「保險期」內為「受保人」提供「附表」內訂明各節的保障，惟「閣下」必須履行本保單所列出的所有條款與條件。此乃全年醫療保險保險單，將於「本公司」收訖「閣下」繳交隨後的保費後而續保。如已獲得本保單賠償或接受服務，「閣下」必須繳交保單全年之保費。

「閣下」於投保表格內填報的資料如有任何更改，請盡早通知「本公司」，以免影響本保單的保障內容。

此乃一份有法律效力的文件，敬請妥為保存。

## 第一部份 – 定義

本保單內某些詞彙具有指定含意，釋義已分別列明於下。為方便「保費須為「本公司」接納

### 「意外」

於「保險期」內，任何不可預見或預料並導致「受保人」蒙受「損傷」之突發事件。

### 「年齡」

上次生日之年齡。

### 「麻醉科醫生」

麻醉科醫生指在「香港」醫務委員會以麻醉科專科登記或具其他同等資歷的註冊「醫生」。惟「閣下」、「受保人」或「直系親屬」除外。

### 「保險年度最高賠償額」

「受保人」於本保單及其他適用之附加契約（如有）成功登記起計的十二（12）個月保障的總賠償額，或若「受保人」登記在本保單之起保日期，以保單起保日期、「提升保障生效日」或最後重訂保單日期，以較後發生者為準計算的十二（12）個月內的總賠償額。

### 「續訂保單週年日期」

以保單起保日期或「保單週年日期」計算每十二（12）個月於年度續訂保單日期，「本公司」會通知給予續訂保單條款及保費。

### 「腦部良性腫瘤」

由神經科專科醫生或神經外科專科醫生鑑定的腦內非癌性致命腫瘤，包括損害腦部的顱內腫瘤。此腫瘤必須被視為需進行神經切除手術，或如不動手術則會導致永久性神經機能缺陷。

### 「子女」

任何年齡由十五日至十七歲的未婚並且沒有獨立經濟能力的人士。

### 「慢性肝病」

末期肝病或肝硬化導致以下最少一種情況的慢性末期肝衰竭：

- (i) 無法控制腹水；
- (ii) 持續性黃疸；
- (iii) 食管或胃靜脈曲張；或
- (iv) 肝性腦病。

因濫用酒精或藥物引致之肝病並不在保障範圍之內。

### 「內戰」

相同國家的公民或民族互相對抗而發生互相攻擊的戰爭或「戰爭」。

### 「先天性缺陷」

於出生時存在的醫學異常，或「受保人」十二（12）歲前由初生兒發展成的身體異常。

### 「電腦病毒」

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

### 「網絡行為」

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

### 「日間病人」

因進行手術而需要到「醫院」或日間護理中心，但不需要過夜的病人。

### 「自負額」

為「受保人」應付的部份費用。「本公司」將支付扣除「附表」列明的自負額後受保「損傷」或「疾病」的住院及手術保障費用。自負額以每年度為基礎，「本公司」祇會支付超過列明的自負額之醫療費用。若「受保人」的受保「損傷」或「疾病」已從其他保險公司取得賠償，自負額將扣減已從其他保單取得的賠償金額，並「本公司」應支付同一「損傷」或「疾病」扣除適用自負額後未獲賠償的合資格醫療費用。

### 「傷疾」

意思指「損傷」或感染「疾病」。若是「損傷」，即指因同一事故所引起的所有「損傷」。所有因為相同原因或相關原因引致的同時存在的「疾病」及所有由此發生的併發症均會被視為同一次傷疾。若傷疾是與先前傷疾的相同原因或相關原因引致，包括所有由此發生的併發症均會被視為先前傷疾的延續而不是另一傷疾，除非最近的出院日期，或最後一次到「醫生」診所接受診斷或「治療」或領取藥物之日期（以較遲為準）且無需再接受「治療」已相隔最少九十（90）天，其後的傷疾將被視為另一傷疾。

### 「合資格費用」

註冊「醫生」為受保「損傷」或「疾病」提供的「治療」所需的「醫療必需」費用，費用上限載於保障表。

### 「緊急」

指四十八（48）小時內不就突發的、嚴重的、不可預見的「損傷」或「疾病」進行即時的醫療處理，會引致「受保人」死亡或對「受保人」健康造成永久損害。

### 「心臟病」

心臟病或心肌梗塞初次病發，指心肌的血液供應急性中斷導致部份心肌壞死。診斷必須以胸痛史、證實導致阻塞的新心電圖轉變，以及心臟酵素明顯提高之紀錄作依據。心絞痛並不在保障範圍之內。

## 「香港」

中華人民共和國香港特別行政區。

## 「醫院」

符合下列條件的機構：

- (i) 持牌醫院（如所在國家或司法管轄區規定領取牌照）；及
- (ii) 主要業務為接受患病、染恙或受傷人士住院及提供醫療護理服務；及
- (iii) 有一名或以上的持牌「醫生」時刻駐院；及
- (iv) 駐有合資格護士或「註冊護士」每天二十四 (24) 小時提供看護服務；及
- (v) 具有完善的住院診斷設備及外科手術設備；及
- (vi) 保存有病人的每日醫療記錄。

醫院並不包括主要業務為診所、照料類別的診所、健康水療院、療養院或復康院、保管照料的地方、照顧長者或嗜酒者或吸毒者或精神病患者的機構、或護理院、或類似的機構。

## 「住院」

「受保人」因「損傷」或「疾病」而遵照「醫生」囑咐及於「醫療必需」下入住「醫院」接受「治療」，並在出院前一直逗留於「醫院」內。「受保人」須出示所入住「醫院」發出的每日房間及膳食費用單據，以作證明。惟以「日間病人」形式入住「醫院」除外。

## 「直系親屬」

「閣下」或「受保人」的配偶、父母、配偶父母、祖 / 外祖父母、兒女、兄弟姊妹、孫兒女或合法監護人。

## 「損傷」

「受保人」純粹因「意外」而非任何其他事故所蒙受之身體損傷。

## 「住院病人」

於「醫院」佔用床位的病人，並須出示「醫院」發出的每日房間及膳食費用單據以作證明。

## 「受保人」

「附表」訂明為受保人的人士。

## 「深切治療部」

在「醫院」內特定以提供護士病人一對一護理，向病人提供專門的復甦、觀察及治療的單位。此單位必須 24 小時駐有經驗護士、護理人員及「醫生」，同時備有復甦工具、觀察儀器，以容許持續地評估病人的重要身體機能，例如心跳、血壓、血液化驗等。

## 「主要器官移植」

以接受移植者或器官移植名單輪候人士身份實際進行以下任何一項器官移植手術。

- (i) 以下任何整個器官：心臟、肺部、肝臟、腎臟或胰臟；或
  - (ii) 清除所有骨髓後利用造血幹細胞製造人類骨髓。
- 移植手術必須為「醫療必需」，並且由「醫生」作出器官衰竭的客觀證明。上述幹細胞移植以外的項目並不在保障範圍之內。

## 「婦產」

任何與懷孕、分娩或流產有關原因或情況或任何由此衍生的併發症。

## 「醫療必需」

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

- (i) 因應有關診斷或「治療」而所需；及
  - (ii) 符合良好及謹慎的行醫標準；及
  - (iii) 以「合理及慣常收費」的標準為受保「損傷」或「疾病」進行的「治療」收費；及
  - (iv) 於沒有醫療治療包括藥物或接受任何手術下，使用醫療服務的目的並非純為診斷檢查、診斷掃描、影像檢查、化驗檢查或物理治療。
- 註：(i)至(iii)項適用於所有情況，惟第(iv)項只適用於「日間病人」或「住院」情況。

## 「醫生」

已根據《醫生註冊條例》（香港法例第 161 章）規定登記成為「醫生」或外科醫生，但「閣下」、「受保人」或「直系親屬」除外。如索償或「治療」發生於「香港」以外之地方，則代表擁有合格西醫學位，並已獲准在其執業的地區合法授權提供醫療及外科手術服務的人士，但「閣下」、「受保人」或「直系親屬」除外。

## 「門診病人」

「受保人」因本保單承保的「損傷」或「疾病」在註冊「醫生」或「專科醫生」的診所或辦事處、或「醫院」門診部或急症室接受醫療服務及藥物「治療」。

## 「保險期」

「附表」內所訂明之保險有效期，而該保險期間之保費已為「本公司」接納。

## 「物理治療師」

並非「閣下」、「受保人」或「直系親屬」的合格物理治療師，根據接受「治療」當地的法律合法註冊或持牌，而被視作提供此等服務的專家，並經由「醫生」所轉介。

## 「保單週年日期」

列明於「附表」之生效日期的週年日。

## 「投保前已存在之傷疾」

在本保單生效日、復效日或「提升保障生效日」（三者取其較遲）之前已存在的任何「損傷」、「疾病」或病況，及 / 或「受保人」已呈現病徵或已接受診療、診斷、「治療」或醫療意見，或已服用處方藥物一段時間而其所知悉或理應知道的相關病況，除非「受保人」已於申請表格全面披露此等病況並獲「本公司」書面接受，而保單文件無明確規定不承保之前已存在「損傷」或「疾病」的「治療」費用，則屬例外。

## 「合資格護士」

合資格護士指合法批准持牌及獲准資格在其執業地區合法提供護理服務的人士，惟「閣下」、「受保人」或「直系親屬」除外。

## 「合理及慣常收費」

就任何費用、收費或開支而言，指符合以下規定的費用或開支：

- (i) 屬於「醫療必需」而乃按照良好醫療守則，為着照顧由註冊「醫生」治理、監督的受傷或患病人士或按「醫生」指示所提供的「治療」、用品或醫療服務之費用；
- (ii) 不超過招致費用當地同類「治療」、用品或醫療服務的正常收費水平；及
- (iii) 並不包括如非有投購保險便不會招致的費用。「本公司」保留權利釐定個別「醫院」/ 醫療費用是否屬於合理及慣常收費，參考的基準包括但不限於任何可取得的相關刊物或資料，例如當地政府、相關部門及認可醫療協會公佈的收費表。如根據上述參考資料，任何「醫院」/ 醫療費用並非合理及慣常收費，「本公司」保留權利調整任何或所有應付賠償的金額。

## 「合理及慣常住院」

按普遍所認受的醫療服務水平而提供的「住院」、入院及逗留時間，及期間所接受的醫療服務及「治療」，服務水平並不超過該地區就同類「損傷」或「疾病」的「治療」水平。

## 「附表」

隨附本保單並構成保單一部份之附表。

## 「疾病」

在「保險期」內健康出現不正常之病理癥狀。

## 「專科醫生」

指由合法註冊「香港」醫務委員會以專科登記的「醫生」。若索償或「治療」於「香港」以外的地方發生，專科醫生指在發生索償的國家具有其他同等資歷的人士並登記從事專科「治療」。惟「閣下」、「受保人」或「直系親屬」除外。

## 「私家病房」

指「醫院」內的一間有私人浴室的單人病房（不包括套房、豪華套房、行政套房及 VIP 房或相同等級之病房）。

### 「半私家病房」

指「醫院」內的一間有共用浴室的雙人病房。

### 「恐怖活動」

恐怖活動包括任何人或團體不論合法與否獨自行動或代表任何組織或政府，為達到政治、宗教、意識或類似目的包括不論合法與否意圖影響任何國家、政治部門，由此而威脅公眾或任何國家的部份公眾的行為、準備或恐嚇行動包括：

- (i) 涉及以暴力對待一人或多人；或
- (ii) 涉及財物損毀；或
- (iii) 危害生命但不包括執行行動的人；或
- (iv) 對健康或公眾或部份公眾的安全製造風險；或
- (v) 設計去干擾或破壞某電子系統。

### 「中醫」、「跌打」或「針灸師」

指任何跌打或針灸或中醫師根據中醫藥條例（香港法律第 549 章）合法註冊成為中醫的人士，但是若果中醫為「閣下」、「受保人」或「直系親屬」則除外。

### 「治療」

指由「醫生」進行的外科或醫療程序，目的純粹為治癒或舒緩「損傷」或「疾病」。

### 「提升保障」

指提升保障及 / 或計劃級別。

### 「提升保障生效日」

指「本公司」同意「閣下」保單「提升保障」當日「香港」時間 00:00 時，即「本公司」發予「閣下」訂明「提升保障」詳情之保單「附表」或批單所註明的日期。

### 「慣常居住地」

指「受保人」全年大部份時間工作或居住之地區。若「受保人」全年中經常要出埠，則指「受保人」保留有最主要居所之地區或「受保人」最短期固定住址之地區，及「受保人」不會於慣常居住地以外的地區連續逗留超過一百二十 (120) 天。

### 「等候期」

本保單之生效日期、或任何附帶批單或其後增加的「提升保障生效日」（只限增加保障部份），或保單復效日開始計算的三十 (30) 日內，以較遲者為準。「本公司」不會就「受保人」在此期間首次出現病徵之「疾病」、「住院」或門診「治療」作出任何賠償。為避免疑慮，等候期不適用於「意外」、「損傷」。

### 「戰爭」

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

- (i) 終止和平關係；及
- (ii) 陷入武裝敵對局面。

### 「本公司」

蘇黎世保險有限公司。

### 「閣下」

「附表」上註明為本保單持有人之人士。

## 第二部份 – 保障表

以下各項計劃及保障必須於「附表」內訂明為有效的計劃及保障，方為適用。

保障範圍		每位「受保人」於「保險期」之最高賠償額（美元）		
		「半私家病房」/ 「私家病房」精選計劃	「半私家病房」/ 「私家病房」優越計劃	「半私家病房」/ 「私家病房」尊尚計劃
「保險年度最高賠償額」		1,000,000	2,000,000	3,000,000
第1節－住房及膳食費用				
1.1 房租及膳食費用		全數賠償	全數賠償	全數賠償
1.2 陪伴床位保障（父母陪伴床位）				
第2節－手術費用保障				
2.1 「醫生」巡房費		全數賠償	全數賠償	全數賠償
2.2 「住院」「專科醫生」費				
2.3 「醫院」雜費				
2.4 手術費用（包括「麻醉科醫生」費用及手術室費用）				
2.5 「日間病人」手術費用				
第3節－癌症、腎透析及移植「治療」保障				
3.1 化療及放射治療癌症		全數賠償	全數賠償	全數賠償
3.2 腎透析				
3.3 器官移植		每宗「傷疾」50,000	每宗「傷疾」100,000	每宗「傷疾」100,000
第4節－其他醫學「治療」				
4.1 人造義體／義肢		全數賠償	全數賠償	全數賠償
4.2 愛滋病／人體免疫力衰竭病毒「治療」		每年度上限 100,000	每年度上限 100,000	每年度上限 100,000
4.3 「意外」牙科「治療」		全數賠償	全數賠償	全數賠償
4.4 本地救護車服務				
第5節－手術前及手術後保障				
5.1 手術後之門診保障		全數賠償	全數賠償	全數賠償
5.2 危疾手術後「專科醫生」之「治療」				
5.3 家居看護				
5.4 手術「住院」前門診諮詢				
第6節－蘇黎世緊急支援服務				
6.1 海外電話醫療顧問服務		包括7/24醫療意見服務		
6.2 海外轉介醫療服務供應商		包括		
6.3 海外入院按金保證		15,000		
6.4 海外「緊急」醫療運送或運返服務		實際費用		
6.5 於「香港」安排轎車接送		包括		
選擇性附加保障				
第7節－門診及保健保障				

保障範圍	每位「受保人」於「保險期」之最高賠償額 (美元)		
	「半私家病房」/ 「私家病房」精選計劃	「半私家病房」/ 「私家病房」優越計劃	「半私家病房」/ 「私家病房」尊尚計劃
「保險年度最高賠償額」	1,000,000	2,000,000	3,000,000
第7.1節 – 門診保障			
7.1.1 普通科「醫生」費用包括診症費	不適用	全數賠償 每年度10次	全數賠償 每年度30次
7.1.2 「專科醫生」費用包括診症費		全數賠償 每年度10次	全數賠償 每年度30次
7.1.3 診斷及化驗		全數賠償	全數賠償
7.1.4 處方藥物及包紮		全數賠償	全數賠償
7.1.5 「中醫」/「跌打」/「針灸」		每次100 每年度5次	每次100 每年度10次
7.1.6 由「醫生」轉介的「物理治療師」/「脊醫		每次100 每年度5次	每次100 每年度10次
第7.2節 – 保健計劃			
7.2.1 嬰孩及兒童疫苗注射	不適用	80%賠償 每年度上限300	90%賠償 每年度上限300
7.2.2 成人疫苗注射		80%賠償 每年度上限200	90%賠償 每年度上限300
7.2.3 常規身體檢查		每2年度1次 每次上限100	每2年度1次 每次上限400
7.2.4 乳房造影圖及柏氏子宮頸抹片檢查 (女性35歲及以上適用)		80%賠償 每年度上限325	90%賠償 每年度上限325
7.2.5 前列腺癌抗原檢查 (男性50歲及以上適用)		80%賠償 每年度上限325	90%賠償 每年度上限325
7.2.6 營養諮詢		每年度1次 每年度上限100	每年度1次 每年度上限100
第8節 – 牙科保健			
8.1 常規檢查	不適用	50%賠償 每年度上限1,000	90%賠償 每年度上限1,000
8.2 重大牙齒復修手術		50%賠償 每年度上限2,000	90%賠償 每年度上限2,000
第9節 – 產科保障			
因懷孕及生育而引致的「婦產」費用 (包括產前/後檢查或生產費用)	不適用	80%賠償 每年度上限10,000	90%賠償 每年度上限10,000
第10節 – 自願性「自負額」			
自願性「自負額」(三項選擇)	2,500 或 5,000 或 10,000	2,500 或 5,000 或 10,000	2,500 或 5,000 或 10,000

關於「住院」索償，列於上述保障表中第1 – 4節的應得保障將根據下列列表中的所選房間類別賠償百分比作準。倘若「住院」房間類別高於本保單所選病房計劃類別，賠償百分比將根據所選病房計劃類別就「住院」房間類別向下調整：

計劃類別	「住院」房間類別	根據保障表內「合資格費用」的賠償百分比
「私家病房」計劃	「私家病房」	100%
	「半私家病房」	100%
「半私家病房」計劃	「私家病房」	50%
	「半私家病房」	100%

任何「受保人」「住院」於套房、豪華套房、行政套房、VIP房或相同等級之病房或任何收費高於「私家病房」的病房類別皆不在第1 – 4節的保障範圍之內。如有爭議，「本公司」保留唯一權利決定病房等級，以據此釐定應付保障的金額。為確定病房等級，「本公司」將考慮到「受保人」入住的「醫院」採用的病房類別分級。

### 第三部份 – 保障

如「受保人」於「保險期」內因「損傷」或「疾病」而須遵照「醫生」囑咐「住院」並接受「治療」，當「本公司」收到可接納的證明後，將根據本保單的條款與條件賠償「附表」內訂明之有關保障。有關賠償額以列於第二部份 – 保障表內所選計劃之最高賠償額為準。在任何情況下每保單年度之總賠償額不能超過列於第二部份 – 保障表內所選計劃之「保險年度最高賠償額」或個別細節之限額。

#### 第一節 — 住房及膳食費用

##### 1.1 房租及膳食費用

若「受保人」因「治療」「損傷」或「疾病」而被「醫生」建議在「醫院」登記為「住院病人」或被主診「醫生」建議入住「深切治療部」，「本公司」會賠償「住院」期間所有的房租及膳食的「合理及慣常收費」。

關於「受保人」在任何日子向「醫院」請任何假期均不受保障。

##### 1.2 陪伴床位保障 (父母陪伴床位)

如「受保人」是一位十六歲以下的兒童而於第一節1.1項 – 房租及膳食費用下受到保障，「本公司」將支付「醫院」因「受保人」之父或母陪伴「受保人」之一張加床的實際「合理及慣常收費」。

#### 第二節 — 手術費用保障

##### 2.1 「醫生」巡房費

「本公司」將支付「受保人」於「醫院」「住院」期間，因主診「醫生」「治療」或診斷而引致的實際「合理及慣常收費」，惟就任何二十四小時內的「住院」，「本公司」不會賠償超過一日的保障額。

此項保障範圍並不包括以下費用：

- (i) 於手術進行期間與「損傷」或「疾病」有關之醫療服務；或
- (ii) 任何由物理治療或以X光作為醫療檢查或其目的或與診斷性的檢查有關。

## 2.2 「住院」「專科醫生」費

「本公司」將支付「受保人」於「醫院」「住院」期間由一位主診「醫生」建議，諮詢「專科醫生」的實際「合理及慣常收費」（不包括任何手術）。

## 2.3 「醫院」雜費

「本公司」將支付「受保人」於「醫院」「住院」期間因以標準、適當及慣常由「醫院」提供的雜項醫療服務而引致的實際「合理及慣常收費」。

## 2.4 手術費用（包括「麻醉科醫生」費用及手術室費用）

「本公司」將支付「受保人」因「醫生」為其「損傷」或「疾病」進行手術而引致的手術、手術室費用及「麻醉科醫生」的實際「合理及慣常收費」。

## 2.5 「日間病人」手術費用

如「受保人」需於「醫院」門診部或註冊診所接受「醫生」為「損傷」或「疾病」進行手術，「本公司」將支付實際收取的手術費包括手術室費用、「麻醉科醫生」費用、氧氣及儀器。

# 第三節 — 癌症、腎透析及移植「治療」保障

## 3.1 化療及放射治療癌症

「本公司」將賠償「受保人」由主診「醫生」書面建議，就一項或以上受保於此保單內的惡性腫瘤或「癌症」而在「醫院」或診所進行化療或放射治療（標靶治療只適用於優越計劃及尊尚計劃）所引致的實際「合理及慣常收費」。所有有關於該化學療法及放射療法以外的覆診診斷或「治療」均不受保障。

## 3.2 腎透析

「本公司」會支付「受保人」出院後，由主診「醫生」建議，因患上不可逆轉的慢性腎衰竭而接受血液透析或腹膜透析所引致的實際「合理及慣常收費」。該費用應等同以「住院病人」或「日間病人」方式接受有關治療之收費。

## 3.3 器官移植

「本公司」會支付「受保人」因「治療」及／或進行「主要器官移植」的實際「合理及慣常收費」，包括入「醫院」期間招致的所有「醫院」服務、手術、「醫生」費及跟進開支。

# 第四節 — 其他醫學「治療」

## 4.1 人造義體／義肢

義肢指醫療輔助器材或外置人工肢體，永久構成「受保人」身體一部份，或於手術期間植入或手術所需更換程序的醫療物料或器具。

本節中受保障的人造義體／義肢必須是醫療需要及由手術植入之下列項目：

- (i) 眼角膜晶體
- (ii) 更換血管瓣膜手術所需的瓣膜
- (iii) 更換關節手術所需的金屬或人造關節
- (iv) 用於更換或植入骨間韌帶的人工韌帶
- (v) 人工腰椎盤
- (vi) 義肢
- (vii) 義眼
- (viii) 心臟起搏器
- (ix) 經皮冠狀動脈腔內成形術之支架及氣球擴張導管

## 4.2 愛滋病／人體免疫力衰竭病毒「治療」

「本公司」會支付「受保人」「住院」治療任何愛滋病毒感染相關疾病的「醫療必需」的「合理及慣常收費」，包括人體免疫力衰竭綜合症，然而「受保人」的徵狀或病徵必須是在保單連續生效五年後初現，「本公司」方會支付保障。本保障在每「保險期」只限索償一次。

## 4.3 「意外」牙科「治療」

如「受保人」純粹因「意外」而非任何其他事故以致天然健全的牙齒需進行「治療」，「本公司」將償付實際招致的「合理及慣常收費」，包括診症、止血、拔牙及X光費用，但「治療」必須在「意外」發生後兩星期內於合法註冊牙醫診所或「醫院」進行。儘管有前文規定，本保障並不涵蓋任何修復性或補救治療、任何貴金屬用料、任何性質的矯牙手術或於

「醫院」進行的牙科手術，除非患者必須進行牙科手術才可紓緩痛楚則例外。此外，本保障概不適用於以下「治療」：(i)飲食造成的「損傷」；(ii)正常損耗造成的損害；及(iii)擦牙或其他口腔衛生程序造成的損害。

## 4.4 本地救護車服務

「本公司」會償付「受保人」因「疾病」或「損傷」而於「緊急」情況下召喚本地道路救護車輛運載往來「醫院」接受「住院」「治療」所招致的實際「合理及慣常收費」。

# 第五節 — 手術前及手術後保障

第五節之保障只適用於有關之手術索償已獲「本公司」接納及符合本保單之所有條款與規章之情況下。

## 5.1 手術後門診保障

「本公司」會支付「受保人」完成手術從「醫院」出院後六十(60)天內招致的直接相關手術後門診覆診及醫療實際「合理及慣常收費」，保障期最長為三十(30)天門診，然而保障只限於同一「損傷」或「疾病」的覆診。

## 5.2 危疾手術後「專科醫生」之「治療」

如「受保人」從「醫院」出院後一百二十(120)日內接受由註冊「專科醫生」提供的受保危疾手術後門診覆診及藥物，「本公司」會支付註冊「專科醫生」實際收取的「合理及慣常收費」，然而只限於同一受保「損傷」或「疾病」的覆診。上述「專科醫生」「治療」必須由主診的「醫生」以書面建議。受保危疾包括：

- (i) 「腦部良性腫瘤」
- (ii) 「慢性肝病」
- (iii) 「心臟病」
- (iv) 「主要器官移植」

## 5.3 家居看護

如「受保人」的主診「醫生」以書面證明「受保人」於出院後即時需要聘請一名「合資格護士」到「受保人」的日常住所（並不包括任何復康院或護理院）提供服務，「本公司」會支付該名「合資格護士」的實際費用最長達三十(30)天。

本條所訂的保障不適用於下列費用：

- (i) 於任何二十四(24)小時內由多於一名「合資格護士」提供護理服務；或
- (ii) 物理治療護理或「治療」服務或任何X光檢查或任何其他純粹作診斷的程序。

## 5.4 手術「住院」前門診諮詢

「本公司」將賠償「受保人」於手術「住院」前三十(30)天內，因同一「損傷」或「疾病」，以「門診病人」身份接受直接有關於手術的醫療諮詢及藥物處方之實際「合理及慣常收費」。

## 5.5 手術後門診保障

「本公司」會支付「受保人」完成手術從「醫院」出院後六十(60)天內招致的直接相關手術後門診覆診及醫療實際「合理及慣常收費」，保障期最長為三十(30)天門診，然而保障只限於同一「損傷」或「疾病」的覆診。

## 5.6 危疾手術後「專科醫生」之「治療」

如「受保人」從「醫院」出院後一百二十(120)日內接受由註冊「專科醫生」提供的受保危疾手術後門診覆診及藥物，「本公司」會支付註冊「專科醫生」實際收取的「合理及慣常收費」，然而只限於同一受保「損傷」或「疾病」的覆診。上述「專科醫生」「治療」必須由主診的「醫生」以書面建議。受保危疾包

括：

- (i) 「腦部良性腫瘤」
- (ii) 「慢性肝病」
- (iii) 「心臟病」
- (iv) 「主要器官移植」

## 5.7 家居看護

如「受保人」的主診「醫生」以書面證明「受保人」於出院後即時需要聘請一名「合資格護士」到「受保人」的日常住所（並不包括任何復康院或護理院）提供服務，「本公司」會支付該名「合資格護士」的實際費用最長達三十（30）天。

本條所訂的保障不適用於下列費用：

- (i) 於任何二十四（24）小時內由多於一名「合資格護士」提供護理服務；或
- (ii) 物理治療護理或「治療」服務或任何X-光檢查或任何其他純粹作診斷的程序。

## 5.8 手術「住院」前門診諮詢

「本公司」將賠償「受保人」於手術「住院」前三十天內，因同一「損傷」或「疾病」，以「門診病人」身份接受直接有關於手術的醫療諮詢及藥物處方之實際「合理及慣常收費」。

## 第六節—蘇黎世緊急支援服務

受委任提供蘇黎世緊急支援服務的機構乃是一間獨立公司，為「受保人」提供服務。如該機構之員工、代理或代表有行動失誤、疏忽或遺漏，皆與「本公司」、「本公司」的任何附屬機構、代理或旗下的員工無關。

### 6.1 海外電話醫療顧問服務

「本公司」可於「受保人」到「香港」境外旅遊期間透過電話提供醫療顧問服務，以維持其身體狀況平穩。這類顧問指導並非診斷，如有需要會轉介「受保人」到「醫生」診治，但「本公司」委派的服務供應商提供本項服務時將盡量小心和周全。

### 6.2 海外轉介醫療服務供應商

「本公司」可應「受保人」要求提供全球各地「醫生」、「醫院」、診所、牙醫及牙科診所（統稱「醫療服務供應商」）的名稱、地址、電話號碼及如適用辦公時間資料，然而「本公司」不會提供醫學診斷或「治療」。儘管「本公司」提供轉介服務，「本公司」不能保證醫療服務供應商的服務質素，最後是否選用任何醫療服務供應商，純粹由「受保人」自行決定，但「本公司」挑選醫療服務供應商時會盡量小心周詳。所有診症及相關費用一律由「受保人」直接支付，「本公司」概不會作任何償付。

### 6.3 海外入院按金保證

如「受保人」身在「香港」境外期間入住「本公司」認可的「醫院」，「本公司」會直接向「醫院」支付入院按金，最高限額為15,000美元，但「受保人」仍要負責其他附加行政費（如適用）。如「本公司」根據本項服務支付任何非保單承保費用，「閣下」必須向「本公司」償還有關款項。

### 6.4 海外「緊急」醫療運送或運返服務

「受保人」離開「香港」不超過一百二十（120）日期間因需要「緊急」醫療運送或運返服務而無可避免地實際招致之必要運輸、醫療服務及醫療用品費用。運送的時間、交通工具（經濟級別）及最終目的地由蘇黎世緊急支援服務完全基於「醫療必需」的考慮作出全權決定。

### 6.5 於「香港」安排轎車接送

「本公司」可應「受保人」要求，為在「香港」住院超過連續七天的「受保人」安排轎車接送服務。轎車服務指從「醫院」前往「香港」境內住所的單程接送。

就第6.1–6.4項保障而言，任何第三者向「閣下」收取的「住院」費用或醫療費用，除非屬於本保單承保範圍，否則一律由「閣下」自行支付。

蘇黎世緊急支援服務是由蘇黎世保險有限公司指定的服務供應商提

供。如需協助請致電「本公司」設於「香港」的24小時熱線+852 2886 3977。

## 第四部份—選擇性附加保障

### 第七節—門診及保健保障

#### 第 7.1 節—門診保障

此保障只在「附表」上顯示生效時才適用：

##### 7.1.1 普通科「醫生」費用包括診症費

「本公司」會賠償「受保人」就受保「損傷」或「疾病」求診於普通科門診的實際「合理及慣常收費」。門診費用包括諮詢「醫生」費用，處方最長三十（30）天藥物及在必要時所需的包紮費用。

##### 7.1.2 「專科醫生」費用包括診症費

「本公司」會賠償「受保人」就受保「損傷」或「疾病」有「醫療必需」地求診於專科門診的實際「合理及慣常收費」，惟專科的診治必須由「醫生」的書面轉介或建議。門診費用包括諮詢「專科醫生」費用及處方最長三十（30）天藥物，或在必要時所需的包紮費用。

##### 7.1.3 診斷及化驗

「本公司」會賠償「受保人」就受保「損傷」或「疾病」，由普通科「醫生」或「專科醫生」建議，並有「醫療必需」的診斷及化驗的實際「合理及慣常收費」。

##### 7.1.4 處方藥物及包紮

「本公司」會賠償「受保人」就受保「損傷」或「疾病」，由普通科「醫生」或「專科醫生」處方為「醫療必需」的藥物治療，並從合法的藥房購買最長三十（30）天的藥物所引起的實際「合理及慣常收費」。

##### 7.1.5 「中醫」/「跌打」/「針灸」

「本公司」會賠償「受保人」就受保「損傷」或「疾病」有「醫療必需」地求診於傳統「中醫」/「跌打」/「針灸」的實際「合理及慣常收費」。此保障只限保障每一天一次求診「中醫」/「跌打」/「針灸」的費用。

##### 7.1.6 由「醫生」轉介的「物理治療師」/「脊醫」

「本公司」會賠償「受保人」就受保「損傷」或「疾病」有「醫療必需」地求診於「物理治療師」/「脊醫」的實際「合理及慣常收費」，惟診治必須由「醫生」的書面轉介或建議。此保障只限每一天一次就「物理治療師」/「脊醫」求診的費用。

#### 第 7.2 節—保健保障

此保障只在「附表」上顯示生效時才適用：

##### 7.2.1 嬰孩及兒童疫苗注射

「本公司」會賠償嬰孩及兒童疫苗注射的實際「合理及慣常收費」。保障包括以下疫苗注射：

- 肺炎雙鏈球菌結合型疫苗；
- 輪狀病毒疫苗；
- 流感疫苗；
- 水痘疫苗；及
- 甲型肝炎疫苗。

##### 7.2.2 成人疫苗注射

「本公司」會賠償成人疫苗注射的實際「合理及慣常收費」。保障包括以下疫苗注射：

- 乙型肝炎疫苗；
- 卡介苗疫苗；
- 小兒麻痺症疫苗；
- 白喉、百日咳及破傷風混合疫苗；
- 癩瘋疫苗；
- 日本腦炎疫苗；
- 腦膜炎疫苗；
- 甲型肝炎疫苗；

- 麻疹疫苗；
- 流感疫苗；及
- 其他由政府或世界衛生組織建議的疫苗。

### 7.2.3 常規身體檢查

「本公司」會賠償「受保人」每兩保單年度一次，由「醫生」在「香港」向「受保人」進行的常規身體檢查而引致的實際「合理及慣常收費」。

### 7.2.4 乳房造影圖及柏氏子宮頸抹片檢查（女性 35 歲及以上適用）

「本公司」會賠償「受保人」由「醫生」在「香港」向「受保人」進行的乳房造影圖及柏氏子宮頸抹片檢查而引致的實際「合理及慣常收費」。

### 7.2.5 前列腺癌抗原檢查（男性 50 歲及以上適用）

「本公司」會賠償「受保人」由「醫生」在「香港」向「受保人」進行的前列腺癌抗原檢查而引致的實際「合理及慣常收費」。

### 7.2.6 營養諮詢

在每一「保險期」內，「本公司」會賠償一次「受保人」由「醫生」轉介或建議，向註冊營養師尋求的營養諮詢。

## 第八節—牙科保健

此保障只在「附表」上顯示生效時才適用：

### 8.1 常規檢查

「本公司」會賠償「受保人」常規牙科檢查所引致的實際「合理及慣常收費」，惟此保障不適用於該保單年度生效後、復效後或「提升保障生效日」後首六個月內（以較遲者為準），除非與受保「損傷」有關。「治療」包括：

- 補牙
- 拔牙（拔除智慧齒或阻生牙齒除外）
- X-光
- 鋪補或覆蓋（金鋪補或金覆蓋除外）
- 膿瘡
- 牙根管手術
- 牙周手術，不保障以美容為目的之手術
- 每「保險期」一次之牙科診所口腔檢查及洗牙服務

### 8.2 重大牙齒復修手術

「本公司」會賠償「受保人」因重大牙齒復修手術所引致的實際「合理及慣常收費」，惟此保障不適用於保單生效後、復效後或「提升保障生效日」後首十二（12）個月內（以較遲者為準），除非與受保「損傷」有關。治療包括：

- 拔除智慧齒或阻生牙齒手術
- 新鑲或修復假牙
- 新鑲或修復假齒冠（金齒冠除外）
- 新鑲或修復齒橋（金齒橋除外）
- 植齒
- 修補牙峰的牙冠釘
- 根尖切除手術
- 畸齒矯正治療

## 第九節 — 產科保障

此保障只在「附表」上顯示生效時才適用：

因懷孕及生育而招致的「婦產」費用（包括產前檢查或生產費用）

此保障只適用於夫婦同時受保的保單，並且嬰兒在「香港」出生。而「受保人」必須為年齡在十九（19）至五十（50）歲。此保障不適用於保單生效後、復效後或「提升保障生效日」後首十二（12）個月內（以較遲者為準）的產科費用。

只保障以下之(a)或(b)項：

#### (a) 順產

「本公司」會賠償「受保人」因順產「住院」、手術及產前、產後向婦產科「醫生」諮詢或覆診所引致的實際「合理及慣常收費」。

#### (b) 剖腹生產

「本公司」會賠償「受保人」因剖腹生產「住院」、手術及產前、產後向婦產科「醫生」諮詢或覆診所引致的實際「合理及慣常收費」，不論剖腹生產是選擇性或有「醫療必需」。

### (c) 妊娠併發症

「本公司」會賠償「受保人」因產前或生產過程中，由「醫生」證實有以下情況或病情出現而需進行產科手術的實際「合理及慣常收費」：

- 彌漫性血管內凝血  
凝結及纖維蛋白分解系統過度活躍，導致微血管栓塞、血小板及凝血因子消耗及大量出血，需要使用冷凍血漿和濃縮血小板進行治療。保障只包括因懷孕引起的播散性血管內之凝血。
- 宮外孕  
指受精卵在子宮腔外生長，而有關異位妊娠需進行剖腹手術或腹腔鏡手術終止。
- 胎兒或新生兒死亡。  
「受保人」的胎兒於懷孕二十八（28）周或之後死亡，或「受保人」的嬰兒於出生起計二十八（28）日內死亡。
- 葡萄胎  
一種妊娠性滋養層細胞疾病，因滋養層異常肥大導致子宮充斥異常的絨毛水泡組織而沒有胎兒。子宮必須已被排空。不承保侵襲性絨毛膜癌。
- 因產後血崩需進行子宮切除手術  
子宮反應遲鈍及子宮弛緩、子宮斷裂或宮頸裂傷伸展至子宮引起的繼發性持續出血，需要進行子宮切除手術。
- 子癇  
外在強直陣攣發作，包括在懷孕期間腦癇症發作及昏迷，但並不是由預先存在的或有機的腦部疾病所引起。
- 羊水栓塞  
婦科緊急情況，羊水、胎兒細胞、頭髮或其他雜物經子宮胎盤床進入「受保人」的血液而造成過敏性反應，而導致心肺（心臟及肺部）衰竭及凝血功能障礙。
- 妊娠肺栓塞  
在懷孕期間，血栓（血凝塊）破壞一個遠端點及穿過靜脈系統後停留於肺動脈，需定時抗凝治療，至少直至產後六個星期（抗凝治療乃禁忌則除外）。診斷必須由「專科醫生」確認。

## 第十節 — 自願性「自負額」

若任何「受保人」自願接受按每保單年度計算的「自負額」，自負金額將列於「附表」。第一節至第五節的「住院」及手術保障中，「本公司」將於每宗「損傷」或「疾病」中先扣除列於「附表」中的「自負額」後，再作賠償。

## 第五部份 — 一般不承保事項

本保單將不會承保因下列事故直接或間接引致之索償：

- 購買器官作器官移植，以及並非「受保人」本身的器官捐贈者招致的所有費用，包括與捐贈器官有關的費用；
- 飛行除非以乘客身份搭乘由持牌商業航空公司營運的正式持牌飛機、私人飛機或直升機；或服役於海軍、軍事或武裝部隊；
- 避孕劑或避孕用具，男女兩性的不育或任何方式的人工受孕，絕育手術；任何因流產、「婦產」、妊娠引致的狀況，包括但不限於分娩測試，產前、產後護理及其他有關併發症，除非「閣下」已購買第四部份－選擇性附加保障的產科保障；
- 「受保人」並非於本保單「保險期」內招致的費用，或於本保單「保險期」內欠繳保費期間招致的費用；
- 任何保健食品或飲食補給品及所有專門中藥材及 / 或滋補藥物的費用，包括但不限於燕窩、靈芝、紅參、花旗參、野生參、蟲草、姬松茸、鹿茸、阿膠、海馬、羚羊角粉、紫河車、麝香及珍

珠末等；

6. 「投保前已存在之傷疾」或與此有關的疾病狀況，除非已向「本公司」透露並已獲接納；
7. 任何非「醫療必需」所招致的治療或服務開支；
8. 任何於「等候期」內所引起的「治療」或費用，因「意外」「損傷」導致除外；
9. 非醫療服務費用，如電話、電視、電台、電訊、額外膳食、加床或同類設施的收費；
10. 「先天性缺陷」，包括但不限於腦瘤症、斜視、腦積水、「投保人」於八歲或之前所患之疝氣；
11. 療養、監護療養或靜養，或任何於家中、水療中心、自然療法診所、療養院或長期護理院接受的「治療」；
12. 以美容為目的之美容手術或整容手術，惟因「意外」的「損傷」導致醫療需要的「治療」除外；
13. 任何性質的牙科手術，除非「閣下」已購買第四部份－選擇性附加保障的牙科保健。「本公司」會賠償天然健全牙齒於「保險期」內因「意外」導致的「損傷」。本保障只適用於「緊急」下紓減痛楚的治療，但「治療」必須於合法註冊牙醫診所或「醫院」進行。儘管有前文規定，本保障並不涵蓋任何修復性或補救治療、任何貴金屬用料、任何性質之矯牙手術、更換天然牙齒、假牙及矯形服務如齒橋、齒冠及其更換及相關費用；
14. 石棉導致的「疾病」；
15. 除非純粹因「意外」引起或屬於「緊急」情況，任何於「香港」境外所接受之「治療」；
16. 試驗性「治療」及藥物、未經證明或先導的藥物及手術技術；
17. 眼部驗光毛病、例行眼部測試、配眼鏡糾正視力或近視矯正手術；
18. 任何非「醫療必需」的一般身體檢查、疫苗注射或預防針，除非「閣下」已購買第四部份－選擇性附加保障的保健保障；
19. 任何核子燃料或核子武器物料燃燒後所產生的核子廢料所引致的電離子輻射或放射性污染；
20. 購置或使用特製支架、器材、設備，包括但不限於器官、義肢裝置、助聽器、人工耳蝸植入術、輪椅、拐杖、假牙、或任何其他同類設備，惟列於第三部份第四節4.1項－人造義體／義肢的保障除外；
21. 職業運動、任何形式的競賽，或因「投保人」參與此等運動、競賽賺取報酬或參與任何非法活動；
22. 自殘、企圖自殺、蓄意自我傷殘、精神失常或神經系統失調或精神疾病，包括但不限於精神病、神經官能症、任何類別抑鬱症、焦慮症、厭食症、暴食症、變性手術、精神分裂症及其他行為失常病症、酗酒、濫藥或其他成癮的事物及其引起之費用；
23. 由非「醫生」或通常居於「投保人」家中的人士提供的「治療」；
24. 兒童學習障礙的「治療」，例如閱讀困難或行為問題、專注不足／過度活躍症，或發育障礙如身形矮小；
25. 肥胖的「治療」或所有以增加或減少體重為目的之「治療」（無論是否屬於病態肥胖或有否並存「疾病」）；
26. 性病、透過性傳染「疾病」、法律規定隔離或檢疫的傳染病；及
27. 「戰爭」、侵略、外敵入侵、敵對局面（不論正式宣戰與否）、「內戰」、叛亂、革命、暴亂、軍事政變或奪權行動、直接參與罷工、暴動或內亂或以任何方式參予「恐怖活動」；
28. 任何由「網絡行為」引致的「意外」、「傷疾」、「疾病」及／或「損傷」。

## 第六部份－基本條款

### 1. 整體協議

本保單，包括「附表」、投保表格、批單、附件及修訂本（如有者），乃立約各方之間的整體協議。任何代理或其他人士均無權更改或豁免本保單的任何條款。本保單如有任何修改，必須獲得「本公司」的高級人員批准並簽發批單作實，方始生效。

### 2. 「年齡」及資格限制

除非另有訂明相反規定，於本保單生效日，「投保人」的「年齡」

必須介乎十五天至六十四歲，可續保至終身。「投保人」必須為「香港」市民，或居於「香港」而持有有效的「香港」身份證，並且有固定「香港」住址並以「香港」為「慣常居住地」，即符合資格申請成為「投保人」，但仍需由「本公司」按個別情況核保和接受承保。

### 3. 「住院」

「住院」必須有「醫院」發出的每日房間及膳食費用單據作證明，「本公司」不會就以下情況賠償：

- (i) 同一日「住院」賠償多於一(1)日房間及膳食費用；或
- (ii) 非「合理及慣常收費」的「住院」。

### 4. 拒絕或接受申請

「本公司」保留權利毋須作任何解釋而拒絕任何申請，或附加「本公司」指定的任何特別條款接受申請人。

### 5. 「提升保障」

「投保人」可在保單「續訂保單週年日期」提交「本公司」指定格式或接納為妥善的書面通知，提升本保單醫療保障的等級。如該「投保人」於「本公司」接獲上述書面通知之前出現本保單承保的「損傷」或「疾病」，「本公司」只會支付「本公司」接獲書面通知當日之前現行的「損傷」或「疾病」最高賠償限額。

### 6. 索償通知

如發生可根據本保單提出索償的事件，「投保人」必須盡快在事故發生後或在入住「醫院」後三十(30)日內遞交通知書及所有可提供的資料；否則索償無效，除非「投保人」可證明於當時情況下確實無法發出通知則例外。索償是否受理，視乎投保人或「投保人」能否按規定提供必要的證明。

### 7. 損失證明

「投保人」必須在索償的「損傷」或「疾病」「治療」完畢後三十(30)天內向「本公司」提交確實損失證明，包括收據和明細列項帳單及診斷資料正本，連同填妥的索償表格，方可辦理索償。

「本公司」必須接獲符合要求的證明，而索償人亦必需自費提供「本公司」指定形式及性質的資料、協助、文件、「醫生」簽發的醫療證明及報告，「本公司」方會履行責任作出賠償。

「本公司」有權在辦理本保單任何索償的過程中，按情況適當和需要自費檢驗「投保人」。如「投保人」身故，「本公司」有權進行驗屍解剖（如不違反法律）。

### 8. 海外「治療」

所有保障均受限制於「投保人」選擇之計劃範圍之內，但倘任何「投保人」暫時身處於「香港」境外國家逗留超過一百二十(120)日，「本公司」將不會支付本保單的保障，並且於當時身處之海外國家遇到「意外」或「疾病」而需要「緊急」「治療」。

若「投保人」需要進入「醫院」「緊急」部門接受海外「緊急」「治療」，應於「治療」前或後盡快通知蘇黎世緊急支援服務。

在任何情況下，本保單並不承保選擇性海外「治療」。

「本公司」保留權利在辦理本保單任何索償或支付任何保障時，要求索償人提交「本公司」滿意的「投保人」原居國證明，包括「投保人」並未在「香港」境外居留的證明。

### 9. 外幣索償

任何「投保人」如索償以任何外幣償付開支，款項將按照病人付款當時「香港」現行的官方買入匯價折算為港元，或如無官方匯率則由「本公司」指定的銀行適當釐定兌換率，銀行的決定將作終論並對各方約束。

### 10. 詐騙索償

任何根據本保單提出的索償如於任何方面涉及詐騙，或索償人或「投保人」或其代表透過任何詐騙途徑或方法取得本保單的保障，或索償人或「投保人」或其代表就任何索償作出、編製或填寫的任何聲明、表格或文件涉及虛假聲明或紕漏，以致構成詐騙，「本公司」於任何情況概毋須承擔責任支付此等索償的保障，而本保單的保險將即時終止。保險終止並不構成「本公司」放棄權利向投保人或「投保人」追討任何權利或提出索償，又或向警方舉報詐騙事

件。

## 11. 身體檢查

如「受保人」蒙受非致命「損傷」，「本公司」有權按需要要求由「本公司」指定的醫療機構為「受保人」進行身體檢查。

## 12. 支付索償

賠償將在收到所需索償證明後支付予「受保人」（若「受保人」身故，則付予「受保人」之承繼人），除非該賠償是在第三部份第六節－蘇黎世緊急支援服務之下，賠償將付予蘇黎世緊急支援服務。「本公司」就本保單之責任在保單被終止、取消或失效後會自動停止，所指責任包括在「保險期」內就治療「損傷」或「疾病」的醫療費用、覆診或任何有關損失的賠償。同樣地「受保人」的索償權利，將在保單被終止、取消或失效後會自動停止。

## 13. 失實陳述、漏報或欺詐

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

- 在投保表格或任何其後就相關申請提交予「本公司」的資料或文件（包括相關資料的任何更新及改動），其所作出的陳述或聲明中，就「受保人」健康狀況的任何「重要事實」作出失實聲明或遺漏資料，未如實申報任何「投保前已存在之傷疾」或未能遵行最高誠信而影響「本公司」的風險評估。  
“重要事實”包括但不限於會影響「本公司」對「受保人」的核保決定的事實，若披露該事實「本公司」有可能因而徵收附加保費、增加不保項目、拒絕或待定投保申請。
- 在投保表格中或索償時，作出欺詐或有欺詐成分的申述。

在(a)的情況下，「本公司」將：

- 退還已繳交的相關保費及保費徵費（如有）但需扣除所有已支付的索償金額及「本公司」支付的必要費用，包括但不限於「本公司」的合理行政費及因本保單而招致的服務費（如有）。
- 如上述抵銷事項總數超越已繳交的相關保費，「閣下」必須在「本公司」發出付款通知書後十四(14)天內向「本公司」償還差額。

在(b)的情況下，「本公司」將有權：

- 不退還已繳交的相關保費；及
- 追討所有過去已支付予「閣下」的賠償，並要求在「本公司」發出付款通知書十四(14)天內把有關賠償償還「本公司」。

## 14. 保費

- 本保單為年度之醫療保單。「閣下」可以以年繳或月繳方式付款予「本公司」。支付首期保費後，所有往後的保費必須在到期日或之前支付予「本公司」。如「閣下」曾提出索償或在「保險年度」內曾使用服務，「閣下」必須負責繳付同「保險期」之保險年度全年保費，保單方惟有效。「本公司」亦不會就任何已付保費作出退款。
- 「本公司」保留權利，在以下情況更改或調整保費：
  - 「本公司」會根據續保時的適用保費率調整保費（將基於多個因素，包括但不限於醫療通脹，預期未來醫療費用，理賠紀錄及「閣下」及/或這產品招致之費用，及保障之更改），並於調整保費前三十(30)天以書面通知「閣下」。
  - 於續保時，保費將按「受保人」之實際「年齡」自動調整。

## 15. 無索償折扣

在任何保單年度續保保費的無索償折扣（適用於第三部份保障－第一至五節）計算如下：  
如「受保人」於任何「保單週年日期」前並無任何索償紀錄，隨後保單年度的第一年續保保費便可享有百份之五（5%）的無索償折扣，隨後保單年度的第二年續保保費可享有另外百份之五（5%）的無索償折扣，最高折扣累積可至第三年百份之十五（15%）。

如「受保人」於任何「保單週年日期」前有任何索償紀錄，隨後保單年度之無索償折扣會被扣減至百份之零（0%），最高可被扣減之無索償折扣為百份之十五（15%），或直至已沒有任何無索償折扣可被扣減。

不論已往保單年度續保時已扣減無索償折扣後之保費多少，任何保單年度之無索償折扣均以原本保單應收取的保費作計算（即不會扣除任何無索償折扣之前之保費）。

## 16. 寬限期

「閣下」付訖首期保費後，「本公司」將於每次保費到期時給予「閣下」三十一(31)天寬限期。在寬限期內，本保單仍維持有效，如「閣下」於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費到期日起被視為逾時失效。

## 17. 重訂保單

如「閣下」因欠繳保費而導致「本公司」宣佈保單逾時失效，惟事後向「本公司」提交令「本公司」滿意的重訂申請書，並提供可保性證明，「本公司」可能允許「閣下」重訂保單。重訂保單只承保「受保人」於重訂日後蒙受的「損傷」，以及「受保人」於重訂日滿十日後開始患上的「疾病」。

## 18. 取消及續保

從保單生效日起計，本保單會維持生效一(1)年及由「本公司」酌情每年自動續保。惟「本公司」保留權利在任何「保險期」之續保前三十(30)日向「閣下」提供書面通知以更改保單條款，包括但不限於保費、保障、保障額或不承保事項。「本公司」沒有責任透露有關更改之原因及如「閣下」於本保單任何一個「保險期」之保單生效日前表示「閣下」不接納相關更改，續保可以不實行。在不違反上述情況下，儘管本保單另有任何其他條款規定，如有下列情況，「本公司」亦可隨時取消或拒絕續保或更改本保單：

- 「受保人」：
  - 作出誠實行為，以詐騙等手段隱瞞事實，以致誤導「本公司」或任何其他保險公司；
  - 違反本保單的條款；
  - 「香港」不再是「慣常居住地」；
- 付訖保費的承保期已過，「受保人」並未在寬限期到期日支付保費；或
- 「本公司」停辦第二部份－保障表或計劃任何部份訂明的該類計劃。

如取消保險，「本公司」將發出書面通知，保險將於通知發出日後三十(30)日正式取消。上述郵寄通知書可充份證明「本公司」已發出通知，本保單將於通知書註明的生效日期及時間正式終止。本保單如上述終止，「本公司」將會退還當時尚未使用的保費但必須在該段保單生效期間內無索償紀錄。

## 19. 取消保單

「閣下」可於三十(30)天前向「本公司」發出書面通知取消本保單。取消通知書可親自遞交或郵寄至「本公司」最後登記的地址。「閣下」已繳交之保費將根據下列適用的比率計算扣減，但在任何情況下不可低於「本公司」慣常收取的最低保費，並必須在該段保單生效期間內無索償紀錄。根據本部份第13項－失實陳述、漏報或欺詐，「本公司」保留權利取消本保單，所有保障會被終止，並於七天前向「閣下」發出取消本保單通知書，或以郵寄至「閣下」的最後登記的地址。

保障期	收費比率
2 個月（即慣常收取的最低保費）	40%
3 個月	50%
4 個月	60%
5 個月	70%
6 個月	75%
超過 6 個月	100%

儘管有上述規定，如本保單未符合「閣下」需要，「閣下」有權在緊接保單交付予閣下之日起計的二十一(21)日內交還保單及附上

「閣下」的簽署之書面通知書要求取消保單。若未曾獲賠償或沒有將獲發的賠償，「本公司」將會把「閣下」已付之保費無息全數退還。若「閣下」曾獲賠償或將獲得賠償，則不獲發還保費。

## 20. 保障終止

就任何單一「受保人」而言，本保單之保障將會在遇到下列較早發生的一項時自動終止：

- (i) 於寬限期内仍未有繳交任何保費，則以欠繳保費之到期日為止；
- (ii) 根據本部份第2項－年齡限制，當「受保人」已死亡；
- (iii) 「本公司」會按收到「閣下」的書面通知上註明終止保障的日期為準，惟該終止保障通知必須在保費到期日之三十(30)天前提出；
- (iv) 根據本部份第13項－失實陳述，漏報或欺詐所述之情況。

## 21. 保險計劃終止

在任何情況下，若「本公司」終止此保險計劃，以下抉擇亦適用：

- (i) 「受保人」可選擇根據本部份第18項－取消及續保繼續進行續保；或
- (ii) 「受保人」可選擇轉換至另一份由「本公司」提供的保險計劃。

無論任何選擇，當「閣下」選擇續保本保單，「本公司」仍保留對保險計劃的條款作出更改，包括但不限於保費或保障。

## 22. 虛報「年齡」或性別

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

## 23. 增加及刪除

如「閣下」欲增加或刪除任何保障或「受保人」名單上任何人士，必須以書面通知「本公司」。「本公司」有權就此要求更改本保單內任何條款及條件，包括但不限於保費、保障或不承保事項。

## 24. 索償時限

除索償已被「本公司」接納或為有待進行之未審結訴訟或仲裁外，於任何情況下，「本公司」概不會就「受保人」於蒙受「損傷」或「疾病」後滿十二(12)個月方提出之有關索償支付賠償。

## 25. 更改居留地

投保人或「受保人」的「慣常居住地」如有改變，必須於移居後三十(30)天內以書面通知「本公司」。當「受保人」向「本公司」申報移居原居國家境外時，「本公司」將酌情修改保障範圍或取消本保單。如移居美國或北美洲或西歐地區，本保單將不再續保。投保人或「受保人」更改居留國時若不通知「本公司」，一旦索償時，「本公司」保留權利拒絕辦理。

## 26. 代位權

「本公司」有權自費以「受保人」名義對任何導致索償的承保事件的第三者進行追討。

## 27. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方根據香港司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。所有未能解決之爭議，一律按照香港法例第609章《仲裁條例》及不時生效的修訂本以仲裁方式裁定。整個仲裁過程必須在香港進行，並由爭議各方同意之單一仲裁人裁定。現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如本保險公司否認或否決「受保人」追索本保單之任何責任，而「受保人」並未能於本保險公司所發出之通知十二(12)個月內按以上規定展開仲裁，「受保人」之賠償申請即被視作已被撤回或放棄，並且不能根據本保單再次進行追討。

## 28. 遵從保單條款

如違反本保單任何條款，所有就本保單提出的索償均告無效。

## 29. 管轄法律

本保單受「香港」法律管轄及按其詮釋，並且服從「香港」的專有司法裁判權。

## 30. 制裁

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

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

## 第七部份－賠償程序

### 1. 申請「住院」免找數服務程序：

致電「本公司」客戶服務熱線及由「閣下」和「閣下」的主診「醫生」填妥「住院」免找數服務申請表，並在入院前不少於三(3)個工作天交回「本公司」。

「住院」免找數服務(只限優越及尊尚計劃)

「住院」免找數服務由「本公司」所委任的服務機構代表提供服務，及此服務祇適用於「香港」之私家「醫院」。申請手續如下：

- (i) 致電客戶服務熱線 +852 2903 9382 索取住院評估申請表格。
- (ii) 由「閣下」和「閣下」的主診「醫生」填妥預先住院評估申請表之甲及乙部份，並在入院前不少於三(3)個工作天傳真致 +852 2802 6633 或電郵至 [zurich.medical@hk.zurich.com](mailto:zurich.medical@hk.zurich.com) 「本公司」授權的服務機構代表作「入院」評估。
- (iii) 收到申請後，「本公司」所委任的服務機構代表將在三個工作天內評估「閣下」之申請及通知「閣下」申請是否得到接納。如申請被接納，「本公司」所委任的服務機構代表會聯絡「醫院」作直接結算安排。

「住院」評估是基於入院前所得之資料。實際賠償金額將根據索償表格提供之資料、實際情況、保單上列明之保障項目、不承保事項、條款及細則等所約束。

「閣下」須提供「治療」資料及授權「本公司」從「閣下」的信用卡帳戶收取醫療費用的差額(如有)。如因不受保事項的任何「損傷」或「疾病」而引致入院，申請均不會獲接納。

### 2. 申請住院索償程序：

步驟1：入院後三十(30)天內通知「本公司」。

步驟2：填寫賠償申報表及提交下列所需正本的證明文件。

#### 2.1 「住院」索償

- (i) 帳單詳列：
  - 病人姓名
  - 留院日期
  - 各項費用細明表
- (ii) 所有主診「醫生」/「專科醫生」/「麻醉科醫生」/「物理治療師」之收據詳列：
  - 病人姓名
  - 求診日期
  - 診斷證明及/或「治療」紀錄
  - 費用細明表
- (iii) 所有相關的文件、醫療和化驗報告
- (iv) 由主診「醫生」發出之「專科醫生」書面轉介信(如適用)

#### 2.2 門診/牙科「治療」/手術前後之覆診費/保健保障

- (i) 收據詳列：
  - 病人姓名
  - 求診日期
  - 診斷證明及/或「治療」紀錄
  - 各項費用細明表
- (ii) 所有相關的文件、醫療和化驗報告
- (iii) 由主診「醫生」發收之專科「治療」/「針灸師」/「物理

**2.3 手術後家庭看護**

- (i) 主診「醫生」之書面要求
- (ii) 合資格護士之收據詳列
  - 病人姓名
  - 服務日數
  - 收費金額 ( 每天 / 總額 )
  - 合資格護士姓名

**第二醫療意見附加契約**

此乃中文譯本，僅供參考之用。若與英文版本有異，概以英文版本為準。

此保障在「附表」上顯示生效時才適用。

「本公司」誠意為「閣下」提供第二醫療意見服務，作為附加的保障。若「閣下」由「醫生」診斷患上下列的任何一項醫療狀況，「閣下」可就已証實的醫療狀況，接受第二醫療意見之服務：

愛滋病 / 人體免疫力衰竭病毒	失聰	膀胱癌
肌萎縮性脊髓側索硬化症	斷肢	骨癌
血管修復手術	喪失說話能力	腦腫瘤
大動脈瘤	嚴重燒傷	乳癌
植物人	主要器官移植	子宮頸癌
再生不良性貧血	腎髓質囊性病	結腸癌
良性腦腫瘤	運動神經疾病	食道癌
失明	多發性硬化症	眼癌
骨髓移植	肌肉萎縮症	膽囊癌
心肌病	重肌無力症	腎癌
腦血管疾病	骨髓增生異常綜合症	血癌
慢性阻塞性肺病	心肌梗塞	肝癌
慢性復發性胰腺炎	壞死性筋膜炎	肺癌

肝硬化	癱瘓	淋巴瘤
昏迷	柏金遜症	黑色素瘤
先天性心臟病	小兒麻痺症	多發性骨髓瘤
冠狀動脈手術	原生性脊髓側索硬化	鼻咽癌
冠心病	原發性肺動脈高壓症	成神經細胞瘤
庫賈氏病	脊髓性肌肉萎縮症	非何杰金氏淋巴瘤
囊狀纖維化	進行性硬皮病	口腔癌
象皮病	肺動脈高壓症	卵巢癌
肺氣腫	腎功能衰竭-腎衰竭	胰臟癌
( 末期 ) 肝病	( 嚴重 ) 哮喘	前列腺癌
( 末期 ) 肺病	嚴重腦損傷	皮膚癌，非黑色素瘤
突發性病毒性肝炎	( 嚴重 ) 風濕性關節炎	胃癌
心臟手術	中風	睪丸癌
由輸血導致的人體免疫力衰竭病毒	大動脈手術	甲狀腺癌
腎衰竭	紅斑性狼瘡症	子宮癌
肝衰竭	潰瘍性大腸炎	陰道癌

如「閣下」被證實患上上列任何一項醫療狀況，而決定使用第二醫療意見服務，可於辦公時間內致電 +852 2968 2288。若「閣下」符合資格獲得第二醫療意見服務，「本公司」將會要求「閣下」直接向「本公司」提供一切所需的醫療證明或病症資料，並在其後十個工作天內直接地給予「閣下」一份第二醫療意見之書面報告。

此附加保障並不保證「閣下」獲得任何醫護或「治療」。「本公司」不許可行醫或提供「治療」。第二醫療意見服務乃由「本公司」的獨立承包的「醫生」，並基於「閣下」提供之醫療證明或病症資料而提供。此附加保障所提供的並非（亦不應被視為）「治療」或診症。除非特別註明，此附加保障亦不會影響「閣下」在「貴族」醫療保險計劃的保障範圍。此附加保障構成「閣下」保單的一部份。若「閣下」之保單已終止，或「閣下」收到「本公司」之書面通知第二醫療意見服務附加契約已終止（以較早者為準），此附加保障亦會即時終止。