



招商信诺醇享人生个人高端医疗保险条款阅读指引
The Reading Guide to Cigna & CMB ONE Individual Private Medical Insurance Provision

本阅读指引帮助您方理解条款，若与条款冲突，以条款为准。

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

✓ 您方所拥有的重要权益

Highlight of Your Rights

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

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

✓ 您方应特别注意的事项

Matters for attention

1. 请您方留意保险责任条款中的各保障项目的内容，并根据您方的需求购买。

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

2. 请您方留意关于保险金的给付条件和范围，以及免赔额、自负比例、支付次数限制和赔付限额等。

Please pay attention to the provisions about the conditions and coverage of cover, as well as deductibles, copay, visit limitation, and limits etc.

3. 请您方留意责任免除条款，以及其他已加下划线的免除或限制我方责任的条款。

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

4. 请您方留意保险合同中关于保险期间、预先批准及应追讨款项的条款。

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

5. 请您方留意续保的条件，如果您方不愿意续保，请在保单周年日前通知我方。

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

6. 请您方留意保险费率的调整，我方将根据每年的医疗费用通胀情况及本保险的整体理赔经验等在内的一系列因素对保险费率进行调整。

Please pay attention to the premium rates adjustments. We will adjust the premium rates each year in terms of factors including medical cost inflation and overall claims experience etc.

7. 请您方留意保险条款中术语的释义条款。

Please pay attention to the clause of Definitions.

条款目录 Table of contents

第一章 一般条款及规定

Section 1 - General Terms and Conditions

1. 保险合同构成
Policy constitution
2. 保险合同成立与生效
When does the cover begin?
3. 保险期间
Period of cover
4. 保险合同终止
Termination of this policy
5. 投保人解除保险合同的手续及风险
How to terminate the policy and the risk of termination
6. 续保
Renewal
7. 被保障人员
Who is covered?
8. 增减被保险人
Add or remove beneficiaries
9. 保障范围
What is covered?
10. 保障选项
Benefit options
11. 保险费的支付
Premium
12. 免赔额
Deductible
13. 非公立医院自负比例和美国地区非网络医院自负比例
Non-public hospital copay and / US Non-CIGNA Healthcare PPO/OAP network copay
14. 赔付限额
Limits
15. 社会医疗保险或公费医疗身份
Enroll with social medical insurance or state-funded medical care
16. 明确说明和如实告知
Truthful and Full Disclosure
17. 未如实告知的处理
False or withheld information
18. 常住地所在国
Country of habitual residence
19. 联系方式变更
Changes of your information

20. 保险合同变更
Changes to this policy

21. 其他保险
Other insurance
22. 语言
Language
23. 管辖权及争议处理
Jurisdiction & Dispute Settlement

第二章 保险责任

Section 2 - Benefits

24. 核心医疗保障
Core Medical Benefit
25. 扩展医疗保障（可选保障）
Extensional Medical Benefit (Option)
26. 综合牙科保障（可选保障）
Comprehensive Dental Benefit (Option)

第三章 责任免除

Section 3 - Exclusions

27. 通用责任免除
General Exclusions

第四章 预先批准

Section 4 - Prior approvals

28. 预先批准清单
List of prior approvals
29. 预先批准审核
Prior approval review

第五章 保险金申请

Section 5 - Claims application

30. 诉讼时效
Limitation of actions
31. 理赔申请资料
Materials of claims
32. 保险金的给付
How we pay claims
33. 其它核定结果
Other decisions
34. 应追讨款项
Claw back payables
35. 严格遵从理赔流程
Strict compliance with claim procedure

第六章 释义

Section 6 - Definitions

36. 术语定义
Defined terms

招商信诺醇享人生个人高端医疗保险条款
Cigna & CMB ONE Individual Private Medical Insurance Provision

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

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

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

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

续保没有犹豫期。

When renewal, there is no cooling-off period.

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

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

您方在犹豫期后解除保险合同会遭受一定损失。

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

6. 续保 Renewal

- 6.1 如果在保单周年日前您方有未清偿的应追讨款项（见条款 34），将导致续保不能及时进行或无法续保。
If you have outstanding claw back payables (as clause 34) before the anniversary date, the renewal will be delayed or failed.
- 6.2 本保险合同非保证续保。如果我方认为本保险合同符合续保条件，我方将在保单周年日前至少一个月向您方发出续保通知书，并同时告知您方续保后应交纳的保险费及续保的承保条件。
This policy is not guaranteed renew. While we agree that you are eligible to renew this policy, we will write to you at least one month before the **anniversary date** and ask you whether you want to renew the cover you currently have. We will also inform you of the premiums or terms and conditions which would apply on renewal.
- 6.3 如果您方在收到续保通知书后希望变更保障内容或去除特别责任免除的，您方应该在保单周年日前至少 14 天通知我方，并根据我方的要求如实告知被保险人的健康状况，以便我方重新评估本保险合同续保的承保条件和保险费。
If you want to change the benefits or remove the special exclusions at renewal, you need to submit the application at least 14 days before the **anniversary date** and tell us the true health situation of beneficiaries, so that we can review your application of changes and determine the new underwriting conditions and premiums.

- 6.4 经我方审核同意且您方在**保单周年**日前明确向我方确认同意续保的，您方应自**保单周年**日起 30 天之内一次性付清续保保险费，本保险合同将自**保单周年**日起续保一年。我方将按照新的保险合同，包括保险单、保险条款、保障利益表等承担保险责任。
*When we agree to the renewal and you clearly confirm to renew before **anniversary date**, if renewal premium is lump sum in 30 days since **anniversary date**, the policy will be renewed for another year since **anniversary date**. After renewal, we will cover the benefits according to the new policy, including certificate of insurance, provisions, list of benefits and etc.*
- 6.5 下列情况下，本保险合同将不续保：
This policy will not be renewed if:
- 6.5.1 我方认为本保险合同不符合续保条件；
we decide that this policy could not be renewed;
 - 6.5.2 您方不同意续保；
you do not agree to renew your policy;
 - 6.5.3 您方自**保单周年**日起 30 天之内未支付续保保险费。
*you haven't paid the renewal premium in 30 days since **anniversary date**.*
- 6.6 如果本产品已停售，我方有权不续保。
We have the right to decide this policy could not be renewed if this product has been stopped from being available for sale.

7. 被保障人员 Who is covered?

- 7.1 0 至 60 周岁的、符合我方规定的投保条件的人士可作为被保险人参加本保险。如属续保，则被保险人的年龄最高可至 99 周岁。所有的投保申请须经医疗核保，我方将向您方告知我方对投保申请上列明的被保险人的承保条件，包括特别限制性承保条件，如特别责任免除。经我方审核同意后，该被保险人姓名将载于保险单上。
Persons of 0 to 60 years old, who are eligible for this insurance according to our underwriting rules, could be the beneficiaries of this insurance. For policy renewal, the eligibility requirement is up to 99 years old. All applications will be subject to medical underwriting and we will let the policyholder know the underwriting conditions that will apply to any beneficiary named on the application and special conditions (such as special exclusions) may be applied in relation to them. If we agree to cover them, we will include their names on your certificate of insurance.
- 7.2 年龄的计算与误告的处理
Issue age and how to deal with incorrectness of age
- 7.2.1 本保险合同中的年龄为以法定身份证件载明的出生日期计算的周岁年龄，自出生之日起为零周岁。
The age of this policy is calculated on the birth date of effective identity card, while the birth date is regarded as age 0.
 - 7.2.2 如您方申报的被保险人年龄不真实，并且其真实年龄不符合本保险合同约定投保年龄限制的，我方有权解除本保险合同，对本保险合同解除前发生的保险事故，不承担给付保险金的责任。解除合同时，我方将向您方退还未满期净保费。上述规定的保险合同解除权，自我方知道有解除事

由之日起超过 30 天不行使而消灭。

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

- 7.2.3 如您方申报的被保险人年龄不真实，致使实付保险费少于应付保险费的，我方有权更正并要求您方补交保险费。若补交保险费前已发生保险事故，我方在给付保险金时按照实付保险费与应付保险费的比例折算给付保险金；折算给付的保险金=应给付的保险金×(实付保险费÷应付保险费)。
 If you provide an incorrect date of birth, which directly leads to a lower premium than it should be, we have the right to make the correction and charge the additional payment for premium difference. If any insurance event prior to the date of correction, we will pay benefits on a proportional basis: the actual paid claims=the original claim×(the actual premium ÷ the true premium).
- 7.2.4 如您方申报的被保险人年龄不真实，致使实付保险费多于应付保险费的，我方会将多收的保险费无息退还给您方。
 If you provide an incorrect date of birth, which directly leads to higher premium than it should be, we will refund the difference without interest.

8. 增减被保险人 Add or remove beneficiaries

- 8.1 除非发生**重大人生事件**，本保险合同仅可在续保时增加或减少被保险人。
 Unless there has been a relevant **qualifying life event**, a beneficiary may only be added to or removed from this policy when you are renewing the cover at each **anniversary date**.
- 8.2 如果已发生**重大人生事件**，本保险合同可在保险期间内增加或减少因受**重大人生事件**影响的被保险人。减少被保险人的，若该被保险人没有进行过理赔或直付服务、**付款担保**或预先批准，我方将向您方退还该被保险人的**未满期净保费**；反之，该被保险人的保险费将没有任何返还。
 If there has been a relevant **qualifying life event**, the other person impacted in that **qualifying life event** may be added or removed as a beneficiary part in the period of cover. In the case of removal, if the person removed has not made any claims or direct settlement or applied for any **guarantees of payment** or prior approvals prior to the removal, **unearned net premium** will be refunded. Otherwise, there will be no refund.
- 8.3 如果您方需要增加被保险人，应向我方提出书面申请。经我方审核同意后，我方将向您方签发合同批注，该新增被保险人的保障生效时间将在合同批注中载明。
 If you would like to add a new beneficiary on this basis, application should be submitted in writing. After we review the application and agree to it, we will send you an endorsement. The start time of the new beneficiary will be listed on the endorsement.

8.4 若被保险人分娩且在该新生儿出生前的 10 个月或更长期间内，该被保险人及其配偶已经持续有效地作为我方被保险人，您方可申请增加该新生儿至已有的保险责任中：

If a beneficiary gives birth, and both of the beneficiary and spouse of the beneficiary have been covered by the policy for a continuous period of 10 months or more prior to the new-born's birth, you may apply to add the new-born as a beneficiary to your existing plan:

8.4.1 如我方在该新生儿出生后 7 天内收到该申请，经我方审核同意后，该新生儿的保障生效时间为出生之日。

If the application is received by us within 7 days of the new-born's date of birth, after we approve it according to our review, the start time of this new-born will be the new-born's date of birth.

8.4.2 如果我方在该新生儿出生 7 天后收到该申请，经我方审核同意后，该新生儿的保障生效时间为我方审核完成之日。

If the application is received by us after 7 days of the new-born's date of birth, after we approve it according to our review, the start time of this new-born will be our confirmation day.

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

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

8.6 家庭费率折扣的计算以保险合同生效或者续保时的本保险合同下被保险人的数目计算。在保险期间内增加或减少被保险人不改变家庭费率折扣因子。

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

9. 保障范围

What is covered?

9.1 我方根据本保险合同的约定承担经专科医生建议并由我方医疗团队所确认，属于医疗必要并且符合通常医疗惯例的医疗费用及/或其他特定服务费用的给付责任。

According to this policy, we will cover certain costs of services and/or medical costs which are recommended by a medical practitioner, and which are medically necessary and of customary medical convention, as determined by our medical team.

9.2 我方承担的保险责任应受到下列限制：

All covers of this policy are subject to:

9.2.1 保障利益表中所列的各项免赔额、自负比例、支付次数限制和赔付限额；以及

the limits shown in the list of benefits as to the deductible, copay, visit limitation and limits. We will pay in relation to a particular treatment; and

9.2.2 保险条款中术语定义及责任免除。

all of the terms, conditions, limits and exclusions set out in this policy.

- 9.3 我方将不支付发生在保险责任生效前与终止后的任何治疗费用，即使该治疗在保险责任终止前已经获得了我方的批准。
We will not cover any costs relating to treatment received before the cover starts or after the cover ends (even if that treatment was approved by us before the cover ends).
- 10. 保障选项**
 Benefit options
- 10.1 您方有三个保障计划可以选择：全球计划、寰亚计划和神州计划。
 You could select within three plans: WW/WWE plan, Asia plan and Mainland China plan.
- 10.2 在每个保障计划下，核心医疗保障为被保险人的必选保障，您方可以选择附加下述一个或以上的可选保障，并支付相应的保险费。具体的保险责任详见适用的条款及本保险合同附件“保障利益表”。对您方未购买的保障项目，我方将不承担任何与之相关的保险责任。
 Under each plan, the Core Medical Insurance plan is provided to every beneficiary. You may (for additional premium) add to the cover provided under the Core Medical Insurance plan by choosing one or more from the following extra coverage options. Details of benefits are subject to the provisions and appendix of the list of benefits. For benefits what you do not add, we will not pay for any of the benefits which are available under those.
- 10.2.1 扩展医疗保障（可选保障）
 Extensional Medical Benefit (Option)
- 10.2.2 综合牙科保障（可选保障）
 Comprehensive Dental Benefit (Option)
- 10.3 您方可以选择的保障区域包括：
 Area of cover could be:
- 10.3.1 全球含美国；
Worldwide including USA;
- 10.3.2 全球不含美国；
Worldwide excluding USA;
- 10.3.3 亚洲；
Asia;
- 10.3.4 中国大陆。
Mainland China.
- 我方将不予支付在您方所选择保障区域外进行的任何治疗发生的医疗费用。
We will not pay for any treatment outside your selected area of cover.
- 10.4 您方可以选择的医疗服务网络包括：
 Medical service network could be:
- 10.4.1 公立医院及优选医疗机构；
Public hospital and selected medical provider;
- 10.4.2 除特定医院的所有医院；
All hospital excluding special provider;
- 10.4.3 所有医院。
All hospital.

10.5 本保险合同的保障内容包括您方选择的保障项目、保障区域、免赔额、自负比例、支付次数限制、赔付限额和被保险人是否以拥有**社会医疗保险或公费医疗**身份参加本保险等内容。您方在保险期间内不能变更已选定的保障内容。如果您方希望变更保障内容，您方可以在每年续保时向我方提出书面变更申请，我方可能对变更后的保障内容适用特别承保条件或特别责任免除。

The benefit package is including the benefits you choose, area of cover, deductible, copay, visit limitation and limits, whether the insured entered this contract with **social medical insurance or state-funded medical care**, etc. You cannot change the selected benefit package during the period of cover. You can request to change the benefit package on your renewal date each year. If you would like to change the benefit package, you must provide us an application at renewal. We may apply some special conditions or exclusions to the changed benefit package.

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

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

11. 保险费的支付

Premium

11.1 本保险合同保险费由您方在投保时一次性付清。

The premium of this policy should be lump sum when you insured.

11.2 我方将根据每年的医疗费用通胀情况和整体理赔经验等在内的一系列因素对保险费率进行调整，并书面通知您方续保后应交纳的保险费及续保的承保条件。

We will adjust the premium rates each year in terms of factors including medical cost inflation and overall claims experience etc, and write to you to tell you about the premiums or terms and conditions which would apply on renewal.

12. 免赔额

Deductible

12.1 您方有选择免赔额的权利，选择有免赔额的保险费将低于选择无免赔额的保险费。若您方计划选择免赔额，请在投保申请中注明。

You can choose deductible. If you do so, your premium will be lower than it otherwise would be. If you would like to apply deductible, you should tell us so in your application.

12.2 如果您方在核心医疗保障中选择了免赔额，我方将对保险期间内每一次理赔均扣除免赔额，直到累积免赔达到了年度免赔额。

While there is a deductible under Core Medical Insurance, we will reduce each claim's coverable costs until the deductible for the period of cover is reached.

12.3 免赔额将按每一被保险人、每个保险期间单独计算。

The deductible applies separately to each beneficiary, each period of cover.

12.4 您方可于续保时要求变更免赔额。我方有可能要求您方填写健康问卷，并可能附加特别承保条件或特别责任免除。

You may change your deductible at renewal. We may require you to

fill out a medical questionnaire, and we may apply new special underwriting conditions or exclusions.

- 12.5 医疗费用中已从**社会医疗保险或公费医疗、所有商业费用补偿型医疗保险、其他政府机构或社会福利机构等**所获得的任何费用补偿均不可用于抵扣免赔额。
 The part of medical cost that has already reimbursed from **social medical insurance, state-funded medical care, any commercial medical insurance, other government or social welfare institution** can't be counted into the deductible.
- 13. 非公立医院自负比例和美国地区非网络医院自负比例**
 Non-public hospital copay and US Non-CIGNA Healthcare PPO/OAP network copay
- 13.1 如果您方选择一定的**非公立医院自负比例**，您方所支付的保险费将会更低。若您方计划选择**非公立医院自负比例**，您方需要在您的投保申请上注明。
 You can choose to have non-public **hospital copay**. If you do so, your premium will be lower than it otherwise would be. If you would like to apply a non-public **hospital copay**, you should tell us so in your application.
- 13.2 如果您方选择了**非公立医院自负比例**，对在**非公立医院**发生的**扩展医疗保障范围内的医疗费用**，根据相应的**非公立医院自负比例**计算的金额将由您方自行承担。
If a non-public **hospital copay** is selected, part claim amount covered under the Extensional Medical Benefit incurring in the non-public **hospital**, according to non-public **hospital copay**, will be paid by you.
- 13.3 美国地区**非网络医院自负比例**是指，如果您方选择的保障区域为全球含美国的，在保险责任范围内、由被保险人自行承担在**美国地区非网络医院**发生费用的比例。
US Non-CIGNA Healthcare PPO/OAP network copay is the percentage of any claim within the benefit coverage and incurring in **US Non-CIGNA Healthcare PPO/OAP network** which a beneficiary must pay themselves.
- 13.4 如果您方同时选择多项自负比例的，被保险人自行承担的费用等于根据相应的自负比例计算的金额之和。如果您方同时选择了免赔额和**非公立医院自负比例/美国地区非网络医院自负比例**，将先计算免赔额，扣除免赔额后的剩余部分再进行**非公立医院自负比例/美国地区非网络医院自负比例**计算。
 If more than one copays are selected, the medical cost a beneficiary will pay for will be the sum of amount according to related copay. If you select both deductible and non-public **hospital copay / US Non-CIGNA Healthcare PPO/OAP network copay**, the amount related to the deductible is calculated at first, and then the amount related to the non-public **hospital copay / US Non-CIGNA Healthcare PPO/OAP network copay**.
- 13.5 您方可以在每年续保时申请变更**非公立医院自负比例**。如果您方希望取消或降低您方的**非公立医院自负比例**，我方有可能要求您方填写健康问卷，并可能附加特别承保条件或特别责任免除。
 You can request a change to the non-public **hospital copay** with effect from your renewal date each year. If you wish to remove or reduce your non-public **hospital copay**, we may require you to fill out a medical questionnaire and we may apply new special underwriting conditions or exclusions.

14. 赔付限额 Limits	每一保障项目分别设定每年赔付限额，保障项目中的一些分项费用还设有每年分项赔付限额。 There are limits for each benefit. Besides, there could be sub-limits for some sub-benefits in the plan.
15. 社会医疗保险或公费医疗身份 Enroll with social medical insurance or state-funded medical care	如果被保险人以拥有社会医疗保险或公费医疗身份参加本保险合同，针对索赔的医疗费用： If you enter this contract with social medical insurance or state-funded medical care, all covers under this policy will be subject to:
	15.1 如果被保险人某次就诊的医疗费用已从 社会医疗保险或公费医疗 获得补偿，我方在扣除 社会医疗保险或公费医疗 已补偿的部分后，对其余额按本保险合同的约定予以赔付； If the medical cost you paid within the coverage has been paid by social medical insurance or state-funded medical care, the amount paid by social medical insurance or state-funded medical care will be deducted first, then we will cover the rest cost subject to this contract;
	15.2 如果被保险人某次就诊的医疗费用可以从 社会医疗保险或公费医疗 获得补偿，但实际未从 社会医疗保险或公费医疗 中获得补偿，我方按本保险合同的约定确定费用金额后，按 60%予以赔付； If the medical cost you paid within the coverage could be covered by social medical insurance or state-funded medical care, but hasn't been paid by social medical insurance or state-funded medical care, we will pay 60% of medical cost within the coverage;
	15.3 如果被保险人某次就诊的医疗费用不可以从 社会医疗保险或公费医疗 获得补偿，我方按本保险合同的约定予以赔付。 If the medical cost you paid within the coverage can't be covered by social medical insurance or state-funded medical care, we will cover the medical cost subject to this contract.
16. 明确说明和如实告知 Truthful and Full Disclosure	订立本保险合同时，我方应向投保人明确说明本保险合同的条款内容。对保险条款中免除责任的条款，我方在订立保险合同时应当在投保单、保险单或者其他保险凭证上作出足以引起投保人注意的提示，并对该条款的内容以书面或者口头形式向投保人作出明确说明，未作提示或者明确说明的，该条款不产生效力。我方可就投保人、被保险人有关情况提出询问，投保人应当如实告知。 When concluding the policy, the company shall explicitly describe the contents of the policy provision and conditions to the policyholder for the insurance. Especially for the exclusion clauses, the company shall have striking notes in application form, certificate of Insurance and other documents, as well as make clear explanations to the applicant in oral or written; otherwise, the exclusion clauses won't be effective. We may put forward inquiry about the relevant information of the policyholder and each beneficiary. The policyholder shall disclose the information fully and truthfully.
17. 未如实告知的处理 False or withheld information	17.1 投保人故意或者因重大过失未履行前款如实告知义务，足以影响我方决定是否同意承保或者提高保险费率的，我方有权解除本保险合同。 If the policyholder is of intention or gross negligence to miss the duty of truthful and full disclosure, which suffices to influence our decision

as to whether to accept the application or to raise the insurance premium rate, we have the right to terminate the policy.

- 17.2 投保人故意不履行如实告知义务的，我方对于本保险合同解除前发生的保险事故，不承担给付保险金的责任，并不退还保险费。
If the policyholder is of intention to miss the duty of truthful and full disclosure, we shall not be liable to pay insurance benefits or refund the insurance premiums for insured events that occurred before the termination of the policy.
- 17.3 投保人因重大过失未履行如实告知义务，对保险事故的发生有严重影响的，我方对本保险合同解除前发生的保险事故，不承担给付保险金的责任，但退还**未满期净保费**。
If the policyholder is of gross negligence to miss the duty of truthful and full disclosure, which has a material bearing on the occurrence of an insured event, we have the right to terminate the policy, and shall not be liable to pay insurance benefits for the insured events that occurred before the termination of the policy, but shall refund the **unearned net premium**.
- 17.4 我方在保险合同订立时已经知道投保人未如实告知的情况的，不会解除保险合同；发生保险事故的，我方按照保险合同的约定承担给付保险金的责任。
When concluding the policy, we have aware that the policyholder miss the duty of truthful and full disclosure, we shall not terminate the policy; and shall pay insurance benefits for occurred events which are covered according to the benefit coverage.
- 17.5 上述规定的保险合同解除权，自我方知道有解除事由之日起超过30天不行使而消灭。
The right to terminate the policy as specified in the preceding paragraph shall be extinguished if it is not exercised within 30 days after the date on which we learnt of the reason for termination.

18. 常住地所在国 **Country of habitual residence**

- 18.1 被保险人变更**常住地**所在国的，您方应及时以书面或双方认可的其他形式通知我方。我方有可能根据该被保险人变更后的**常住地**所在国对本保险合同的保障内容、保险费等内容进行调整。
If any beneficiary changes their country of **habitual residence** you should update the information. This policy's cover and premium could be changed according to the new country of **habitual residence** of beneficiary.
- 18.2 在某些情况下，如果变更**常住地**所在国将致使原有保障内容违反当地医疗保健监管规定，我方有可能不承担相应的保险责任，具体的规定可能根据不同国家及/或不同时期而变化。
In some instances, we may not provide the cover if such a change of country of **habitual residence** would result in a breach of regulations governing the provision of healthcare cover to local nationals, residents or citizens. The details of regulations vary from country to country and may change from time to time.

19. 联系方式变更 **Changes of your information**

为了保障您方的合法权益，如果您方及被保险人的住所、通讯地址或电话等联系方式变更时，请及时以书面或双方认可的其他形式通知我方。如果您方未以书面或双方认可的其他形式通知我方，我方按您方最终留存的联系方式（如地址、电话、电子邮箱等）发送的有关通知，均视为已送达给您方。
In order to protect your rights, if you and any beneficiary change the address,

mailing address, or telephone number, please notify us in writing or though other way agreed by both you and us. Otherwise, the information we send based on the address or mailing address you latest provided are deemed to have been served to you.

20. 保险合同变更

Changes to this policy

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

Within the period of coverage, you (we) can make changes to this policy with agreement by us (you). If this policy changes, we will send you a new policy or endorsement or endorse the original policy. Any change without our approval will be invalid. Any insurance agent, sales or service or your broker does not have the right to amend or waiver of any provision of this policy.

21. 其他保险

Other insurance

如果被保险人实际支出的保险责任范围内的费用可以从其他商业医疗保险中获得补偿或赔偿，我方将与其他保险公司协商具体的赔付方案。

If the actual cost a beneficiary paid within the coverage can be covered by other commercial medical insurance, we will negotiate with them as regards the allocation of claiming.

22. 语言

Language

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

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

23. 管辖权及争议处理

Jurisdiction & Dispute
settlement

23.1 本保险合同受中华人民共和国法律管辖。

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

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

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

第二章 保险责任

Section 2 - Benefits

24. 核心医疗保障

Core Medical Benefit

核心医疗保障按约定为被保险人提供所需要的住院费用及日间病房费用的保障。另外，对下述**外科手术及癌症治疗**等列明的部分费用项目，保障的范围除包括住院费用及日间病房费用，还包括门诊费用。

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

24.1 住院或日间病房的 医疗费

Accommodation for
inpatient or day-
patient treatment

24.1.1 在满足下列全部条件时：

When all below conditions are met:

(a) 被保险人接受住院治疗或日间病房治疗是出于医疗必要并且符合通常医疗惯例；
it is **medically necessary** and of **customary medical**

convention for the beneficiary to be treated on an **inpatient** or day-patient basis;

- (b) 被保险人住院的时间长度是合理的; they stay in **hospital** for a medically appropriate period of time; and
- (c) 所接受的治疗由专科医生亲自执行或在其有效监控之下。 the **treatment** which they receive is provided or managed by a **specialist**.

我方将支付被保险人接受住院或日间病房治疗期间的护理、病房膳食费及床位等费用。

We will pay for nursing care, **hospital meals** and **hospital bed** etc. whilst a beneficiary is receiving **inpatient** or **day-patient treatment**.

- 24.1.2 如果有多规格的单人间病房但被保险人入住超过基本单人间规格的病房的, 我方审核认为被保险人入住超过基本单人间规格的病房是出于**医疗必要**并且符合**通常医疗惯例**, 我方将支付被保险人实际入住的病房费用; 反之, 我方将按照基本单人间规格的病房费用向被保险人支付。
If there are multiple levels of single room and beneficiary stays in a single room higher than the basic single room: if we review it as **medically necessary** and of **customary medical convention** that beneficiary stays in the non-basic single room, we will pay for the amount as normal; otherwise, we will pay for the amount which would have been charged in a basic single room.

- 24.2 外科手术室及麻醉复苏室费用
Operating theatre and recovery room costs
 如果被保险人支出的**外科手术**费经我方审核可赔付, 我方将支付在住院、日间病房、门诊发生的与之相关的**外科手术室**及麻醉复苏室费用。
 We will pay any costs and charges relating to the use of an operating theatre or recovery room on an **inpatient**, day-patient or **outpatient** basis, if the **treatment** being given is covered under this policy.
- 24.3 处方药及敷料费
Prescribed medicines and dressings
 24.3.1 我方将支付被保险人接受住院治疗或日间病房治疗期间发生的**处方药**及敷料费。
 We will pay for **prescribed medicines** and dressings which are prescribed for the beneficiary whilst he or she is receiving **inpatient** or **day-patient treatment**.
 24.3.2 被保险人接受**癌症治疗**期间在门诊发生的**处方药**及敷料费, 我方按本项约定进行支付, 而不按“**癌症治疗费用**”(见条款24.21)的约定进行支付。
 We will pay for **prescribed medicines** and dressings which are prescribed in **outpatients** and as part of **cancer treatment** instead of other benefits. We will cover it under this benefits rather than “**Cancer Treatment**” benefit (as clause 24.21).
- 24.4 重症监护室费用
Intensive care
 经我方审核认为被保险人入住**重症监护室**、**重症治疗室**, 加护病房或冠心病监护室是出于**医疗必要**并且符合**通常医疗惯例**的, 我方将支付上述费用。
 We will pay for a beneficiary to be treated in an **intensive care**, intensive therapy, high dependency or coronary care facility if we review it as **medically necessary** and of **customary medical convention**.

24.5 父母或监护人陪护 床位费 Hospital accommodation for a parent or guardian	<p>如果被保险人在接受住院治疗时未满 18 周岁，符合下列全部条件时，我方将承担其父母或其他法定监护人中的一位在同一医院中的陪同住宿的床位费用：</p> <p>If a beneficiary less than 18 years old needs inpatient treatment and has to stay in hospital overnight, we will also pay for hospital accommodation for a parent or legal guardian, if:</p>
	<ul style="list-style-type: none"> 24.5.1 被保险人接受的住院治疗属于本保险合同的保险责任范围内； the inpatient treatment which the beneficiary is receiving is covered under this policy; 24.5.2 该医院可以进行陪护； accommodation is available in the same hospital; 24.5.3 其陪同住宿费用是合理的； the cost is reasonable; and 24.5.4 仅限在同一病房陪同被保险人的床位费用。 <u>only the accommodation is within the same room of beneficiary.</u>
24.6 外科医生及麻醉师费用 Surgeons' and anaesthetists' fees	<p>我方将支付在住院、日间病房或门诊发生的下列费用：</p> <p>We will pay for inpatient, day-patient or outpatient costs for:</p> <ul style="list-style-type: none"> 24.6.1 外科手术中发生的外科医生及麻醉师费用；及 surgeons' and anaesthetists' surgery fees; and 24.6.2 外科手术前或外科手术后发生的与外科手术直接相关的治疗（与外科手术同一天发生）中的外科医生及麻醉师费用。 surgeons' and anaesthetists' fees with respect to treatment which is needed immediately before or after surgery (i.e. on the same day as the surgery).
24.7 专科医生诊疗费 Specialists' consultation fees	<p>我方将支付在医院因住院或日间病房治疗而发生的、符合医疗必要及通常医疗惯例的专科医生诊疗费。</p> <p>We will pay for consultations with a specialist, which is medically necessary and of customary medical convention, during stays in a hospital on an inpatient or day-patient basis.</p>
24.8 器官、骨髓及干细胞移植费用 Transplant services for organ, bone marrow and stem cell transplants	<ul style="list-style-type: none"> 24.8.1 如果满足下列全部条件，我方将支付与器官移植直接相关的住院医疗费用： We will pay for inpatient treatment directly associated with an organ transplant, for the beneficiary if: <ul style="list-style-type: none"> (a) 移植是出于医疗必要并且符合通常医疗惯例；并且 the transplant is medically necessary and of customary medical convention, and (b) 器官来源为其家属捐献，或具有已验证的、合法的来源。 the organ to be transplanted has been donated by a member of the beneficiary's family or come from a verified and legitimate source. 24.8.2 如果满足下列全部条件，我方将支付与骨髓及干细胞移植直接相关的住院医疗费用： We will pay for inpatient treatment directly associated with a bone marrow or peripheral stem cell transplant if:

- (a) 移植是出于医疗必要并且符合通常医疗惯例；并且
 the transplant is **medically necessary** and of **customary medical convention**; and
- (b) 骨髓或干细胞来源为其自体骨髓或干细胞，或具有已验证的、合法的来源。
 the material to be transplanted is the beneficiary's own bone marrow or stem cells, or bone marrow taken from a verified and legitimate source.
- 24.8.3 我方将支付在住院期间发生的移植后抗排异药物费用。
 We will pay for anti-rejection medicines following a transplant, when they are given on an **inpatient** basis.
- 24.8.4 如果骨髓及干细胞移植是癌症治疗的一部分，则我方将不按此项约定进行支付，而按“癌症治疗费用”（见条款 24.21）的约定进行支付。
 We will not pay for bone marrow or peripheral stem cell transplants under this benefits if the transplants form part of **cancer treatment**. We will pay for it under "**Cancer treatment**" benefit (as clause 24.21) only.
- 24.8.5 如果有捐献者捐献器官或骨髓给被保险人，我方将承担：
 If a person donates an organ or bone marrow to a beneficiary, we will pay for:
- (a) 获取器官或骨髓的外科手术费用；
 the harvesting of the organ or bone marrow;
 - (b) 医疗必要并且符合通常医疗惯例的组织配型检测费用；
 tissue matching tests or procedures, which are **medically necessary** and of **customary medical convention**;
 - (c) 捐献者因捐献行为而发生的必要医院收费；及
 the donor's **hospital** costs; and
 - (d) 捐献者因捐献而发生的并发症治疗费用，但限于捐献进行后 30 天内的治疗费用。
 any costs which are incurred if the donor experiences complications, for a period of 30 days after their procedure.
- 24.8.6 对本保险合同规定范围内的捐献者费用，如果捐献者可以从其他保险或费用承担者获得赔偿或补偿，我方承担的部分相应减少。
 The amount which we will pay towards a donor's medical costs will be reduced by the amount which is payable to them in relation to those costs under any other insurance policy or from any other source.
- 24.9 肾透析费用
 Kidney dialysis
- 24.9.1 如果在被保险人的常住地所在国内可以进行肾透析治疗，我方将支付其在日间病房进行的肾透析治疗费用。
 Treatment for kidney dialysis will be covered if such **treatment** is available in the beneficiary's country of **habitual residence**. We will pay for this on a day-patient basis.
- 24.9.2 对被保险人到其常住地所在国外但属于所选择的保障区域内进行的肾透析治疗，我方支付其在日间病房进行的肾透析治疗费用，但不承担其旅行费用。
 We will pay for kidney dialysis **treatment** outside the beneficiary's country of **habitual residence** if the country where that **treatment**

is provided is within the beneficiary's selected area of cover. We will pay for this on a day-patient basis. We will not pay travel costs.

24.10 病理检测、放射检查及其他诊断性检查化验费用

Pathology, radiology and other diagnostic tests

在符合**医疗必要及通常医疗惯例**的情况下，我方将支付被保险人在**住院或日间病房治疗**时经专科医生明确要求进行的下列检查化验产生的费用：

If there are **medically necessary** and of **customary medical convention** and recommended by a **specialist** as part of a beneficiary's **hospital stay for inpatient or day-patient treatment**, we will pay for:

- 24.10.1 病理检测;
pathology tests;
- 24.10.2 放射学检查; 及
radiology; and
- 24.10.3 诊断性检查化验。
diagnostic tests.

24.11 物理治疗/补充治疗及中医/针灸治疗费用

Physiotherapy / Complementary therapies and Chinese medicine / Acupuncture

在符合**医疗必要及通常医疗惯例**的情况下，我方将支付被保险人在**住院或日间病房治疗**时经专科医生明确要求进行的下列治疗产生的费用：

If there are **medically necessary** and of **customary medical convention** and recommended by a **specialist** as part of a beneficiary's **hospital stay for inpatient or day-patient treatment**, we will pay for:

- (a) 专科治疗师进行的物理治疗/补充治疗; 及
physiotherapies / complementary therapies provided by **therapists**; and
- (b) 专业针灸师及专业中医医生进行的专业中医/针灸治疗;
Chinese medicine / acupunctures provided by practitioner of Chinese medicine or acupuncturists.

24.11.2 被保险人主要因为接受上述治疗而住院或进行日间病房治疗的，不在此项保障范围内。

The treatment is excluding if it is the primary treatment which a beneficiary's hospital stay for inpatient or day-patient treatment.

24.11.3 每一保险期间内，对同一原因导致的物理治疗/补充治疗及中医/针灸治疗，我方最多支付 30 天的费用。

For each separate condition which requires **physiotherapy / complementary therapies** and **Chinese medicine / acupunctures**, we will pay for up to a combined maximum total of 30 days per period of cover.

24.12 康复治疗费用

Rehabilitation treatment

24.12.1 我方将支付符合下述全部条件的**康复治疗**产生的费用：

We will pay for rehabilitation treatment if:

- (a) 导致**康复治疗**的疾病或机体损伤在本保险合同的保障范围内;
it is needed after, or as a result of, a **treatment** which is covered by this policy;
- (b) 经专科医生明确要求且符合**医疗必要及通常医疗惯例**;
并且
it is **medically necessary** and of **customary medical convention** and recommended by a **specialist**; and

(c) 康复治疗开始的时间在导致康复治疗的疾病或机体损伤治疗结束后 30 天内。
it begins within 30 days of the end of that original treatment.

24.12.2 康复治疗包括职业治疗等, 但不包括物理治疗/补充治疗或言语复健治疗。
Rehabilitation treatment is including **occupational therapies**, and excluding **physiotherapies / complementary therapies** or **restorative speech therapies**.

24.12.3 在每一保险期间内, 我方承担保险责任的下列两项治疗天数共计上限为 30 天:
We will pay for up to a combined maximum total of 30 days per period of cover:

- (a) 同一原因导致的康复治疗。因康复治疗而产生的膳食费、生活费等相关费用也受此限制。经我方预先审核批准, 在本保险合同的保障范围内的矫形外科治疗后、或脊髓/神经系统疾病治疗后进行的康复治疗不受 30 天的限制;
for each separate condition which requires rehabilitation treatment. The hospital meals and living costs caused by rehabilitation treatment also applies the 30-day limit. If the rehabilitation treatment required following an orthopaedic covered by this policy, spinal or neurological event, subject to prior approval being obtained prior to the commencement of any treatment, the payment is not subject to the 30-day limit; and
- (b) 同一原因导致的物理治疗/补充治疗及中医/针灸治疗(见条款 24.11);
for each separate condition which requires physiotherapy / complementary therapies and Chinese medicine / acupunctures (as clause 24.11);

24.12.4 对“30 天”限制的计算:

In determining when the 30-day limit has been reached:

- (a) 如果被保险人住院进行治疗的, 每在医院过一个夜晚计作“一天”;
We count each overnight stay during which a beneficiary receives **inpatient treatment** as one day; and
- (b) 如果被保险人在日间病房进行治疗的, 每一个发生日间病房治疗的日历日计作“一天”。
We count each day on which a beneficiary receives **day-patient treatment** as one day.

24.13 核磁共振、计算机断层扫描及正电子发射断层扫描费用
MRI, CT & PET scans

在符合医疗必要及通常医疗惯例的情况下, 我方将支付被保险人在住院或进行日间病房治疗期间经专科医生明确要求进行的下列检查产生的费用:

If there are **medically necessary** and of **customary medical convention** and recommended by a **specialist** as part of a beneficiary's **hospital stay** for **inpatient** or **day-patient treatment**, we will pay for:

24.13.1 核磁共振;
magnetic resonance imaging (MRI);

	24.13.2 计算机断层扫描; computed tomography (CT);
	24.13.3 正电子发射断层扫描。 positron emission tomography (PET).
24.14 家庭护理费用 Home Nursing	<p>24.14.1 如果满足下列全部条件, 我方将支付被保险人相应的家庭护理费用 <i>We will pay for a beneficiary's home nursing care, per period of cover, if:</i></p> <ul style="list-style-type: none"> (a) 由具有合法注册护士提供; <i>it is provided in the beneficiary's home by a qualified nurse;</i> (b) 经我方评估, 护理的内容是医疗必要并且符合通常医疗惯例的, 且这些护理属于通常在医院才能提供的服务。 <u>我方不支付因非医疗性质的护理或私人服务产生的费用:</u> <i>according to our assessment, it's medically necessary and of customary medical convention that would normally be provided in a hospital. <u>We will not pay for home nursing which only provides non-medical care or personal assistance;</u></i> (c) 被保险人在本保险合同的保险责任范围内的住院或日间病房治疗期间由专科医生明确要求进行; <i>it is recommended by a specialist following inpatient or day-patient treatment which is covered by this policy;</i> (d) 在被保险人出院后立即开始; <i>it starts immediately after the beneficiary discharges; and</i> (e) 进行家庭护理可以实质减少被保险人继续在医院就医的时间。 <i>it reduces the length of time for which the beneficiary needs to stay in hospital.</i> <p>24.14.2 每一保险期间内, 对同一原因导致的家庭护理, 我方最多支付30天的费用。 <i>For each separate condition which requires home nursing, we will pay for up to a combined maximum total of 30 days per period of cover.</i></p>
24.15 临终关怀及姑息治疗费用 Hospice and palliative care	如果被保险人被诊断为终末期状态, 且现有医学技术没有有效的 治疗手段 , 我方将支付在 医院 进行 临终治疗 或 护理 而发生的 病房膳食费 、 护理费 、 处方药费 、 理疗费 、 心理关怀 及 姑息治疗费用 。 <i>If a beneficiary is given a terminal diagnosis, and there is no available treatment which will be effective in aiding recovery, we will pay for hospital or hospice care and hospital meals, nursing care, prescribed medicines, physical, psychological care and palliative care.</i>
24.16 修复体、设备及装置费用 Prosthetics, devices and appliances	<p>24.16.1 内置修复体、设备及装置: 我方将支付被保险人在进行治疗或外科手术过程中植入被保险人体内的修复体、设备及装置的费用。 <i>Internal prosthetics devices and appliances: We will pay for internal prosthetics, devices or appliances which are put in place during surgery as part of a beneficiary's treatment.</i></p>

- 24.16.2 外置修复体、设备及装置：我方将支付被保险人在进行治疗过程中符合医疗必要及通常医疗惯例的外置修复体、设备及装置的费用，并且该类装置属于外科手术后立即需要的或者在病后恢复阶段内短期内需要的。
 External prosthetics devices and appliances: We will pay for external prosthetics, devices or appliances which is **medical necessary** and **customary medical convention**, and part of the treatment immediately following **surgery** for as long as is required or part of the recuperation process on a **short-term** basis.
- 24.16.3 对未满 18 周岁的被保险人，每一保险期间我方最多承担一个外置修复体、设备或装置的初装费用及两次更换费用。
We will pay for an initial external prosthetic device and up to two replacements for beneficiaries less than 18 years per period of cover.
- 24.16.4 拐杖、轮椅等主要为生活便利的设备不在此项保障范围内。
Crutches, wheel chairs or other equipments which are mainly for living convenience are not included.
- 24.17 当地救护车费用
 Local ambulance
- 24.17.1 如为医疗必要并且符合通常医疗惯例，我方将支付下列运送被保险人的当地救护车费用：
Where it is **medically necessary** and of **customary medical convention**, we will pay for a local ambulance to transport a beneficiary:
- (a) 从意外事故或机体损伤发生地到医院；
 from the scene of an **accident** or physical injury to a **hospital**;
 - (b) 从一医院转送另一医院；或者
 from one **hospital** to another; or
 - (c) 从其居所到医院。
 from their home to a **hospital**.
- 24.17.2 只有在当地救护车的使用是为了到医院进行医疗性质的治疗时，我方才支付其费用。
We will only pay for a local ambulance where its use relates to treatment which a beneficiary needs to receive in **hospital**.
- 24.17.3 本保险合同不承担山地搜救的服务的费用。
This policy does not provide the cost of cover for mountain rescue services.
- 24.18 住院紧急牙科治疗费用
 Inpatient emergent dental treatment
- 24.18.1 如果被保险人在住院期间因牙科紧急症状由主持治疗的专科医生明确要求进行紧急牙科治疗，且此紧急牙科治疗不构成住院的主要治疗，我方将支付被保险人在机体损伤后 24 小时内的紧急牙科治疗费用。
We will pay for emergency **dental treatment** within 24 hours after physical injury which is required by a beneficiary while they are in **hospital** as an **inpatient**, if that **inpatient emergent dental treatment** is recommended by the treating **specialist** because of a **emergent dental treatment** and it is not the primary **treatment** for which the beneficiary is in **hospital** to receive.
- 24.18.2 如果此紧急牙科治疗是构成住院的主要治疗，且您方同时投保了本保障项目和“综合牙科保障”（见条款 26），我方将不按

本保障项目的约定进行支付，而仅按“综合牙科保障”中的约定进行支付。

In the event that this **emergent dental treatment** is the primary **treatment** for which the beneficiary is in **hospital** to receive and you have applied for both this benefit and the Comprehensive Dental Benefit (as clause 26), we will cover the **emergent dental treatment** under the Comprehensive Dental Benefit instead of this benefit.

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| <p>24.19 精神治疗费用
Psychiatric treatment</p> | <p>24.19.1 我方将按照下述条件支付在住院或日间病房治疗期间发生的精神健康问题或异常的治疗所产生的费用。
Subject to the limits explained below, we will pay for the treatment cost of mental health conditions and disorders on the basis of inpatient or day-patient treatment.</p> <ul style="list-style-type: none"> (a) 我方仅支付包含在国际疾病分类（ICD-10）的 F00-F09 及 F20-F48 的疾病；
We will only pay for the sickness included in ICD-10 F00-F09 and F20-F48 (b) 我方仅支付循证治疗及有医疗必要并且符合通常医疗惯例的治疗。
We will only pay for the treatments, which are evidence-based, medically necessary and of customary medical convention. <p>24.19.2 在每一保险期间内，可承担保险责任的住院治疗天数最多不超过 30 天。
<u>In any one period of cover, up to 30 days of inpatient treatment is included.</u></p> |
| <p>24.20 成瘾性嗜好治疗费用
Addiction treatment</p> | <p>24.20.1 我方将支付住院或日间病房治疗期间发生的成瘾性嗜好治疗费用：
We will pay for addiction treatment on an inpatient and day-patient basis in terms of:</p> <ul style="list-style-type: none"> (a) 成瘾性症状（包括嗜酒）的诊断；
diagnosis of addictions (including alcoholism); (b) 在提供此类专项治疗的遵循循证治疗的专业治疗中心进行的医疗必要并且符合通常医疗惯例的、并由专科医生所明确要求的一个阶段或一个疗程的成瘾性治疗。
one course or programme of addiction treatment at a specialist centre providing evidence-based treatment, if that treatment is medically necessary, of customary medical convention and recommended by a medical practitioner. <p>24.20.2 我方不承担：
<u>We will not pay for:</u></p> <ul style="list-style-type: none"> (a) 对嗜酒、成瘾性状态的其他治疗；
<u>any other treatment related to alcoholism or addiction;</u> (b) 对任何并发症（包括抑郁，痴呆或肝功能衰竭等）的治疗；
<u>treatment of any related condition (such as depression, dementia or liver failure);</u> |

——如果我方有理由认为这些并发症是由嗜酒或成瘾导致的。

where we reasonably believe that the condition which requires treatment was the result of alcoholism or addiction.

24.20.3 在每一保险期间内，我方承担保险责任的下列两项治疗天数共计上限为 90 天，其中住院治疗天数共计上限为 30 天，同时因下列两项治疗而产生的膳食费、生活费等相关费用也受前述限制：

We will pay for up to a combined maximum total of 90 days of, and up to a combined maximum total of 30 days of below two kinds of treatments for inpatient treatment. Meanwhile, this limit also applies to the cost including hospital meals, living cost and related cost caused by these treatments.

- (a) 成瘾性嗜好治疗；
Addiction treatment;
- (b) 精神治疗（见条款 24.19）；
Psychiatric treatment (as clause 24.19);

任意连续五年期间内，我方承担保险责任的下列两项治疗天数共计上限为 180 天，同时因下列两项治疗而产生的膳食费、生活费等相关费用也受前述限制：

In any consecutive five-year period, we will pay for up to a combined maximum total of 180 days of below two kinds of treatments. Meanwhile, this limit also applies to the cost including hospital meals, living cost and related cost caused by these treatments.

- (c) 成瘾性嗜好治疗；
Addiction treatment;
- (d) 精神治疗（见条款 24.19）；
Psychiatric treatment (as clause 24.19);

24.20.4 在确定上述“30 天”、“90 天”、“180 天”的限制时：

In determining when these 30, 90 and 180-day limit have been reached:

- (a) 如果被保险人住院进行治疗的，每在医院过一个夜晚计作“一天”；
We count each overnight stay during which a beneficiary receives inpatient treatment as one day; and
- (b) 如果被保险人在日间病房进行治疗的，每一个发生日间病房治疗的日历日计作“一天”。
We count each day on which a beneficiary receives day-patient treatment as one day.

24.21 癌症治疗费用 Cancer treatment	我方将支付对癌症进行的积极治疗及循证治疗产生的费用。包括：被保险人在住院、日间病房或门诊发生的化疗、放疗、肿瘤病理、诊断性检查化验及处方药等产生的费用。 We will pay costs for the treatment of cancer if the treatment is considered by us to be active treatment and evidence-based treatment . This costs include chemotherapy, radiotherapy, oncology, diagnostic tests and prescribed medicines , whether the beneficiary is staying in a hospital overnight or receiving treatment as a day-patient or outpatient .
24.22 先天性疾病治疗费用 Congenital conditions	<p>24.22.1 对未满 18 周岁的被保险人，我方将支付与该先天性疾病有关的住院或日间病房治疗费用。 For the beneficiaries younger than 18 years, we will pay for treatment on an inpatient or day-patient basis of congenital conditions.</p> <p>24.22.2 先天性疾病详细清单按照 ICD10 第十七章《先天性畸形、变形和染色体异常（Q00-Q99）》。 Congenital conditions refer to ICD10 Chapter XVII: Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99).</p>
25. 扩展医疗保障(可选保障) Extensional Medical Benefit (Option)	扩展医疗保障按约定为被保险人提供所需要的门诊治疗的诊疗费、处方药费、敷料费、物理治疗/补充治疗等费用的保障。 Extensional Medical Benefit protects the beneficiary according to the policy for as many as possible outpatient costs, including specialist consultations , prescribed medicines and dressings, physiotherapies / Complementary therapies and more.
25.1 执业医生及专科医生诊疗费 Consultations with Medical Practitioners and Specialists	<p>25.1.1 如被保险人因诊断疾病、安排治疗或接受治疗，至执业医生/专科医生就诊，我方将支付该次门诊的挂号费或诊疗费。 We will pay for consultations or meetings with a medical practitioner/specialist which are necessary to diagnose a sickness, or to arrange or receive treatment on an outpatient basis.</p> <p>25.1.2 如被保险人经执业医生/专科医生明确建议需要在门诊进行医疗必要并且符合通常医疗惯例的非外科手术治疗（包括病理学的、放射学的及放射影像学的），我方将支付在门诊进行的该非外科手术治疗产生的费用。 We will pay for non-surgical treatment on an outpatient basis, which is recommended by a medical practitioner/specialist as being medically necessary and of customary medical convention, including, but not limited to, pathology, radiology and radiography.</p>
25.2 门诊诊断性检查化验费 Outpatient diagnostic testing	如被保险人经执业医生明确建议需要进行检查或化验以诊断或评估其疾病状况，我方将支付在门诊发生的诊断性检查化验费。 We will pay for any diagnostic test that is carried out on an outpatient basis, if recommended by a medical practitioner in order to diagnose or assess a beneficiary's conditions.
25.3 核磁共振、计算机断层扫描及正电子发射断层扫描费用 MRI, CT & PET scans	在符合医疗必要及通常医疗惯例的情况下，我方将支付被保险人在门诊治疗期间经专科医生明确要求进行的下列检查发生的费用： If there are medically necessary and of customary medical convention and recommended by a specialist on an outpatient basis, we will pay for: <p>25.3.1 核磁共振； magnetic resonance imaging (MRI);</p>

	25.3.2	计算机断层扫描; computed tomography (CT);
	25.3.3	正电子发射断层扫描。 positron emission tomography (PET).
25.4 物理治疗/补充治疗费用 <i>Physiotherapy / complementary therapies</i>	25.4.1	如果由 专科医生 建议进行、我方将支付在门诊治疗期间符合 循证治疗原则的、医疗必要并且符合通常医疗惯例的、以恢复被保险人日常生活的正常生理功能为目的的物理治疗/补充治疗 产生的费用。 If recommended by a treating specialist , we will pay for physiotherapy / complementary therapies on an outpatient basis that is evidence-based, medically necessary, of customary medical convention , and restorative in nature to help beneficiary to carry out his (her) normal activities of daily living.
	25.4.2	这些治疗必须由拥有治疗所在国恰当专业资格认证的合格治疗师进行。 The treatments must be carried out by a properly qualified therapist and holds the appropriate license to practice in the country where the treatment is received.
25.5 中医/针灸治疗费用 <i>Chinese medicine / acupunctures</i>	25.5.1	如果在门诊治疗期间 执业医生 明确要求进行 中医/针灸治疗 ，我方将支付相应的 中医/针灸治疗 产生的费用。 We will pay for the Chinese medicine / acupunctures on an outpatient basis, if those treatments are recommended by a medical practitioner .
	25.5.2	这些治疗必须由拥有治疗所在国恰当的专业执业资格的治疗师进行。 We will only pay for these therapies if the practitioner is an appropriately qualified therapists and entitled to practise in the country where treatment is given.
25.6 言语复健治疗费用 <i>Restorative Speech therapy</i>		我方将支付门诊治疗期间满足下列全部条件的言语复健治疗产生的费用： We will pay for restorative speech therapy on an outpatient basis if:
	25.6.1	言语复健治疗是紧随着可获本保险合同赔偿的治疗后立即发生的且由同一个病因引起的（如作为被保险人中风后续治疗必要一部分的言语治疗）； it is required immediately following treatment caused by the same disease as the cause of treatment , which is covered under this policy (for example, as part of a beneficiary's follow-up care after they have suffered a stroke);
	25.6.2	该治疗经 专科医生 明确是 短期的、且是医疗必要并且符合通常医疗惯例的 。 it is confirmed by a specialist to be medically necessary and of customary medical convention on a short-term basis.
25.7 处方药及敷料费 <i>Prescribed medicines and dressings</i>		我方将支付被保险人在门诊发生的由 执业医生 开具处方的 处方药或敷料费 。 We will pay for prescribed medicines and dressings which are prescribed by a medical practitioner on an outpatient basis.

25.8 耐用医疗设备租赁费 Rental of durable medical equipment	<p>25.8.1 如果门诊治疗期间由专科医生明确要求须租赁专用医疗设备以辅助治疗被保险人，<u>每一保险期间内我方将支付最多 45 天的耐用医疗设备租赁费。</u> <u>We will pay for the rental of durable medical equipment on an outpatient basis for up to 45 days per period of cover, if the use of that equipment is recommended by a specialist in order to support the beneficiary's treatment.</u></p> <p>25.8.2 耐用医疗设备租赁须满足下列全部条件： The rental condition of durable medical equipment should be satisfied as following:</p> <ul style="list-style-type: none"> (a) 非一次性用品、可多次反复使用; is not disposable, and is capable of being used more than once; (b) 以医疗为目的; serves a medical purpose; (c) 居家使用; is fit for use in the home; and (d) 仅用于治疗疾病或机体损伤。 is of a type only normally used by a person who is suffering from the effect of a sickness or physical injury. <p>25.8.3 耐用医疗设备不包括拐杖、轮椅等主要为生活便利的设备。 <u>We will not pay for crutches, wheel chairs or other equipments which are mainly for living convenience.</u></p>
25.9 成人旅行疫苗接种费用 Adult travel vaccinations	<p>我方将支付因旅行进行的下列疫苗或免疫产生的费用，包括： We will pay for certain vaccinations and immunisations due to travels, including:</p> <p>25.9.1 破伤风（每 10 年一次）; tetanus (once every 10 years);</p> <p>25.9.2 甲肝; hepatitis A;</p> <p>25.9.3 乙肝; hepatitis B;</p> <p>25.9.4 脑膜炎; meningitis;</p> <p>25.9.5 狂犬病; rabies;</p> <p>25.9.6 霍乱; cholera;</p> <p>25.9.7 黄热病; yellow fever;</p> <p>25.9.8 乙型脑炎; Japanese encephalitis;</p> <p>25.9.9 脊髓灰质炎; polio booster;</p>

	25.9.10 伤寒；以及 typhoid; And
	25.9.11 疟疾（以片剂形式，每日或每周）。 malaria (in tablet form, either daily or weekly).
25.10 牙科意外门诊治疗费用 Accidental outpatient dental treatment	<p>25.10.1 如果被保险人因遭受意外事故而导致健康自体牙发生损伤，牙齿损伤的治疗在意外事故后立即开始、且在意外事故后 30 天内完成的，我方将支付该项牙科意外门诊治疗费用。 If a beneficiary needs dental treatment as a result of injuries which they have suffered in an accident, we will pay for outpatient dental treatment for any sound natural tooth/teeth or teeth damaged or affected by the accident, provided the treatment commences immediately after the accident and is completed within 30 days of the date of the accident.</p> <p>25.10.2 为加快理赔过程，须同时提供进行治疗的牙医提供的下列全部信息： In order to approve this treatment, we will require confirmation from the beneficiary's treating dentist of:</p> <ul style="list-style-type: none"> (a) 意外事故的具体日期； the date of the accident; and (b) 确认所治疗的牙齿为健康自体牙。 the fact that the tooth/teeth which are the subject of the proposed treatment are sound natural tooth/teeth. <p>25.10.3 如果某次意外事故的牙科治疗既可以在本保障项下获偿，也可以在您方选择的“综合牙科保障”中获偿，则我方按本保障约定进行赔偿，而不按“综合牙科保障”的约定赔偿。 While any accidental dental treatment could be covered under this benefit or “Comprehensive Dental Benefit” you choose, this benefit is paid instead of “Comprehensive Dental Benefit”.</p> <p>25.10.4 在本保障项目中，我方将不支付任何对种植牙、冠修复体及义齿的修补与更换费用。 We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this policy.</p>
25.11 精神治疗费用 Psychiatric treatment	<p>25.11.1 我方将按照下述条件支付在门诊治疗期间发生的精神健康问题或异常的治疗所产生的费用。 Subject to the limits explained below, we will pay for the treatment cost of mental health conditions and disorders on the basis of outpatient.</p> <ul style="list-style-type: none"> (a) 我方仅支付包含在国际疾病分类（ICD-10）的 F00-F09 及 F20-F48 的疾病； We will only pay for the sickness included in ICD-10 F00-F09 and F20-F48; (b) 我方仅支付循证治疗及有医疗必要并且符合通常医疗惯例的治疗。 We will only pay for the treatments, which are evidence-based, medically necessary and of customary medical convention. <p>25.11.2 在每一保险期间内，我方将提供门诊治疗共计上限为 10 次的保障。</p>

		<u>In every period of cover, up to 10 visits of outpatient treatment are included.</u>
25.12 成瘾性嗜好治疗费用 Addiction treatment	25.12.1	<p>我方将支付在门诊治疗期间发生的下列成瘾性嗜好治疗费用： We will pay for addiction treatment on an outpatient basis in terms of:</p> <ul style="list-style-type: none"> (a) 成瘾性症状（包括嗜酒）的诊断费用； <u>diagnosis of addictions (including alcoholism); and</u> (b) 在提供此类专项治疗的遵循循证治疗的专业治疗中心进行的医疗必要并且符合通常医疗惯例的、并由专科医生所明确要求的一个阶段或一个疗程的成瘾性治疗费用。 <u>one course or programme of addiction treatment at a specialist centre providing evidence-based treatment, if that treatment is medically necessary, of customary medical convention and recommended by a medical practitioner.</u> (c) 在每次正式的门诊成瘾治疗疗程前，<u>我方最多将支付三次断瘾治疗费用。</u> <u>We pay for up to three attempts at detoxification, following which we will only pay for further detoxification treatment if the beneficiary completes a formal outpatient course or programme of addiction treatment.</u>
	25.12.2	<p><u>我方不承担：</u> <u>We will not pay for:</u></p> <ul style="list-style-type: none"> (a) <u>对嗜酒、成瘾性状态的其他治疗费用；</u> <u>any other treatment related to alcoholism or addiction; or</u> (b) <u>对任何并发症（包括抑郁，痴呆或肝功能衰竭等）的治疗费用；</u> <u>treatment of any related condition (such as depression, dementia or liver failure);</u> <u>——如果我方有理由认为这些并发症是由嗜酒或成瘾导致的。</u> <u>where we reasonably believe that the condition which requires treatment was the result of alcoholism or addiction.</u>
	25.12.3	<p><u>在每一保险期间内，我方承担保险责任的下列两项治疗次数共计上限为 10 次：</u> <u>In every period of cover, we will pay for up to a combined maximum total of 10 times of:</u></p> <ul style="list-style-type: none"> (a) <u>成瘾性嗜好治疗；</u> <u>Addiction treatment;</u> (b) <u>精神治疗（见前条款 25.11）；</u> <u>Psychiatric treatment (as clause 25.11);</u>
<u>26. 综合牙科保障(可选保障)</u> Comprehensive Dental Benefit (Option)		<p>综合牙科保障按约定为被保险人提供牙科预防治疗费用、牙科常规治疗费用、牙科重大治疗费用等保障。 Comprehensive Dental Benefit gives the beneficiary access to preventative, routine, major treatments according to the policy.</p>

<p>26.1 牙科治疗费用 Dental treatment</p>	<p>26.1.1 预防性牙科治疗费用 Preventative dental treatment</p> <p>我方为“综合牙科保障”持续有效达 6 个月及以上的被保险人支付下列牙科预防治疗产生的费用，包括： We will pay for the following preventative dental treatment recommended by a dentist after a beneficiary has had “Comprehensive Dental Benefit” for at least six months:</p> <ul style="list-style-type: none"> (a) 每一保险期间内两次牙科检查; two dental check-ups per period of cover; (b) X 光检查包括咬翼片、牙片及口腔全景片; X-rays, including bitewing, single view, and orthopantomogram (OPG); (c) 每一保险期间两次的洁牙及抛光，包括必要情况下局部氟化剂处理; scaling and polishing including topical fluoride application when necessary (two per period of cover); (d) 每一保险期间一付护齿; one mouth guard per period of cover; (e) 每一保险期间一付夜间咬合垫; one night guard per period of cover; and (f) 窝沟封闭治疗。 Fissure sealant.
<p>26.1.2 常规牙科治疗费用 Routine dental treatment</p>	<p>我方为“综合牙科保障”持续有效达 6 个月及以上的被保险人支付如下常规牙科治疗产生的费用（如果这些治疗是出于维护口腔健康所必须的并且由牙医要求）： We will pay for the following routine dental treatment after a beneficiary has had “Comprehensive Dental Benefit” for at least 6 months (if that treatment is necessary for continued oral health and is recommended by a dentist):</p> <ul style="list-style-type: none"> (a) 根管治疗; root canal treatment; (b) 拔牙; extractions; (c) 牙科外科手术; surgical procedures; (d) 暂时性牙科处理（包括开髓、换药、引流、暂封、暂时充填等）; occasional treatment; (e) 麻醉药；以及 anaesthetics; and (f) 牙周治疗。 periodontal treatment.
<p>26.1.3 重大牙科治疗费用 Major restorative dental treatment</p>	

我方将为“综合牙科保障”持续有效达 6 个月及以上的被保险人支付牙科修复性治疗费用:

We will pay for the following major restorative **dental treatment** after a beneficiary has had “Comprehensive Dental Benefit” for at least 6 months:

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

26.1.4 其他牙科治疗费用

Other dental treatment

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

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

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

26.1.5 牙科责任免除

Dental Exclusions

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

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

我方将不支付下列情况导致的费用：

We will not pay for costs resulted from any causes listed below:

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

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

- (c) 因牙具遗失或被盗而进行的更换;
The replacement of any dental appliance which is lost or stolen, or associated treatment;
- (d) 按照被保险人常住地所在国内拥有普通能力技术的牙医的正常合理的意见: 被保险人的牙桥、冠修复体或义齿可以修理并达到正常可用的状态, 但被保险人更换该牙桥、冠修复体或义齿的:
The replacement of a bridge, crown or denture which (in the reasonable opinion of a dentist of ordinary competence and skill in the beneficiary's country of habitual residence) is capable of being repaired and made usable;
- (e) 初次安装后不足五年的牙桥、冠修复体及义齿的更换, 除非:
The replacement of a bridge, crown or denture within five years of its original fitting unless:
 - (i) 保险期间内被保险人因外力伤害导致牙桥、冠修复体及义齿受损后无法修复达到正常可用的状况; 或
it has been damaged beyond repair, whilst in use, as a result of an **dental injury** suffered by the beneficiary whilst they are covered under this policy; or
 - (ii) 在被保险人必须拔除**健康自体牙**后, 从医疗上必须对与被拔除牙齿有邻接关系或对合关系的原义齿进行更换; 或
the replacement is necessary because the beneficiary requires the extraction of a **sound natural tooth/teeth**; or
 - (iii) 在对颌牙初次安装半口义齿时, 为进行全口牙列的咬合关系配置, 原义齿必须更换。
the replacement is necessary because of the placement of an original opposing full denture.
- (f) 树脂贴面或瓷贴面;
Acrylic or porcelain veneers;
- (g) 对上下颌的第一、第二及第三颗磨牙安装冠修复体或义齿, 除非:
Installing or replacing with crowns or dentures on the upper and lower first, second and third molars unless:
 - (i) 是普通烤瓷或全金属的, 如镍铬合金冠; 或
they are constructed of either common porcelain or metal (for example, a gold alloy crown); or
 - (ii) 常规或紧急牙科治疗中所需要的临时冠或义齿。
a temporary crown or pontic is necessary as part of routine or **emergency dental treatment**.
- (h) 实验性的或不符合通常牙科治疗规范的牙科治疗、操作或材料:
Treatments, procedures and materials which are

experimental or do not meet generally accepted dental standards;

- (i) 直接或间接由下述原因造成的种植牙治疗:
Treatment for dental implants directly or indirectly related to:
 - (i) 种植融合失败;
failure of the implant to integrate;
 - (ii) 种植体骨结合部位破裂;
breakdown of osseo-integration;
 - (iii) 种植体周围炎;
peri-implantitis;
 - (iv) 更换冠修复体、牙桥及义齿; 或
replacement of crowns, bridges or dentures; or
 - (v) 任何意外事故或紧急牙科治疗, 包括任何假体设备。
any accident or emergency dental treatment including for any prosthetic device.
- (j) 口腔卫生咨询建议, 如牙菌斑控制、口腔卫生及饮食等;
Advice relating to plaque control, oral hygiene and diet.
- (k) 单纯的服务或商品, 包括但不限于漱口水、牙刷及牙膏等;
Services and supplies, including but not limited to mouthwash, toothbrush and toothpaste.
- (l) 根据本保险合同相关条款规定, 应包含在核心医疗保障或扩展医疗保障内的牙科治疗;
Medical treatment carried out in hospital by an oral specialist may be covered under Core Medical Benefit or Extensional Medical Benefit, according to the related clauses of this policy.
- (m) 正畸治疗;
Orthodontic treatment.
- (n) 咬合关系取模, 精密/半精密附着体;
Bite registration, precision or semi-precision attachments.
- (o) 主要出于如下目的的治疗方法、用具及修复物 (全口义齿除外) :
Any treatment, procedure, appliance or restoration (except full dentures) if its main purpose is to:
 - (i) 改变上下 (颌间) 距离; 或者
change vertical dimensions; or
 - (ii) 颞下颌关节功能障碍的诊断或治疗; 或者
diagnose or treat conditions or dysfunction of the temporomandibular joint; or
 - (iii) 牙周病患牙固定; 或者
stabilise periodontally involved teeth; or

(iv) 咬合运动障碍解除。
restore occlusion.

第三章 责任免除 Section 3 - Exclusions

27. 通用责任免除

General Exclusions

下述通用责任免除对本保险合同所有保障均适用。因下列任一情形导致医疗费用或特定服务费用的，我方不承担给付保险金的责任：

Cover under this policy is subject to the following general exclusions. We will not pay for any medical costs or specific service costs due to each of below conditions:

- 27.1 投保人对被保险人的故意杀害、故意伤害。
intentional killing or intentional injury by you.
- 27.2 被保险人自伤、自杀、故意犯罪或抗拒依法采取的刑事强制措施。
Treatment that arises from, Intentional self-injury, attempted suicide, intentional criminal or resist criminal compulsory measures taken according to the law.
- 27.3 任何因接受医院治疗或由于执业医生所导致的损失、损害、疾病或机体损伤，即使该治疗已经我方批准。
any loss, damage, sickness and/or physical injury that may occur as a result of receiving medical treatment at a hospital or from a medical practitioner, even when we have approved the treatment as being covered.
- 27.4 任何既往症，包括投保前被保险人知道或者应当知道但未告知的既往症所导致或相关的任何疾病或症状。
any treatment due to any pre-existing condition, including any condition or symptoms which result from, or are related to, a pre-existing condition which the beneficiary knew about or should have known about before the start of their cover, but which was not disclosed to us.
- 27.5 妊娠、生育或由此导致的任何并发症或后续问题；宫外孕、流产、早产等非正常妊娠。
any of the treatments or other benefits which are related to pregnancy or childbirth; abnormal maternity such as ectopic pregnancy, abortion and premature birth.
- 27.6 不孕不育、生殖控制或由此导致的任何并发症或后续问题，包括但不限于：
any of the treatments or other benefits which are related to infertility, birth control and relevant complications, including but not limited to:
 - 27.6.1 试管婴儿(IVF)和人工受精治疗，及其导致的并发症；
In-vitro fertilisation (IVF) and artificial insemination and relevant complications;

- 27.6.2 任何与男性或女性有关的生育控制产生的治疗，包括但不限于：外科手术避孕、非外科手术避孕、生育咨询等；
Treatment needed because of or relating to male or female birth control, including but not limited to: surgical
contraception, non- surgical contraception, family planning consultation and etc;
- 27.6.3 与不孕不育（除了为确诊不孕不育而进行的检查）或各种生育问题相关的治疗、及对这些治疗导致并发症的后续治疗，包括但不限于：卵子输卵管内移植(GIFT)；受精卵输卵管内移植(ZIFT)；人工受孕(AI)；处方药；胚胎转移（从身体的一处转移至另一处）；或卵子/精子捐赠及其相关费用；
Treatment relating to infertility (other than investigation to the point of diagnosis), fertility treatment of any sort, or treatment of complications arising as a result of such treatment. This includes, but is not limited to: gamete intra-fallopian transfer (GIFT); zygote intra-fallopian transfer (ZIFT); artificial insemination (AI); **prescribed medicine**; embryo transportation (from one physical location to another); or ovum and/or semen donation and related costs;
- 27.6.4 胎儿外科手术，如在出生前子宫内进行的治疗或外科手术；
Foetal surgery, i.e. treatment or surgery undertaken in the womb before birth;
- 27.6.5 意图终止怀孕的措施；
Treatment of the intention to terminate the pregnancy;
- 27.6.6 任何代孕及与代孕有关的治疗，无论代孕者是被保险人，还是被代孕者是被保险人；
Surrogacy or any related treatment, no matter the surrogate is insured, or be surrogate is insured;
- 27.6.7 新生儿在医院的托管护理，除非其母亲因医疗必要并且符合通常医疗惯例须住院接受本保险合同规定范围内的治疗。
Nursery care for a newborn in hospital, unless the mother is required to remain in hospital due to medical necessity and customary medical convention for treatment that is covered by this policy.
- 27.7 人工维持生命，包含仪器辅助呼吸，除非此治疗有使被保险人复原或恢复到患病前健康状况的合理预期。
Life support treatment (such as mechanical ventilation) unless such treatment has a reasonable prospect of resulting in the beneficiary's recovery, or restoring the beneficiary to his or her previous state of health.
- 27.8 医疗核保所作出的任何特别责任免除中所涉及疾病或症状导致的治疗。
Treatment for a disease or condition which is the subject of a special exclusion.
- 27.9 非出于医疗必要或者不符合通常医疗惯例的入院或住院，包括：
The hospitalization or staying in hospital, which are not medically necessary or not of customary medical convention, which includes:

27.9.1 可以在日间病房或门诊进行的治疗:

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

27.9.2 病后自然恢复过程:

convalescence;

27.9.3 社会性或家庭性事务导致的入院, 如洗衣、穿着及沐浴等。

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

27.10 豪华套间、行政套间、贵宾病房等高级病房费用。除非我方审核认为有医疗必要并且符合通常医疗惯例, 否则我方将按照基本单人间的规格给付。

Costs of hospital accommodation for a deluxe, executive or VIP suite. Unless we recognize it as medically necessary and of customary medical convention, we will pay it according to basic single room.

27.11 器官移植或器官捐献过程中发生的下列情形:

The following situations caused by organ transplant or donor organs:

27.11.1 机械性人工器官、或动物器官, 除非在等待移植过程中为短期维持身体机能而临时使用的机械设备:

mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant;

27.11.2 通过任何渠道购买捐献器官:

purchase of a donor organ from any source;

27.11.3 针对未来可能出现的疾病而预先保存干细胞。

harvesting and storage of stem cells, when a preventative measure against possible future disease.

27.12 足部护理, 包括由手足病治疗专家或足科医生进行的。

Foot care by a Chiropodist or Podiatrist.

27.13 睡眠异常及其并发症, 如失眠、打鼾等; 除非有证据表明该被保险人经受着严重的呼吸睡眠综合症(窒息), 在这样的情况下我方将支付:

Sleep disorders, including insomnia, snoring and etc; unless there are indications that the beneficiary is suffering from severe sleep apnoea. In these circumstances, we will only pay for:

27.13.1 每一保险期间内一次睡眠情况评估;
one sleep study per period of cover;

27.13.2 医学必要并且符合通常医疗惯例的外科手术:
surgery, if medically necessary and of customary medical convention;

27.13.3 仪器租借使用费, 如其他方法都失败的情况下使用持续气道正压(CPAP)通气仪器。
the hire of equipment such as a Continuous Positive Airway Pressure (CPAP) machine because all other methods have failed to resolve the issue.

27.14 下列医生、医院、诊所及机构提供的治疗:

Treatment which is provided by:

27.14.1 医疗从业人员没有得到治疗所在国有关当局认可为具有治疗相应疾病、病症或机体损伤所需要的适当专业知识和技能的；

a medical practitioner who is not recognised by the relevant authorities in the country where the treatment is received as having specialist knowledge of, or expertise in, the treatment of the sickness or physical injury being treated;

27.14.2 我方已经以书面形式致函执业医生、治疗师、医院、诊所及机构通知：我方不再承认其作为我方认可的医疗服务主体（我方已经做出这样通知的执业医生、治疗师、医院、诊所及机构的信息可致电我方的客户团队）；

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

27.14.3 根据我方的合理意见，没有得到有效认证或授权、或没有适当的能力进行相应治疗的执业医生、治疗师、医院、诊所及机构。

a medical practitioner, therapist, hospital, clinic, or facility which, in our reasonable opinion, is either not properly qualified or authorised to provide treatment, or is not competent to provide treatment.

27.15 提供治疗的人员与被保险人在同一居所，或为被保险人的家庭成员。

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

27.16 戒烟及其相关治疗。

Treatment for, or in connection with, smoking cessation.

27.17 核爆炸、核辐射、化学污染、当地卫生机构宣布的疫情爆发且相应进行的疫情控制。

Nuclear explosion, nuclear radiation, chemical contamination, outbreaks of disease which are declared to be epidemics and put under the control of the local public health authorities.

27.18 由于武装冲突（包括但不限于以下情况）导致的治疗：

Treatment as a result of military conflict, including but not limited to:

27.18.1 战争，恐怖主义，叛乱（无论是否已宣布战争状态），内战，骚乱或军事篡位，戒严，暴乱或任何法律下组织的临时政府；

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

27.18.2 其他武装冲突，如果被保险人有如下情况：

Any other conflicts if the beneficiary has:

(a) 进入众所周知的武装交战地区（由您方的国籍国的政府所宣布，例如由中国外事及公共安全部门宣布）；或

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

- (b) 为主动介入冲突者; 或 actively participated in the conflict; or
- (c) 表现出明显不顾及个人安危。
displayed a blatant disregard for their own safety.

27.19 我方不予承担不是以恢复原有言语能力为目的的言语治疗，包括但不限于下列任一情况：

We will only pay for speech therapy if the aim of that therapy is to restore impaired speech function. We will not pay for speech therapy, including but not limited to:

- (a) 用于改善发育不完全的言语能力;
aims to improve speech skills which are not fully developed;
- (b) 出于教育提高言语能力的目的;
is educational in nature;
- (c) 出于维持语言交流能力为目的;
is intended to maintain speech communication;
- (d) 为纠正言语障碍（例如口吃）;
aims to improve speech or language disorders (such as stammering); or
- (e) 因学习困难及发育问题引起的，例如阅读障碍，注意力缺陷多动障碍（ADHD）或自闭症等。
is as a result of learning difficulties, developmental problems (such as dyslexia), behavioural problems (such as attention-deficit hyperactivity disorder), or autism

27.20 发育问题，包括但不限于：

Developmental problems including but not limited to:

27.20.1 精神或智力发育迟缓;
mental retardation;

27.20.2 学习困难如阅读障碍;
learning difficulties such as dyslexia;

27.20.3 行为问题如注意力缺陷或多动症（ADHD）;
behavioural problems such as autism or attention deficit disorder (ADHD);

27.20.4 身体发育问题如身材矮小。
physical development problems such as short height.

27.21 颞下颌关节功能障碍的(TMJ).

Disorders of the temporomandibular joint (TMJ).

27.22 治疗肥胖或其并发症，包括但不限减肥课程、减肥指导或药物减肥。

Treatment for obesity or which is necessary because of obesity. This includes, but is not limited to, slimming classes, aids and drugs.

但当被保险人符合在如下全部情况时，我方将支付胃束带或胃旁路外科手术费用：

We will only pay for gastric banding or gastric bypass **surgery** if a beneficiary:

27.22.1 体重指数（BMI）达到 40 或以上并被诊断为病态肥胖;
has a body mass index (BMI) of 40 or over and has been diagnosed as being morbidly obese;

27.22.2 能够提供文件证明：过去 24 个月内已经尝试过其他减肥方法;
can provide documented evidence of other methods of weight loss which have been tried over the past 24 months; and

27.22.3 在**外科手术**前已经历了心理评估，并确认被保险人适宜进行这样的**外科手术**。
has been through a psychological assessment which has confirmed that it is appropriate for them to undergo the procedure.

27.23 在**自然治疗诊所、水疗养院或温泉疗养院、疗养院或任何非医院性质的或不被认为是合格的医疗服务提供者机构提供的治疗。**
Treatment in nature cure clinics, health spas, nursing homes, or other facilities which are not hospitals or recognised medical treatment providers.

27.24 部分或全部由于家庭事务因素导致在**医院居住，或在医院居住期间实际上并不需要进行治疗，或医院已经成为被保险人的住所或永久居住的住所。**
Charges for residential stays in hospitals which are arranged wholly or partly for domestic reasons or where treatment is not required or where the hospital has effectively become the place of domicile or permanent abode.

27.25 任何因受酗酒、滥用酒精、吸毒、使用管制药物影响导致的相关治疗或与其有关的并发症导致的相关治疗，但按本保险合同约定我方应承担保险责任的除外。
Treatment for a related disease or condition resulting from the influence of alcohol use or misuse, drugs and controlled substances, unless the treatment is covered according to the policy.

27.26 肿瘤标志物检测、微量元素检测、血型检测、妊娠检测，或**艾滋病检测；除非有医学上合理的理由，并且由执业医生建议进行。**
Tumor marker tests, trace element tests, blood type testing, maternity tests or HIV tests; unless there are solid medical reasons and they are suggested by medical practitioner.
“医学上合理的理由”是指机体外观或生理检测发生客观改变，并且符合不明原因肿块、微量元素缺乏、妊娠或艾滋病的诊断特征，或者需要检测血型以进行输血、骨髓移植等治疗。
‘solid medical reasons’ requires that body appearance or physiological testing has objective changes, and is meeting the diagnostic characteristics of undiagnosed lumps, lacking of trace elements, maternity or HIV infection, or needs to have blood type tests for the purpose of blood transfusion or marrow transplantation.

27.27 维生素、益生菌、人参、冬虫夏草、养生方剂等主要用于养生的费用。
Mainly for nourishing, such as vitamins, probiotics, ginsengs, Chinese caterpillar fungus, nourishing prescriptions and etc.

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

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

27.29 任何对个性或人格障碍的治疗，包括但不限于：

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

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

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

27.29.3 表演型人格障碍。
histrionic personality disorder.

27.30 预防性治疗：包括但不限于健康筛查、常规体检及疫苗接种（除非您方已选择了包含这些保险责任的保障项目）；

Preventative treatment, including but not limited to health screening, routine health checks and vaccinations (unless that treatment is covered under these benefits you choose);

但我方将支付如下疾病的预防性外科手术费用：

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

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

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

27.30.2 已经进行基因检查，并且结果显示患有某种遗传性肿瘤综合征（请注意我方不支付基因检查的费用）；

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

在住院及日间病房医疗保障下，除癌症治疗外，对先天性疾病和遗传性疾病的预防性外科手术计算在先天性疾病的限额内。

Under the **Inpatient & day-patient Medical benefit**, the limits of cover for preventative **surgery** in respect of congenital and hereditary conditions will apply, other than for **cancer**.

27.31 任何原因引起的性功能障碍的治疗，如阳痿治疗或其他性方面的问题。

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

27.32 单眼或双眼屈光不正的治疗，包括但不限于：激光治疗、屈光性角膜切开术及屈光性角膜切削术。如是因疾病或机体损伤所导致，我方将支付符合条件的视力治疗费用，如白内障或视网膜脱落。

Treatment which is intended to change the refraction of one or both eyes, including but not limited to laser **treatment, refractive keratotomy and photorefractive keratectomy. We will pay for **treatment** to correct or restore eyesight if it is needed as a result of a sickness or physical injury (such as cataracts or a detached retina).**

27.33 除非另有说明，治疗期间的任何旅行花费如出租车费、公共汽车费用、汽油费或停车费。

Travel costs for treatment including any fares such as taxis or buses, unless otherwise specified, and expenses such as petrol or parking fees.

27.34 变性外科手术及任何该外科手术所需的准备及恢复性治疗（例如心理辅导），包括由该外科手术引起的并发症。

Sex change operations or any treatment needed to prepare for or recover from these operations (for example, psychological counselling) including complications arising out of such treatment.

27.35 因参与如下活动导致身体损伤、疾病或残疾而接受的治疗：
Treatment which is necessary because of, or is any way connected with, any injury or sickness suffered by a beneficiary as a result of:

27.35.1 参与职业运动项目：
taking part in a sporting activity on a professional basis;

27.35.2 高危险运动，如潜水、滑水、跳伞、攀岩、蹦极跳、赛马、赛车、摔跤、武术比赛、探险活动及特技表演等。
high risk activities, including diving, water skiing, parachute, rock climbing, bungee, horse racing, automobile racing, wrestling, combat sports, expedition, acrobatic display and etc.

27.36 根据我方的合理观点认为是实验性的、非规范的、或未被证实为有效的治疗。这些治疗包括但不限于：

Treatment which (in our reasonable opinion) is experimental, is not orthodox, or has not been proven to be effective. This includes but is not limited to:

27.36.1 临床试验性质的治疗：
treatment which is provided as part of a clinical trial;

27.36.2 未被治疗发生所在国权威部门批准的治疗：
treatment which has not been approved by the relevant public health authority in the country in which it is received; or

27.36.3 药品或药物没有获得药品或药物使用地所在国政府许可或批准。

any drug or medicine which is prescribed for a purpose for which it has not been licensed or approved in the country in which it is prescribed.

27.37 除了是医疗必要并且符合通常医疗惯例的，并且是由疾病、机体损伤或其他外科手术而导致的整形、美容或重建外科手术外，任何形式（包括出于生理或心理原因导致）的整形、美容或重建外科手术或改进人的外表的治疗费用。这些治疗包括但不限于：

Any form of plastic, cosmetic or reconstructive treatment, the purpose of which is to alter or improve appearance for either physical or psychological reasons, unless that treatment is medically necessary, of customary medical convention and is a direct result of an sickness or a physical injury suffered by the beneficiary, or as a result of surgery. This includes but is not limited to:

27.37.1 面部提升术（皱纹切除术）；
facelifts (rhytidectomy);

27.37.2 鼻部塑形术（鼻整形术）；
nose reshaping (rhinoplasty);

27.37.3 包皮环切术；
circumcision;

27.37.4 吸脂术及其他去除脂肪的治疗；
liposuction and other procedures which remove fat tissue;

27.37.5 激光去痣术或去激光瘢痕术；
removing moles or scars with laser;

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

27.37.7 改变乳房形状的外科手术、乳房增大或缩小外科手术（癌症治疗后的乳房重塑术除外）。
surgery to change the shape of, enhance or reduce breasts
(other than breast reconstruction following treatment for
cancer).

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

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

27.38 不属于规范的医疗费用，包括但不限于专家邀请费、专家点名费、报纸、出租车、电话、接待餐费及旅馆住宿费用。
Non-orthodox medical costs, Including but not limited to: expert invitation fees, expert nomination fee, newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation.

27.39 填写理赔申请表的费用及其他行政费用。
Costs or fees for filling in a claim form or other administration charges.

27.40 任何其他保险公司、个人、组织或公共机构应支付或已经支付的费用。如果被保险人已在其他保险中获得了赔偿，我方仅支付剩余的部分。如果我方所支付的费用应为其他保险公司、个人、组织、机构所承担，我方将有权要求偿还该笔费用。
Costs, those have been or can be paid by another insurance company, person, organisation or public programme. If a beneficiary is covered by other insurance, we may only pay part of the cost of **treatment**. If another person, organisation or public programme is responsible for paying the costs of **treatment**, we may claim back any of the costs we have paid.

第四章 预先批准

Section 4 - Prior approvals

28. 预先批准清单

List of prior approvals

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

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

- 28.1 被保险人必须在每次住院或日间病房治疗前联系我方；
A beneficiary must contact us before each **inpatient** or **day-patient treatment**;

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

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

- 28.1.1 被保险人预期需要留院治疗的时长；
how long the beneficiary will need to stay in **hospital**;
28.1.2 被保险人的诊断信息（如果诊断发生了变更）；
the diagnosis (if this has changed); and
28.1.3 被保险人所接受过的治疗和未来需要接受的治疗。
the **treatment** which the beneficiary has received, and needs to receive.

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

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

- 28.3 被保险人必须在每次计算机断层扫描（CT）、核磁共振成像（MRI）或正电子发射断层扫描（PET）前联系我方；
A beneficiary must contact us before each CT scans, MRI scans and PET scans;

- 28.4 无论是在门诊、住院或日间病房，被保险人都必须在每疗程的针灸治疗、物理治疗/补充治疗、职业治疗、言语复健治疗或任何以康复为目的的治疗前通知我方；

A beneficiary must contact us before each course of acupunctures, **physiotherapies / complementary therapies, occupational therapies** and restorative speech therapies, or any **treatments for rehabilitations**, wherever occurred in **outpatient**, **inpatient** or **day-patient**;

因需要针灸治疗、物理治疗/补充治疗、职业治疗、言语复健治疗或任何康复治疗的疾病往往较为复杂，您方通知我方时必须提交主持该次治疗的**专科医生**的医疗报告，该报告须载明：

As conditions requiring acupunctures, **physiotherapies / complementary therapies, occupational therapies** and restorative speech therapies, or **treatments for rehabilitations** can be very

complex, as part of the prior approval process we must receive a medical report from the treating **specialist**, detailing the following:

- 28.4.1 本疗程持续的时间;
how long this course persists;
- 28.4.2 诊断;
the diagnosis; and
- 28.4.3 被保险人已经接受的治疗及需要接受的治疗。
the **treatment** which the beneficiary has received, or needs to receive.
- 28.5 被保险人必须在每次精神治疗前联系我方;
A beneficiary must contact us before each **psychiatric treatment**;
- 28.6 被保险人必须在每次疼痛控制治疗前联系我方，包括住院和门诊;
A beneficiary must contact us before each pain management, including **inpatient** and **outpatient**;
- 28.7 被保险人必须在每次家庭护理前联系我方;
A beneficiary must contact us before each **home nursing**;
- 28.8 被保险人必须在每次姑息治疗前联系我方;
A beneficiary must contact us before each **palliative care**;
- 28.9 被保险人必须在每次种植牙治疗前联系我方。
A beneficiary must contact us before each dental implant or dental orthodontic procedure.

29. 预先批准审核

Prior approval review

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

You or the beneficiary shall inform us prior to the **treatment** listed in the above clause. For emergency situations (emergency situation refers to those if left untreated with the **treatment** requires prior approval could result in a significant deterioration of health to a beneficiary), prior approval is not required immediately for the above mentioned **treatments**. However, you or the beneficiary or his/her representative shall inform us within 48 hours after the emergency occurs for a catch up prior approval. Failure to follow the prior approval process may result in payment delays or the claim being denied or reimbursed at a lower benefit level. Unless otherwise agreed in the policy, for costs that should have been approved in advance but are not approved according to the process provided herein, the beneficiary shall bear 20% of such costs at his/her own expense once we, upon claim review, confirm such costs are covered by the policy.

30. 诉讼时效 Limitation of actions	<p>您方向我方请求给付保险金的诉讼时效期间为自您方知道或者应当知道保险事故发生之日起 2 年。</p> <p>The period of prescription for the lodging of a claim with us for payment of insurance benefits by the beneficiary shall be two years, counting from the date on which you learnt or ought to have learnt of the occurrence of the insured event.</p>
31. 理赔申请资料 Materials of claims	<p>您方或被保险人在申请理赔时应提供下列所有证明和资料原件:</p> <p>When filing a claim, you or beneficiary will provide the following original evidence and materials:</p> <ul style="list-style-type: none"> 31.1 填写完整的理赔申请表; complete the claim form 31.2 与本次理赔有关的所有医疗文件, 包括但不限于医生诊断书, 有主持治疗的执业医生的签字或印章(正式的医疗诊断章)的医疗记录或医疗手册等; all relevant medical documents, including but not limit to certificate of diagnosis, medical records signed by medical practitioners of treatments; 31.3 与本次理赔有关的所有收据和发票; 和 all relevant original receipts and invoices; and 31.4 与本次理赔有关的诊疗资料及其他我方要求提供的证明、报告和文件。 other medical documents and files required by us.
32. 保险金的给付 How we pay claims	<p>32.1 直付服务 Direct settlement</p> <p>32.1.1 直付医疗网络 Direct settlement network</p> <p>直付医疗机构的清单可以在我方官方网站或我方在线客户服务的您方账号里进行查询。</p> <p>The laundry of these direct settlement providers could be inquired on our official website or in your account of our online e-service platform.</p> <p>32.1.2 在某些要求付款担保的情况下, 我方可能为被保险人向医院、执业医生或诊所提供付款担保, 即我方事先同意就某一特定治疗支付部分或全部费用。</p> <p>In some circumstances with requiring guarantee of payment, we may provide a guarantee of payment to a hospital, medical practitioner or clinic for a beneficiary. This means that we agree in advance to pay some or all of the cost of a particular treatment.</p> <p>如果我方出具付款担保, 待治疗结束且收到相关的申请表和发票复印件后, 我方将按照付款担保向该医院、执业医生或诊所支付担保的款项。</p> <p>Where we have given a guarantee of payment, we will pay the hospital, medical practitioner or clinic the agreed amount on receipt of an appropriate request and a copy of the relevant invoice, after the treatment has been provided.</p> <p>32.1.3 在不要求付款担保的情况下, 直付医疗机构直接向我方结算的, 我方在审核通过后将按照本保险合同支付我方所应</p>

承担的费用。

In the circumstances without requiring **guarantee of payment**, if the direct settlement providers invoice us directly, we will pay them directly, according to our review and based on this policy.

32.2 理赔

Claiming

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

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

33. 其它核定结果

Other decisions

33.1 谎称发生保险事故

Claim for false insurance event

未发生保险事故，被保险人谎称发生了保险事故，向我方提出索赔申请的，我方有权解除保险合同，并不退还保险费。

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

33.2 故意制造保险事故

Claim for deliberate caused insurance event

投保人、被保险人故意制造保险事故的，我方有权解除保险合同，不承担给付保险金的责任也不退还保险费。

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

33.3 虚假证明

Claim for forged proofs

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

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

34. 应追讨款项

claw back payables

34.1 如果被保险人使用直付服务，但医院、执业医生或诊所向我方出具账单的款项中我方核定不予承担的部分应由被保险人自行承担，包括如下情况：

Under below conditions relevant to beneficiaries' taking direct billing service which result in our payable liabilities to **hospitals, medical practitioners or clinics**, we hold rights to claw back from beneficiaries

the part or full amount, which should not be covered according to our assessment:

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

34.1.2 需要进行预先批准的，被保险人未进行预先批准或未通过预先批准；
the medical utilization is required to take pre-authorization and the beneficiary didn't take or didn't pass pre-authorization;

34.1.3 需要进行预先批准的，被保险人进行预先批准时未如实告知，我方基于非如实告知的信息同意预先批准的；
the medical utilization is required to take pre-authorization and the beneficiary take pre-authorization but didn't fulfil full disclosure, we approved the pre-authorization according to realization at that moment;

34.2 因投保申请时故意或重大过失未如实告知应解除本保险合同的，对本保险合同生效后发生的所有我方已经支付的理赔及因为直付服务将导致我方须向**医院、执业医生或诊所**支付的款项，被保险人应向我方退还相应的费用；

If the policy should be cancelled due to non-disclosure at application, we hold the rights to claw back from beneficiary all the amounts of paid claims and our payable liabilities to **hospitals, medical practitioners or clinics** due to direct billing service after policy effectiveness;

34.3 因投保申请时未如实告知进行重新核保的，对根据重新核保决定我方不应承担的所有我方已经支付的理赔及因为直付服务将导致我方须向**医院、执业医生或诊所**支付的款项，被保险人应向我方退还相应的费用；

If the re-underwriting should be taken due to non-disclosure at application, we hold the rights to claw back from beneficiary all the amounts of paid claims and our payable liabilities to **hospitals, medical practitioners or clinics** due to direct billing service, which should not be covered according to the underwriting.

34.4 因 34 款的情形，我方已经支付的保险金、因为直付服务将导致我方须向**医院、执业医生或诊所**支付的款项及其他费用，被保险人应当在收到我方相关通知之日起 30 日内向我方退回。

Under all conditions of clause 34, we hold the rights to claw back from beneficiary all the amounts of paid claims and our payable liabilities to **hospitals, medical practitioners or clinics** due to direct billing service and other costs. The beneficiary should return the corresponding amount to us within 30 days after receiving our notification.

34.5 当根据本保险合同约定我方在给付保险金或退还**未满期净保费**时存在上述应追讨款项，我方会先行扣除本保险合同项下的应追讨款项。应追讨款项未足额扣除的，我方保留采取其他方式追讨的权利。

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

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

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

对于每一次的理赔，被保险人必须严格按照上述的理赔流程操作，否则我方将减少或不予支付理赔款项。
Beneficiaries must comply strictly with the claims procedures set out in this section in respect of every claim. If they do not do so, we will reduce benefits or not pay the claim as specified above.

第六章 释义

Section 6 - Definitions

36. 术语定义
Defined terms

36.1 付款担保 Guarantee of payment	下列名词或术语按照下面所指明的定义为准。本保险条款中按照下列定义的名词或术语将标为粗体字。 The words and phrases set out below have the meanings specified. Where those words and phrases are used with those meanings, they will appear in bold in these provisions.
36.2 未满期净保费 Unearned net premium	指我方对被保险人或治疗方提供关于特定治疗费用的付款的担保。 a guarantee to pay agreed costs associated with particular treatment which we may give to a beneficiary or a hospital, clinic or medical practitioner.
36.3 保单周年日 Anniversary date	指未满期保险费扣除手续费后的剩余保险费。 any remained premium which is unearned premium net of expense. 计算公式为：最近一期支付的保险费×（1 - 该保险费所保障的已经过天数/该保险费所保障的期间的天数）×（1-35%）。 the formula is: latest premium payment× (1- the past days covered by this premium/ the whole days covered by this premium)× (1-35%).
36.4 重大人生事件 Qualifying life event	指每年与本保险合同生效时间相对应的日期。如果该月份无对应的同一日，则以其最后一日作为保单周年日。 The same date as start date of this policy in following years. If there is no the same date in relevant month, the last date of that month will be.
	指： means:
36.4.1	结婚； marriage;
36.4.2	形成国籍或 常住地 所在国认可的伴侣关系； commencing partnership verified by country of habitual residence or country of nationality;
36.4.3	离婚； divorce;
36.4.4	生育儿女； birth of a child;
36.4.5	收养孩子； legal adoption of a child; or
36.4.6	配偶、伴侣或孩子去世。 death of a spouse , partner or child.

上述情况我方均要求提供相应证明。
We may require evidence of the above event.

36.5 配偶 Spouse	指被保险人的法定丈夫或妻子，或我方已接受承保于本保险合同中的未婚人员或伴侣。 a beneficiary's legal husband or wife, or unmarried or civil partner who we have accepted for cover under this policy.
36.6 治疗 Treatment	指由 执业医生 进行的外科手术或治疗，并且是为了达到“诊断、治愈或实质性缓解疾病或机体损伤”的目的所必须进行的。 any surgical or medical treatment controlled by a medical practitioner that are medically necessary to diagnose, cure or substantially relieve sickness or physical injury.
36.7 专科医生 Specialist	指根据 治疗 所在地的国家、政府或其他监管区域的法律，合法承认、注册或登记的 医生 ，并且其所提供的 治疗 必须在其合法资质的范围内，不包括本保险合同保障下的被保险人或其任何家庭成员。 a doctor who is recognised, registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided and only for the treatment which is being recommended, and who is not covered under this policy, or a family member of someone covered under this policy.
36.8 医疗团队 Medical team	指我方临床医疗团队或服务团队。 means our clinical team and/or service team.
36.9 医疗必要 Medically necessary, medical necessity	指经我方 医疗团队 同意的、受保障的必要医疗服务及供给，须符合下述全部条件： medically necessary covered services and supplies are those determined by the medical team to be: <ul style="list-style-type: none"> 36.9.1 基于诊断或治疗疾病、机体损伤或相关症状的需求； required to diagnose or treat an sickness, physical injury, or its symptoms; 36.9.2 符合通常医疗标准及医疗实践的规范医疗服务； orthodox, and in accordance with generally accepted standards of medical practice; 36.9.3 与疾病的类型、发病频率、波及范围、部位及病程相适应的临床医疗服务； clinically appropriate in terms of type, frequency, extent, site and duration; 36.9.4 非主要出于方便被保险人、内科医生或其他医院、诊所及执业医生的目的； not primarily for the convenience of the beneficiary, physician or other hospital, clinic or medical practitioner; and 36.9.5 以提供该类服务和供给合适的最基本需要水平提供。 rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

医疗团队会在比较过可选择服务、设施或供给的成本效率后决定什么是最基本需要。

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

36.10 通常医疗惯例 Customary medical convention	指接受的医疗服务、设施与当地通行医疗规范、通行治疗方法、平均医疗费用价格水平一致。 the medical service, facilities are consistent with local customary medical norms, customary treatments methodologies and average medical charge level. 对此, 我方 医疗团队 将根据客观、审慎、合理的原则进行审核; 如果被保险人对审核结果有不同意见, 可由双方认同的权威医学机构或者权威医学专家进行审核鉴定。 As for it, our medical team will verify it according to the principles of objectivity, prudence and rationality. Any disagreement about the verification could be submitted to be authenticated by both-recognized authoritative institutes or experts.
36.11 医院 Hospital	指由 执业医生 或 合法注册护士 对被保险人进行日常护理、观察、治疗的医疗机构, 并且该医疗机构在所在地的监管机构注册或登记为提供综合医疗服务或外科医疗服务的合格机构。 any organisation or institution which is registered or licensed as a medical or surgical hospital in the country in which it is located and where the beneficiary is under the daily care or supervision of a medical practitioner or qualified nurse .
36.12 全球 Worldwide	指世界各国及海上。 every country throughout the world and at sea.
36.13 美国 USA	指美利坚合众国。 the United States of America.
36.14 全球不含美国 Worldwide excluding USA	指除美利坚合众国以外的世界所有地区。 worldwide, with the exception of the USA.
36.15 亚洲 Asia	指政治意义上的 亚洲 。按照各国家和地区的国际公认的归属确定。不包括大洋洲。 is the political Asia , according to the internationally generally accepted classification of each countries and areas, excluding Oceania.
36.16 中国大陆 Mainland China	指中华人民共和国的全部领土、领海及其领空, 除香港特区、澳门特区和台湾地区外。 all territories, seas and related airspaces of People's Republic of China, excluding Hong Kong, Macau and Taiwan.

36.17 优选医疗机构 Selected medical provider	指我方对保障区域内医疗机构的资质及收费水平进行分析后，筛选出的我方认可的医疗机构。我方将向您方提供 优选医疗机构 清单，由于各医疗机构的收费水平将发生变化，我方将跟踪分析并通知您方更新后的清单。 After tracking of local medical providers' qualification and charging adjustments, some of them are recognized as selected medical provider . We will provide you these providers' list. Because providers could change their charging from time to time, we will track these and update the list as necessary.
36.18 特定医院 Special provider	指我方对保障区域内医疗机构的收费水平进行分析后，筛选出的收费水平明显区别于其他医疗机构通常收费水平的医疗机构。我方将向您方提供 特定医院 清单，由于各医疗机构的收费水平将发生变化，我方将跟踪分析并通知您方更新后的清单。 After tracking of local medical providers' charging adjustments, part of them which are significant different from others are selected. We will provide you these providers' list. Because providers could change their charging from time to time, we will track these and update the list as necessary.
36.19 社会医疗保险 Social medical insurance	指城镇职工基本医疗保险、城镇居民基本医疗保险、新型农村合作医疗和政府医疗救助等医疗保障，及由社会保险行政部门主导的补充医疗保险、大病保险项目。法律法规对于 社会医疗保险 所涵盖的内容另有规定的，从其规定。 Refers to urban workers basic medical insurance, urban residents' basic medical insurance, new rural cooperative medical insurance, government medical assistance and other social medical cover, also include supplementary medical insurance and critical illness insurance programs which are oriented by the Social Insurance Administrative department. If the law and regulations have other provisions on the coverage of social medical insurance , the provisions of law and regulations shall prevail.
36.20 公费医疗 State-funded medical care	指国家为保障国家工作人员身体健康而实行的、通过医疗卫生部门按国务院规定向享受人员提供免费医疗及预防服务的一项社会保障制度。 Refers to the social security system, provided through medical and health department, according to the provision of State Council, to provide the free medical care and prevention services to the national staff to ensure their health.
36.21 美国地区非网络医院 US Non-CIGNA Healthcare PPO/OAP network	指我方在美国地区的医疗网络 医院 以外的医疗机构。我方将向您方提供我方在美国地区的医疗网络 医院 的查询方式。 It refers to the hospital in the US that is not included in the Cigna Healthcare PPO/OAP (Preferred Provider Organization/Open Access Plus) network. We will provide you the inquiry way of CIGNA Healthcare PPO/OAP network.
36.22 常住地 habitual residence	常住地 指被保险人作为户主或租户在当地有固定居住地址，且在过去一年内至少居住不少于六个月。 The habitual residence means the fixed dwelling place as owned or rented, and the actual dwelling time is no less than 6 months in last one year.
36.23 住院 Inpatient	指被保险人因医疗原因、被接纳入一家 医院 并且需要在 医院 占用正式病床停留一个夜晚或以上。 a patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

36.24 外科手术 Surgery	对肢体进行开放性切割以治疗疾病、创伤及畸形的医疗专业。 the branch of medicine that treats sickness, injuries, and deformities by operative methods which involves an incision into the body.
36.25 癌症 Cancer	指恶性的肿瘤、组织或细胞，表现为恶性细胞及入侵组织不可控制的生长与扩散。 a malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.
36.26 门诊 Outpatient	指病人在医院、诊疗室，或门诊部进行的治疗，不是日间病房治疗或住院治疗。 a patient who attends a hospital , consulting room, or outpatient clinic for treatment , and is not admitted as a day-patient or an inpatient .
36.27 日间病房治疗 Day-patient treatment	指下列两种情况之一： The situation shown as one of the following: <ul style="list-style-type: none"> 36.27.1 有入住日间病房收入院的正式手续，被保险人在医院专设的日间病房部进行护理并使用床位但不过夜；或者 by formal admission procedure into day-patient departments, the beneficiary occupies a bed but not stays overnight in specialized day-patient departments; or 36.27.2 由于使用专科医疗设施的治疗部门在治疗过程中需要持续监控，被保险人需占用医院病床但不过夜，如肾透析、高压氧治疗等。 because they need a period of medically supervised recovery, the beneficiary occupies some specialized medical facility for treatment but not stay overnight, such as dialysis, oxygen therapy and etc. 在美国发生的日间病房护理也包含 专科医生在外科手术 中进行的术中监护。 In respect of USA based admissions, this also includes procedures carried out in the specialist's surgery .
36.28 膳食费 Hospital meals	根据 医生 的医嘱，由作为 医院 内部专属部门的、为 住院 病人配餐的食堂配送的 膳食费 。 The meal are consistent with doctor's advice, and provided by hospitals' internal catering centres which are specified for inpatient patients. 膳食费 应包含在医疗账单内；根据各医疗机构的惯例，可以作为独立的款项、也可以合并在病房费等其他款项内。 The hospital meal cost should be included in discharge bills, either as separate item or as included in medical cost or other items, according to the providers' routines. <u>如果一些医疗机构自身不设内部专属的食堂而将病人膳食外包给独立经营的商业餐饮单位、从而膳食费不包含在医疗账单内的，被保险人提供证明上述情况属实并经我方证实后，将按照膳食费发票金额的 50%作为与医疗相关的膳食费金额进行后续的理赔计算。</u> <u>It could be possible that some providers don't have internal specified catering centres and outsource hospital meals to independent commercial restaurants. As a result, hospital meals are not included in the discharge bills. After these facts are verified, we will pay for 50% of the medical relevant meal costs.</u>

36.29 处方药 Prescribed medicines	是指根据由 执业医生 开具处方的西药和中成药（中草药将按照“ 中医/针灸治疗费用 ”的约定支付），但不包括如下： prescribed by medical practitioners , includes the medicines and Chinese patent medicines (Chinese herbal medicines are subject to Chinese medicine / acupunctures), excluding:
36.29.1	主要起营养滋补作用的药品，包括但不限于：花旗参，冬虫夏草，十全大补膏等滋补类中药，白糖参，朝鲜红参，玳瑁，蛤蚧，珊瑚，狗宝，海马，红参，琥珀，灵芝，羚羊角尖粉，马宝，玛瑙，牛黄，麝香，西红花，血竭，燕窝，野山参，移山参，珍珠(粉)，紫河车，阿胶，血宝胶囊、红桃 K 口服液、十全大补丸等； the medicines mainly for the purpose of nourishing, including but not limited to panacis quinquefolii radix, Chinese caterpillar fungus, nourishing Chinese medicines like tonic semifluid extract of ten ingredients, ginsengs, RADIX GINSENG RUBRA from Korea, turtle, gecko, coral, dog's gallbladder stone, sea horse, red ginseng, amber, glossy ganoderma, Cornu Antelopis, horse's gallbladder stone, agate, bezoar, musk, saffron, sangusis draconis, bird nest, wild ginseng, pearls, placenta hominis, colla corii asini and other nourishing;
36.29.2	部分可以入药的动物及动物脏器，如鹿茸，胎盘，鞭，尾，筋，骨等，以及用中药材和中药饮片炮制的各类酒制剂等； some animal organs or tissues, such as pilose angler, placenta, testes and penis, tails, tendons, bones, and all medicinal liquors of Chinese medicines;
36.29.3	主要以 美容 、 美白 、 减肥 等 非治疗性 目的的药品； the medicines mainly used for cosmetic , whitening or losing weights;
36.29.4	不属于药品范围的辅助用品，包括但不限于：海盐水、力度深、雅漾、丝塔芙、口罩、纽曼斯益生菌、配方营养素、奶粉、母乳补充剂、爱维滴等； commentary materials which are not regular medicines, including but not limited to: sea salt, Redoxon, Avene, Cetaphil, musk, Newmans probiotics, formulated nutrients, milk powders and etc;
36.29.5	非 治疗性 药品：免疫刺激剂（包括但不仅限于施保利通，泛福舒，匹多莫德等）。 immunologic stimulant, including but not limited to: shibaolitongpian, Broncho-Vaxom, Pidotimod and etc.
36.30 重症监护 Intensive care	医院中专门用于提供 重症监护治疗 的病房，例如 重症监护室 、 重疾监护室 、 重症治疗室 及 重症护理室 等。 a specialised department in a hospital that provides intensive care treatment , for example an intensive care unit, critical care unit, intensive therapy unit, or intensive treatment unit.
36.31 医生 Doctor	指同时符合下列条件的医疗从业人员：拥有适当的医疗学位；以及在所在的国家、地区或管辖范围内合法注册并拥有行医执照，可以在医疗发生地提供医疗服务。 a medical professional who holds an appropriate doctoral degree, is registered and licensed under the laws of the country, state or regulated area to practice medicine in the country in which the treatment is provided.

36.32 诊断性检查化验 Diagnostic tests	指对症状原因的调查研究，如 X 光或血液检测等。 investigations such as x-rays or blood tests to find or to help to find the cause of the beneficiary's symptoms.
36.33 治疗师 Therapist	指所在国家政府承认并允许在该地区提供相应治疗的理疗师、语言治疗师、职业治疗师或视力矫正医师。 a physiotherapist, speech therapist, occupational therapist or orthoptist who is suitably qualified and holds the appropriate license to practice in the country where treatment is received.
36.34 物理治疗/补充治疗 physiotherapy/ complementary therapies	是指由具有相应资质的专科医生实施的物理治疗、顺势治疗、整骨治疗及脊椎治疗，有书面的治疗计划，并在合理的、可预测的时间内使得症状明显好转。 the physiotherapies, homeopathies, osteopathies and chiropractic treatments are performed by qualified specialists , are with written therapy plans, and are expected to improve conditions significantly within a reasonable and foreseeable future. 在中国大陆地区发生的物理治疗/补充治疗是指应用人工物理因子（如光、电、磁、声、温热、寒冷等）来治疗疾病，包括电疗、光疗、磁疗、热疗、冷疗、水疗，以及超声波疗法等符合全国医疗服务项目规范规定的项目；或者持有医疗执照的专业治疗师实施的顺势治疗、整骨治疗及脊椎治疗。 <u>但不包括泥疗，蜡敷治疗，气泡浴与药物浸浴治疗。</u> Inside Mainland China, the range of physiotherapy/ complementary therapies is treating conditions with artificial physical factors, such as light, electronics, magnet, sound, heat, cold etc, including electrotherapy, phototherapy, magnet therapy, heat therapy, cold treatment , hydrotherapy, ultrasonic therapy and other therapies included in China's National Medical Services Orthodox issued by MOH, as well as homeopathies, osteopathies and chiropractic treatments are performed by medically licensed therapists , but excluding mud therapy, wax deposition treatment , bubble bath, medicated bath and so on.
36.35 中医/针灸治疗 Chinese medicine / acupunctures	在中国大陆地区之外发生的物理治疗/补充治疗是指发生保险事故后，有执照的治疗师出于医疗目的推荐的物理治疗、顺势治疗、整骨治疗及脊椎治疗。 Outside Mainland China, the physiotherapies, homeopathies, osteopathies and chiropractic treatments means the treatments medically necessarily performed by qualified therapists to treat the conditions. 指由具有相应资质的专业针灸师及专业中医医生实施的相应治疗，对该治疗需要有书面的治疗计划，并在合理的、可预测的时间内使得症状明显好转。由专业中医医生进行的物理治疗/补充治疗归类在中医/针灸治疗。 the Chinese medicine / acupunctures are performed by qualified practitioner of Chinese medicine or acupunctures, are with written therapy plans, and are expected to improve conditions significantly within a reasonable and foreseeable future. The physiotherapies / Complementary therapies performed by qualified Chinese medicine specialists are classified as Chinese medicine / acupunctures . <u>但不包括下列治疗方式：拔罐、闪罐、走罐、刮痧、悬灸、药浴、薰蒸、耳烛、耳针和短波/微波脉冲、膏方、三伏贴、三九贴等。</u> <u>they exclude: cupping, twinkling cupping, moving cupping, scraping, over skin moxibustion, medicated bath, fumigation, ear candling, ear acupuncture, microwaving, gaofang, three Fu stick, three nine stick etc.</u>

我方将不支付针对下列疾病的中医/针灸治疗，包括但不限于：高血脂、毛囊炎、痤疮、月经不调、痛经、乳腺增生、纤维瘤、脱发、便秘、腹泻、消化不良、呼吸系统疾病、失眠、焦虑、抑郁、神经衰弱等。因医疗必要由执业医生开具处方的中草药除外。

we do not pay below conditions' Chinese medicine / acupunctures, including but not limited to: hyperlipemia, folliculitis, acne, irregular menstruation, menalgia, mammary hyperplasia, fibroma, alopecia, constipation, diarrhoea, dyspepsia, respiratory conditions, insomnia, anxiety, depression, neuroism etc. But excluding the medically necessary Chinese herbal medicines prescribed by medical practitioners.

36.36 康复治疗
Rehabilitation

指采用物理治疗/补充治疗、职业治疗等手段，使被保险人恢复到疾病或机体损伤急性发作之前的状态。

physiotherapies / complementary therapies or occupational therapies for the purpose of **treatment** aimed at restoring the beneficiary to their previous state of health after an acute event.

36.37 职业治疗
Occupational therapies

指通过物理治疗/补充治疗或专业的指导及训练恢复职业所需的功能。
physiotherapies / complementary therapies, professional guidance or training to recover the capabilities of the beneficiary's previous occupation.

36.38 家庭护理
Home nursing

指一位合法注册护士至被保险人家中提供的专业护理服务，包括：
visits from a **qualified nurse** to the beneficiary's home to give expert nursing services:

- 36.38.1 因医疗必要并且符合通常医疗惯例所进行的紧随住院治疗之后的护理；以及
immediately after **hospital treatment** for as long as is required by **medical necessity** and **customary medical convention**; and
- 36.38.2 因医疗必要并且符合通常医疗惯例而本应在正规医院里所提供的护理。
visits for as long as is required by **medical necessity** and **customary medical convention** for **treatment** which would normally be provided in a **hospital**.

家庭护理仅限于为被保险人提供治疗的专科医生所要求的范围。

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

36.39 合法注册护士
Qualified nurse

指被治疗所在地的国家、政府或其他监管区域的法律所承认、注册并允许在该地区提供服务的护士。

a nurse who is registered or licensed as such under the laws of the country, state or other regulated area in which the **treatment** is provided.

36.40 姑息治疗
Palliative care

指不以使病症完全治愈或实质性好转为目的，仅以缓解痛苦为目的的治疗。

treatment that does not cure or substantially improve a condition but is given in order to alleviate symptoms.

36.41 短期
Short-term

指按照主持治疗的执业医生的评估并经我方医疗主管的认可，与治疗疾病后被保险人正常复元的合理过程相吻合的时间段，最多不超过 90 天。

means a period of time consistent with the recuperation time required for

the **treatment** and as prescribed by the treating **medical practitioner** with the approval of our medical director, up to 90 days.

36.42 意外事故
Accident

突发的，外来的，非本意的，非疾病的使身体受到伤害的客观事件。
objective incidents, which are sudden, exogenous, non-intentional, non-disease and physically injuring the body.

36.43 紧急牙科
Emergent Dental

指损伤或拔牙后止痛药无法遏制的剧痛或面部浮肿或流血不止，同时被保险人的惯常牙科医生不在营业时间或不在被保险人当时可及的地域范围之内。在该情况下的**紧急牙科治疗**仅以稳定病况及缓解剧痛为目的。
where either severe pain which is not amenable to relief by painkillers or facial swelling or uncontrollable bleeding after an extraction or injury is being suffered and it is either outside the business hours of a beneficiary's usual dentist or the beneficiary is staying at a place which is away from the dental practice he or she usually visits. The **treatment** covered in such an instance is to purely stabilise the problem and relieve severe pain.

36.44 循证治疗
Evidence-based treatment

指经过下述机构研究、核查及认可的**治疗**:
treatment which has been researched, reviewed and recognised by:

- 36.44.1 美国国家健康及临床优化研究所(the National Institute for Health and Clinical Excellence); 或
the National Institute for Health and Clinical Excellence; or
- 36.44.2 我方医疗顾问团; 或
the Cigna Medical Team; or
- 36.44.3 我方认可的其他机构。
another source recognised by the Cigna Medical Team.

36.45 精神治疗
Psychiatric treatment

指对有精神健康问题的被保险人进行的**治疗**，包括饮食失调。
management and care of a person who is suffering from a mental health condition including but not limited to eating disorders.

36.46 积极治疗
Active treatment

指为了缩小肿瘤、制止或延缓其扩散而进行的**治疗**。不包括单纯减轻症状的治疗。
treatment which is intended to shrink a cancer, stabilise it or slow down the spread of the disease. This excludes **treatment** given solely to relieve symptoms.

36.47 执业医生
Medical practitioner

指经国家、政府或其他监管注册或认可的可在其管辖范围内进行**治疗**的**执业医生**或**专业医生**，不包括本保险合同保障下的被保险人或其任何家庭成员。
a **doctor** or **specialist** who is registered or licensed to practice medicine under the laws of the country, state or other regulated area in which the **treatment** is provided, and who is not covered under this policy, or a family member of someone covered under this policy.

36.48 健康自体牙
Sound natural tooth/teeth

指咀嚼、语言等功能完全正常的牙齿、且非种植牙。另外，不得存在下列任何情况之一：
a tooth that functions normally for chewing and speech purposes and that is not a dental implant. Such natural tooth/teeth should not have experienced any of the following:

- 36.48.1 龋齿或牙科充填;
decay or filling;

	36.48.2 伴随牙槽骨丧失的牙龈牙周疾病; gum sickness associated with bone loss;
	36.48.3 根管治疗。 root canal treatment.
36.49 牙齿损伤 Dental injury	指口腔受外部打击而导致 健康自体牙 的损伤。只有您方选择了“综合牙科保障”，冠修复体、义齿或种植牙的 治疗 才在保障范围内；我方将根据“综合牙科保障”的规定承担相应的保险责任。 <i>injury to a sound natural tooth caused by extra-oral impact. Treatment for dental implants, crowns or dentures is not covered unless you have purchased the “Comprehensive Dental Benefit” and subject to the conditions outlined in the policy.</i>
36.50 牙医 Dentist	指为国家、政府或其他监管地区所承认并允许在该地区提供 治疗 的 牙科医生 、 牙齿外科医生 或 牙科执业人员 。 <i>a dentist, dental surgeon or dental practitioner who is registered or licensed as such under the laws of the country, state or other regulated area in which the treatment is provided.</i>
36.51 牙科治疗 Dental treatment	指符合下述全部条件的 牙科治疗 : any dental procedure or service which: <ul style="list-style-type: none"> 36.51.1 为了维持口腔健康; 并且 <i>is needed for continued oral health; and</i> 36.51.2 由牙医亲自操作或有效监控，包括辅助人员的操作流程; 并且 <i>is carried out or personally controlled by a dentist, including procedures provided by a hygienist; and</i> 36.51.3 包括于保障利益表中，或尽管未列在保障利益表，但已被我方认可、符合通常适用的牙科标准、并已被牙科医学界普遍支持的流程或服务。 <i>is included in the list of benefits, or, though not included in the list of benefits, is accepted by us as a procedure or service meeting common dental standards as upheld by a respectable, responsible and substantial body of dental opinion, experienced in the particular field of dentistry.</i>
36.52 断瘾 Detoxification	对戒除吸毒或/及嗜酒时戒断症状的医疗处理，包括采用休息、药物、输液或调整饮食以稳定身体状态。 <i>treatment for withdrawal symptoms after a beneficiary has been abusing drugs, alcohol or both. It includes the rest, medication, fluids and changes in diet needed to stabilise the body.</i>
36.53 口腔健康 Oral health	根据被保险人 常住地 所在国具有普通能力技术的 牙科医生 可以接受的 口腔健康 维护标准，该标准是关于牙齿、牙周及其他口腔支持组织、咀嚼效率等要素的 口腔健康 合理标准。 <i>for a patient, a reasonable standard of oral health of the teeth, their supporting structures and other tissues of the mouth, and of dental efficiency, according to a standard acceptable to a dentist of ordinary competence and skill in the patient's country of habitual residence which will safeguard his or her general health.</i>
36.54 美容 Cosmetic	指基于美学初衷所提供的服务、程序或项目，以及不是为了保持可接受的健康标准所必须的服务、程序或项目。 <i>services, procedures or items that are supplied primarily for aesthetic</i>

purposes and which are not necessary in order to maintain an acceptable standard of health.

36.55 规范
Orthodox

对于治疗程序或治疗方式，“规范”应根据在治疗发生国家或地区内、在疗程开始或治疗发生当时，与权威的主管机构公布的标准或意见相一致的、由在涉及疾病的专业医疗领域具有丰富经验的执业医生持有并作出的意见。

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

36.56 既往症
Pre-existing condition

指被保险人在首次获得本保险合同保障前已有的疾病或机体损伤，并满足下列条件之一：

any sickness or injury, or symptoms linked to such sickness or physical injury for which: before the beneficiary’s cover commenced under this policy

36.56.1 已经因该疾病或机体损伤进行过的就诊或治疗；或者
medical advice or treatment has been sought or received; or

36.56.2 虽然没有进行就诊或治疗，被保险人已经知道或者应该已经知道。

the beneficiary knew about and did not seek medical advice or treatment.

36.57 诊所
Clinic(s)

指在被保险人进行治疗的所在地注册或登记的健康服务机构，该类机构主要提供门诊医疗服务，并且该医疗服务是由执业医生亲自执行或有效监控的。

a health care facility which is registered or licensed in the country in which it is located, primarily to provide care for outpatients and where care or supervision is by a medical practitioner.

36.58 永久植物人状态
Persistent vegetative state

指一被保险人至少连续 90 天处于植物人状态。“植物人状态”是指由于机体损伤或疾病使被保险人处于神志丧失的状态，并无法以表情或动作等表现出对自我或周围环境的感知（此处“对自我或周围环境的感知”是指一种意识反应或表达，而不是指神经肌肉反射等基础生理反射现象），并且按照医学上的合理可能性，被保险人应该没有苏醒的可能。

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