

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

特別為藍十字團體醫療保險計劃成員而設
Specifically Designed for Blue Cross
Group Medical Insurance Members

2025 年 6 月生效
With effect from Jun 2025



Blue Cross 藍十字
An **AIA** Company 友邦保險成員公司

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。藍十字通過龐大的分銷渠道銷售其產品，包括友邦香港營業團隊、網上平台、直銷渠道、東亞銀行網絡、保險代理和經紀，以及旅行社代理。

藍十字在 2024 年獲標普全球評級分別授予財務實力評級 A+（展望穩定）及發行人信用評級 A+（展望穩定）。

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 distributes its products through various channels, including AIA agency force, online platform, direct sales, BEA network, insurance agents and brokers, as well as travel agencies.

In 2024, Blue Cross was assigned financial strength rating of A+ (stable outlook) and issuer credit rating of A+ (stable outlook) by S&P Global Ratings.

此小冊子並不包含保單的完整條款及細則，且只供參考之用。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 and conditions of the policy and is for reference only. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions.

在此小冊子內，「藍十字」、「本公司」或「我們」是指藍十字（亞太）保險有限公司。

In this brochure, "Blue Cross", "the Company", "we", "our", or "us" refers to Blue Cross (Asia-Pacific) Insurance Limited.



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

「摯安心精選」醫療保險計劃（「本計劃」）是一個特別為受保於藍十字團體醫療保險計劃的僱員及其配偶和子女而設的個人醫療保險計劃。

不論轉職或退休，您及摯愛親人的醫療保障在不同的人生階段皆會維持不變。

本計劃的投保程序簡易。除指定情況外，投保毋須核保¹。受保於藍十字團體醫療保險計劃保單之已存在的狀況將受保於本計劃^{2,3,4}，更為受保人提供保障至 100 歲⁵。

Caring Medical Protection Plus (the “Plan”) is an individual medical insurance plan specifically designed for employees insured under Blue Cross group medical insurance policy, and their spouse and child(ren).

Even if you leave your current job or enter retirement, you can rest assured that the medical protection for you and your loved ones will continue throughout different stages of life.

Enrolment procedures of the Plan are simple. Except under certain specified circumstances, no underwriting is required upon enrolment¹. The Plan also covers the pre-existing conditions which have been covered under Blue Cross group medical insurance policy^{2,3,4}, and provides coverage up to age 100⁵.



計劃特點 Plan Highlights



醫療保障範圍廣泛 Extensive Medical Protection Coverage

隨著香港的醫療費用不斷增加，僱主提供的團體醫療保險保障未必足以助您支付所有醫療開支。作為受保於藍十字團體醫療保險計劃保單的僱員，您現可以較相宜的保費投保「**摯安心精選**」醫療保險計劃，藉此加強醫療保障，包括基本保障（基本住院及手術保障）以及附加保障（附加門診保障及附加牙科保障）。此外，您更可將醫療保障延伸至配偶和子女。

With increasing healthcare costs in Hong Kong, the group medical insurance coverage provided by your employer may not be sufficient to pay all your medical expenses. As an employee insured under Blue Cross group medical insurance policy, you can now enhance your medical protection by enrolling in **Caring Medical Protection Plus** at an affordable premium, with core benefits (Basic Hospital and Surgical Benefits) and optional benefits (Optional Outpatient Benefits and Optional Dental Benefits). In addition, you can extend the medical protection to your spouse and child(ren).



不論就業狀況 保障從不間斷 Continuous Coverage Regardless of Your Employment Status

一旦成功投保，即使您轉換工作或退休，醫療保障將維持不變。

Upon successful enrolment, your medical protection will remain unchanged even when you leave your current job or enter retirement.



毋須核保 No Underwriting

除指定情況外，本計劃毋須核保¹，省卻了一般個人醫療保險計劃需要的驗身或填寫冗長的健康聲明的程序。

Except under certain specified circumstances, underwriting is not required¹ for the Plan. It saves you the hassle of undergoing a health check or filling in lengthy health declarations typically required when enrolling in individual medical insurance plans.



承保已存在的狀況 Coverage of Pre-existing Conditions

如您現正或於遞交計劃申請前 60 天內受保於藍十字團體醫療保險計劃保單，所有您於藍十字團體醫療保險計劃保單下受保之已存在的狀況將可受保於本計劃^{2,3,4}。

If you are currently covered under Blue Cross group medical insurance policy, or had been covered under such policy within 60 days prior to the date of submission of application for the Plan, all of your pre-existing conditions covered under Blue Cross group medical insurance policy would be covered under the Plan^{2,3,4}.



胃鏡及腸鏡門診手術免結賬安排⁶ Cashless Arrangement for Gastroscopy and Colonoscopy⁶

本計劃下，如您需要於我們指定網絡診所進行胃鏡（包括食道、胃、十二指腸鏡）或腸鏡檢查，只需以我們發出的電子卡預約相關日症手術。相關費用⁷由我們直接支付。

Under the Plan, if you need to schedule a gastroscopy (including esophagogastroduodenoscopy) or colonoscopy at our designated network clinics, you can simply schedule the respective day case procedure using the electronic card we issue. The relevant charges⁷ will be directly settled by us.



全球醫療保障 Worldwide Medical Coverage

除「每天住院現金津貼」（僅適用於入住合格公立醫院普通病房）及「精神科治療」只於香港提供、以及「腸胃鏡網絡門診手術保障」只在藍十字指定的網絡診所提供外，不論您身處何方，基本住院及手術保障的其他保障項目全球適用，且相關保障限額維持不變。有我們全力在背後提供支援，您可以放心盡情享受旅程。

Except for Daily Hospital Cash Allowance (For Confinement in General Ward of Eligible Public Hospitals Only) and Psychiatric Treatments which are provided in Hong Kong only, and Network Outpatient Surgery Benefit for Gastroscopy and Colonoscopy which is provided at Blue Cross's designated network clinics only, wherever you are, the other benefit items of the Basic Hospital and Surgical Benefits are applicable worldwide, and the corresponding benefit limit remains the same. You can fully enjoy your travels, knowing that we have your back wherever you go.



100 每年續保 保障至 100 歲 Yearly Renewal with Coverage until Age 100

一旦成功投保，不論受保人的健康狀況及索償記錄，保單均可每年續保⁵，而本計劃將為受保人提供保障直至 100 歲。即使受保人變年長，醫療保障將繼續延續下去。

Upon successful enrolment, the policy can be renewed annually⁵, and the Plan provides coverage for the insured up to age 100, irrespective of the insured's health condition and claim history. The medical protection stays as the insured ages.



電子投保 簡單快捷 Simple Online Enrolment at Your Fingertips

作為藍十字團體醫療保險計劃保單的受保人，投保本計劃快捷方便。只需登入「Super Care」平台或「Blue Cross HK」手機應用程式，即可以三個簡單步驟投保。完成並成功投保後，您會短時間內收到電子保單。

As an insured under Blue Cross group medical insurance policy, enrolling in the Plan is quick and easy. You can either log in the "Super Care" platform or the "Blue Cross HK" mobile app to enrol in 3 simple steps. Once completed and upon successful enrolment, you will receive your e-policy shortly.



家庭折扣 Family Discount

每份「摯安心精選」醫療保險計劃的保單保費享高達 9 折的家庭折扣，詳情如下：

Up to 10% family discount on premium can be applied on each **Caring Medical Protection Plus** policy, with details as follows:

於保單生效日期或續保日* 受保於同一份保單的受保人數目 Number of Insureds under the Same Policy on the Policy Effective Date or Renewal Date*	家庭折扣 ⁸ Family Discount ⁸
2 Two	5%
3 或以上 Three or more	10%

* 以適用者為準。
As applicable.

使用這折扣，您和您的家人均可享有醫療保障，同時節省金錢！

With this discount, you and your family can enjoy medical coverage while saving money!





超卓增值服務 Superb Value-added Services



手術/治療前索償評估服務 Pre-procedure Claim Assessment Service

只需在接受手術或治療前 4-7 個工作天透過網上提供所需資料，我們即按您的保單保障範圍估算可賠償金額⁹，讓您在財務上更有預算，安心接受手術或治療。

Simply provide the required information online 4-7 working days before receiving the medical procedure or treatment. We will provide an estimate of the eligible claim reimbursement amount⁹ based on your policy coverage, allowing you to plan your budget in advance and undergo the medical procedure or treatment with peace of mind.



出院免找數服務¹⁰ No Hospital Bills to Pay Service¹⁰

如有需要，您可在入住本港私家醫院前向藍十字申請「出院免找數服務」。申請一經批核，我們將直接為您支付住院費用，令您入院時既毋須繳付費用，出院後亦毋須申請索償。

If necessary, you can apply for the “No Hospital Bills to Pay Service” from Blue Cross before admission to private hospitals in Hong Kong. If the application is approved, we will settle your hospital bill directly with no prepayment upon admission and no claims upon discharge.



24 小時全球緊急援助服務 24-Hour Worldwide Emergency Aid Service

我們的「24 小時全球緊急援助服務」全天候運作。不論何時何地，只要您於外地需要醫療及緊急支援及/服務，我們指定的服務供應商將提供熱線協助，包括但不限於醫療撤離、出院後返回原居地、入院按金保證及法律援助服務，讓您安枕無憂。

Our “24-Hour Worldwide Emergency Aid Service” operates round-the-clock. Whenever and wherever you need medical and emergency assistance and/or services while abroad, our designated service provider will provide a hotline for services including but not limited to medical evacuation, repatriation after treatment, hospital admission deposit guarantee and legal assistance service, providing you with peace of mind.



索償過程 簡單快捷 User-friendly and Quick Claim Process

一站式索償方案 One-stop Claim Solution

當您擁有由不同保險公司承保的醫療保單，而單一保單不能賠償您所有醫療費用，提交兩次分別的索償申請既繁瑣且費時。然而，假如您同時受保於藍十字團體醫療保險計劃保單及本計劃，您只需提供兩份保單的保單編號，一次過提交索償申請，我們即會為您跟進所有程序。

Submitting two separate claim applications can be complicated and time-consuming when you have medical insurance policies underwritten by different insurers and all your medical expenses cannot be covered by one single policy. However, if you are covered under a Blue Cross group medical insurance policy and the Plan, you only need to submit your claim once by providing the two policy numbers, and we will take care of the rest for you.

索償流程 Claim Process

符合索償資格的費用
首先由藍十字團體醫療
保險計劃保單支付

Eligible expenses are
first reimbursed under
Blue Cross group
medical insurance
policy



餘額再由本計劃支付，
以保障利益表中的
最高賠償額為限

Any shortfall is then
reimbursed under the
Plan, subject to the
maximum benefit limit
under the Benefits
Schedule



「Blue Cross HK」手機應用程式 “Blue Cross HK” Mobile App

於「Super Care」平台，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、憑電子醫療卡快速完成指定網絡診所的門診登記、以及 3 步即時遞交索償，更可隨時隨地查閱索償記錄。

On the “Super Care” platform, you can enjoy one-stop digital medical insurance services including location-based network doctors search, speedy registration at designated network clinics with electronic medical card, 3-step instant claim submission, and keep track of claim status round-the-clock.



Blue Cross HK App



投保須知 Enrolment Guidelines

增值保障 ¹¹ Top-up Option ¹¹	轉換保障 ¹² Conversion Option ¹²
受保人資格 Eligibility of the Insured	
<p>現有藍十字團體醫療保險計劃保單下的受保僱員，以及其配偶和子女¹³</p> <p>Existing employees insured under Blue Cross group medical insurance policy, and their spouse and child(ren)¹³</p>	<p>於投保本計劃前 60 天內終止藍十字團體醫療保險計劃保障的人士，以及其配偶和子女¹³</p> <p>Employees whose coverage under Blue Cross group medical insurance plan was terminated within 60 days prior to enrolment in the Plan, and their spouse and child(ren)¹³</p>
<p>保費永久 9 折 10% premium discount for life</p>	
投保時段 Enrolment Period	
<p>於藍十字團體醫療保險計劃保單受保人生效日期或每個保單續保日起計的 60 天內</p> <p>Within 60 days from the insured effective date or each renewal date of Blue Cross group medical insurance policy</p>	<p>於藍十字團體醫療保險計劃保單保障終止日起計的 60 天內¹⁴</p> <p>Within 60 days from the date of termination of coverage under Blue Cross group medical insurance policy¹⁴</p>
保單生效日期 Policy Effective Date	
<ul style="list-style-type: none"> 保單生效日期將為藍十字收妥完整投保申請當日 保單生效日期毋須與藍十字團體醫療保險計劃保單的受保人生效日期或續保日相同 <p>(注：除非藍十字已收妥簽發保單所需的所有相關資料及/或文件，否則申請將不視作完整)</p> <ul style="list-style-type: none"> The policy effective date will be the date on which Blue Cross receives the complete application The policy effective date is not necessarily the same as the insured effective date or renewal date of Blue Cross group medical insurance policy <p>(Note: Unless Blue Cross has received all the relevant information and/or documents required for the purpose of policy issuance, the application will not be deemed complete)</p>	<p>保單生效日期必須為藍十字團體醫療保險計劃保單下受保僱員之最後受僱日之翌日</p> <p>The policy effective date must be the day following the insured employee's last day of employment under Blue Cross group medical insurance policy</p>
首期保費應繳日期 First Premium Due Date	
<p>保費將由保單生效日期開始收取。</p> <p>Premium will become payable from the policy effective date.</p>	
保障生效日期 Benefit Coverage Effective Date	

保障項目的保障將由下列日期起提供，以最遲者為準：

- 保單生效日期；
- 受保人生效日期；或
- 首個受保期之保單簽發日期。

若受保人在保障生效當日仍然住院，相關之保障只會於受保人出院當日的下一天起生效。

Coverage for the covered items will be provided from the date of the following, whichever is the latest:

- policy effective date;
- insured effective date; or
- policy issue date of the first period of insurance.

If the insured is still confined in a hospital on the day on which coverage under the policy would have otherwise become effective, the relevant coverage will only become effective on the next day following the insured's discharge from such confinement.



保障利益表 Benefits Schedule

1. 基本住院及手術保障 (分項限額)

Basic Hospital and Surgical Benefits (Benefit Sub-limit)

根據所選的計劃級別，以下保障項目的符合索償資格的費用將獲得 100% 的賠償，以保障利益表中每宗傷病最高賠償額及最高次數（每保單年度及每日）為限¹⁵。

Depending on the plan level selected, 100% of the eligible expenses of the following benefit items will be reimbursed, up to the maximum benefit limit per disability and maximum number of visits (per policy year and per day) as stated in the Benefits Schedule¹⁵.

保障項目 Benefit Items	每宗傷病最高賠償額 (HK\$) Maximum Benefit Limit Per Disability (HK\$)		
	尊尚 (1) Premier (1)	優越 (2) Superior (2)	標準 (3) Standard (3)
計劃級別 Plan Level			
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 ¹⁶ Surgeon's Fees ¹⁶			
• 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 Treatments, 5 visits per disability, 1 visit per day, limit per visit	180	150	120
4. 麻醉科醫生費用 ¹⁷ Anaesthetist's Fees ¹⁷			
• 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 ¹⁷ Operating Theatre Charges ¹⁷			
• 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



保障利益表

Benefits Schedule

保障項目 Benefit Items	每宗傷病最高賠償額 (HK\$) Maximum Benefit Limit Per Disability (HK\$)		
計劃級別 Plan Level	尊尚 (1) Premier (1)	優越 (2) Superior (2)	標準 (3) Standard (3)
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
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) 需具書面轉介 Referral letter is required	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 policies with annual payment mode)	全數賠償 Full Cover		
14. 每天住院現金津貼（僅適用於入住合格公立醫院普通病房） ¹⁸ Daily Hospital Cash Allowance (For Confinement in General Ward of Eligible Public Hospitals Only) ¹⁸ 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 ¹⁹ （住院期間每日） Cash Benefit for Top-up Subsidy ¹⁹ (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
16. 精神科治療 ²⁰ Psychiatric Treatments ²⁰ 每保單年度限額 Limit per policy year	40,000	35,000	30,000

2. 附加門診保障^{21,22,23}

Optional Outpatient Benefits^{21,22,23}

除「X光診斷及化驗」及「精神科治療（包括藥物）」外，我們的兩個計劃級別均讓您選擇是否於我們指定的網絡診所自付醫療費用。在「優越」計劃下，毋須支付任何網絡自付費；而在「標準」計劃下，網絡自付費則介乎 HK\$40 至 HK\$100。假如在非網絡診所接受治療，符合索償資格的費用 80% 會獲賠償，以保障利益表內列明的最高賠償額及最高次數（每保單年度及每日）為限。

Except for "Diagnostic X-rays and Laboratory Tests" and "Psychiatric Treatment (including medication)", both our two plan levels enable you to choose whether to co-pay for medical expenses at our designated network clinics. Under the Superior Plan, there is no network co-payment, whereas under the Standard Plan, the network co-payment ranges from HK\$40 to HK\$100. For visits to non-network clinics, 80% of the eligible expenses will be reimbursed, up to the maximum benefit limit and maximum number of visits (per policy year and per day) as stated in the Benefits Schedule.

保障項目 Benefit Items	最高賠償額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level	優越 Superior		標準 Standard	
所選診所 Selection of Clinics	網絡 Network	非網絡 Non-network	網絡 Network	非網絡 Non-network
1. 普通科醫生診症 General Practitioner's Consultation 每保單年度 25 次，每天 1 次，每次限額 25 visits per policy year, 1 visit per day, limit per visit	全數賠償 Full cover	150	全數賠償 Full cover	120
網絡自付費 Network Co-payment	0	不適用 N/A	40	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%
2. 中醫治療 Chinese Medicine Practitioner Treatment • 全科 General practice • 跌打 Bone-setting • 針灸 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	全數賠償 Full cover	120 120 120	全數賠償 Full cover	100 100 100
網絡自付費 Network Co-payment	0	不適用 N/A	40	不適用 N/A
• 全科 General practice	0	不適用 N/A	100	不適用 N/A
• 跌打 Bone-setting	0	不適用 N/A	100	不適用 N/A
• 針灸 Acupuncture	0	不適用 N/A	100	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%
保障項目 1 及 2 每保單年度合共最多 25 次 Max. 25 visits per policy year in total for benefit items 1 and 2				
3. 專科醫生診症 Specialist's Consultation 需具書面轉介 Referral letter is required 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	全數賠償 Full cover	320	全數賠償 Full cover	250
網絡自付費 Network Co-payment	0	不適用 N/A	100	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%
4. 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	1,900		1,500	
賠償百分比 Reimbursement Percentage	80%		80%	
5. 物理治療服務 Physiotherapy Services 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	全數賠償 Full cover	190	全數賠償 Full cover	150
網絡自付費 Network Co-payment	0	不適用 N/A	80	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%



保障利益表 Benefits Schedule

保障項目 Benefit Items	最高賠償額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level	優越 Superior		標準 Standard	
所選診所 Selection of Clinics	網絡 Network	非網絡 Non-network	網絡 Network	非網絡 Non-network
6. 脊椎治療服務 Chiropractic Services 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	全數賠償 Full cover	190	全數賠償 Full cover	150
網絡自付費 Network Co-payment	0	不適用 N/A	80	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%
保障項目 5 及 6 每保單年度合共最多 15 次 Max. 15 visits per policy year in total for benefit items 5 and 6				
7. 精神科治療（包括藥物） Psychiatric Treatment (Including Medication)				
<ul style="list-style-type: none"> 精神科專科醫生提供的診症需經註冊醫生書面轉介 合資格臨床心理學家提供的診症需經精神科專科醫生書面轉介 Written referral of registered physician is required for consultation rendered by specialist of psychiatry Written referral of specialist of psychiatry is required for consultation rendered by qualified clinical psychologist 	1,500		1,000	
每保單年度限額 Limit per policy year				
賠償百分比 Reimbursement Percentage	80%		80%	

附加門診保障賠償例子

Reimbursement Example of Optional Outpatient Benefits



Bella 受保於附加門診保障的「標準」計劃。她於 3 月 3 日及 3 月 11 日在非網絡診所接受普通科醫生的診症，分別支付 HK\$140 及 HK\$300。藍十字的賠償額及 Bella 的自付費用如下：

Bella, insured under the Standard Plan of Optional Outpatient Benefits, visited a non-network clinic for medical consultation with a general practitioner on 3 March and 11 March, and paid HK\$140 and HK\$300 respectively. Blue Cross's reimbursement amount and Bella's out-of-pocket expenses are as follows:

診症日期 Consultation Date	3 月 3 日 3 March	3 月 11 日 11 March
符合索償資格的費用 Amount of Eligible Expenses	HK\$140	HK\$300
藍十字的賠償額 (符合索償資格的費用 × 賠償百分比，惟受限於最高賠償額) Reimbursement by Blue Cross (Eligible Expenses × Reimbursement Percentage, subject to the maximum benefit limit)	$HK\$140 \times 80\% = HK\112	$HK\$120$ (由於 $HK\$300 \times 80\% = HK\240 超過普通科醫生診症的最高賠償額 (即 HK\$120)，故賠償額以最高賠償額為限。) (As $HK\$300 \times 80\% = HK\240 exceeds the maximum benefit limit for general practitioner's consultation (i.e., HK\$120), the maximum benefit limit will be reimbursed.)
Bella 的自付費用 (符合索償資格的費用 – 藍十字的賠償額) Bella's Out-of-pocket Expenses (Eligible Expenses – Reimbursement by Blue Cross)	$HK\$140 - HK\$112 = HK\$28$	$HK\$300 - HK\$120 = HK\$180$

3. 附加牙科保障^{24,25}

Optional Dental Benefits^{24,25}

我們的兩個計劃級別賠償口腔檢查及洗牙的費用，以保障利益表內列明的最高賠償額及（每保單年度）最高次數為限；就牙科治療如脫牙及補牙而言，兩個計劃級別均賠償符合索償資格的費用的 80%，以每保單年度綜合最高賠償額為限。

Our two plan levels reimburse your expenses for oral examination and scale & polish, up to the maximum benefit limit and maximum number of visits (per policy year) as stated in the Benefits Schedule. As for dental treatments such as extractions and fillings, both of our two plan levels reimburse 80% of the eligible expenses, subject to the overall maximum benefit limit per policy year.

保障項目 Benefit Items	最高賠償額 Maximum Benefit Limit (HK\$)	
計劃級別 Plan Level	計劃 A Plan A	計劃 B Plan B
1. 口腔檢查及洗牙 Oral Examination and Scale & Polish 每保單年度最高次數 Maximum visits per policy year 每次限額 Limit per visit	2 800	1 500
2. 牙齒服務前所需的 X 光測驗 X-rays Required Prior to Performance of Dental Service	受限於 每保單年度綜合最高賠償額， 藍十字將賠償 80% 合資格費用。 Blue Cross will pay 80% of eligible expenses, subject to the overall maximum benefit limit per policy year.	
3. 牙齒治療所需之藥物（須由牙醫處方） Medication for Dental Treatments as Prescribed by a Dentist		
4. 膿瘡 Abscesses		
5. 補牙 Fillings		
6. 脫牙 Extractions		
7. 修復齒尖的牙冠釘 Pins for Cusp Restoration		
8. 假牙（必須因意外引致） Dentures (as a result of an accident only)		
9. 齒冠與齒橋（必須因意外引致） Crowns and Bridges (as a result of an accident only)		
10. 減輕急性牙痛 Palliation of Acute Dental Pain		
每保單年度綜合最高賠償額 Overall Maximum Benefit Limit Per Policy Year	4,000	2,000



靈活的計劃選擇 Flexible Plan Selection

本計劃極具彈性，您與配偶及子女均可按個人需要及要求獨立投保；在選擇基本住院及手術保障以及附加門診保障及附加牙科保障的計劃級別時，各人亦毋須選擇同一級別、亦毋須同時遞交申請²⁶。

作為藍十字團體醫療保險計劃保單的受保人，當您投保本計劃的基本住院及手術保障時，可享有與藍十字團體醫療保險計劃保單下享有的相同級別（以及相應病房級別），而毋須核保。如果您希望提高在本計劃下的基本住院及手術保障的計劃級別，則需核保。

而當您投保本計劃的附加門診保障及附加牙科保障，無論選擇任何計劃級別以及藍十字團體醫療保險計劃保單有否提供該等附加保障，均毋須核保。

投保時的核保要求詳列於下表。

The Plan gives you exceptional flexibility. You and your spouse and child(ren) can apply for a policy individually based on your own needs and requirements, and each of you will not be required to select the same plan level (in respect of Basic Hospital and Surgical Benefits, Optional Outpatient Benefits and Optional Dental Benefits), or submit the application at the same time²⁶.

As an insured under Blue Cross group medical insurance policy, when you apply for Basic Hospital and Surgical Benefits under the Plan, you are entitled to the same plan level (and the corresponding ward level) as the one you are entitled to under Blue Cross group medical insurance policy, without underwriting. If you wish to upgrade your plan level of Basic Hospital and Surgical Benefits under the Plan, underwriting will be required.

When you apply for Optional Outpatient Benefits and Optional Dental Benefits under the Plan, no underwriting will be required, regardless of the plan level you choose or whether you are entitled to such benefits under Blue Cross group medical insurance policy.

The underwriting requirements upon enrolment are outlined in the table below.

		投保時的核保要求 Underwriting Requirements Upon Enrolment						
		基本住院及手術保障（分項限額） Basic Hospital and Surgical Benefits (Benefit Sub-limit)			附加門診保障 Optional Outpatient Benefits		附加牙科保障 Optional Dental Benefits	
		計劃級別 Plan Level						
		尊尚 (1) Premier (1)	優越 (2) Superior (2)	標準 (3) Standard (3)	優越 Superior	標準 Standard	計劃 A Plan A	計劃 B Plan B
於藍十字團體醫療 保險計劃保單 可享有的病房級別 Entitled Level of Accommodation under Blue Cross Group Medical Insurance Policy	私家房 Private							
	半私家房 Semi-private							
	普通房 Ward							

✓ 毋須核保。
Underwriting is not required.

✗ 須通過核保。
Underwriting is required.



說明例子 Illustrative Example

Alex 曾受僱於一間提供藍十字團體醫療保險的公司。工作三年後，他決定提早退休。為了加強醫療保障，他於離職的第一個月內投保「摯安心精選」醫療保險計劃，有關計劃詳情如下。

Alex was employed by a company which provides Blue Cross group medical insurance. After working there for three years, he decided to retire early. To boost his medical protection, he enrolled in **Caring Medical Protection Plus** within the first month after retirement, with the following plan details.

保障 Benefit	基本住院及手術保障（分項限額） Basic Hospital and Surgical Benefits (Benefit Sub-limit)
計劃級別 Plan Level	尊尚（1）Premier（1）
可享有的病房級別 Entitled Level of Accommodation	私家房 Private

在退休的第二年，Alex 入住私家醫院（私家房）接受一項複雜手術，住院七天，醫院賬單上的符合索償資格的費用為 HK\$192,100。

In the second year of his retirement, Alex was confined in a private hospital (private room) for seven days to undergo a complex surgery. The eligible expenses in his hospital bill were HK\$192,100.

Alex 的醫院賬單 Alex's Hospital Bill				
項目 Items	金額 Amount (HK\$)	小計 Sub-total (HK\$)	尊尚（1）的最高賠償額 Maximum benefit limit under Premier (1) (HK\$)	尊尚（1）支付予 Alex 的賠償小計 Sub-total of benefit paid to Alex under Premier (1) (HK\$)
外科醫生費用（複雜手術） Surgeon's Fees (Complex)	76,000	76,000	147,000	76,000
麻醉科醫生費用（複雜手術） Anaesthetist's Fees (Complex)	20,400	20,400	44,100	20,400
手術室費用（複雜手術） Operating Theatre Charges (Complex)	25,000	25,000	44,100	25,000
病房費用（每天） Room and Board (per day)	3,300	23,100	3,350	23,100
醫生巡房費用（每天） Physician's Visit Fees (per day)	2,800	19,600	3,350	19,600
醫院雜項費用 Miscellaneous Hospital Charges	28,000	28,000	31,500	28,000
總計 Total		192,100	總計 Total	192,100

由於每個保障項目的實際開支均低於 Alex 就基本住院及手術保障（分項限額）所選計劃級別的最高賠償額，因此他的符合索償資格的費用獲得全數賠償，而他毋須支付任何費用。

Since the actual expenses for each benefit item incurred by Alex were lower than the maximum benefit limit of his selected plan level for Basic Hospital and Surgical Benefits (Benefit Sub-limit), his eligible expenses were fully reimbursed, and he did not have to pay any out-of-pocket expenses.



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	<ul style="list-style-type: none"> 為將來的醫療需要作準備；及 支付醫療費用 <ul style="list-style-type: none"> To prepare for future healthcare needs; and To settle medical expenses
產品類型及性質 Product Type and Nature	醫療保障保險計劃（實報實銷） Medical protection insurance plan (Reimbursement)
受保人資格 Eligibility of Insured	受保於藍十字團體醫療保險計劃的僱員、及其配偶及子女 Employees insured under Blue Cross group medical insurance policy, and their spouse and child(ren)
保單期 Period of Insurance	1 年 1 year
投保年齡 Enrolment Age	12 日至 71 歲生日前 12 days to before 71 st birthday
保單續保 Policy Renewal	每年續保至 99 歲 Annual renewal up to age 99
保單貨幣 Policy Currency	港元 HK\$
主要保障 Core Benefits	基本住院及手術保障 Basic Hospital and Surgical Benefits
基本住院及手術保障的計劃級別 Plan Level for Basic Hospital and Surgical Benefits	尊尚（1）－ 私家房/ 優越（2）－ 半私家房/ 標準（3）－ 普通房 Premier (1) – Private/ Superior (2) – Semi-private/ Standard (3) – Ward
附加保障 Optional Benefits	<ul style="list-style-type: none"> 附加門診保障 附加牙科保障 <ul style="list-style-type: none"> Optional Outpatient Benefits Optional Dental Benefits
保障地域 Geographical Cover	<p>全球 (除基本住院及手術保障下「每天住院現金津貼」(僅適用於入住合格公立醫院普通病房)及「精神科治療」只在香港提供,而「腸胃鏡網絡門診手術保障」只在藍十字指定的網絡診所提供外)</p> <p>Worldwide (Except for Daily Hospital Cash Allowance (For Confinement in General Ward of Eligible Public Hospitals Only) and Psychiatric Treatments under Basic Hospital and Surgical Benefits which are provided in Hong Kong only, and Network Outpatient Surgery Benefit for Gastroscopy and Colonoscopy which is provided at Blue Cross's designated network clinics only)</p>
新申請冷靜期 Cooling-off Period for New Applications	40 日 40 days
繳費模式 ²⁷ Payment Mode ²⁷	年繳/ 半年繳/ 月繳 Annual/ Semi-annual/ Monthly
核保 ¹ Underwriting ¹	毋須驗身、申報健康狀況或通過個別核保 No medical examination, health declaration or individual underwriting is required

注釋 Remarks

1. 如（a）您的配偶及/ 或子女並非受保於藍十字團體醫療保險計劃保單；（b）就基本住院及手術保障而言，假如您希望投保的計劃級別高於您現時於藍十字團體醫療保險計劃保單下所享有的計劃級別；或（c）您於本計劃下的保障曾被終止，而現希望重新申請，則必須通過核保。

Underwriting is required if (a) your spouse and/or child(ren) has/have not been insured under Blue Cross group medical insurance policy; (b) in respect of Basic Hospital and Surgical Benefits, you wish to be enrolled under a plan level which is higher than the plan level you are currently entitled to under Blue Cross group medical insurance policy; or (c) your coverage under the Plan has previously been terminated and you wish to re-apply.

2. 如您的配偶和子女受保於藍十字團體醫療保險計劃保單，則他們受保於藍十字團體醫療保險計劃保單之已存在的狀況將獲本計劃承保。如您的配偶和子女並非受保於藍十字團體醫療保險計劃保單，則他們於本計劃保單生效日期前之已存在的狀況將不獲承保。

The pre-existing conditions of your spouse and child(ren) covered under Blue Cross group medical insurance policy will be covered under the Plan if they are insured under Blue Cross group medical insurance policy. The pre-existing conditions of your spouse and child(ren) which exist before the policy effective date of the Plan will not be covered if they are not insured under Blue Cross group medical insurance policy.

3. 如果您仍受保於有效的藍十字團體醫療保險計劃保單，則在本計劃的第一個保單年度，根據基本住院及手術保障就已存在的狀況而向您支付的賠償將僅為應付賠償額的 50%，惟須受限於最高賠償額及保單的其他條款及細則。

If you remain covered under an in-force Blue Cross group medical insurance policy, in the first policy year of the Plan, the benefits payable to you for pre-existing conditions under Basic Hospital and Surgical Benefits will only be 50% of the amount of benefits payable, subject to the maximum benefit limit and other terms and conditions of the policy.

4. 本計劃之不保事項除外。

Except for the exclusions of the Plan.

5. 受限於保單的其他條款及細則及本計劃仍可供續保的前提下。

Subject to the other terms and conditions of the policy and provided that the Plan continues to be available for renewal.

6. 只適用於年繳保費的保單。

Only available to policies with annual premium payment mode.

7. 相關費用指一次手術前及一次手術後之診症、外科醫生費用、透過靜脈注射鎮靜劑的麻醉服務費用、使用手術室（包括但不限於治療室及休息室）之費用、病理費用、幽門螺旋菌測試，及在該日症手術使用之消耗品及基本儀器用具/ 藥物的費用。

The relevant charges include one pre-surgical and one post-surgical consultation, surgeon's fee, anaesthetic service through intravenous (IV) sedation, charges for the use of an operating theatre (including but not limited to a treatment room and recovery room), pathology fee, Clo-test and charges for consumables and basic equipment/medication used during the day case procedure.

8. 如果在提供家庭折扣後，同一保單的受保人數目在保單年度內減少，您需要向我們退還根據適用的家庭折扣（如有）差額的保費差額。

If the number of insureds under the same policy is reduced during the policy year after a family discount has been applied, you will have to repay the difference in premium amount to us based on the difference in the applicable family discount (if any).

9. 可賠償金額之估算只供參考之用。實際賠償金額以藍十字最終理賠決定為準。所有保障項目只會在符合保單條款及細則及所有不保之事項的情況下支付。

Assessment of the estimated eligible claim reimbursement amounts is for reference only. The actual eligible claim amount will be subject to the final claim decision of Blue Cross. All benefits will be payable subject to the terms and conditions of the policy and the full list of policy exclusions.

注釋 Remarks

10. 「出院免找數服務」為藍十字提供的免付賬醫療服務的其中一項服務，只適用於入住本港私家醫院，需於入院前 4-7 個工作天填妥及向藍十字交回「手術／治療前索償評估表格」以進行申請及審批。藍十字有權決定是否批准該等申請。藍十字可隨時終止或暫停免付賬醫療服務而不作事前通知，並保留所有與免付賬醫療服務相關事項及爭議的最終決定權。

“No Hospital Bills to Pay Service” is one of the Credit Facilities Services provided by Blue Cross. It is only applicable to admission to private hospitals in Hong Kong. A Pre-procedure Claim Assessment Form is required to be completed and returned to Blue Cross for application and approval 4-7 working days prior to admission. Blue Cross reserves the right to determine whether to approve any such application. Blue Cross may withdraw or suspend the Credit Facilities Services anytime without prior written notice. All matters and disputes in relation to the Credit Facilities Services will be subject to the final decision of Blue Cross.
11. 「增值保障」指您於投保本計劃時仍受保於藍十字團體醫療保險計劃保單。

“Top-up Option” means that you remain covered under Blue Cross group medical insurance policy at the enrolment in the Plan.
12. 「轉換保障」指您於投保本計劃時，不再受保於藍十字團體醫療保險計劃保單。

“Conversion Option” means that you are no longer covered under Blue Cross group medical insurance policy at the enrolment in the Plan.
13. 如配偶和子女並非現有藍十字團體醫療保險計劃成員，則必須填寫健康申報表及申請需通過核保。已存在的狀況將不獲承保。

If your spouse and child(ren) are not existing Blue Cross group medical insurance members, health declaration is required and the application will be subject to underwriting. Pre-existing conditions will not be covered.
14. 保障終止不可因藍十字團體醫療保險計劃保單終止或未獲續保所致。

Coverage cannot be terminated as a result of termination or non-renewal of Blue Cross group medical insurance policy.
15. 76歲或以上受保人的每保單年度綜合最高賠償額為 HK\$650,000（尊尚計劃）、HK\$300,000（優越計劃）及 HK\$180,000（標準計劃），並以保障利益表內列明的每項保障之每宗傷病最高賠償額為限。

The overall maximum benefit limits per policy year for insureds aged 76 or above are HK\$650,000 (Premier Plan), HK\$300,000 (Superior Plan) and HK\$180,000 (Standard Plan), subject to the maximum benefit limit per disability of each benefit item listed in the Benefits Schedule.
16. 「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。

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.
17. 藍十字在須支付「外科醫生費用」的情況下，方會支付「麻醉科醫生費用」及「手術室費用」。

Charges for “Anaesthetist's Fees” and “Operating Theatre Charges” will only be payable if “Surgeon's Fees” are payable by Blue Cross.
18. 「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。

Daily Hospital Cash Allowance applies to general ward of eligible public hospitals in Hong Kong only.
19. 若受保人就醫院住院獲其他保險公司部分或全數賠償招致之符合索償資格的費用，除「每天住院現金津貼」（如適用）外，「額外現金補貼保障」將獲支付。

Cash Benefit for Top-up Subsidy will be paid in addition to the Daily Hospital Cash Allowance (if applicable) if the insured has been partly or fully reimbursed by another insurance company in relation to the eligible expenses incurred for the hospital confinement.

20. 「精神科治療」只於香港適用。
Psychiatric Treatments are available in Hong Kong only.
21. 附加門診保障是本計劃的自選額外醫療保障。詳情請參閱保障利益表和保費表。
Optional Outpatient Benefits are optional medical benefits available under the Plan. For details, please refer to the Benefits Schedule and Premium Table.
22. 附加門診保障只適用於年繳保費的保單。
Optional Outpatient Benefits are only available to policies with annual premium payment mode.
23. 您將獲發電子醫療卡，於指定藍十字網絡診所接受普通科醫生、中醫、專科醫生、物理治療師及脊醫的醫療診治。
You will receive an electronic medical card to access designated Blue Cross network clinics for medical consultations with general practitioners, Chinese medicine practitioners, specialists, physiotherapists and chiropractors.
24. 附加牙科保障是本計劃的自選額外醫療保障。詳情請參閱保障利益表和保費表。
Optional Dental Benefits are optional medical benefits available under the Plan. For details, please refer to the Benefits Schedule and Premium Table.
25. 附加牙科保障的所有保障項目（「1. 口腔檢查及洗牙」除外）需於保單生效日期、受保人生效日期或保障生效日期（以最遲者為準）90 天等候期後方可獲賠償。然而，對於在藍十字團體醫療保險保單下內享有牙科保障的受保人而言，等候期將會豁免。
Except for “1. Oral Examination and Scale & Polish”, all benefit items of Optional Dental Benefits are subject to a waiting period of 90 days from the policy effective date, insured effective date or benefit effective date (whichever is the latest). However, such waiting period will be waived if the insured is entitled to dental benefits under Blue Cross group medical insurance policy.
26. 如果您和配偶及/ 或子女單獨提交申請，該等保單將無法享受本計劃的家庭折扣。
If you and your spouse and/or child(ren) submit separate applications, all these policies will not be entitled to family discount under the Plan.
27. 半年繳及月繳模式並不適用於附有「附加門診保障」的保單。
Semi-annual and monthly payment modes are not available for policies with Optional Outpatient Benefits.

重要資料

Important Information

1. 此小冊子並不包含保單的完整條款，並非及不構成保險契約的一部分，是為提供本產品主要特點概覽而設。本計劃的精確條款及條件列載於保單契約。有關此計劃條款的定義、契約條款及條件之完整敘述，請參閱保單契約。此小冊子應與可能包括本產品附加資料及重要考慮因素有關的市場推廣資料（如有）一併閱覽。此外，請詳閱相關的產品資料，並在需要時諮詢獨立的專業意見。

This brochure does not contain the full terms and conditions of the policy. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover. This brochure should be read along with other relevant marketing materials (if any), which may include additional information and important considerations about this product. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.

2. 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。
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.
3. 「摯安心精選」醫療保險計劃由香港獲授權之保險商 — 藍十字（亞太）保險有限公司承保。
Caring Medical Protection Plus is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.
4. 藍十字（亞太）保險有限公司乃友邦保險控股有限公司之子公司，與 Blue Cross and Blue Shield Association 及其任何關聯公司或持牌人並無任何關聯。
Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of AIA Group Limited. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.

主要產品風險

Key Product Risks

1. 您須為此計劃繳付保費。若您於保費到期日後 30 日內仍未繳交保費，保單將會於保費到期日當天失效，同時您/ 受保人也會失去保障。
You need to pay the premium for the Plan. If you do not pay the premium within 30 days of the premium due date, the policy will lapse from the premium due date and you/the insured will lose the cover.
2. 如以下任何一種情況發生，我們將會終止您的保單，而您/ 受保人將失去保障：
 - 所有受保人的年齡均達至 100 歲；
 - 所有受保人身故；或
 - 當保單因沒有繳付保費或「錯誤申報年齡及/ 或性別」條款或「失實陳述及/ 或欺詐」條款所列的情況被取消。We will terminate your policy and you/the insured will lose the cover when one of the following happens:
 - all insureds under the policy have attained the age of 100;
 - all insureds have passed away; or
 - the policy is cancelled due to non-payment of premiums, or any circumstances as set out in the “Misstatement of Age and/or Sex” clause or “Misrepresentation/Fraud” clause occur.
3. 此計劃由我們承保，因此您受我們的信貸風險所影響。若我們無法按保單下的承諾履行我們的財務責任，受保人可能損失其保障，而您亦可能損失保單年度餘下已繳的保費。
We underwrite the Plan and you are subject to our credit risk. If we are unable to meet our financial obligations under the policy, the insureds may lose their cover and you may also lose the remaining premium paid for that policy year.
4. 通脹會導致未來醫療費用增加。因此，本計劃的賠償金額以及未來保費都有可能受調整，以反映通脹。
Future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium of the Plan may be adjusted to reflect the inflation.

主要不保事項 Major Exclusions

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。
Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a physician.
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（除非該測試或治療服務獲醫生建議為治療某傷病而屬醫療必要，而該測試或治療並無法於門診設施有效地進行）、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。
Confinement solely for the purpose of general checkup, diagnostic X-ray, advanced imaging or laboratory test or physiotherapy, unless such test and service is recommended by a physician for Medically Necessary treatment of a disability which cannot be effectively performed at outpatient settings, rehabilitation, rest cures, sanatoria care or allied health service, including but not limited to, occupational therapy and speech therapy.
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。
Treatment related to congenital conditions (except Hernias, Strabismus and Phimosis) or developmental conditions or disease of similar kind.
4. 已存在的狀況，除非已於保單的保障利益條款內另有註明。
Pre-existing conditions, unless specified otherwise in the Benefits Provisions of the policy.
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。就本不保事項而言，所有於受保人生效日期後 5 年內出現與 HIV 病毒有關的傷病，將推定為受保人於受保人生效日期前已感染 HIV 病毒所引致。
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. For the purposes of this exclusion, any HIV related disability emerging within 5 years after the insured effective date will be conclusively presumed to proceed from an HIV infection occurring prior to the insured effective date.
6. 直接或間接由於或因為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。
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. 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、頭髮重金屬元素分析、服食燕窩、靈芝、人蔘及其他中醫專用補藥、健康補充品（除非獲本公司批准）、非處方藥物；為矯正視力或屈光不正而引致之費用，包括但不限於眼部屈光治療、視力測試、驗配眼鏡或鏡片，以及任何相關手術程序及服務。
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 treatments, vaccinations or inoculations, Hair Mineral Analysis (HMA), bird's nest, lingzhi, ginseng and other specialised Chinese tonic medicine, health supplements (unless approved by the Company), over-the-counter drugs; charges for correcting visual acuity or refractive errors including but not limited to eye refractive therapy, visual tests, fitting of spectacles or lens and any related operational procedures and services.
8. 除非於附加牙科保障中另有規定，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。
Except as otherwise provided under Optional Dental Benefits, 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. 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，包括體外受孕或以任何其他人工方法導致懷孕；及性機能失調，包括但不限於任何原因導致的陽萎、不舉、早泄。
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 including in-vitro fertilisation or any other artificial method of inducing pregnancy; and sexual dysfunction including but not limited to impotence, erectile dysfunction, pre-mature ejaculation regardless of cause.

重要資料 Important Information

主要不保事項 Major Exclusions

10. 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。

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.

上述所提及之不保事項只供參考。有關全部及詳細之不保之事項，請參閱保單條款及細則。

The above-mentioned exclusions are for reference only. Please refer to the terms and conditions of the policy for the complete list and details of the exclusions.

保費調整及產品內容改動 Premium Adjustment and Product Features Revision

1. 保費調整

Premium Adjustment

為了持續向您提供保障，我們會每年覆核您計劃下的保費。如有需要，我們會於保單年度終結時就續保保費作出相應調整。我們在覆核時會考慮的因素包括但不限於：

- 此計劃下所有保單的理賠成本及來年的預期理賠支出（反映醫療趨勢、醫療成本通脹和產品內容改動所帶來的影響）
- 與保單直接有關的支出及分配至此產品的間接開支
- 受保人年齡的調整、特定風險級別或風險級別的轉變

In order to provide you with continuous protection, we will annually review the premium of your plan and if necessary, the renewal premium will be adjusted at the end of the policy year. We will consider factors including but not limited to the following during the review process:

- claim costs incurred from all policies under the Plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions
- expenses directly related to the policy and indirect expenses allocated to this product
- age-related adjustment of the insured, a particular risk class or change of risk class

2. 產品內容改動

Product Features Revision

我們保留終止或停止發售本計劃及修改保單之保障、條款及細則，以及對保單作出更改的權利，以配合醫療科技的進步，持續為您提供保障。若我們決定中止或停止發售本計劃，我們將致力為受保人轉換至另一個可供選擇的醫療保險計劃。

We reserve the right to suspend or cease offering the Plan, and to revise the benefits, terms and conditions and to make changes to the policy, so as to keep pace with the times for medical advancement and to provide you with continuous protection. If we decide to cease or suspend the Plan, we will endeavour to transfer the insured(s) to another available medical insurance plan.

產品限制

Product Limitation

1. 我們只會根據「醫療必要」和「合理慣例」的原則，為受保人所需支付的費用及/ 或開支作出賠償。

「醫療必要」是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。

「合理慣例」指就治療、服務或物料收費而言，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。本公司會參照以下資料（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。

We only cover the charges and/or expenses of the insured on medically necessary and reasonable and customary basis.

“Medically Necessary” means 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 an insured, his family members, caretaker or attending qualified medical practitioner; and
- (d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.

“Reasonable and Customary” means 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”, the Company 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.

2. 若本計劃受保的住院、手術及/ 或醫療服務亦同時受保於其他團體醫療保單時（如有），本計劃的利益將於所有該等其他保單索償後方獲支付。

If any confinement, surgery and/or medical treatment covered by the Plan is also covered by other group medical policy (if any), benefits under the Plan will be paid only after all such group medical policies have been claimed.

3. 若受保人可因其他保險公司提供的團體醫療保障、及/ 或藍十字團體醫療保險計劃保單獲賠償全部或部分之費用，該費用應先從該等團體醫療保障、及/ 或藍十字團體醫療保險計劃保單獲得賠償。

In the event that an insured is entitled to recover all or part of the expenses from the group medical insurance plans provided by other insurance companies, and/or Blue Cross group medical insurance policy, such expenses shall firstly be reimbursed under such group medical insurance plans, and/or Blue Cross group medical insurance policy.

重要資料 Important Information

產品限制 Product Limitation

4. 「24 小時全球緊急援助服務」下的所有服務只在原居地以外的旅程中提供。服務由第三方公司提供。藍十字概不負責或承擔他們的醫療建議、意見、服務或治療的任何行為、疏忽或遺漏的責任。藍十字保留修改、暫停或終止該等服務的權利，恕不另行通知。「24 小時全球緊急援助服務」為額外增值服務，並不構成保障內容的一部分。

All services under “24-Hour Worldwide Emergency Aid Service” are covered during a journey outside of the place of residence only. The services are provided by third party service provider(s). Blue Cross shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. Blue Cross reserves the right to amend, suspend or terminate the service without further notice. Services under “24-Hour Worldwide Emergency Aid Service” are additional value-added services and do not form part of the contractual service.

5. 「手術/ 治療前索償評估服務」為額外增值服務，並不構成保障內容的一部分。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保單條款及細則及所有不保之事項的情況下支付。藍十字保留修改、暫停或終止服務的權利，恕不另行通知。

“Pre-procedure Claim Assessment Service” is an additional value-added service and does not form part of the contractual service. Assessment of the estimated eligible claim reimbursement amounts is for customer’s reference only, the actual eligible claim reimbursement 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. Blue Cross reserves the right to amend, suspend or terminate the service without further notice.

6. 「出院免找數服務」為額外增值服務，並不構成保障內容的一部分。藍十字保留修改、暫停或終止服務的權利，恕不另行通知。

“No Hospital Bills to Pay Service” is an additional value-added service and does not form part of the contractual service. Blue Cross reserves the right to amend, suspend or terminate the service without further notice.

7. 醫療網絡服務由網絡醫生提供。對於網絡醫生在提供醫療網絡服務中的任何行為或疏忽，藍十字概不負責。藍十字保留修改、暫停或終止網絡醫生名單的權利，恕不另行通知。接受任何醫療服務前，請先向醫生尋求獨立意見以確保您的身體狀況適合接受有關醫療服務。

Medical network services are provided by network doctor. Blue Cross shall not be responsible for any act or omission of network doctor in the provision of medical network services. Blue Cross reserves the right to amend, suspend or terminate the list of network doctor without further notice. Please seek independent advice from doctors before receiving any medical treatment to ensure such treatment is suitable to your health condition.

8. 如您欲在保單生效後更改保障或保障範圍，有關申請須經藍十字批准。

If you would like to change your benefits or coverage after policy inception, such a request shall be subject to Blue Cross’s approval.

索償過程 Claim Process

如您要申請任何索償，必須於接受門診或出院後 90 天內提交指定表格，或如適用，經我們指定網頁（<https://supercare.bluecross.com.hk>）或「Blue Cross HK」手機應用程式內之電子索償平台提交，並一併交回所有所需文件的正本。

If you wish to make a claim, you must send us the prescribed form, or submit the claim via e-claim platform at our designated website (<https://supercare.bluecross.com.hk>) or "Blue Cross HK" Mobile App, together with all necessary original documents, within 90 days after clinic visit or discharge from confinement.

取消保單權利 Cancellation Right

您可以向我們發出不少於 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我們，您可獲無息退還部分已繳保費。除根據保單的其他條款及細則外，可獲退還之保費金額將按照下表計算：

保單生效期 (由保單生效日期起計)		獲退還之保費	
不多於	2 個月	每年保費之	75%
	4 個月		55%
	6 個月		35%
	8 個月		15%
8 個月以上		無	

在首個受保期的第 8 個月後，您將不獲退還任何保費。

You may cancel the policy by giving not less than 7 days' prior written notice to us. You 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 us. Subject to other terms and conditions of the policy, the premium will then be refunded in accordance with the table below:

Period Covered from the Policy Effective Date		Premium to be Refunded	
Not exceeding	2 months	75%	of the annual premium
	4 months	55%	
	6 months	35%	
	8 months	15%	
Over 8 months		Nil	

No premium will be refunded to you after the end of the 8th month of the first period of insurance.



Blue Cross 藍十字

An **AIA** Company 友邦保險成員公司



Blue Cross HK App



www.bluecross.com.hk

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\$)

現有藍十字團體醫療保險成員及其配偶和子女可享以下保費 9 折優惠。
Existing Blue Cross group medical insurance members and their spouse and child(ren) can enjoy a 10% discount on the following premiums.

1. 基本住院及手術保障 (分項限額)
Basic Hospital and Surgical Benefits (Benefit Sub-limit)

計劃級別 Plan Level	尊尚 (1) Premier (1)		優越 (2) Superior (2)		標準 (3) Standard (3)	
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	
年齡 Age	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 – 4	10,052	10,052	6,145	6,145	3,673	3,673
5 – 9	9,508	9,508	5,629	5,629	3,361	3,361
10 – 18	8,840	8,840	5,008	5,008	2,992	2,992
19 – 25	10,939	11,652	6,038	6,446	3,418	3,785
26 – 30	11,582	12,305	6,459	6,955	3,732	3,980
31 – 35	15,773	16,069	8,753	9,355	4,590	4,893
36 – 40	16,556	17,194	9,362	10,387	5,574	5,979
41 – 45	19,109	21,334	12,357	13,708	7,280	8,102
46 – 50	24,261	27,089	15,693	17,400	9,278	10,303
51 – 55	30,766	34,341	20,279	22,488	11,961	13,298
56 – 60	42,950	42,950	27,510	27,510	16,709	16,709
61 – 65	49,717	49,717	31,852	31,852	19,210	19,210
66 – 70	64,639	64,639	41,405	41,405	24,585	24,585
以下保費只適用於續保 The premiums below are for renewal only						
71* – 75	78,134	78,134	47,957	47,957	29,224	29,224
76 – 99	78,134	78,134	47,957	47,957	29,224	29,224

* 如受保人的 71 歲生日在申請日期後的 6 個月之內，71 歲的保費亦適用於該受保人於 71 歲生日前生效之新保單。如保單生效日期與投保日期不同，將以保單生效日期決定已屆年齡。
The premium rate for age 71 is also applicable to new policies effective before the insured's 71st birthday if the insured's 71st birthday falls within the coming 6 months from the application date. The policy effective date will be used to determine the age attained if it is different from the application date.

保費表 Premium Table (HK\$)

現有藍十字團體醫療保險成員及其配偶和子女可享以下保費 9 折優惠。
Existing Blue Cross group medical insurance members and their spouse and child(ren) can enjoy a 10% discount on the following premiums.

2. 附加門診保障
Optional Outpatient Benefits

計劃級別 Plan Level	優越 Superior	標準 Standard
年齡 Age	年繳 Annual	年繳 Annual
0 – 4	7,183	5,640
5 – 9	6,257	4,913
10 – 18	4,636	3,640
19 – 25	4,700	3,682
26 – 30	4,817	3,775
31 – 35	5,025	3,936
36 – 40	5,176	4,056
41 – 45	5,694	4,462
46 – 50	6,213	4,869
51 – 55	6,833	5,355
56 – 60	7,312	5,729
61 – 65	7,640	5,988
66 – 70	9,740	7,633
以下保費只適用於續保 The premiums below are for renewal only		
71* – 75	12,827	10,071
76 – 99	12,827	10,071

* 如受保人的 71 歲生日在申請日期後的 6 個月之內，71 歲的保費亦適用於該受保人於 71 歲生日前生效之新保單。如保單生效日期與投保日期不同，將以保單生效日期決定已屆年齡。

The premium rate for age 71 is also applicable to new policies effective before the insured's 71st birthday if the insured's 71st birthday falls within the coming 6 months from the application date. The policy effective date will be used to determine the age attained if it is different from the application date.

保費表 Premium Table (HK\$)

現有藍十字團體醫療保險成員及其配偶和子女可享以下保費 9 折優惠。
Existing Blue Cross group medical insurance members and their spouse and child(ren) can enjoy a 10% discount on the following premiums.

3. 附加牙科保障
Optional Dental Benefits

計劃級別 Plan Level	計劃 A Plan A	計劃 B Plan B
年齡 Age	年繳 Annual	年繳 Annual
0 – 70	2,866	1,115
以下保費只適用於續保 The premiums below are for renewal only		
71* – 75	2,866	1,115
76 – 99	2,866	1,115

* 如受保人的 71 歲生日在申請日期後的 6 個月之內，71 歲的保費亦適用於該受保人於 71 歲生日前生效之新保單。如保單生效日期與投保日期不同，將以保單生效日期決定已屆年齡。

The premium rate for age 71 is also applicable to new policies effective before the insured's 71st birthday if the insured's 71st birthday falls within the coming 6 months from the application date. The policy effective date will be used to determine the age attained if it is different from the application date.

注釋 Remarks：

- 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。
Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from the application 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 application date.
- 0 歲指出生滿 12 日。
Age "0" means age 12 days.
- 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 \times 0.0875。半年繳保費金額及附加費 = 年繳保費金額 \times 0.5125。應付總金額以收款票據所示為準。
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 \times 0.0875. Premium amount with surcharge for semi-annual payment mode = annual premium amount \times 0.5125. Please refer to the debit note for the total amount payable.
- 半年繳及月繳模式並不適用於附有「附加門診保障」的保單。
Semi-annual and monthly payment modes are not available for policies with Optional Outpatient Benefits.
- 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。
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 the insured or subscription to additional benefits, etc. and revise the terms and conditions of the policy.
- 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。
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.
- 上述注釋適用於本文件的所有保費表。
The above remarks are applicable to all premium tables listed herein.