

「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

2024年1月生效
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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。

藍十字在2023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 2023, Blue Cross was assigned financial strength rating of A+ (stable outlook) and issuer credit rating of A+ (stable outlook) by S&P Global Ratings.

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's 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 Caring Medical Protection Plus

「摯安心精選」醫療保險計劃（本「計劃」）是一個特別為藍十字團體醫療保險成員及其配偶和子女[#]而設的個人醫療保險計劃，旨在以較相宜的保費提升由僱主所提供的團體醫療保障。

不論退休或轉職，您及至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，且保證接受申請。投保無需核保¹。您於藍十字團體醫療保單所承保的已存在的狀況²均獲本計劃承保，更保證續保至99歲³。

Caring Medical Protection Plus (this "Plan") is an individual medical insurance plan specially designed for Blue Cross group medical insurance members and their spouse and child(ren)[#] to boost the group medical protection offered by the employer at a modest premium.

Even if you retire or move to a new job, you can rest assured that the medical protection for you and your loved ones will remain intact throughout different stages of life.

Application for this Plan is simple with guaranteed acceptance. No underwriting¹ is required upon enrolment. Pre-existing conditions², which are insured by your Blue Cross group medical insurance policy, will also be accepted by this Plan, with guaranteed renewal up to age 99³.

[#] 如配偶和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。
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.

計劃特點 Plan Highlights



升級醫療保障 Strengthened Medical Protection

隨著香港的醫療費用不斷攀升，僱主提供的團體醫療保障未必足以支付您的所有醫療開支。作為藍十字團體醫療保險成員，您現可以較相宜的保費投保「**摯安心精選**」醫療保險計劃，藉此填補醫療費用差額。此外，您更可將全面的醫療保障延伸至您的配偶和子女。

With escalating healthcare costs in Hong Kong, the group medical cover provided by your employer may not be sufficient to pay all your medical expenses. As a Blue Cross group medical insurance member, you can now bridge the expenses gap by enrolling in **Caring Medical Protection Plus** at an affordable premium. What's more, you can extend the comprehensive medical cover 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

一旦投保，即使您退休或轉換工作，您的醫療保障將維持不變。您大可以放心享有無間斷的醫療保障。

Once enrolled, the level of medical coverage will remain unchanged, even when you retire or change jobs. You can rest assured that your medical protection will not be interrupted.



無需核保¹ No Underwriting¹

投保個人醫療保險計劃一般需要進行驗身或填寫冗長的健康聲明。本計劃無需醫療核保¹，省卻了驗身及填寫健康聲明的程序和時間。

Medical underwriting is not required¹ for this Plan. It saves you the hassle and time of undergoing a health check or filling in lengthy health declarations typically required when enrolling in individual medical insurance plans.



保證承保已存在的狀況² Guaranteed Acceptance of Pre-existing Conditions²

假如您現正或於投保前60天內受保於藍十字團體醫療保單，所有受保的已存在的狀況將自動納入本計劃的保障範圍內*。

If you are currently covered by a Blue Cross group medical insurance policy or were covered within 60 days prior to the application, all insured pre-existing conditions will automatically be covered by this Plan*.

* 本計劃之不保事項除外。
Except for the exclusions of this Plan.



保證續保至99歲³ Guaranteed Renewal up to Age 99³

一旦成功投保，不論您的健康狀況及索償記錄，您都可享本計劃的自動及保證每年續保，直至99歲，而保障期則達100歲。即使您變年長，您現正擁有的全面醫療保障將繼續延續下去。

Upon successful enrolment, you can enjoy automatic and guaranteed annual renewal of this Plan up to age 99, with coverage up to age 100, irrespective of your health status and claim history. The comprehensive medical protection you have now stays as you age.



電子投保 簡單快捷 Simple Enrolment at Your Fingertips

作為藍十字團體醫療保險成員，投保本計劃快捷方便。您只需登入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。完成後，您更會即時收到您的電子保單。

As a Blue Cross group medical insurance member, enrolling in this Plan is quick and easy. You can simply log in to the Super Care platform or the "Blue Cross HK" mobile app to enrol in just 3 simple steps. Upon completion, you will receive your e-Policy instantly.



以附加保障加強您的醫療保障 Enhance Your Medical Protection with Optional Benefits

我們明白即使來自同一個家庭，每個人都有自己特別關注的健康問題。因此，我們特別配合基本住院及手術保障而提供一系列自選附加保障，讓您可根據個人需要自訂醫療保障。附加保障設有不同計劃級別，要為您家庭的每位成員度身訂制個人化的醫療保障計劃簡直輕而易舉。此外，不論投保哪個附加保障或計劃級別均無需核保。

We recognise that each individual has their own specific medical concerns, even within the same family. That's why we provide a range of optional benefits to complement the Basic Hospital and Surgical Benefits, enabling you to customise your medical coverage according to your personal needs. These optional benefits are available in various plan levels. Tailoring a personalised medical protection plan for each member of your family has never been simpler. What's more, underwriting is not required for the addition of any optional benefit or selection of subsequent plan level.



附加門診保障[^] (僅提供年繳繳費模式) Optional Outpatient Benefits[^] (available only in annual premium payment mode)

選擇附加門診保障後，您將獲發電子醫療卡以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。此保障設有兩個計劃級別，您可因應自己的需要和預算，選擇免付費的選項，或需網絡自付費（介乎HK\$40至HK\$100）的選項。此外，您亦可自行揀選診所接受治療，並獲保障支付80%合資格費用，而最高賠償額將按您所選的計劃級別而定。

By selecting Optional Outpatient Benefits, 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. With two plan levels available, you can base on your needs and budget to opt for a coverage that requires no out-of-pocket payment, or one that applies a network co-payment ranging from just HK\$40 to HK\$100. Additionally, you can visit any clinic of your choice, and 80% of eligible expenses will be reimbursed, up to the maximum benefit limit of your selected plan level.



附加牙科保障[^] Optional Dental Benefits[^]

為了加強您的口腔保障，本計劃的附加牙科保障設有兩個計劃級別，支付80%合資格的牙科治療費用，包括脫牙、補牙等，以每保單年度綜合最高賠償額為上限。附加牙科保障更承保到牙科診所作口腔檢查及洗牙的開支，最多為每保單年度兩次。

To enhance your oral protection, this Plan offers two plan levels of Optional Dental Benefits, providing reimbursement of 80% of eligible expenses of dental treatments such as extractions, fillings, and more, up to the overall maximum benefit limit per policy year. Our Optional Dental Benefits also cover visits to dental clinics for oral examinations as well as scaling and polishing, up to two times per policy year.

[^] 附加門診保障及附加牙科保障是本計劃的自選額外醫療保障。詳情請參閱相關的保障表和保費表。

Optional Outpatient Benefits and Optional Dental Benefits are optional supplementary medical benefits available for this Plan. For details, please refer to the respective Benefit Schedule and Premium Table.



家庭折扣⁴ Family Discount⁴

我們深明您的家人對您至為重要，而確保他們獲得醫療保障更是您的首要任務。為了支持您履行此重責，本計劃提供高達9折的家庭折扣。只要於保單生效日/續保日（以適用者為準），同一「**摯安心精選**」醫療保險計劃保單旗下有2名或以上受保合資格家庭成員⁵，該保單即可享家庭折扣。有關家庭折扣的詳情如下。

We understand that your family is vital to you and ensuring their medical protection is of your utmost importance. To support you in this crucial endeavour, this Plan comes with a family discount of up to 10%. The family discount applies when two or more eligible family members⁵ are insured under the same **Caring Medical Protection Plus** policy on the policy effective date/renewal date (as applicable). The details of the family discount are specified below.

受保合資格家庭成員數目 Number of Eligible Family Members Insured	家庭折扣 Family Discount
2	5%
3或以上 3 or more	10%

您可以善用此專屬折扣為整個家庭提供全面的醫療保障，同時節省金錢！

With this exclusive discount, you can provide comprehensive medical coverage for your whole family while saving money!





超卓增值服務 Superb Value-added Services



胃鏡及腸鏡門診手術免結賬安排

(只適用於年繳保單)

Cashless Arrangement for Gastroscopy and Colonoscopy

(only applicable to policies with annual payment mode)

透過本計劃，您可以輕鬆免去為特定醫療程序提出索償的麻煩。假如您需要進行胃鏡及腸鏡檢查，只需以電子醫療卡於指定藍十字網絡診所預約相關日症手術療程，費用全免。

With this Plan, you can relieve yourself from filing claims for specific medical procedures. If you need to undergo gastroscopy and colonoscopy, you can simply use the electronic medical card to schedule the respective day case procedures at designated Blue Cross network clinics, completely free of charge.



入院前索償評估

Pre-hospitalisation Claim Assessment

於住院或接受治療之前，您可能因未能確定所需醫療開支能否獲得賠償而感到憂慮。為了減輕這種憂慮，您可於預定入院或接受治療前至少3個工作天於網上遞交「入院前索償評估」表格，或致電熱線提交所需資料。我們將根據您的保單所涵蓋的保障提供可賠償金額的估算⁶。您可利用相關估算事先計劃好自己的預算，讓您在整個治療過程中倍感安心。

Uncertainty about the reimbursement amount before hospitalisation or treatment can cause anxiety. To alleviate this concern, you can submit the Pre-hospitalisation Claim Assessment Form online or call our hotline with the necessary information at least 3 working days prior to your scheduled hospitalisation or treatment. We will then provide an estimate of the eligible claim amounts⁶ based on your policy coverage. With this assessment, you can better plan your budget in advance and have peace of mind throughout your treatment journey.



全球醫療保障

Worldwide Medical Coverage

不論您是出國度假還是出差，您的醫療保障都會伴隨左右。不論您身處何方及在海外逗留時間的長短，您住院接受治療的賠償額都會維持不變。有我們全力在背後提供無分國界的支援，您可以放心盡情享受您的旅程。

Whether you're jetting off for a well-deserved vacation or embarking on a business trip, your medical coverage follows. Wherever you are, the benefit limit for inpatient treatments remains the same, regardless of the duration of your overseas stay. You can fully enjoy your travels, knowing that we have your back wherever you go.



24/7全球緊急援助

24/7 Worldwide Emergency Aid

我們的全球緊急熱線全天候運作。不論何時何地，只要您於國外需要緊急支援，我們將有專人提供全方位的協助，包括代繳入院按金、提供當地醫療或法律轉介服務等，讓您安枕無憂。

Our worldwide emergency hotline operates round-the-clock. Whenever and wherever you need emergency support while abroad, our dedicated officers will provide all-round assistance, including hospital admission deposit guarantee service, local medical or legal referral service, and more, ensuring your peace of mind.



一站式索償方案

One-stop Claim Solution

假如您擁有兩張不同保險公司的醫療保單，而單一保單不能賠償所有醫療費用，提交兩次索償申請既煩瑣且費時。然而，假如您同時受保於藍十字團體醫療保單及本計劃，您只需連同兩份保單的保單編號一次過提交您的索償申請，我們即會為您跟進所有程序。

If you have two medical insurance policies from different insurers and one policy does not cover all your medical expenses, submitting two separate claim applications can be complicated and time-consuming. However, if you are covered by both Blue Cross group medical insurance policy and this Plan, you only need to submit your claim once with both policy numbers, and we will take care of the rest for you.

索償流程 Claim Process

合資格費用首先由藍十字團體醫療保單支付
Eligible expenses are first reimbursed by the Blue Cross group medical insurance policy



餘額再由本計劃支付
Any shortfall is then reimbursed by this Plan

就增值保障，於第一個保單年度內就已存在的狀況提出之索償²（如適用），本計劃將賠償餘額的50%，並受限於保障表中的最高賠償額。

For claims related to pre-existing conditions² (if applicable) during the first policy year for top-up option, this Plan will reimburse 50% of the shortfall, subject to the maximum benefit limit outlined in the Benefit Schedule.



藍十字護理諮詢專線

Blue Cross Nursing Care Hotline

我們致力守護您的福祉。因此，我們特設專屬的護理諮詢專線，以解答您就手術後護理、日常長者護理、孕婦護理、幼兒及兒童護理等方面的疑問。只要一個電話，您即可獲得專業支援。

We are committed to your well-being. As such, we have an exclusive nursing care hotline to address your enquiries about post-surgery care, daily care for elderly, maternity care, infant and child care, and more. Professional support is just a phone call away.



Blue Cross HK手機應用程式

"Blue Cross HK" Mobile App

透過Blue Cross HK手機應用程式，您可以隨時隨地體驗便捷的一站式數碼醫療保險服務。只需輕鬆點擊幾次，您即可根據所在地搜尋網絡醫生、預約醫生診症、進行視像診症、以QR code或電子醫療卡快速作門診登記，以三個簡單步驟提交索償申請⁷，以及檢視索償狀況。

You can experience the convenience of one-stop digital medical insurance services through the "Blue Cross HK" mobile app, anytime and anywhere. With just a few clicks, you can search for network doctors based on your location, schedule doctor appointments, conduct video consultations, register for outpatient consultations using QR code or electronic medical card, submit claims⁷ in 3 simple steps, and track the status of your claims.



Blue Cross HK App



投保須知 Enrolment Guidelines

增值保障 Top-up Option	轉換保障 Conversion Option
受保人資格 Eligibility of the Insured	
<p>現有藍十字團體醫療保險成員，以及其配偶和子女[#]</p> <p>Existing Blue Cross group medical insurance members, and their spouse and child(ren)[#]</p> <div style="background-color: #f4a460; padding: 10px; text-align: center; color: white;"> <p>保費9折優惠 10% off on premium</p> </div>	<p>於投保前60天內終止藍十字團體醫療保險成員資格的人士，以及其配偶和子女[#]</p> <p>Individuals whose Blue Cross group medical insurance membership was terminated within 60 days prior to enrolment, and their spouse and child(ren)[#]</p>
投保時段 Enrolment Period	
<p>於藍十字團體醫療保險成員生效日或於每個保單續保日起計的60天內</p> <p>Within 60 days from the member's commencement date or upon each renewal date of the Blue Cross group medical policy</p>	<p>於藍十字團體醫療保險成員資格終止日⁸起計的60天內</p> <p>Within 60 days from the date of termination⁸ of the Blue Cross group medical insurance policy</p>
保單生效日 Policy Effective Date	
<ul style="list-style-type: none"> 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⁹ 保單生效日無需與藍十字團體醫療保單成員生效日或續保日相同⁹ The policy effective date will be subject to the application or completed information received by Blue Cross, whichever is later⁹ The Policy effective date is not necessarily to be the same as the member's commencement date or renewal date of the Blue Cross group medical policy⁹ 	<ul style="list-style-type: none"> 保單生效日必須為最後受僱日之翌日⁹ The policy effective date must be the day following the last day of employment⁹

[#] 如配偶和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。
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.



保障表 Benefit Schedule

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 (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 ¹⁰ Surgeon's Fees ¹⁰ <ul style="list-style-type: none"> 複雜手術 Complex 大型手術 Major 中型手術 Intermediate 小型手術 Minor 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	147,000 49,000 25,000 10,000	114,000 38,000 20,000 8,000	90,000 30,000 15,000 6,000
4. 麻醉科醫生費用 [#] Anaesthetist's Fees [#] <ul style="list-style-type: none"> 複雜手術 Complex 大型手術 Major 中型手術 Intermediate 小型手術 Minor 	44,100 14,700 7,500 3,000	34,200 11,400 6,000 2,400	27,000 9,000 4,500 1,800
5. 手術室費用 [#] Operating Theatre Charges [#] <ul style="list-style-type: none"> 複雜手術 Complex 大型手術 Major 中型手術 Intermediate 小型手術 Minor 	44,100 14,700 7,500 3,000	34,200 11,400 6,000 2,400	27,000 9,000 4,500 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
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 ¹¹ (只適用於入住香港合資格公立醫院普通病房) Daily Hospital Cash Allowance ¹¹ (For confinement in general ward of eligible public hospitals in Hong Kong only) 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 ¹² (住院期間每日) Cash Benefit for Top-up Subsidy ¹² (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 Psychiatric Treatments 每保單年度限額 Limit per policy year	40,000	35,000	30,000

* 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。
Charges for such benefits will be payable on condition that Surgeon's Fees are payable by Blue Cross.

註 Remarks :

- 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)，並以上列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 insured aged 76 or above are HK\$650,000 (Premier Plan), HK\$300,000 (Superior Plan) and HK\$180,000 (Standard Plan) and subject to the maximum benefit limit per disability of each benefit item listed above.
- 所有費用必須為「合理慣例」¹³ 及「醫療必要」¹⁴ 的開支。
All expenses incurred must be Reasonable and Customary¹³ and Medically Necessary¹⁴.

附加門診保障

Optional Outpatient Benefits

此保障全數賠償於網絡診所進行醫療診治的費用。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。

至於到非網絡診所接受治療，此保障支付80%合資格費用，最高賠償額如下。

The benefits provide full coverage for medical consultation expenses at 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, the benefits cover 80% of eligible expenses up to the following maximum benefit limit.

保障項目 Benefit Items	最高賠償額 (HK\$) Maximum Benefit Limit (HK\$)			
	優越 Superior		標準 Standard	
計劃級別 Plan Level	網絡 Network	非網絡 Non-network	網絡 Network	非網絡 Non-network
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 Not Applicable	40	不適用 Not Applicable
賠償百分比 Reimbursement Percentage	不適用 Not Applicable	80%	不適用 Not Applicable	80%
2. 中醫治療 Chinese Medicine Practitioner Treatment <ul style="list-style-type: none"> 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 Not Applicable	40 100 100	不適用 Not Applicable
賠償百分比 Reimbursement Percentage	不適用 Not Applicable	80%	不適用 Not Applicable	80%
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				
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 Not Applicable	100	不適用 Not Applicable
賠償百分比 Reimbursement Percentage	不適用 Not Applicable	80%	不適用 Not Applicable	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%	

保障項目 Benefit Items	最高賠償額 (HK\$) Maximum Benefit Limit (HK\$)			
	優越 Superior		標準 Standard	
計劃級別 Plan Level				
所選診所 Selection of Clinics	網絡 Network	非網絡 Non-network	網絡 Network	非網絡 Non-network
5. 物理治療及脊椎治療服務 Physiotherapy and 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 Not Applicable	80	不適用 Not Applicable
賠償百分比 Reimbursement Percentage	不適用 Not Applicable	80%	不適用 Not Applicable	80%
6. 精神科治療 (包括藥物) Psychiatric Treatment (including medication) 精神科專科醫生及合資格臨床心理學家提供的診症需 具分別由醫生及精神科專科醫生發出的書面轉介 Written referral of physician and specialist of psychiatry is required for consultation rendered by specialist of psychiatry and qualified clinical psychologist respectively 每保單年度限額 Limit per policy year	1,500		1,000	
賠償百分比 Reimbursement Percentage	80%		80%	

賠償例子：

Reimbursement Example:



Bella為附加門診保障 — 標準計劃的客戶。她於3月3日及3月11日到非網絡診所接受普通科醫生的診治，並分別支付了HK\$140及HK\$300。藍十字的賠償額及Bella的自付費用如下：

Bella, a customer with the Optional Outpatient Benefits – Standard Plan, visited a non-network clinic for medical consultations with a general practitioner on 3 March and 11 March and paid HK\$140 and HK\$300 respectively. The reimbursement by Blue Cross 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
合資格費用 Eligible Expenses	HK\$140	HK\$300
藍十字的賠償額 (合資格費用 x 賠償百分比，惟受限於最高賠償額) Reimbursement by Blue Cross (Eligible Expenses x Reimbursement Percentage, subject to the maximum benefit limit)	HK\$140 x 80% = HK\$112	HK\$120 (由於HK\$300 x 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 x 80% = HK\$240 exceeded 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 (合資格費用 - 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

註 Remarks:

- 所有費用必須為「合理慣例」¹³及「醫療必要」¹⁴的開支。
All expenses incurred must be Reasonable and Customary¹³ and Medically Necessary¹⁴.

附加牙科保障 Optional Dental Benefits

此保障支付80%合資格費用，最高賠償額如下。

The benefits cover 80% of eligible expenses up to the following maximum benefit limit.

保障項目 Benefit Items	最高賠償額 (HK\$) Maximum Benefit Limit (HK\$)	
	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光檢查 X-rays Required Prior to Performance of Dental Service	受限於每保單年度綜合最高賠償額，藍十字將會賠償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		

註 Remarks :

- 所有保障項目 (除第1項) 需於90天等候期後方可獲賠償 (續保除外)。然而，對於擁有牙科保障的藍十字團體醫療保險成員，等候期將會被豁免。
All benefit items (except item 1) are subject to a waiting period of 90 days (not applicable to policy renewal). However, the waiting period will be waived for Blue Cross group medical insurance members with dental benefits.



靈活的計劃選擇 Flexible Plan Selection

本計劃極具彈性，讓您可按個人需要自訂醫療保障。您每一位家庭成員也可自選其基本住院及手術保障的計劃級別。此外，他們更可以添加不同的附加保障及選擇不同的計劃級別，以切合他們個別的保障需要。

作為藍十字團體醫療保險成員，您可按您於藍十字團體醫療保單可享有的病房級別選擇特定的計劃級別而無需核保。然而，如果您希望選擇的計劃級別高於有關資格，您的基本住院及手術保障投保申請則需進行核保。有關計劃級別的選擇規定詳列於下表。

This Plan gives you exceptional flexibility to customise your medical coverage according to your personal needs. Each member of your family can also choose their own plan level for the Basic Hospital and Surgical Benefits. Additionally, they can add in various optional benefits with different plan levels to address their specific healthcare concerns.

As a Blue Cross group medical insurance member, you can select specific plan levels based on the entitled level of accommodation under your Blue Cross group medical insurance policy, without the need for underwriting. However, if your desired plan level exceeds your entitlement, underwriting will be required for your applications for Basic Hospital and Surgical Benefits. The details of the plan selection rules are outlined in the tables below.

		保障 Benefits						
		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單可享有的病房級別 Entitled level of accommodation under your Blue Cross group medical insurance policy	私家房 Private	✓	✓	✓	✓	✓	✓	✓
	半私家房 Semi-private	+	✓	✓	✓	✓	✓	✓
	普通房 Ward	+	+	✓	✓	✓	✓	✓



無需核保。
Underwriting is not required.



需通過核保。
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。在該公司工作了三年後，他決定提早退休。為了加強自己的醫療保障，他於離職的第一個月內投保了「**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 for the company for three years, he decided to retire early. In a bid to boost his medical protection, he enrolled in **Caring Medical Protection Plus** within the first month of leaving the company with the following plan details.

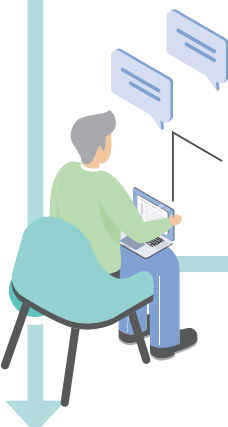
保障 Benefit	基本住院及手術保障 (分項限額) Basic Hospital and Surgical Benefits (Benefit Sub-limit)
計劃級別 Plan Level	尊尚 (1) Premier (1)
可享有的病房級別 Entitled Level of Accommodation	私家房 Private



在退休的第二年，Alex接受了一項複雜手術，並於一間私家醫院的私家病房中接受了為期八天的治療。Alex支付的醫院賬單上的合資格醫療開支為HK\$197,000。

In the second year of his retirement, Alex underwent a complex surgery and was confined in a private room at a private hospital for an eight-day treatment. A hospital bill with eligible medical expenses of HK\$197,000 was incurred by Alex.

Alex的醫院賬單 Alex's Hospital Bill				
項目 Items	金額 (HK\$) Amount (HK\$)	小計 (HK\$) Subtotal (HK\$)	尊尚 (1) 計劃 下的最高賠償額 (HK\$) Maximum benefit limit under Premier (1) (HK\$)	尊尚 (1) 計劃下 支付予Alex的賠償 小計 (HK\$) Subtotal 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)	44,000	44,000	44,100	44,000
病房費用 (每天) Room and Board (per day)	3,300	26,400	3,350	26,400
醫生巡房費用 (每天) Physician's Visit Fees (per day)	2,800	22,400	3,350	22,400
醫院雜項費用 Miscellaneous Hospital Charges	7,800	7,800	31,500	7,800
總計 Total		197,000	總計 Total	197,000



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，因此他的合資格費用獲得到全數賠償，而他無需支付任何自付費用。

Since the actual expenses for each benefit item incurred by Alex were lower than the maximum benefit limit of his chosen 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	為將來的醫療需要作準備： <ul style="list-style-type: none"> • 支付醫療費用；及 • 彌補住院期間之收入損失 Prepare for future healthcare needs: <ul style="list-style-type: none"> • To settle medical expenses; and • 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 1 year
投保年齡 Enrolment Age	12日至71歲生日前 12 days to before 71st 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	港元 HK\$
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）／優越（2）／標準（3） Premier (1)/Superior (2)/Standard (3)
附加保障 Optional Benefits	<ul style="list-style-type: none"> • 附加門診保障 • 附加牙科保障 • Optional Outpatient Benefits • Optional Dental Benefits
保障地域 Optional Benefits	全球 （基本住院及手術保障下之「精神科治療」、「每天住院現金津貼」及「胃鏡及腸鏡門診手術免結賬安排」除外） Worldwide [except for “Psychiatric Treatment (under Basic Hospital and Surgical Benefits)”, “Daily Hospital Cash Allowance” and “Cashless Arrangement for Gastroscopy and Colonoscopy”]
冷靜期¹⁵ Cooling-off Period ¹⁵	40日 40 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	保證承保藍十字團體醫療保單已受保的傷病 ² Guaranteed acceptance of conditions which are covered under the Blue Cross group medical insurance policy ²

⁺ 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.

重要事項 Important Notes

- 以下投保人士須接受健康核保：
 - 藍十字團體醫療保險成員之配偶或子女申請投保「摯安心精選」醫療保險計劃，但現時並非受保於藍十字團體醫療保險計劃；或
 - 曾經受保於「摯安心精選」醫療保險計劃但其後取消此保障而現在再次遞交申請投保的人士（藍十字團體醫療保險成員只擁有投保「摯安心精選」醫療保險計劃而豁免核保一次的權利）；或
 - 現為「摯安心精選」醫療保險計劃的客戶申請轉換至較先前團體醫療保單為高的住院保障計劃級別。就上述情況，藍十字保留根據核保結果收取額外保費、附加不保事項或不接納有關申請的權利。

The following applications are subject to underwriting if:

 - the spouse or child(ren) (who is or are currently not insured by Blue Cross group medical insurance plans) of Blue Cross group medical insurance member(s) apply(ies) for Caring Medical Protection Plus; or
 - a Caring Medical Protection Plus customer, who was once insured under this Plan but terminated the policy thereafter, now re-applies for this Plan (Blue Cross group medical insurance member(s) has/have the right to apply for Caring Medical Protection Plus without underwriting once only); or
 - a current Caring Medical Protection Plus customer who opts for a level of inpatient benefits higher than his/her previous group medical insurance policy.In such case, Blue Cross reserves the right to charge extra premium or impose additional exclusions or decline the corresponding application according to its underwriting decision.
- 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）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）可獲之相關保障將相等於符合索償資格費用之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，就仍受保於生效之團體保單的受保人而言，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）將只會支付可獲之保障金額之50%，惟須受限於本保單保障表中適用於所選計劃級別及保障級別代碼的符合索償資格費用之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。

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) 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/she 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) 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, in respect of insureds covered by the in-force group policy, during the first period of insurance, Blue Cross shall only pay 50% of the amount of benefit payable under the Basic Hospital and Surgical Benefits (Benefit Sub-limit), subject to the applicable maximum benefit limits based on the selected plan level and plan level code as stated in the Benefit Schedule 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.
- 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。

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.
- 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折扣之差額。

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's reasonable demand.
- 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。

For the purpose of family discount, "eligible family member" refers to the policyholder and/or his/her spouse/children.
- 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。

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.
- 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。客戶可經藍十字網頁或Blue Cross HK手機應用程式遞交已填妥的賠償申請表及所需之完整文件予藍十字。賠償申請表可於藍十字網頁下載。

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 required full documentation to Blue Cross via Blue Cross website or "Blue Cross HK" mobile app. Claim form can be downloaded from Blue Cross website.
- 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。

Such termination of membership cannot be as a result of termination or non-renewal of Blue Cross group medical insurance schemes.

9. 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。

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/her coverage under this policy would have otherwise become effective, the coverage for such insured will only become effective on the next day following his/her discharge from such confinement.

10. 「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。

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.

11. 「每天住院現金津貼」只適用於入住香港合資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.

12. 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。

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.

13. 「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。

"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.

14. 「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。

"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.

15. 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。

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 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、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, laboratory test or physiotherapy, 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，除非已於保障利益條款內另有註明。
Pre-existing conditions, unless specified otherwise in the Benefits Provisions.
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。
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. 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。
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、非處方藥物等。
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, over-the-counter drugs, etc.
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 by the 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；不育治療等。
All investigations, treatments, surgical procedures and counselling services 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. 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.
11. 附加於團體醫療保險保單內的任何個人不保事項。
Any exclusions or conditions previously imposed to the individual on the group medical insurance policy.

注意 Notes：

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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\$)

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	9,015	9,015	5,511	5,511	3,294	3,294
5 – 9	8,527	8,527	5,048	5,048	3,014	3,014
10 – 18	7,928	7,928	4,491	4,491	2,683	2,683
19 – 25	9,810	10,450	5,415	5,781	3,065	3,394
26 – 30	10,387	11,035	5,792	6,237	3,347	3,569
31 – 35	14,146	14,411	7,850	8,390	4,116	4,388
36 – 40	14,848	15,420	8,396	9,315	4,999	5,362
41 – 45	17,138	19,133	11,082	12,294	6,529	7,266
46 – 50	21,758	24,295	14,074	15,605	8,321	9,240
51 – 55	27,592	30,799	18,187	20,168	10,727	11,926
56 – 60	38,520	38,520	24,672	24,672	14,985	14,985
61 – 65	44,589	44,589	28,566	28,566	17,228	17,228
66 – 70	57,972	57,972	37,134	37,134	22,049	22,049
以下保費只適用於續保。The premiums below are for renewal only.						
71* – 75	70,075	70,075	43,010	43,010	26,209	26,209
76 – 99	70,075	70,075	43,010	43,010	26,209	26,209

* 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.

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	6,442	5,058
5 – 9	5,611	4,406
10 – 18	4,157	3,264
19 – 25	4,215	3,302
26 – 30	4,320	3,385
31 – 35	4,506	3,530
36 – 40	4,642	3,637
41 – 45	5,106	4,001
46 – 50	5,572	4,366
51 – 55	6,128	4,802
56 – 60	6,557	5,138
61 – 65	6,852	5,370
66 – 70	8,735	6,845
以下保費只適用於續保。The premiums below are for renewal only.		
71* – 75	11,504	9,032
76 – 99	11,504	9,032

* 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.

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	2,570	1,000
以下保費只適用於續保。The premiums below are for renewal only.		
71* – 75	2,570	1,000
76 – 99	2,570	1,000

* 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 x 0.0875。半年繳保費金額及附加費 = 年繳保費金額 x 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 x 0.0875. Premium amount with surcharge for semi-annual payment mode = annual premium amount x 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 this 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.