



Blue Cross 藍十字

An **AIA** Company 友邦保險成員公司

「摯安心精選」醫療保險計劃 Caring Medical Protection Plus

專為藍十字團體醫療保險成員而設
Exclusive for Blue Cross Group Medical
Insurance Members



2023年1月生效
With effect from Jan 2023

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」）乃友邦保險控股有限公司之子公司，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2022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」（優秀）級別。有關最新評級，請瀏覽www.ambest.com。

Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) is a subsidiary of AIA Group Limited. 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 2022, Blue Cross was assigned the Financial Strength Rating of A (Excellent) and the Long-Term Issuer Credit Rating of “a” (Excellent) 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.

藍十字給您的服務承諾

Blue Cross Service Commitment to You

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。

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 complete assessment of outpatient claims via Super Care member’s platform in 3 working days. For inpatient claims, we will complete assessment within 8 working days.

此小冊子並不包含保單的完整條款且只供參考之用，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。

This brochure does not contain the full terms of the policy and 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.

「摯安心精選」醫療保險計劃

「摯安心精選」醫療保險計劃為現有藍十字團體醫療保險成員及其配偶及子女[#]而設，讓他們可以僱主提供的團體醫保為基礎，額外為自己及家人的健康加多一重保障，並以較相宜的保費，槓桿式地全面加强醫療保障。

此計劃無需核保¹，更保證承保團體醫保已受保的傷病（即「已存在的狀況」）²，即使將來離職或轉職，也可繼續為您和家人提供醫療保障，並保證續保至 99 歲³。

[#] 如配偶及子女並非現有藍十字團體醫療保險成員，則必須填寫健康申報表及通過健康核保，而已存在的狀況將不獲承保。

計劃特點

槓桿式加強醫療保障

一般的團體醫保是為僱員提供基本醫療福利而設，通常也不足以全數支付所有醫療費用，有關的差額便要由僱員自行承擔。因此，僱員應首先檢視現有團體醫療保險計劃的保障範圍及最高賠償額，以決定是否需要額外保障。

以一項大型手術如冠狀動脈血管介入手術（俗稱「通波仔」）為例，手術費用約 HK\$77,000，如團體醫保為僱員支付 HK\$30,000 - HK\$40,000 手術費，病人的自付金額便由 HK\$37,000 - HK\$47,000 不等。「摯安心精選」醫療保險計劃正好為僱員彌補醫療福利的不足，補貼手術費差額（視乎所選計劃級別），讓僱員可以較相宜的保費，槓桿式地全面提高醫療保障額，大大減低自付費用的機會。

「可攜式」醫保 延續現有保障

「摯安心精選」醫療保險計劃是一項「可攜式」醫保，即使日後您打算離職或退休，亦可選擇將現有藍十字團體醫療計劃的保障轉換至「摯安心精選」醫療保險計劃，讓您及家人延續與現時同級的個人醫療保障。

靈活自選保障賠償方式

「基本住院及手術保障」特設 2 項賠償方式：可按每宗傷病之分項限額或每保單年度總額作出賠償，以支付住院病房、外科醫生、專科醫生、深切治療等費用。

此外，若選擇每保單年度總額方式，您亦可根據自己的預算選擇合適的自付額，既能符合成本效益，亦可訂造靈活的醫療保障。

Caring Medical Protection Plus

Caring Medical Protection Plus is designed for existing Blue Cross Group Medical Insurance Members and their spouse and child(ren)[#] as a “top-up” cover to the group medical cover provided by employer. With a modest premium, you can enhance the medical cover for yourself and your family by “leveraging” your group medical cover.

No underwriting is required upon enrolment¹. The Plan offers guaranteed acceptance of all pre-existing conditions currently covered by your company's medical policy², and it guarantees renewal up to age 99³. No matter you leave the company or move to a new job, this Plan can always provide you and your family the same medical cover.

[#] If spouse and child(ren) are not existing Blue Cross Group Medical Insurance Member, health declaration is required and subject to underwriting. Pre-existing conditions will not be covered.

Plan Highlights

Strengthen Your Medical Protection with Leverage

Generally, group medical cover aims to provide employees the basic medical benefits as part of the remuneration. These plans usually may not be sufficient to cover all your medical expenses and you will have to pay the shortfall at your own expenses. To decide whether you need to top up your health protection, first, you need to study your group medical insurance policy in terms of its coverage and maximum benefit limits.

Take coronary angioplasty as an example, a major surgery usually costs patient around HK\$77,000. If your group medical cover can reimburse HK\$30,000 - HK\$40,000 for such operation, you will have to pay a shortfall of HK\$37,000 - HK\$47,000 out of pocket. With this Plan, you can receive an additional benefit (depending on the selected plan level) on top of your group medical cover to subsidise the shortfall. With a modest premium, you can simply enhance your health protection by “leveraging” your group medical cover and reduce your chance of paying medical costs.

Maintain Same Protection in Long Run

Whether you are moving from one employer to another or planning to retire, you will be able to convert the coverage of your existing Blue Cross Group Medical Plan to Caring Medical Protection Plus, ensuring you and your family to enjoy the same level of individual medical coverage as before.

Your Choice of Benefit Reimbursement Options

Basic Hospital and Surgical Benefits offer 2 reimbursement options: Benefit Sub-limit per disability or Lump Sum per policy year, covering expenses including Room and Board, Surgeon's Fees, Specialist's Fees, Charges for Intensive Care, etc.

If you choose Lump Sum per policy year, you can also select deductible according to your own budget, which enables you to enjoy cost-effective yet flexible medical protection plan.

無需核保¹ 保證承保「已存在的狀況」²

一般來說，若獨立購買一份個人醫保，投保人需要通過常規的健康核保程序，而「已存在的狀況」通常也不能獲得承保，部分保險公司或會要求投保人驗身，因此投保時的年齡愈大，不獲承保的機會也愈高。然而，現有團體醫保成員投保「摯安心精選」醫療保險計劃則沒有此煩惱，申請手續十分簡單，無需驗身、申報健康狀況或通過核保¹，所有團體醫療保單已受保的已存在的狀況保證可獲得承保*。

* 本計劃之不保事項除外。

保證續保至 99 歲³

市場上不少個人醫保計劃，只可續保至 70-80 歲，或會因為索償記錄而影響續保。此保單有效期為一年。成功投保「摯安心精選」醫療保險計劃後，不論您的健康狀況或索償記錄，我們都承諾為您提供續保至 99 歲，讓您享有保障至 100 歲。此外，您的保單更可自動續保至下一個受保期。

入院前索償評估

只需在入院或接受治療前的最少 3 個工作天前致電熱線提交相關資料，或於網上填寫「入院前索償評估」表格，我們即按您的保單估算可賠償金額⁴，讓您在財務上更有預算，安心接受治療。

一站式索償 手續更簡便

若您的團體和個人醫療保單分別由兩間不同的保險公司承保，一旦提出索償，就需要先後向兩間保險公司遞交索償申請，並必須要求首間公司發還醫療費用收據，才可向第 2 間公司索償剩餘款項，手續繁複。若您選擇投保「摯安心精選」醫療保險計劃，便可將團體及個人醫療保險的索償程序合二為一，方便快捷。

全球保障 安心無憂

無論您在外地公幹或旅遊，均可即時入院接受治療，而且保障額不會因身處外地時間長久而有所改變。

自選附加門診保障 雙重放心

您可按個人需要選擇「附加門診保障」[^]以進一步提升保障，更全面照顧您及家人的需要。

如選擇年繳保費，您將獲發醫療卡，可於任何藍十字網絡診所接受普通科醫生診症、中醫治療或專科醫生診症。

[^] 門診保障是本計劃的自選附加額外醫療保障。詳情請參閱相關的保障項目表和保費表。

Guaranteed Acceptance of Pre-existing Conditions² without Underwriting¹

When you apply for a new individual medical insurance plan, underwriting and excluding “pre-existing conditions” are usually a must. Some insurers may require health examination upon enrolment, so the chance of having an application declined would increase with age. For our group medical members enrolling in this Plan, they can have peace of mind that no underwriting, medical examination or health declaration¹ is required. Apart from offering guaranteed acceptance, we also guarantee you that all pre-existing conditions currently covered by your group medical policy will be automatically covered under this Plan*.

*Except for the exclusions of this Plan.

Guaranteed Renewal up to Age 99³

Many individual medical plans in market are only renewable till age 70 to 80 or policy renewal is subject to claim history. The period of cover of this policy is 1 year. Upon successful enrolment, we guarantee your policy will be renewable till age 99, giving you coverage up to age 100, regardless of your health status or claim history. Moreover, your policy will be automatically renewed for another period of insurance.

Pre-hospitalisation Claim Assessment

Simply make a call to our hotline and provide related information, or complete the Pre-hospitalisation Claim Assessment Form online at least 3 working days prior to hospitalisation or treatment. We will help you to estimate the eligible claim amount⁴ based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

One-stop Claim Solution

You can enjoy greater ease and convenience with this Plan by submitting two claims in one go. If your group and individual medical policies are underwritten by two insurers, you need to submit two claims applications one after another, when your claim cannot be fully reimbursed by your group medical cover. The claim procedures are complicated as the process involves the retrieval of all medical receipts from one insurer to another.

Worldwide Medical Coverage

Whether you are travelling overseas for leisure or on business, you can receive immediate inpatient treatment when needed. Besides, all benefit limits remain the same no matter how long you stay overseas.

Optional Outpatient Benefits for Enhanced Coverage

You can opt for Optional Outpatient Benefits[^] to cater for your personal needs. With this enhanced health protection, you can be certain that you and your whole family are well taken care of.

If premium is paid annually, you are entitled to use healthcare card at Blue Cross network clinics for general practitioner's consultations, Chinese medicine practitioner treatments or specialist's consultations.

[^] Outpatient Benefits is the Optional Supplementary Medical Benefit available for this plan. For details, please refer to respective schedule of benefits and premium tables.

胃鏡及腸鏡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相關日症手術療程，我們會為您直接支付賬單，您無需為日後索償程序而操心。

Cashless Arrangement for Gastroscopy and Colonoscopy

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



24 小時全球緊急援助

我們為您提供 24/7 服務，若您身處外地需緊急支援，可隨時致電熱線，由專人為您安排代繳入院按金、提供當地醫療或法律轉介等，以確保您於緊急情況下得到所需協助。

24-hour Worldwide Emergency Aid

We are here for you 24/7. Simply call our hotline when you need assistance in an emergency situation while travelling overseas, and our dedicated officers will provide you with all-round assistance such as hospital admission deposit guarantee service, local medical or legal referral service, etc.

藍十字護理諮詢專線

我們明白您在日常生活護理上需要專業的意見，因此，特意為您提供專屬的護理諮詢專線解答您的疑問。如有需要，我們亦樂意轉介您至合適的家居護理服務，包括手術後護理、日常長者護理、孕婦護理、幼兒及兒童護理、以及其他護理服務轉介。

Blue Cross Nursing Care Hotline

We understand you need professional advice on daily care, we are here to provide you with an exclusive nursing care hotline to answer your enquiries. We can also refer you to home care services if you need extra care at the comfort of your own home, including post-surgery care, daily care for elderly, maternity care, infant and child care and referral of other care services.

Blue Cross HK 手機應用程式

貴為 Super Care 會員，您可享一站式數碼醫療保險服務包括定位功能搜尋網絡醫生、網上醫生預約、視像診症、QR code 或電子醫療卡快速門診登記及完成診症、以及 3 步即時遞交索償⁵，更可隨時隨地查閱索償記錄。

“Blue Cross HK” Mobile App

As a Super Care member, you can enjoy one-stop digital medical insurance services including location-based network doctors search, online doctor appointment, video consultation, speedy registration and completion for outpatient consultation with QR code/e-medical card, and 3-step instant claim submission⁵, keeping track of claim status round-the-clock.



Blue Cross HK App

家庭折扣⁶

於保單生效日/續保日（以適用者為準），若受保於同一份「摯安心精選」醫療保險計劃保單的合資格家庭成員⁷人數達 2 名或以上，該保單可獲以下家庭折扣。

Family Discount⁶

If the number of eligible family members⁷ insured under the same Caring Medical Protection Plus policy on the policy effective date/renewal date (as applicable) reaches 2 or more, such policy can enjoy family discount specified below.

受保合資格家庭成員的人數 Number of Eligible Family Members Insured	2 名成員 2 members	3 名成員或以上 3 members or more
家庭折扣 Family Discount	5%	10%

基本住院及手術保障（分項限額）

Basic Hospital and Surgical Benefits (Benefit Sub-limit)

此保障支付100%合資格費用，每宗傷病最高賠償額如下：

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

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit Per Disability (HK\$)		
	尊尚 Premier (1)	優越 Superior (2)	標準 Standard (3)
計劃級別 Plan Level	私家房 Private	半私家房 Semi-private	普通房 Ward
可享有的病房級別 Entitled Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward
1. 病房費用 Room and Board 每宗傷病最長90天，每天限額 Max. 90 days per disability, limit per day	3,350	1,950	850
2. 醫院雜項費用 Miscellaneous Hospital Charges	31,500	23,000	18,800
3. 外科醫生費用⁸ Surgeon's Fees⁸			
▪ 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，每宗傷病最多5次，每天1次，每次限額 Including Chinese Medicine Practitioner Treatment, 5 visits per disability, 1 visit per day, limit per visit	180	150	120
4. 麻醉科醫生費用⁹ Anaesthetist's Fees⁹			
▪ 複雜手術 Complex	44,100	34,200	27,000
▪ 大型手術 Major	14,700	11,400	9,000
▪ 中型手術 Intermediate	7,500	6,000	4,500
▪ 小型手術 Minor	3,000	2,400	1,800
5. 手術室費用⁹ Operating Theatre Charges⁹			
▪ 複雜手術 Complex	44,100	34,200	27,000
▪ 大型手術 Major	14,700	11,400	9,000
▪ 中型手術 Intermediate	7,500	6,000	4,500
▪ 小型手術 Minor	3,000	2,400	1,800
6. 醫生巡房費用 Physician's Visit Fees 每宗傷病最長90天，每天限額 Max. 90 days per disability, limit per day	3,350	1,950	850
7. 專科醫生費用 Specialist's Fees 需具書面轉介 Referral letter is required	10,400	8,000	6,800
8. 深切治療費用 Charges for Intensive Care 每宗傷病最長30天，每天限額 Max. 30 days per disability, limit per day	8,600	6,600	5,600
9. 註冊私家看護費用 Registered Private Nurse's Fees 每宗傷病最長90天，每天限額 Max. 90 days per disability, limit per day	1,280	870	420
10. 先進診斷掃描（在門診進行） Advanced Diagnostic Imaging (Performed in outpatient facility)	10,000	8,000	5,000
11. 緊急門診治療 Emergency Outpatient Treatment	3,000	3,000	2,500
12. 訂明非手術癌症治療 Prescribed Non-surgical Cancer Treatments	120,000	100,000	80,000
13. 腸胃鏡網絡門診手術保障（只適用於年繳保單） Network Outpatient Surgery Benefit for Gastroscopy and Colonoscopy (Only applicable to annual payment mode)	全數賠償 Full Cover		
14. 每天住院現金津貼⁹ Daily Hospital Cash Allowance⁹ 每宗傷病最長45天，每天限額 Max. 45 days per disability, limit per day	1,650	970	420
15. 額外現金補貼保障¹⁰（住院期間每日） Cash Benefit for Top-up Subsidy¹⁰ (Per day of confinement) 每宗傷病最長45天，每天限額 Max. 45 days per disability, limit per day	1,200	600	500

⁸ 藍十字在須支付「外科醫生費用」的情況下，方可賠償此保障所招致的費用。
註：▪ 76歲或以上受保人的每保單年度綜合最高賠償額分別為HK\$650,000（尊尚計劃）、HK\$300,000（優越計劃）及HK\$180,000（標準計劃），並以上列各項保障之每宗傷病最高賠償額為限。
▪ 所有費用必須為「合理慣例」¹¹及「醫療必要」¹²的開支。

⁹ Charges for such benefits will be payable on condition that Surgeon's Fees are payable by Blue Cross.
Remarks: ▪ The overall maximum benefit limits per policy year for insured aged 76 or above are HK\$650,000 (Premier Plan), HK\$300,000 (Superior Plan) and HK\$180,000 (Standard Plan) respectively and subject to the maximum benefit limit per disability of each benefit item listed above.
▪ All expenses incurred must be Reasonable and Customary¹¹ and Medically Necessary¹².

基本住院及手術保障（總額）

此保障支付100%超出自付額（如適用）的一筆過合資格費用，每保單年度最高賠償額如下。假如相關保障項目的合資格費用為HK\$300,000，以及當自付額為HK\$120,000時，藍十字將會賠償HK\$180,000，而客戶將要承擔餘下之HK\$120,000。

Basic Hospital and Surgical Benefits (Lump Sum)

The benefits cover 100% of eligible expenses with a lump sum payment in excess of the deductible (if applicable) up to the following maximum benefit limit per policy year. If the eligible expenses incurred for a relevant benefit item is HK\$300,000 and the deductible of HK\$120,000 applies, Blue Cross will reimburse HK\$180,000 and the customer will have to bear the remaining HK\$120,000.

計劃級別 Plan Level	每保單年度最高賠償額 Maximum Benefit Limit Per Policy Year (HK\$)								
	尊尚 Premier (4)			優越 Superior (5)			標準 Standard (6)		
可享有的病房級別 Entitled Level of Accommodation	私家房 Private			半私家房 Semi-private			普通房 Ward		
自付額 ¹³ Deductible ¹³	0	120,000	300,000	0	60,000	150,000	0	30,000	80,000
每保單年度最高賠償額 [^] Maximum Benefit Limit Per Policy Year [^]	650,000			300,000			180,000		

[^] 藍十字將賠償基本住院及手術保障（分項限額）表中第1至12項及第13項（只適用於選擇無自付額和年繳保單之受保人）之合資格費用，以上述每保單年度最高賠償額為上限。惟所有中醫治療費用須受限於基本住院及手術保障（分項限額）表中第3項所列明的最高賠償額。

[^] Blue Cross will reimburse the eligible expenses for items 1 to 12 and item 13 (only applicable to an insured with no deductible and annual payment mode) in the table of Basic Hospital and Surgical Benefits (Benefit Sub-limit) up to the above maximum benefit limit per policy year. However, all benefits payable in respect of Chinese Medicine Practitioner Treatments are subject to the maximum benefit limit as stated under item 3 in the table of Basic Hospital and Surgical Benefits (Benefit Sub-limit).

註：所有費用必須為「合理慣例」¹¹及「醫療必要」¹²的開支。

Remark: All expenses incurred must be Reasonable and Customary¹¹ and Medically Necessary¹².

如受保人實際入住之病房級別高於可享有級別，可獲賠償金額將採用下列賠償基準計算：

If the insured is confined in a room of a class higher than the entitled level of accommodation, 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* Reimbursement Percentage of All Eligible Claims*
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%

*只適用於基本住院及手術保障（總額）。

*Applicable to Basic Hospital and Surgical Benefits (Lump Sum) only.

附加門診保障

此保障支付80%合資格費用，客戶可選擇於任何診所接受治療，而最高賠償額詳列於下表。受限於每個保障項目的最高賠償額，假如相關保障項目的合資格費用為HK\$400，藍十字將會賠償HK\$320，而客戶將要承擔餘下之HK\$80。

如選擇年繳保費，客戶將獲發藍十字醫療卡，可於任何藍十字網絡診所接受普通科醫生診症、中醫治療或專科醫生診症，每次診症須自付HK\$30。

Optional Outpatient Benefits

The benefits cover 80% of eligible expenses. Customer may visit any clinic at customer's own choice and subject to the maximum benefit limit listed in the table below. Subject to the maximum benefit limit for each benefit item, if the eligible expenses incurred for a relevant benefit item is HK\$400, Blue Cross will reimburse HK\$320 and the customer will have to bear the remaining HK\$80.

If premium is paid annually, customer will be issued with a Blue Cross Healthcare Card which entitles customer to use it at Blue Cross network clinics for general practitioner's consultations, Chinese medicine practitioner treatments or specialist's consultations. Each consultation at a network clinic is subject to a co-payment of HK\$30.

保障項目 Benefit Items	最高賠償額 Maximum Benefit Limit (HK\$)		
	尊尚 Premier	優越 Superior	標準 Standard
計劃級別 Plan Level 普通科醫生診症 General Practitioner's Consultation 每天 1 次，每次限額 1 visit per day, limit per visit	350	260	200
中醫治療 Chinese Medicine Practitioner Treatment (全科、跌打及針灸) (General practice, 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25次 Max. 25 visits per policy year in total for these two benefit items			
專科醫生診症 Specialist's Consultation 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
處方藥物 Prescribed Medicines and Drugs 只適用於醫院或診所以外之註冊藥房購買，並需具處方信件 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
X 光診斷及化驗 Diagnostic X-rays and Laboratory Tests 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
物理治療及脊椎治療服務 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

註：所有費用必須為「合理慣例」¹¹ 及「醫療必要」¹² 的開支。

Remark: All expenses incurred must be Reasonable and Customary¹¹ and Medically Necessary¹².

申請需知

增值保障

- **首年及續保保費9折**
- 適用於**現有**藍十字團體醫療保險成員，而其團體計劃必須包括「基本住院及手術保障」。
- 計劃亦適用於上述藍十字團體醫療保險成員之配偶及子女[#]。
- 於團體醫療保單成員生效日或於每個保單續保日起計的60天內申請。
- 保單生效日無需與團體醫療保單成員生效日或續保日相同¹⁴。
- 保單生效日將根據藍十字收到投保申請或完整資料的日期，以較遲者為準¹⁴。
- 索償貼士
 - 如受保人於索償申請時同時提供團體醫療保單編號及本計劃的保單編號，藍十字將一併進行審批及賠償，方便快捷。

先由團體醫療保單支付合資格費用
Eligible expenses must be firstly reimbursed
by the group medical policy

然後再由本計劃支付賠償餘額（如有）
Any shortfall will then be reimbursed
by this Plan

- 就「已存在的狀況」²之索償（如適用），本計劃支付賠償餘額的百分比如下：

- For claims related to pre-existing conditions² (if applicable), the shortfall will be reimbursed by this Plan according to the following table:

保單年度 Policy Year	「基本住院及手術保障」 Basic Hospital and Surgical Benefits
	合資格費用之賠償百分比* Reimbursement Percentage of Eligible Expenses*
第1年 1 st year	50%
第2年或以後 2 nd year and after	100%

* 所有賠償須受限於有關保障項目之最高賠償額(如適用)。

*All benefits payable above are subject to the maximum limits as per schedule of benefits (if applicable).

轉換保障

- 適用於**將離職或退休**的藍十字團體醫療保險成員，而其團體計劃必須包括「基本住院及手術保障」。
- 計劃亦適用於上述藍十字團體醫療保險成員之配偶及子女[#]。
- 於團體醫療保單成員資格終止¹⁵日起計的60天內申請。
- 保單生效日必須是最後受僱日之翌日¹⁴。

[#] 如配偶及子女並非現有藍十字團體醫療保險成員，則必須填寫健康申報表及通過健康核保，而已存在的狀況將不獲承保。

Enrolment Guideline

Top Up Option

- **10% off First Year and Renewal Premium**
- Applicable to **existing** Blue Cross Group Medical Insurance Members in which the group policy includes Basic Hospital and Surgical Benefits.
- Spouse and child(ren)[#] of the Blue Cross Group Medical Insurance Members as mentioned above can also enrol in this Plan.
- Enrol within 60 days from the Member's commencement date or upon each renewal date of the group medical policy.
- Policy effective date is not necessarily to be the same as the Member's commencement date or renewal date of the group medical policy¹⁴.
- The policy effective date will be subject to the application or completed information received by Blue Cross, whichever is later¹⁴.
- Claim Tips
 - When the insured files a claim with us, we will assess the claim based on the group medical policy and this Plan in one go if both policy numbers are provided. Fast and simple!

Conversion Option

- Applicable to Blue Cross Group Medical Insurance Members with Basic Hospital and Surgical Benefits **who are going to resign or retire.**
- Spouse and child(ren)[#] of the Blue Cross Group Medical Insurance Members as mentioned above can also enrol in this Plan.
- Enrol within 60 days from the date of termination¹⁵ of the group medical membership.
- Policy effective date must be the day following the last day of employment¹⁴.

[#] If spouse and child(ren) are not existing Blue Cross Group Medical Insurance Members, health declaration is required and subject to underwriting. Pre-existing conditions will not be covered.

計劃級別

在無需核保的情況下，現有藍十字團體醫療保險成員可按現有的團體醫療保險計劃，選擇投保相應的計劃級別。現有團體醫保提供的病房級別愈高，可供選擇的計劃級別則愈多。詳情請參考下表：

現有團體醫療保險保單 Existing Group Medical Insurance Policy	「摯安心精選」醫療保險計劃 Caring Medical Protection Plus
可享有的病房級別 Entitled Level of Accommodation	相應之「基本住院及手術保障」計劃級別 Corresponding Plan Level of Basic Hospital and Surgical Benefits
私家房 Private	尊尚 (1) / 優越 (2) / 標準 (3) / 尊尚 (4) / 優越 (5) / 標準 (6) Premier (1)/Superior (2)/Standard (3)/Premier (4)/Superior (5)/Standard (6)
半私家房 Semi-private	優越 (2) / 標準 (3) / 優越 (5) / 標準 (6) Superior (2)/Standard (3)/Superior (5)/Standard (6)
普通房 Ward	標準 (3) / 標準 (6) Standard (3)/Standard (6)

若申請人選擇投保的計劃級別較上表所列出的相應級別為高，或選擇「附加門診保障」（而其團體醫療保單並沒有提供此保障），則必須通過健康核保。

若投保「附加門診保障」，申請人所選的計劃級別需等同或低於「基本住院及手術保障」的級別。詳情請參考下表：

「基本住院及手術保障」計劃級別 Plan Level of Basic Hospital and Surgical Benefits	相應之「附加門診保障」計劃級別 Corresponding Plan Level of Optional Outpatient Benefits
尊尚 (1) / 尊尚 (4) Premier (1)/Premier (4)	尊尚 / 優越 / 標準 Premier/Superior/Standard
優越 (2) / 優越 (5) Superior (2)/Superior (5)	優越 / 標準 Superior/Standard
標準 (3) / 標準 (6) Standard (3)/Standard (6)	標準 Standard

Plan Level

Without underwriting, the existing Blue Cross Group Medical Insurance Members can choose a corresponding plan level based on their existing group medical insurance policy. The higher level of accommodation they are entitled in the group medical cover, the more options of plan level they will have. Please refer to the below table for details:

If applicants opt for a plan level higher than the corresponding plan levels listed above, or opt for Optional Outpatient Benefits while such benefits are not provided under the existing group medical policy, their applications are subject to underwriting.

If applicants enrol in Optional Outpatient Benefits, they can only opt for a plan level corresponding to or lower than the plan level of Basic Hospital and Surgical Benefits. Please refer to the below table for details:

計劃摘要 Plan Summary

產品名稱 Product Name	「摯安心精選」醫療保險計劃 Caring Medical Protection Plus
購買目的及需要 Purchase Objectives and Needs	為將來的醫療需要作準備： Prepare for future health care needs: <ul style="list-style-type: none"> ■ 支付醫療費用；及 To settle medical expenses; and ■ 彌補住院期間之收入損失 To compensate for the loss of income during hospital confinement
產品類型 Product Type	償款，但包含非償款現金保障 Indemnity, but incorporated with non-indemnity cash benefits
保單期 Period of Cover	1年 Year
投保年齡 Enrolment Age	12日或以上及71歲生日前 Age 12 days or above and before 71 st birthday
保單續保 Policy Renewal	每年續保至99歲（保證） ³ Annual renewal up to age 99 (guaranteed) ³
保單貨幣 Policy Currency	港幣 HKD
計劃級別 Plan Level	尊尚 (1)/優越 (2)/標準 (3)/尊尚 (4)/優越 (5)/標準 (6) Premier (1)/Superior (2)/Standard (3)/Premier (4)/Superior (5)/Standard (6)
賠償方式 Reimbursement Options	基本住院及手術保障 Basic Hospital and Surgical Benefits 分項限額 Benefit Sub-limit 尊尚 (1)/優越 (2)/標準 (3) Premier (1)/ Superior (2)/ Standard (3) 總額 Lump Sum 尊尚 (4)/優越 (5)/標準 (6) Premier (4)/ Superior (5)/ Standard (6)
基本住院及手術保障（總額）之自付額 ¹³ Deductible ¹³ for Basic Hospital and Surgical Benefits (Lump Sum)	尊尚 (4) Premier (4) : HK\$0 / HK\$120,000 / HK\$300,000 優越 (5) Superior (5) : HK\$0 / HK\$60,000 / HK\$150,000 標準 (6) Standard (6) : HK\$0 / HK\$30,000 / HK\$80,000
保障地域 Cover Area	全球（「每天住院現金津貼」除外） Worldwide (except for "Daily Hospital Cash Allowance")
冷靜期 ¹⁶ Cooling-off Period ¹⁶	40日 Days
繳費模式 Payment Mode	年繳/半年繳/月繳 Annual/Semi-annual/Monthly
核保 Underwriting	無需驗身、申報健康狀況或通過個別健康核保 ¹ No medical examination, health declaration or individual underwriting is required ¹
已存在的狀況 ² Pre-existing Conditions ²	保證承保現有團體醫療保單已受保的傷病 ² Guaranteed acceptance of conditions which are currently covered under the group medical policy ²

重要事項

1. 如客戶選擇申請轉換至較先前團體醫療保單為高的住院或門診保障計劃級別、申請附加門診保障（而客戶未於先前之團體保單內享有門診保障）、曾經受保於「摯安心精選」醫療保險計劃而其後取消此保障並再次遞交投保申請，或藍十字團體醫療保險成員之配偶或子女且並非現已受保於藍十字團體醫療保險計劃，則須接受健康核保，而藍十字將保留權利，根據核保結果而收取額外保費，附加不保事項或不接納其申請。
2. 就已存在的狀況而言，若該狀況是受保於先前之團體保單，該狀況於「摯安心精選」醫療保險計劃保單將繼續受到保障，即代表受保人就基本住院及手術保障（分項限額）及基本住院及手術保障（總額）可獲之保障相等於符合索償資格的合資格費用之100%，惟須受限於本保單適用的最高賠償額及其他條款及細則。

在受保人仍然受保於生效之團體保單的情況下，若受保人患上之傷病為生效之團體保單所保障之已存在的狀況，就該已存在的狀況而言，受保人就基本住院及手術保障（分項限額）及基本住院及手術保障（總額）可獲之相關保障將相等於合資格費用之100%，惟須受限於適用的最高賠償額及其他條款及細則。儘管如上文所述，藍十字於第一個受保期內就基本住院及手術保障（分項限額）及基本住院及手術保障（總額）將只會支付合資格費用之50%，惟須受限於本保單適用的最高賠償額及其他條款及細則。藍十字不會就不受保於先前之團體保單或生效之團體保單的已存在的狀況之傷病作出任何賠償。

3. 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：因應受保人年齡的調整、特定風險級別或風險級別的轉變作出保費調整。

此外，藍十字亦保留停止發售或中止本計劃及對保單作出更改的權利。若藍十字決定停止發售或中止本計劃，藍十字將致力為受保人轉換至另一個可供選擇的醫療保險計劃。

4. 可賠償金額之估算只供客戶參考之用，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. 任何索償申請須於出院或完成有關的醫療服務當日起計90天內遞交。客戶可選擇郵寄或親身遞交已填妥的賠償申請表及所需之完整文件予藍十字，亦可經網上遞交索償（藍十字可要求收據正本以作核實）。賠償申請表可於藍十字網頁下載。

Important Notes

1. The application is subject to underwriting if the customer opts for a higher level of inpatient or outpatient benefits than his previous group medical insurance policy, enrolls in the outpatient benefits where his previous group medical insurance policy does not provide any outpatient coverage, was insured under this Plan but then terminated the policy and re-enrolls, or the spouse or child(ren) of Blue Cross Group Medical Insurance Members who are currently not insured by Blue Cross Group Medical Insurance Plan. In which case, Blue Cross reserves the right to charge extra premium or impose additional exclusions or decline his application according to its underwriting decision.
2. With respect to pre-existing conditions, the insured shall retain coverage provided by the preceding group policy under the policy of Caring Medical Protection Plus i.e. the benefits payable to the insured under the Basic Hospital and Surgical Benefits (Benefit Sub-limit) and Basic Hospital and Surgical Benefits (Lump Sum) will be equivalent to 100% of the eligible expenses for any claim, subject to the applicable maximum benefit limits and other terms and conditions of this policy.

In case where the insured remains covered by the in-force group policy, if he is suffering from a disability which is a pre-existing condition covered under the in-force group policy, the benefits payable to the insured under the Basic Hospital and Surgical Benefits (Benefit Sub-limit) and Basic Hospital and Surgical Benefits (Lump Sum) will be equivalent to 100% of the eligible expenses, subject to the applicable maximum benefit limits and other terms and conditions of this policy. Notwithstanding the aforesaid, during the first period of insurance, Blue Cross shall only pay 50% of the eligible expenses under the Basic Hospital and Surgical Benefits (Benefit Sub-limit) and Basic Hospital and Surgical Benefits (Lump Sum), subject to the applicable maximum benefit limits and other terms and conditions of this policy. Blue Cross is not liable for any claim for disability which is a pre-existing condition that is not covered under the preceding group policy or in-force group policy.

3. 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.

In addition, Blue Cross also reserves the right to cease offering or suspend this Plan and to make changes to the policy. If Blue Cross decides to cease offering or suspend this Plan, Blue Cross will endeavour to transfer the insured to another available medical insurance plan.

4. Assessment of the estimated eligible claim amounts is for customer's 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. Any claims must be submitted within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. Customer can submit a completed claim form and full documentation to Blue Cross by post or in person, or via e-submission (original receipts may be requested by Blue Cross for verification). Claim form can be downloaded from Blue Cross website.

重要事項

6. 如在獲得家庭折扣後未能於保單生效日或續保日當日滿足所述的合資格家庭成員人數要求，藍十字將會按照同一要求重新計算相關保單年度的家庭折扣。在藍十字的合理要求下，保單持有人須向藍十字交還已經扣減的家庭折扣及重新計算實際合資格的家庭折扣之差額。
7. 就家庭折扣而言，「合資格家庭成員」指保單持有人及/或其配偶/子女/父母/兄弟姊妹/祖父母/孫/法定監護人/配偶的父母。
8. 「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。「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。
9. 「每天住院現金津貼」只適用於入住香港合格公立醫院普通病房。
10. 適用於此保障項目之條款及細則，請參閱補充文件。若受保人獲得藍十字以外之其他註冊保險公司所提供的任何其他醫院賠償計劃之保障（不論是屬個人或團體保單），而在該註冊保險公司支付任何賠償後，於有關的條款及保障有任何就受保人的住院應付的實報實銷保障，本保障將賠償按保障表中所列限額，就每日於醫院住院期間支付額外現金津貼。
11. 「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。
12. 「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

6. In the event that the required number of eligible family members set out as at the policy effective date or renewal date cannot be fulfilled after a family discount has been applied, the family discount shall be recalculated for the relevant policy year(s) based on same requirement specified. The policyholder shall repay to Blue Cross the difference between the family discount already applied by Blue Cross and the recalculated actual eligible family discount upon Blue Cross reasonable demand.
7. For the purpose of family discount, "eligible family member" refers to the policyholder and/or his spouse/ children/ parents/ brothers/ sisters/ grandparents/ grandchildren/ legal guardian/ parents-in-law.
8. 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 upon the written recommendation of the attending physician. "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.
9. Daily Hospital Cash Allowance applies to general ward of eligible public hospital in Hong Kong only.
10. Please refer to the Supplement for the terms and conditions applicable to these benefit items. For the insured covered by any other hospital reimbursement plans offered by a licensed insurance company other than Blue Cross, regardless of whether it is an individual or group policy, if any reimbursement for any confinement of the insured is payable under the relevant terms and benefits after any reimbursement has been paid from such licensed insurance company, this benefit shall be payable as extra cash benefit for each day of confined period in hospital subject to the limits as specified in the Benefit Schedule.
11. "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.
12. "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.

重要事項

13. 「自付額」只適用於「基本住院及手術保障（總額）」。如受保人於續保時年齡為50、55、60或65歲，保單持有人可於該續保日之前或之後31天內要求減低該受保人之「自付額」，而無須提供該受保人進一步之健康證明。每名受保人終身只限行使此權利1次，而且一經行使將不可撤銷。有關更改只會於續保時生效，並需獲藍十字核准。
14. 儘管另有任何其他規定，受保人於本保單可享之保障將在下列日期起生效，以較遲者為準：a) 保單生效日期；b) 受保人生效日期；或 c) 首個受保期之保單簽發日期。若受保人在其保障生效當日仍然住院，本保單之保障只會於該受保人出院當日的下一天起生效。
15. 該成員資格的終止原因，不可因為藍十字團體醫療保險計劃終止或未獲續保所致。
16. 保單持有人可在冷靜期內行使權利取消保單及獲發還全數已付保費及保費徵費，但行使此項權利時，必須符合以下條件：
 - (a) 取消要求必須由保單持有人簽署，藍十字必須於冷靜期內直接收到該要求。冷靜期為緊接保單或冷靜期通知書交付予保單持有人或其指定代表之日起計的40日期間內，以較早者為準。為免生疑問，交付保單或冷靜期通知書當天並不包括在計算40日期間內。然而，若第40日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內；及
 - (b) 如曾經因索償而獲得賠償，則不會獲發還保費。

冷靜期過後，保單持有人可向藍十字發出不少於7天的書面通知以取消保單。如於首個受保期內符合以下條件：

- a) 無任何索償；b) 無尚未繳付之每年保費；及 c) 所有醫療卡（如有）及優惠券（如有）從未被使用及已被退還予藍十字，保單持有人可獲無息退還部分已繳保費。詳情請參閱保單條款及細則。

此外，保單會在以下情況自動終止，以最先者為準：

- a) 當於受保期內所有受保人的年齡均達至100歲，該受保期的最後一天；b) 當保單持有人取消保單或當保單因沒有繳付保費或根據保單條款及細則所列的情形被取消；或 c) 本保單最後一名在生之受保人身故當日。

Important Notes

13. Deductible is only applicable to the Basic Hospital and Surgical Benefits (Lump Sum). With respect to the insured of age 50, 55, 60 or 65 at renewal, the policyholder may apply for lowering the Deductible within 31 days before or after the relevant renewal without providing Blue Cross with further evidence of the insured's health status. This right can only be exercised once during the lifetime of the insured and is irrevocable. The change shall only take effect on renewal and subject to the approval of Blue Cross.
14. Notwithstanding anything to the contrary, the benefit coverage for an insured under this policy shall become effective on the later of the following: a) policy effective date; b) insured effective date; or c) policy issue date of the first period of insurance. If the insured is still confined in a hospital on the day on which his coverage under this policy would have otherwise become effective, the coverage for such insured will only become effective on the next day following his discharge from such confinement.
15. Such termination of membership cannot be as a result of termination or non-renewal of Blue Cross Group Medical Insurance Schemes.
16. The policyholder may exercise the right to cancel the policy with full refund of paid premiums and levy during the cooling-off period. The cancellation right is subject to the following conditions:
 - (a) The request to cancel must be signed by the policyholder and received directly by Blue Cross within the cooling-off period. The cooling-off period is the period of 40 days immediately following the day of the delivery to the policyholder or the nominated representative of the policyholder, of the policy or the cooling-off notice, whichever is the earlier. For the avoidance of doubt, the day of delivery of the policy or the cooling-off notice is not included for the calculation of the 40-day period. However, if the last day of the 40-day period is not a working day, the period shall include the next working day; and
 - (b) No refund can be made if a claim payment has been made.

The policyholder can request to cancel the policy after the cooling-off period by giving not less than 7 days' prior written notice to Blue Cross. The policyholder may be entitled to a refund of part of the premium paid without interest during the first period of insurance if the following conditions are fulfilled: a) no claims have been made; b) there is no outstanding annual premium under the policy; and c) all healthcare cards (if any) and coupons (if any) are not being used and are returned to Blue Cross. Please refer to the terms and conditions of policy for details.

In addition, the policy shall be automatically terminated on the earliest of the following: a) the last day of the period of insurance in which all insureds have attained the age of 100; b) when the policyholder cancels the policy, or the policy is cancelled due to non-payment of premiums or any circumstance as set out in the terms and conditions of policy; or c) the date of death of the last remaining life insured under the policy.

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、復康、休養、療養或專職醫療服務，包括但不限於職業治療及言語治療而住院。
3. 任何先天性疾患（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，除非已於保障利益條款內另有註明。
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之任何服務費用；與以下相關的費用，但不限於聽力測試、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、非處方藥物等。
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，包括驗孕或其後的分娩、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. 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、暴動、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。
12. 附加於團體醫療保險保單內的任何個人不保事項。

注意：

- 此小冊子僅在香港派發。派發此小冊子並不構成亦不應被詮釋為在香港境外出售、游說顧客購買或提供任何保險產品。
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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, rehabilitation, rest cures, sanatoria care or allied health service, including but not limited to, occupational therapy and speech therapy.
3. Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosi) or Developmental Conditions or disease of similar kind.
4. Pre-existing Conditions, unless specified otherwise in the Benefits Provisions.
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 or cosmetic purposes; expenses in relation to but not limited to hearing tests, routine blood tests, general checkups, prophylaxis treatment, vaccinations or inoculations, over-the-counter drugs, 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. 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, riot, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.
12. Any exclusions or conditions previously imposed to the individual on the group medical insurance policy.

Notes:

- This brochure is for distribution in Hong Kong only. The distribution of this brochure is not and shall not be construed as an offer to sell or a solicitation to buy or a provision of any insurance product outside Hong Kong.
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Blue Cross (Asia-Pacific) Insurance Limited
藍十字(亞太)保險有限公司



「摯安心精選」醫療保險計劃 Caring Medical Protection Plus

保費表 Premium Table (HK\$)

如申請增值保障，以下保費均可享 9 折優惠。

You will enjoy a 10% discount of the following premiums for applying Top Up Option.

1. 基本住院及手術保障 Basic Hospital and Surgical Benefits

私家房 Private Room								
計劃級別 Plan Level	尊尚 (1) Premier (1)		尊尚 (4) Premier (4)					
賠償方式 Reimbursement Option	分項限額 Benefit Sub-limit		總額 Lump Sum					
自付額 Deductible	不適用 N/A		0		120,000		300,000	
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	8,122	8,122	12,238	12,238	5,814	5,814	2,993	2,993
5 - 9	7,682	7,682	11,574	11,574	5,498	5,498	2,829	2,829
10 - 18	7,142	7,142	10,764	10,764	5,114	5,114	2,631	2,631
19 - 25	8,838	9,414	13,032	14,493	6,186	6,887	3,197	3,531
26 - 30	9,358	9,941	13,797	15,305	6,552	7,272	3,386	3,727
31 - 35	12,744	12,983	18,793	19,988	8,924	9,497	4,612	4,868
36 - 40	13,377	13,892	19,725	21,388	9,364	10,162	4,842	5,210
41 - 45	15,440	17,237	22,767	26,536	10,808	12,607	5,588	6,463
46 - 50	19,602	21,887	28,901	33,696	10,977	12,806	5,673	6,566
51 - 55	24,858	27,747	36,653	42,718	13,922	16,238	7,195	8,322
56 - 60	34,703	34,703	52,295	52,295	19,871	19,871	10,229	10,229
61 - 65	40,170	40,170	60,532	60,532	23,000	23,000	11,838	11,838
66 - 70	52,227	52,227	78,703	78,703	29,904	29,904	15,391	15,391
以下保費只適用於續保 The premiums below are for renewal only								
71 - 75*	63,131	63,131	95,133	95,133	36,149	36,149	18,603	18,603
76 - 99	63,131	63,131	95,133	95,133	36,149	36,149	18,603	18,603

* 71 歲的保費亦適用於受保人 71 歲生日前生效之新保單。

Premium rate for age 71 is applicable to new policy effective before insured's 71st birthday.

1. 基本住院及手術保障 Basic Hospital and Surgical Benefits

半私家房 Semi-private Room								
計劃級別 Plan Level	優越 (2) Superior (2)		優越 (5) Superior (5)					
賠償方式 Reimbursement Option	分項限額 Benefit Sub-limit		總額 Lump Sum					
自付額 Deductible	不適用 N/A		0		60,000		150,000	
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	4,965	4,965	7,482	7,482	3,176	3,176	1,303	1,303
5 - 9	4,548	4,548	6,852	6,852	2,907	2,907	1,195	1,195
10 - 18	4,046	4,046	6,097	6,097	2,587	2,587	1,062	1,062
19 - 25	4,878	5,208	7,190	8,017	3,046	3,402	1,259	1,390
26 - 30	5,218	5,619	7,695	8,655	3,263	3,673	1,345	1,503
31 - 35	7,072	7,559	10,429	11,637	4,423	4,938	1,825	2,020
36 - 40	7,564	8,392	11,154	12,920	4,864	5,482	1,951	2,242
41 - 45	9,984	11,076	14,722	17,051	6,242	7,235	2,573	2,957
46 - 50	12,679	14,059	18,694	21,644	6,341	7,347	2,616	3,005
51 - 55	16,385	18,169	24,159	27,970	8,196	9,496	3,379	3,882
56 - 60	22,227	22,227	33,495	33,495	11,367	11,367	4,668	4,668
61 - 65	25,735	25,735	38,782	38,782	13,158	13,158	5,406	5,406
66 - 70	33,454	33,454	50,414	50,414	17,107	17,107	7,025	7,025
以下保費只適用於續保 The premiums below are for renewal only								
71 - 75*	38,748	38,748	58,391	58,391	19,813	19,813	8,137	8,137
76 - 99	38,748	38,748	58,391	58,391	19,813	19,813	8,137	8,137

* 71 歲的保費亦適用於受保人 71 歲生日前生效之新保單。

Premium rate for age 71 is applicable to new policy effective before insured's 71st birthday.

普通房 Ward								
計劃級別 Plan Level	標準 (3) Standard (3)		標準 (6) Standard (6)					
賠償方式 Reimbursement Option	分項限額 Benefit Sub-limit		總額 Lump Sum					
自付額 Deductible	不適用 N/A		0		30,000		80,000	
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	2,968	2,968	4,474	4,474	1,932	1,932	765	765
5 - 9	2,715	2,715	4,091	4,091	1,768	1,768	700	700
10 - 18	2,417	2,417	3,641	3,641	1,572	1,572	623	623
19 - 25	2,761	3,058	4,073	4,708	1,758	2,033	702	804
26 - 30	3,015	3,215	4,445	4,951	1,920	2,139	764	844
31 - 35	3,708	3,953	5,467	6,085	2,361	2,630	940	1,036
36 - 40	4,504	4,831	6,642	7,438	2,866	3,213	1,141	1,267
41 - 45	5,882	6,546	8,673	10,075	3,744	4,353	1,491	1,717
46 - 50	7,496	8,324	11,053	12,817	3,819	4,428	1,521	1,748
51 - 55	9,664	10,744	14,252	16,544	4,920	5,716	1,958	2,255
56 - 60	13,500	13,500	20,341	20,341	7,026	7,026	2,787	2,787
61 - 65	15,521	15,521	23,389	23,389	8,077	8,077	3,202	3,202
66 - 70	19,864	19,864	29,934	29,934	10,340	10,340	4,098	4,098
以下保費只適用於續保 The premiums below are for renewal only								
71 - 75*	23,612	23,612	35,581	35,581	12,290	12,290	4,870	4,870
76 - 99	23,612	23,612	35,581	35,581	12,290	12,290	4,870	4,870

* 71 歲的保費亦適用於受保人 71 歲生日前生效之新保單。

Premium rate for age 71 is applicable to new policy effective before insured's 71st birthday.

2. 附加門診保障 Optional Outpatient Benefits

計劃級別 Plan Level	尊尚 Premier		優越 Superior		標準 Standard	
	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual	年繳 Annual
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	15,118	15,118	11,450	11,450	8,705	8,705
19 - 25	9,827	11,039	7,192	8,127	5,632	6,362
26 - 30	10,073	11,313	7,351	8,302	5,754	6,502
31 - 35	10,505	11,802	7,667	8,664	6,001	6,780
36 - 40	10,823	12,157	7,903	8,929	6,190	6,995
41 - 45	11,905	13,373	8,880	10,033	6,952	7,858
46 - 50	12,991	14,593	9,688	10,946	7,583	8,570
51 - 55	14,289	16,050	10,714	12,106	8,387	9,478
56 - 60	15,290	17,172	11,539	13,038	9,034	10,212
61 - 65	16,817	18,894	13,036	14,730	10,203	11,528
66 - 70	21,862	23,616	15,644	17,380	11,837	13,994
以下保費只適用於續保 The premiums below are for renewal only						
71 - 75*	28,420	28,420	19,552	19,552	14,798	14,798
76 - 99	28,420	28,420	19,552	19,552	14,798	14,798

* 71 歲的保費亦適用於受保人 71 歲生日前生效之新保單。

Premium rate for age 71 is applicable to new policy effective before insured's 71st birthday.

注釋：

- 年齡以最近生日日期計算。如您下一個生日是在投保日期起計 6 個月之內，保費率將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。
- 「0」歲指出生滿 12 日。
- 以月繳或半年繳的保費會被徵收分別 5% 及 2.5% 的附加費。月繳保費金額及附加費 = 年繳保費金額 × 0.0875。半年繳保費金額及附加費 = 年繳保費金額 × 0.5125。應付總金額以收款票據所示為準。
- 藍十字（亞太）保險有限公司（「藍十字」）保留在續保時調整保費，例如因應受保人年齡的調整、增加額外保障等，及更改條款及細則的權利。
- 保險業監管局將按照法例透過保險公司向投保人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料，請瀏覽藍十字網頁 http://bluecross.com.hk/document/general/levy_collection。
- 上述注釋適用於本文件的所有保費表。

Remarks：

- Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from the enrolment date, the premium rate will be charged according to your next age attained. Otherwise, it will be charged based on your current age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- Age "0" means age 12 days.
- Premiums to be paid by monthly or semi-annual payment modes are subject to a surcharge of 5% and 2.5% respectively. Premium amount with surcharge for monthly payment mode = annual premium amount × 0.0875. Premium amount with surcharge for semi-annual payment mode = annual premium amount × 0.5125. Please refer to the debit note for the total amount payable.
- Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") reserves the right to adjust the premium upon policy renewal due to, for example, age-related adjustment of insured or subscription to additional benefits, etc. and revise the terms and conditions of this policy.
- The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.
- The above remarks are applicable to all premium tables listed herein.