



**Blue Cross 藍十字**

Member of BEA Group 東亞銀行集團成員

## 超卓醫療保險系列 Super Medical Insurance Series



2020年1月生效  
With effect from Jan 2020

保證終身續保<sup>1</sup>  
*Guaranteed  
Lifetime Renewal<sup>1</sup>*

# 藍十字（亞太）保險有限公司

## Blue Cross (Asia-Pacific) Insurance Limited

藍十字（亞太）保險有限公司（「藍十字」）乃東亞銀行集團成員，於香港經營保險業務逾50年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。藍十字屢獲殊榮，其保險產品及服務均獲廣泛認同。

藍十字在2019年獲得保險行業國際信用評級機構和信息提供商 AM Best 授予財務實力評級及長期發行人信用評級分別為 A（優秀）及「a」級別。有關最新評級，請瀏覽[www.ambest.com](http://www.ambest.com)。

Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) is a member of The Bank of East Asia Group. With over 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross’ success in insurance products and services is reaffirmed by numerous awards and accolades.

In 2019, Blue Cross was assigned the Financial Strength Rating of A (Excellent) and the Long-Term Issuer Credit Rating of “a” by AM Best, a global rating agency and information provider with a unique focus on the insurance industry. For the latest rating, please access [www.ambest.com](http://www.ambest.com).

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### 藍十字給您的服務承諾

### Blue Cross Service Commitment to You

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讓客戶滿意是藍十字的服務宗旨，我們竭誠迅速處理您的醫療索償。收妥所需文件後，我們承諾會在3個工作天內完成經 Super Care 會員平台遞交的門診索償批核。而住院索償批核會在8個工作天內完成。

您可隨時下載 Blue Cross HK 數碼保險應用程式或登入 [www.bluecross.com.hk/supercare](http://www.bluecross.com.hk/supercare) 管理您的索償和查閱保單資料。

Customer satisfaction is of Blue Cross’ highest priority, which is why your medical claims are promptly processed. Upon receipt of full documentation, we promise to approve outpatient claims via Super Care member’s platform in 3 working days. For inpatient claims, we will approve within 8 working days.

You can manage your claims and check your policy information anytime via Blue Cross HK Digital Insurance App or [www.bluecross.com.hk/supercare](http://www.bluecross.com.hk/supercare).



Blue Cross HK App

## 超卓醫療保險系列 Super Medical Insurance Series

### 您的全面終身醫療保障

面對人口老化、不斷變種的傳染疾病、以及日漸高昂的醫療費用，您需要一份全面的醫療保障，助您應付將來的醫療開支。

超卓醫療保險系列針對不同年齡和性別，分別提供「超卓子女」、「超卓女性」、「超卓男性」及「超卓長者」4種計劃，全面照顧人生不同階段的醫療保障需要。

### Your All-round Whole Life Medical Protection

To deal with aging population, mutating infectious diseases and ever-escalating medical costs, an all-round medical insurance product helps alleviate your future financial burden on medical care in the long run.

Super Medical Insurance Series provides 4 plans tailored for specific age and gender groups, namely Super Junior, Super Lady, Super Man and Super Senior, to fulfill medical protection needs in different stages of life.

### 計劃特點

不設等候期，保單生效即獲保障

投保手續簡單，無須驗身

「入院前索償評估」—按您的保單計算可賠償入院支出，讓您在財務上更有預算

「出院免找數」服務—入院免繳費，出院免索償<sup>2</sup>

全球醫療保障，保障額不會因身處外地時間長久而遞減

### Plan Highlights

No waiting period – Medical protection starts once the policy takes effect

Easy enrolment with no medical examination is required

Pre-hospitalisation Claim Assessment – estimate the eligible claim amount based on your policy coverage, allowing you to plan your budget in advance

"No Hospital Bills to Pay" Service – no pre-payment for admission, no claims upon discharge<sup>2</sup>

Worldwide coverage with benefit amounts remain unchanged regardless of the duration of overseas stay

### 保障概覽

基本計劃	基本住院及手術保障
額外免費保障	免費新生嬰兒保障 24小時全球緊急援助 免費週年保健計劃
附加保障	附加額外醫療保障 附加門診保障 伸延體檢計劃

### Coverage at a Glance

Basic Plan	Basic Hospital and Surgical Benefits
Extra Free Benefits	Free Coverage for Newborn Infant 24-hour Worldwide Emergency Aid Free Annual Checkup Programme
Optional Benefits	Optional Supplementary Medical Benefits Optional Outpatient Benefits Extended Health Checkup Programmes

### 無索償折扣<sup>3</sup>

於續保時，若受保人並沒有在下表所述的無索償期內提出任何基本住院及手術保障的索償，基本住院及手術保障的保費可獲相應之無索償折扣。

緊接續保前之無索償期	折扣率
1年	5%
連續2年	5%
連續3年	10%
連續4年	10%
連續5年或以上	15%

任何就緊急門診治療或門診手術現金津貼（如適用）作出的索償將不會影響受保人獲得無索償折扣的資格。

### No Claim Discount<sup>3</sup>

Upon renewal, the insured will receive No Claim Discount on the premium payable for the Basic Hospital and Surgical Benefits, if no claim under Basic Hospital and Surgical Benefits has been made during the respective no claim period as specified in the table below.

No Claim Period Immediately Preceding Renewal	Discount Rate
1 year	5%
2 consecutive years	5%
3 consecutive years	10%
4 consecutive years	10%
5 consecutive years or more	15%

Any claim made under Emergency Outpatient Treatment or Outpatient Surgery Cash Allowance (if applicable) will not affect the insured's eligibility for the No Claim Discount.

## 4 種計劃照顧您一生 4 Plans Giving You Lifetime Protection

計劃名稱 Plan Name	超卓子女 Super Junior	超卓女性 Super Lady	超卓男性 Super Man	超卓長者 Super Senior
投保年齡 Enrolment Age*	0*-18	19-55		56-70
保障範圍 Coverage	全面住院醫療保障，包括兒童常見疾病引致的醫療開支： Comprehensive inpatient care covering the medical expenses for common diseases in children such as: ▪ 哮喘 Asthma ▪ 手足口病 Hand-foot-and-mouth disease ▪ 德國麻疹 Rubella (German measles) ▪ 細菌性腦膜炎 Bacterial meningitis ▪ 川崎病 Kawasaki disease	全面住院醫療保障，包括女性常見疾病引致的醫療開支： Comprehensive inpatient care covering the medical expenses for common diseases in women such as: ▪ 乳癌 Breast cancer ▪ 子宮頸癌 Cervix cancer ▪ 心臟病 Heart disease ▪ 肺癌 Lung cancer ▪ 直腸癌 Colon cancer ▪ 腦血管病 Cerebrovascular diseases	全面住院醫療保障，包括男性常見疾病引致的醫療開支： Comprehensive inpatient care covering the medical expenses for common diseases in men such as: ▪ 前列腺癌 Prostate cancer ▪ 心臟病 Heart disease ▪ 鼻咽癌 Nasopharyngeal cancer ▪ 肝硬化 Cirrhosis of the liver ▪ 高血壓 Hypertension	全面住院醫療保障，包括長者常見疾病引致的醫療開支： Comprehensive inpatient care covering the medical expenses for common diseases in elderly such as: ▪ 中風 Stroke ▪ 骨質疏鬆症 Osteoporosis ▪ 冠心病 Coronary heart disease ▪ 糖尿病 Diabetes mellitus ▪ 前列腺癌 Prostate cancer

\* 保證終身續保（不適用於附加額外醫療保障）。\* Guaranteed lifetime renewal (not applicable to Optional Supplementary Medical Benefits).

\*\* 「0」歲指出生滿12日。「0」year old means the age of 12 days.

### 全面住院保障

「超卓醫療保險系列」為您提供全面的保障，以應付各種因疾病或受傷引致的住院開支。

- 病房費用
- 醫院雜項費用
- 外科醫生費用
- 麻醉科醫生費用
- 手術室費用
- 醫生巡房費用
- 專科醫生費用
- 深切治療費用
- 癌症治療、腎透析及中風復康保障
- 每天住院現金津貼
- 緊急門診治療
- 門診手術現金津貼
- 網絡門診手術保障

### Comprehensive Inpatient Coverage

Super Medical Insurance Series provides a wide range of benefits to cover your expenses during hospitalisation due to sickness or injuries.

- Room and board
- Miscellaneous hospital charges
- Surgeon's fees
- Anaesthetist's fees
- Operating theatre charges
- Physician's visit fees
- Specialist's fees
- Charges for intensive care
- Cancer therapy, kidney dialysis and stroke rehabilitation benefit
- Daily hospital cash allowance
- Emergency outpatient treatment
- Outpatient surgery cash allowance
- Network outpatient surgery benefit

## 8種門診手術免結賬安排

您只須憑電子門診手術卡，即可於指定藍十字網絡診所預約以下日症手術療程，我們會為您直接支付賬單，您無須為日後索償程序而操心。

- |          |                               |
|----------|-------------------------------|
| 1. 胃鏡檢查  | 6. 痔瘡結紮                       |
| 2. 腸鏡檢查  | 7. 鼻淚管探通術                     |
| 3. 膀胱鏡檢查 | 8. 視網膜脫離激光凝固術<br>(糖尿病視網膜病變除外) |
| 4. 喉鏡檢查  |                               |
| 5. 鼻咽鏡檢查 |                               |

## Cashless Arrangement for 8 Outpatient Surgeries

You can use the electronic Outpatient Surgery Card to book the following day case procedures at designated Blue Cross network clinics. The bills will be settled directly by us and you don't have to worry about making a subsequent claim.

- |                      |  |
|----------------------|--|
| 1. Gastroscopy       | 6. Hemorrhoid Ligation or Banding  |
| 2. Colonoscopy       | 7. Probing of Naso-Lacrimal Duct   |
| 3. Cystoscopy        | 8. Laser coagulation for Retinal Detachment (exclude Diabetic Retinopathy) |
| 4. Laryngoscopy      |  |
| 5. Nasopharyngoscopy |  |



## 續保時不因索償記錄而加收保費

在您續保時，我們將不會根據您過往的索償記錄或健康狀況而徵收額外保費。

## 保證終身續保<sup>1</sup>

成功投保後，不論您的健康狀況或索償記錄，我們都承諾為您提供終身續保，您的保單更可自動續保至下一個受保期。「超卓子女」計劃的受保人，在年滿19歲時，保證受保於「超卓男性」計劃或「超卓女性」計劃。同樣地，當您年滿56歲時，亦保證受保於「超卓長者」計劃。

## 入院前索償評估

只需在入院或接受治療前的最少3個工作天前致電專線3608 2988（按1153）提交相關資料，或於網上填寫「入院前索償評估」表格，我們即按您的保單計算可賠償金額<sup>4</sup>，讓您在財務上更有預算，安心接受治療。

## 24小時全球緊急援助

若您身處外地而需要緊急支援，可隨時致電「24小時全球緊急援助」熱線，由專人安排代繳入院按金、醫療運送、或提供當地資訊、醫療及法律轉介等服務，以確保您於緊急情況下得到所需協助。

## No Additional Premium on Claim History upon Renewal

Regardless of your claim history or health status, no additional premium will be imposed upon policy renewal.

## Guaranteed Lifetime Renewal<sup>1</sup>

Once enrolled, we guarantee your policy will be renewable for lifetime, regardless of your health status or claim history. Your policy will also be automatically renewed for another period of insurance. We guarantee the insured under the Super Junior can enrol in the Super Lady or Super Man at age 19. An insured adult can also join the Super Senior at age 56.

## Pre-hospitalisation Claim Assessment

Simply make a call to our Hotline on 3608 2988 (press 2153) and provide related information, or complete the Pre-hospitalisation Claim Assessment Form online at least 3 working days prior to hospitalisation or the start of treatment. We will help you to estimate the eligible claim amount<sup>4</sup> based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

## 24-hour Worldwide Emergency Aid

If you need assistance in an emergency condition while travelling overseas, simply make a call to our 24-hour Worldwide Emergency Aid Hotline at any time, our dedicated officers will provide you with appropriate assistance such as hospital admission deposit guarantee service, medical repatriation, local information, and medical or legal referral service. In case of emergency, you can be sure help is just a call away.

## 中國緊急醫療支援

倘於中國境內遭遇突發緊急事故，而需要入院接受治療，只須憑此計劃提供的「任中橫」醫療卡，便可於全國超過200間網絡醫院或醫療單位接受治療，無須繳付入院保證金。

## 長期病患和先進技術治療保障

長期治療往往為病患者帶來沉重的財政負擔。此計劃為長期病患者舒緩接受長期治療的經濟壓力，保障項目包括腎透析治療、癌症治療、器官移植、腫瘤治療，及植入心臟起搏器等。

此外，因應癌症、洗腎及中風病人的需要，我們特別增設「癌症治療、腎透析及中風復康保障<sup>▲</sup>」，額外提供每保單年度高達HK\$120,000的保障額予癌症治療（化學治療、標靶治療、放射治療、荷爾蒙治療、免疫治療、伽瑪刀或數碼導航刀）、腎透析及因中風而需入住康復中心的費用。

<sup>▲</sup> 需經主診醫生建議，並於住院期間、醫院日症房或診所進行的癌症或腎透析治療，及於康復中心進行的中風復康治療。

## 手術前後治療保障

保障手術前及手術後有關同一傷患或疾病的治療費用，包括1次手術前的診所診症、手術後6星期內所有診所診症，及最多5次的中醫治療費用。

## 免費新生嬰兒保障<sup>#</sup>

如父母2人均受保於「超卓醫療保險系列」，初生嬰兒可由出生後第12天起至下一個保單續保日，獲基本住院及手術保障。

<sup>#</sup> 受保父母需於新生嬰兒出生日期後90天內以書面形式通知藍十字，新生嬰兒方可享基本住院及手術保障（如父母於「超卓醫療保險系列」之基本住院及手術保障下所享的利益水平不同時，新生嬰兒將受兩者利益水平中較低者之保障）。

## 免費週年保健計劃

我們關注您的健康，因此特別為您安排免費身體健康檢查服務，包括多種檢查項目，並由我們的醫療顧問就化驗報告提供專業意見，讓您瞭解自己的身體狀況，從而採取合適的保健措施。

## Emergency Medical Assistance in China

In case of emergency requiring hospitalisation in China, simply present the “Medpass Card” and you can receive medical treatments in over 200 network hospitals or medical units without paying any deposits.

## Coverage for Prolonged and Advanced Treatments

Chronic treatments always impose heavy financial burdens to patients. We offer coverage for chronic treatments to relieve patients’ financial burden due to prolonged recovery such as kidney dialysis, cancer therapy, organ transplantation, tumour related treatment, and pacemaker implantation, etc.

In response to the needs of cancer, kidney dialysis and stroke patients, we provide “Cancer Therapy, Kidney Dialysis and Stroke Rehabilitation Benefit<sup>▲</sup>” with up to extra HK\$120,000 per policy year to cover the medical expenses incurred by chemotherapy, targeted therapy, radiotherapy, hormonal therapy, immunotherapy, gamma knife or cyberknife for cancer treatment, kidney dialysis as well as charges incurred for any stay in a rehabilitation centre as a result of stroke.

<sup>▲</sup> Recommendation by the attending physician is required for cancer or kidney dialysis treatment during confinement, in day-case unit of hospital or clinic, and for stroke rehabilitation treatment during the stay in a rehabilitation centre.

## Coverage for Pre- and Post-Surgical Treatments

Covering the expenses of both pre- and post-surgical treatments related to the same injury or illness. The coverage includes one pre-surgical consultation, all follow-up clinic consultations within 6 weeks after surgical operation and Chinese medicine practitioner treatments of up to 5 visits.

## Free Coverage for Newborn Infant<sup>#</sup>

If both parents are covered under Super Medical Insurance Series, their newborn infant will be covered under the Basic Hospital and Surgical Benefits from the age of 12 days until the next policy renewal date.

<sup>#</sup> The newborn infant will be covered under the Basic Hospital and Surgical Benefits if the insured parents notify Blue Cross in writing within 90 days from the date of birth of the newborn infant. (If the insured parents are covered by different levels of benefits under Basic Hospital and Surgical Benefits of Super Medical Insurance Series, the newborn infant will be covered by the lower of the two levels.)

## Free Annual Checkup Programme

Your health is our utmost concern. We have specially arranged a free annual checkup programme includes health screening profiles and professional advice on laboratory reports from our medical consultants, enabling you to stay on top of your health conditions with preventive treatment in place.

### 伸延體檢計劃

您亦可以優惠價選擇伸延體檢計劃，按個人需要挑選更詳盡的檢查服務，讓您及早發現初期病徵，助您掌握自己的身體狀況。

### Extended Health Checkup Programmes

Our Extended Health Checkup Programmes offer more comprehensive checkup services at your choice at preferential rates, enabling you to monitor your health conditions and detect early symptoms.

### 附加保障滿足您的特定需要

除了基本保障外，您可因應個人需要，選擇附加額外醫療及/或附加門診保障以進一步提升保障範圍。而附加門診保障更設有多項計劃級別以供選擇，配合您的特定需要。

### Optional Benefits to Cater Your Specific Needs

Based on your own needs, you may choose to enhance the basic coverage by selecting the Optional Supplementary Medical Benefits and/or the Optional Outpatient Benefits. Moreover, the Optional Outpatient Benefits also provide a number of plan levels to cater your specific needs.



## 基本計劃 Basic Plan

### 1) 基本住院及手術保障

此保障支付100%可償醫療費用，最高賠償額如下：

### Basic Hospital and Surgical Benefits

The benefits cover 100% of eligible expenses up to the following maximum benefit limit:

		最高賠償額 Maximum Benefit Limit (HK\$)		
計劃級別 Plan Level		超凡 Supreme	超越 Superb	超卓 Super
	病房級別 Level of Accommodation			
保障項目 Benefit Items		私家房 Private	半私家房 Semi-private	普通房 Ward
1. 病房費用（每天） Room and Board (Per day) 每保單年度最長180天 Max. 180 days per policy year		3,400	2,040	860
2. 醫院雜項費用（每保單年度） Miscellaneous Hospital Charges (Per policy year)		35,000	25,000	20,000
3. 外科醫生費用*（每宗手術） Surgeon's Fees* (Per operation)				
■ 複雜手術 Complex		147,000	114,000	90,000
■ 大型手術 Major		49,000	38,000	30,000
■ 中型手術 Intermediate		25,000	20,000	15,000
■ 小型手術 Minor		10,000	8,000	6,000
包括中醫治療，每宗手術最多5次，每天1次，每次限額 Including Chinese Medicine Practitioner Treatment, 5 visits per operation, 1 visit per day, limit per visit		180	150	120
4. 麻醉科醫生費用^（每宗手術） Anaesthetist's Fees^ (Per operation)				
■ 複雜手術 Complex		51,450	39,900	31,500
■ 大型手術 Major		17,150	13,300	10,500
■ 中型手術 Intermediate		8,750	7,000	5,250
■ 小型手術 Minor		3,500	2,800	2,100
5. 手術室費用^（每宗手術） Operating Theatre Charges^ (Per operation)				
■ 複雜手術 Complex		51,450	39,900	31,500
■ 大型手術 Major		17,150	13,300	10,500
■ 中型手術 Intermediate		8,750	7,000	5,250
■ 小型手術 Minor		3,500	2,800	2,100
6. 醫生巡房費用（每天） Physician's Visit Fees (Per day) 每保單年度最長180天 Max. 180 days per policy year		3,400	2,040	860
7. 專科醫生費用（每保單年度） Specialist's Fees (Per policy year) 需具書面轉介 Referral letter is required		10,000	7,400	6,300
8. 深切治療費用（每天） Charges for Intensive Care (Per day) 每保單年度最長30天 Max. 30 days per policy year		8,600	6,600	5,600
9. 癌症治療、腎透析及中風復康保障（每保單年度） Cancer Therapy, Kidney Dialysis and Stroke Rehabilitation Benefit (Per policy year) 需具書面轉介 Referral letter is required		120,000	100,000	80,000
10. 每天住院現金津貼^（每天） Daily Hospital Cash Allowance^ (Per day) 每保單年度最長45天 Max. 45 days per policy year		1,700	1,010	425
11. 緊急門診治療（每保單年度） Emergency Outpatient Treatment (Per policy year)		3,000	3,000	2,500
12. 門診手術現金津貼*（每宗日症手術療程*） Outpatient Surgery Cash Allowance* (Per surgical Day Case Procedure*)		1,000	1,000	1,000
13. 網絡門診手術保障†（每保單年度） Network Outpatient Surgery Benefit† (Per policy year)		全數賠償 Full Cover		
14. 先進診斷掃描（在門診進行）（每保單年度） Advanced Diagnostic Imaging (Performed in outpatient facility) (Per policy year)		10,000	8,000	5,000
15. 精神病治療（每保單年度） Psychiatric Treatments (Per policy year)		30,000	30,000	30,000
只適用於「超卓子女」計劃 Applicable to Super Junior Plan Only				
16. 受保子女住院陪床費用（每天） Companion Bed for Insured Child (Per day) 每保單年度最長90天 Max. 90 days per policy year		3,400	2,040	860

計劃級別 Plan Level	最高賠償額 Maximum Benefit Limit (HK\$)		
	超凡 Supreme	超越 Superb	超卓 Super
病房級別 Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward
保障項目 Benefit Items			
只適用於「超卓長者」計劃 Applicable to Super Senior Plan Only			
17. 受保長者住院陪床費用 (每天) Companion Bed for Insured Senior (Per day) 每保單年度最長90天 Max. 90 days per policy year	3,400	2,040	860
18. 註冊私家看護費用 (每天) Registered Private Nurse's Fees (Per day) 每保單年度最長90天 Max. 90 days per policy year	1,260	830	425
每保單年度綜合最高賠償額 Overall Maximum Benefit Limit Per Policy Year (年齡76歲或以上人士 for aged 76 or above)	650,000	420,000	420,000

註：<sup>†</sup> 「外科醫生費用」根據外科手術表計算，包括按其主診醫生書面建議，於住院期間接受由外科醫生進行之外科程序或手術，或接受日症手術<sup>\*</sup>。  
<sup>^</sup> 藍十字在須支付「外科醫生費用」的情況下，方可賠償此保障所引致的費用。  
<sup>▲</sup> 每天住院現金津貼只適用於入住香港公立醫院普通病房。  
<sup>‡</sup> 只適用於以下指定日症手術療程：胃鏡（包括食道、胃、十二指腸鏡）檢查、腸鏡檢查、膀胱鏡檢查、關節鏡檢查、陰道鏡檢查、支氣管鏡檢查、視網膜脫落修補及子宮鏡檢查。  
<sup>\*</sup> 「日症手術」指於門診設施由醫生進行屬醫療必要之醫療或外科程序。門診設施包括醫生診所，或醫院設立及營運之日症中心、日間護理中心、門診部或相等之門診設施。  
<sup>†</sup> 只適用於年繳保單及以下指定日症手術療程：胃鏡檢查、腸鏡檢查、膀胱鏡檢查、關節鏡檢查、鼻咽鏡檢查、痔瘡結紮、鼻淚管探通術及視網膜脫離激光凝固術（糖尿病視網膜病變除外）。網絡診所提供之日症手術療程或會更改。

Remarks：<sup>†</sup> Surgeon's Fees will be calculated in accordance with the Surgical Schedule, including operation performed by a surgeon during a confinement or Day Case Procedure<sup>\*</sup> upon the written recommendation of the attending physician.  
<sup>^</sup> Charges for such benefits will be payable on condition that Surgeon's Fees are payable by Blue Cross.  
<sup>▲</sup> Daily Hospital Cash Allowance applies to general ward of public hospital in Hong Kong only.  
<sup>‡</sup> Only applicable to the following day case procedures: gastroscopy (including esophagogastroduodenoscopy), colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, detached retina repair and hysteroscopy.  
<sup>\*</sup> "Day Case Procedure" means a medically necessary medical or surgical procedure which is performed by a physician in an outpatient facility. An outpatient facility may refer to a physician's clinic, a day case centre, a day care centre, or an outpatient department or equivalent facility established and operated by a hospital.  
<sup>†</sup> Only applicable to annual payment mode and the following day case procedures: gastroscopy, colonoscopy, cystoscopy, laryngoscopy, nasopharyngoscopy, hemorrhoid ligation or banding, probing of naso-lacrimal duct and laser coagulation for retinal detachment (exclude diabetic retinopathy). The day case procedures provided by network clinics are subject to change.

## 附加保障 Optional Benefits

### 2) 附加額外醫療保障

您可自選附加額外醫療保障，以支付超出基本住院及手術保障項目第1至8項及16至17項之保障額以外的可償醫療費用的80%或100%，惟所選計劃級別需與基本住院及手術保障的級別相同。每保單年度綜合最高賠償額如下：

### Optional Supplementary Medical Benefits

You can opt for Optional Supplementary Medical Benefits corresponding to the plan level of your Basic Hospital and Surgical Benefits. The benefits cover either 80% or 100% of the eligible expenses in excess of items 1-8 and 16-17 under Basic Hospital and Surgical Benefits up to the following overall maximum benefit limit per policy year:

計劃級別 Plan Level	超凡 Supreme	超越 Superb	超卓 Super
病房級別 Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward
賠償百分比 Reimbursement Percentage	80% 或 or 100%		
每保單年度綜合最高賠償額 (HK\$) Overall Maximum Benefit Limit Per Policy Year (HK\$)	600,000	450,000	300,000

如受保人實際入住之病房和所用服務的級別高於可享等級別，可獲的賠償金額將採用下列賠償基準計算：

If the insured is confined to a level of hospital facilities and services higher than the entitled level, the eligible claims will be calculated based on below scale of reimbursement:

可享有的病房級別 Entitled Level of Accommodation	實際入住的病房級別 Actual Level of Accommodation	可獲賠償百分比 <sup>†</sup> Reimbursement Percentage of All Eligible Claims <sup>†</sup>
普通房 Ward	半私家房 Semi-private	50%
普通房 Ward	私家房 Private	25%
普通房 Ward	豪華房 Deluxe	12.5%
半私家房 Semi-private	私家房 Private	50%
半私家房 Semi-private	豪華房 Deluxe	25%
私家房 Private	豪華房 Deluxe	50%

<sup>†</sup> 只適用於附加額外醫療保障。

註：所有費用必須為「合理慣例」<sup>5</sup>及「醫療必要」<sup>6</sup>的開支。

<sup>†</sup> Applicable to Optional Supplementary Medical Benefits only.

Remark: All expenses incurred must be Reasonable and Customary<sup>5</sup> and Medically Necessary<sup>6</sup>.

### 3) 附加門診保障（計劃3A或3B）

附加門診保障提供兩個賠償額以供選擇，分別是  
可償門診費用的80%或100%。您可選擇於任何診所  
接受治療，而最高賠償額詳列於下表。

如選擇年繳保費，您將獲發藍十字醫療卡，於任  
何網絡診所接受普通科醫生診症、中醫治療或專  
科醫生診症。如選擇賠償門診費用80%的計劃，  
每次診症須自付HK\$30；如選擇賠償門診費用  
100%的計劃，則無須自付費用。

### Optional Outpatient Benefits (Plan 3A or 3B)

Optional Outpatient Benefits offer two reimbursement  
options either 80% or 100% of eligible outpatient  
expenses. You may visit any clinic of your own choice and  
subject to the maximum benefit limit listed in the table  
below.

If premium is paid annually, you are entitled to use Blue  
Cross Healthcare Card in any network clinic for general  
practitioner's consultations, Chinese medicine practitioner  
treatments or specialist's consultations. Consultations in  
network clinics are subject to a co-payment of HK\$30 for  
the 80% reimbursement option and no co-payment is  
required for the 100% reimbursement option.

最高賠償額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level (3A)	超凡 A Supreme A	超越 A Superb A	超卓 A Super A
賠償百分比 Reimbursement Percentage	80% 或 or 100%		
保障項目 Benefit Items			
<b>普通科醫生診症*</b> <b>General Practitioner's Consultation*</b> 每天1次，每次限額 1 visit per day, limit per visit	350	260	200
<b>中醫治療*</b> <b>Chinese Medicine Practitioner Treatment*</b> 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度15次，每天1次，每次限額 15 visits per policy year, 1 visit per day, limit per visit	180	150	120
*此兩項保障項目每保單年度合共最多35次 *Max. 35 visits per policy year in total for these two benefit items			
<b>專科醫生診症 Specialist's Consultation</b> 需具書面轉介* Referral letter is required* 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	520	400	300
<b>處方藥物 Prescribed Medicines and Drugs</b> 只適用於醫院或診所以外之註冊藥房購買，並需提 供處方信件 Applicable to purchase from a registered pharmacy outside hospital or clinic only and prescription letter is required 每保單年度限額 Limit per policy year	7,800	5,800	4,300
<b>X光診斷及化驗</b> <b>Diagnostic X-rays and Laboratory Tests</b> 需具書面轉介 Referral letter is required 每保單年度限額 Limit per policy year	2,500	1,900	1,500
<b>物理治療及脊椎治療服務</b> <b>Physiotherapy and Chiropractic Services</b> 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200

\*婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。  
註：所有費用必須為「合理慣例」<sup>5</sup>及「醫療必要」<sup>6</sup>的開支。

\* Except for gynecology, orthopaedics & traumatology, dermatology, ophthalmology,  
oncology, urology, nephrology and paediatrics.  
Remark: All expenses incurred must be Reasonable and Customary<sup>5</sup> and Medically  
Necessary<sup>6</sup>.

最高賠償額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level (3B)	超凡 B Supreme B	超越 B Superb B	超卓 B Super B
保障項目 Benefit Items	賠償百分比 Reimbursement Percentage		
	80% 或 or 100%		
<b>普通科醫生診症*</b> General Practitioner's Consultation* 每天1次，每次限額 1 visit per day, limit per visit	350	260	200
<b>中醫治療*</b> Chinese Medicine Practitioner Treatment* 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	180	150	120
*此兩項保障項目每保單年度合共最多30次 *Max. 30 visits per policy year in total for these two benefit items			
<b>專科醫生診症 Specialist's Consultation</b> 需具書面轉介# Referral letter is required# 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	520	400	300
<b>物理治療及脊椎治療服務</b> Physiotherapy and Chiropractic Services 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200

#婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

# Except for gynecology, orthopaedics & traumatology, dermatology, ophthalmology, oncology, urology, nephrology and paediatrics.

註：所有費用必須為「合理慣例」<sup>5</sup>及「醫療必要」<sup>6</sup>的開支。

Remark: All expenses incurred must be Reasonable and Customary<sup>5</sup> and Medically Necessary<sup>6</sup>.

## 體檢計劃 Health Checkup Programmes

### A) 免費週年保健計劃 Free Annual Checkup Programme

計劃名稱 Plan Name	綜合體檢計劃 (B1) Basic Health Checkup Profile (B1)	脊骨健康評估 (S1) Spinal Health Assessment (S1)	足部檢查護理服務 (F1) Foot Orthotic Services (F1)	視力檢查 (VS) Vision Examination (VS)
超卓子女 Super Junior			✓	✓
超卓女性 Super Lady	✓		✓	
超卓男性 Super Man	✓	✓		
超卓長者 Super Senior	✓			

檢查項目 Profile	詳情 Description
<b>綜合體檢計劃 (B1) Basic Health Checkup Profile (B1)</b>	<b>貧血及血病檢查</b> i) 全血計算 ii) 血小板量 <b>Anaemia and Blood Diseases Screening</b> Complete blood count Platelet  <b>糖尿病檢查</b> i) 血糖 <b>Diabetic Screening</b> Glucose  <b>血脂肪檢查</b> i) 總膽固醇 ii) 三酸甘油脂 <b>Lipids Pattern Screening</b> Cholesterol total Triglycerides
<b>脊骨健康評估 (S1) Spinal Health Assessment (S1)</b>	i) 評估脊骨關節活動及健康情況 ii) 診斷腰背酸痛，脊骨疾患 Evaluation of spinal mobility and wellness Diagnosis of backache and lumbar spine
<b>足部檢查護理服務 (F1) Foot Orthotic Services (F1)</b>	i) 檢查足部結構及幫助診斷腳跟痛及腳筋膜炎 Complete foot care and the pre-assessment of heel pain and plantar fasciitis ii) 由註冊義肢矯形師負責該項服務 Service provided by prosthetists and orthotists
<b>視力檢查 (VS) Vision Examination (VS)</b>	i) 視力檢查 ii) 色覺測試 iii) 由專業視光師檢查 Vision examination Colour vision test Examination by optometrist

身體檢查服務由藍十字指定的醫療服務機構提供，並須符合有關條款及細則，而受保人可於保單生效後及每年續保後享有此免費檢查服務。

The health checkup service is provided by designated service provider(s) of Blue Cross and subject to relevant terms and conditions. The insured(s) will be entitled to the free checkup service after policy issuance and each subsequent renewal.

## B) 伸延體檢計劃

您可以優惠價選擇以下的伸延體檢計劃：

## Extended Health Checkup Programmes

The following extension of the health checkup programmes are available at preferential rates:

伸延健康檢查計劃 (EX) Extended Profile (EX)	
貧血及血病檢查 Anaemia and blood disease screening	■ 紅血球沉降率 ESR
血型及血因子類別 Blood grouping	■ 血型及血因子 ABO blood group and Rh factor
痛風症檢查 Gout screening	■ 尿酸 Uric acid
心肺病檢查 Heart and lung disease screening	■ 胸部X光檢查及報告 Chest X-ray with report ■ 心電圖及報告 Electrocardiogram (ECG) with report
心臟病及中風檢查 Heart disease and stroke risk factors screening	■ 高密度膽固醇 HDL, LDL
腸病檢查 Intestinal disease screening	■ 大便常規檢查 Stool (routine examination)
肝功能試驗 Liver function tests	■ 谷草轉氨酶 SGOT (AST) ■ 谷丙轉氨酶 SGPT (ALT)
腎功能試驗 Renal function tests	■ 肌肝酸 Creatinine ■ 尿素 Urea ■ 小便常規檢查 Urine (routine examination)
甲狀腺功能試驗 Thyroid function test	■ 甲狀腺素 Thyroxine (T4)
癌病檢查 (CA) Cancer Screening (CA)	
肝癌及肝硬化檢查 Screening for liver cancer and cirrhosis	■ 甲胎蛋白 AFP
直腸癌檢查 Colorectal cancer screening	■ 癌胚抗原 CEA
鼻咽癌檢查 Nasopharyngeal carcinoma screening	■ 鼻咽癌過濾性病毒 EBV
婦女健康檢查計劃 A (35歲以下) (FA) Female - Plan A (for age below 35) (FA)	
婦產科檢查 Gynaecological examination	■ 盆腔及乳房檢查 Physical pelvic and breast examination
子宮頸癌檢查 Cervix cancer screening	■ 子宮頸抹片檢查 Pap smear
婦女健康檢查計劃 B (35-49歲) (FB) Female - Plan B (for age 35-49) (FB)	
婦產科檢查 Gynaecological examination	■ 盆腔及乳房檢查 Physical pelvic and breast examination
子宮頸癌檢查 Cervix cancer screening	■ 子宮頸抹片檢查 Pap smear
乳癌檢查 Breast cancer screening	■ 乳房造影及超聲波檢查 Mammography and ultrasound of breasts
婦女健康檢查計劃 C (50歲或以上) (FC) Female - Plan C (for age 50 or above) (FC)	
婦產科檢查 Gynaecological examination	■ 盆腔及乳房檢查 Physical pelvic and breast examination
子宮頸癌檢查 Cervix cancer screening	■ 子宮頸抹片檢查 Pap smear
乳癌檢查 Breast cancer screening	■ 乳房造影及超聲波檢查 Mammography and ultrasound of breasts
骨質疏鬆症檢查 Osteoporosis screening	■ 超聲波骨質密度檢查 Bone density by ultrasound
男士健康檢查計劃 (MP) Male Plan (MP)	
前列腺癌檢查 Prostate cancer screening	■ 前列腺特异性抗原 Prostate specific antigen

## 重要事項

1. 「保證終身續保」不適用於附加額外醫療保障。本計劃保證續保（視乎續保時本公司仍否提供本計劃），藍十字將不會根據個別受保人於續保時的健康狀況或索償記錄，向其額外收取保費或附加不保事項至個別保單。然而，藍十字將保留在續保時調整保費及更改條款及細則的權利，例如：因應受保人年齡組別的調整、特定風險級別或風險級別的轉變作出保費調整。
2. 「出院免找數」只適用於入住本港私家醫院。需於入院前至少4個工作天填妥及交回「入院前登記表格」以進行登記及確認手續。藍十字承保的責任只限於符合「超卓醫療保險系列」規定的合資格醫療費用，並會向受保人收取一切已繳付但不屬保單承保範圍的醫療費用（如有）。
3. 如在保單持有人就該受保人之保障以無索償折扣續保後，藍十字才支付或須支付該受保人於上一個受保期就基本住院及手術保障條款項下產生的索償，保單持有人必須在藍十字發出繳費通知後21天內向藍十字償還折扣差額。除非藍十字收到該折扣差額，否則藍十字不會向受保人支付任何保單下的保障利益。
4. 可賠償金額之評估只供客戶參考之用，實際賠償金額以最終理賠決定為準。所有保障項目只會在符合所有保單條款及細則及所有不保之事項的情況下支付。
5. 「合理慣例」指治療、服務或物料收費不超過在當地由具相若水平的相關服務或物料供應者，為同一性別和年齡的人士針對類似疾病或傷患提供的相類似的治療、服務或物料所收取的收費水平。「合理慣例」的收費在任何情況下均不應高於所招致的實際收費。藍十字會參照以下資料（如適用）以釐定「合理慣例」的醫療費用：a) 載列於由香港政府發佈之憲報中香港公立醫院向自費病人收取私家住院醫療服務的費用；b) 由業界進行的治療或服務費用調查；c) 內部索償數據；d) 受保程度或水平；及/或 e) 於提供治療、服務或物料當地之其他適當相關參考資料。
6. 「醫療必要」指需要就傷病接受治療或服務，而所進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視為「醫療必要」的治療或服務必須符合以下各項：a) 需要合資格醫療人士的專業知識；b) 與診斷一致，並對醫治該狀況而言屬必需；c) 根據專業而審慎的醫療標準提供，而並非主要為使受保人、其家庭成員、護理人員或主診的合資格醫療人士帶來方便或感到舒適而提供；及d) 在該情況下以最具成本效益的方式和設定提供。

## Important Notes

1. Guaranteed Lifetime Renewal is not applicable to Optional Supplementary Medical Benefits. Renewal is guaranteed (subject to the availability of the Plan at the time of renewal) and Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured's health status or claim history at the time of renewal. However, Blue Cross reserves the right to revise the terms and conditions of the policy and adjust the premium upon policy renewal due to, for example, age-related adjustment, a particular risk class or change of risk class.
2. No Hospital Bills to Pay is only applicable to admission to private hospitals in Hong Kong. A Hospitalisation Pre-registration Form is required to be completed and returned to Blue Cross for registration and authorisation process at least 4 working days prior to admission. The liability of Blue Cross under the policy is limited to indemnify the insured for the eligible medical expenses payable in accordance with the Super Medical Insurance Series. Blue Cross shall recover from the insured the medical expenses settled on behalf of the insured which fall outside coverage of the policy (if any).
3. In the event that after the insurance coverage for that insured is renewed at a No Claim Discount, a claim by that insured for any benefit under the Basic Hospital and Surgical Benefits section, which has accrued in the previous period of insurance, is paid or becomes payable by Blue Cross, the policyholder shall reimburse the discounted amount to Blue Cross within 21 days from the date of the invoice. No benefits shall be payable to the insured under this policy unless the discounted amount is received by Blue Cross.
4. Assessment of the estimated eligible claim amounts is for customers' reference only, the actual eligible claim amounts will be subject to the final claim decision. All benefits will be payable subject to the terms and conditions and the full list of policy exclusions.
5. Reasonable and Customary refers to a charge for medical treatments, services or supplies which does not exceed the general level of charges being charged by the relevant service providers or suppliers of similar standing in the locality where the charge is incurred for similar treatments, services or supplies to individuals of the same sex and age, for a similar disease or injury. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether an expense is Reasonable and Customary, Blue Cross may make reference to the following (if applicable): a) the gazette issued by the Hong Kong Government which sets out the fees for the private patient services in public hospitals in Hong Kong; b) industrial treatment or service fee survey; c) internal claim statistics; d) extent or level of benefit insured; and/or e) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
6. Medically Necessary refers to the need to have treatment or service for the purpose of treating a disability in accordance with the generally accepted standards of medical practice and such treatment or service must: a) require the expertise of a qualified medical practitioner; b) be consistent with the diagnosis and necessary for the treatment of the condition; c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of the Insured, his/her family members, caretaker or attending qualified medical practitioner; and d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.

## 主要不保事項

1. 並非屬醫療必要的治療或測試，或並非經醫生處方購買的藥物。
2. 純粹因接受一般身體檢查、X光診斷、先進造影、化驗或物理治療而住院。
3. 任何先天性疾病（疝氣、斜視或包皮開口狹窄除外）或成長障礙狀況或相類似疾病的相關治療。
4. 已存在的狀況。
5. 直接或間接因後天免疫力缺乏症病毒（「HIV病毒」）及其有關的傷病而引致的費用，包括愛滋病及／或因愛滋病而引發的任何突變、衍生或變異，純因為受保人於受保人生效日期前感染HIV病毒所引致。
6. 直接或間接因以下事項所引致的治療或傷病：濫用藥物或酒精、自我毀傷或企圖自殺、進行不法活動、飲用超過規定水平的酒精或服用超過規定水平的藥物後駕駛或操控機器，或經由性接觸傳染的疾病或其後遺症。
7. 以美容或整形為目的或並非與醫療有關的狀況之任何服務費用；聽力測試、例行血液測試、一般身體檢查、預防性治療、接種疫苗或防疫注射等之費用。
8. 因牙科狀況接受之牙科治療及口腔外科手術（受保人因意外而需在住院期間接受的緊急牙科治療及手術除外），及因牙科狀況或於口腔外科手術後不論是以住院病人或門診病人身分接受的覆診治療。
9. 與產科及其併發症有關的檢查、治療、外科程序及諮詢服務，包括懷孕或其後的分娩、墮胎或流產；節育或恢復生育；兩性結紮或變性；不育治療等。
10. 除保單條款及細則內有關「精神科治療」項目所訂明外，直接或間接由任何精神或心理狀況，以及其生理及心理表現而引致的治療。
11. 直接或間接因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義或軍事政變或奪權；或因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病。

### 注意：

- 此小冊子只供參考之用，中英文版本如有差異，以英文版本為準。有關詳盡條款及細則及所有不保之事項，概以保單為準。如有查詢或欲索取保單條款及細則，請瀏覽網址[www.bluecross.com.hk](http://www.bluecross.com.hk)、Blue Cross HK 數碼保險應用程式或致電藍十字客戶服務熱線 3608 2988。
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## Major Exclusions

1. Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a physician.
2. Confinement solely for the purpose of general checkup, diagnostic X-ray, advanced imaging, laboratory test or physiotherapy.
3. Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.
4. Pre-existing Conditions.
5. Expenses directly or indirectly arising from Human Immunodeficiency Virus ("HIV") and its related Disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof, consequential upon an HIV infection occurring before the Insured Effective Date.
6. Treatment or disability directly or indirectly arising from or consequent upon: the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving or maneuvering machines whilst exceeding the prescribed alcohol and drug limit, or venereal and sexually transmitted disease or its sequelae.
7. Any charges in respect of services for beautification, cosmetic purposes or non-medically related conditions; expenses for hearing tests, routine blood tests, general checkups, prophylaxis treatment, vaccinations or inoculations, etc.
8. Treatment of a dental condition and oral surgery (except treatment of an emergency and surgery arising from an accident received by an insured during confinement) as well as follow up treatment of the dental condition or oral surgery whether as an inpatient or outpatient.
9. All investigation, treatment, surgical procedure and counselling service relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility, etc.
10. Except as otherwise provided in the Terms and Conditions for "Psychiatric Treatments" in the policy, treatment directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.
11. Treatment or Disability directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.

### Notes:

- This brochure is for reference only. Should there be any discrepancy between the English and the Chinese versions of this brochure, the English version shall apply and prevail. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions. For more information or a copy of the policy terms and conditions, please visit [www.bluecross.com.hk](http://www.bluecross.com.hk), Blue Cross HK Digital Insurance App or call Blue Cross Customer Service Hotline on 3608 2988.
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**Blue Cross 藍十字**

*Member of BEA Group 東亞銀行集團成員*



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