



Blue Cross 藍十字

An **AIA** Company 友邦保險成員公司

All-in-one Outpatient Insurance

一站式門診醫療寶

Terms and Conditions

條款及細則

Please read these terms and conditions carefully.
Should you have any queries, please contact us for assistance.
請詳細閱讀此條款及細則。如有任何查詢，請與我們聯繫。

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.

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。

Definitions

Throughout this Policy, where the context so admits, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

Accident - An event or contiguous series of events of sudden or unexpected, violent, accidental, external and visible nature which occurs at an identifiable time (moment or point in time) and place, thereby causing a bodily injury during the Period of Insurance.

Child - Any person who has attained the age of 15 days; who has never married and is financially dependent upon an Insured; and (a) who is under the age of 18, or (b) who is under the age of 23 and registered as a full time student at a recognized educational institution.

Chinese Medicine Practitioner – A person (other than the Insured, a member of the Insured's immediate family or a person normally resident in the household of the Insured) a) duly licensed or registered with the Chinese Medicine Council of Hong Kong pursuant to the Chinese Medicine Ordinance (Cap. 549 of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing and b) legally authorised to practise Chinese medicine in the geographical area in which a service is provided to the Insured.

Clinical Procedures – The following procedures which are undertaken at appointed doctor's clinics:

Procedure Descriptions

- Cryotherapy
- Incision and Drainage/Puncture Aspiration of Abscess/Cyst/Hematoma/Seroma
- Incision and Removal Of Foreign Body, Subcutaneous
- Excision Benign Skin Lesions
- Excision Of Nail/Nail Matrix For Permanent Removal
- Wedge Excision Of Skin Of Nailfold/Avulsion Of Nail Plate (Ingrown Toenail)
- Keloid Injection
- Repair Superficial Wound
- Office Dressings
- Injection Sclerotherapy For Hemorrhoid
- Removal Of Foreign Body, Ear
- Removal Impacted Earwax (Ear Lavage)
- Myringotomy With Aspiration
- Laryngoscopy For Removal Of Foreign Body
- Control of Nasal Hemorrhage
- Removal Foreign Body, Nose
- Antral Lavage
- Removal Of Foreign Body, Eye
- Removal Of Chalazion/Meibomian Cyst
- Removal Of Eyelid Lesions
- Injection Tendon Sheath/Ligament/Trigger Points/Ganglion Cyst
- Arthrocentesis, Aspiration and Injection

Co-payment - The Eligible Expense which shall be borne by the Insured if so provided in the Schedule of Benefits.

Company - Blue Cross (Asia-Pacific) Insurance Limited.

定義

此保單內容用詞如有性別或單雙數之分，均應視為概括性之描述，並無區別。

意外 – 在保險期限內，在可識別的時間內〈瞬間或時刻〉及地點所發生的一宗或連串突然或意想不到的、猛烈的、意外的、外在及可見的意外事故，導致身體受傷。

兒童 – 年齡已滿十五天；未婚及經濟上依賴受保人；及(a)在十八歲以下的任何人士，或(b)在二十三歲以下及就讀於認可教育機構的全日制學生。

中醫師 – a) 根據《中醫藥條例》（香港法例第549章）獲香港中醫藥管理委員會正式發牌或註冊，或如涉及香港以外地區，於當地擁有同等地位的機構註冊；及 b) 在受保人接受治療當地獲合法授權提供中醫治療的人士，惟在任何情況下不包括受保人、保單持有人、保險中介人或保單持有人及／或受保人的僱主、僱員、直屬家庭成員或業務夥伴。

門診手術 – 於指定診所進行之下列手術：

- 冷凍治療
- 膿瘡/囊腫/血腫/血清腫的切割和排液/穿刺抽吸術
- 切割及清除皮下組織的異物
- 切除良性皮膚損害
- 永久切除指甲/指甲基質
- 楔形切除甲褶/撕脫嵌生趾甲的手術
- 癍痕疙瘩注射
- 修補表皮創傷
- 診所內敷藥
- 注射式硬化痔瘡治療
- 清除耳朵異物
- 清除嵌入性耳垢(洗耳)
- 抽吸式耳鼓膜穿刺術
- 以喉鏡清除異物
- 止鼻血
- 清除鼻腔異物
- 沖洗鼻竇
- 清除眼睛異物
- 清除眼挑針/眼瘡
- 清除眼瞼的害病
- 注射式清除肌腱鞘/韌帶/彈弓指/腱膜囊腫
- 抽吸及注射式關節穿刺

自付費用 – 根據保單保障利益表內規定由受保人自己承擔之可償費用。

公司 – 藍十字（亞太）保險有限公司。

Congenital Conditions -

- a) Medical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities which become apparent within 6 months of birth.
- b) The following Disabilities (but not to the exclusion of all others):-
 - i) Hernias of all types up to age 8 (excepting those caused by a trauma occurring during the Period of Insurance);
 - ii) Epilepsy (Petit Mal or Grand Mal) (excepting those caused by a trauma occurring during the Period of Insurance);
 - iii) Strabismus;
 - iv) Hydrocephalus.

Disability – A Sickness, Disease or Illness, or an Injury.

Eligible Expenses – Expenses for Medically Necessary Services provided with respect to a covered Disability not exceeding the limits stated in the Schedule of Benefits.

Injury – Bodily damage caused directly and independently of all other causes by an Accident.

Insured – A person whose name has been entered for cover on or added by an Endorsement to the Policy and not removed by an Endorsement prior to any relevant event.

Medically Necessary Services – Services which are necessary for the care or treatment of the Disability involved. Such services must be widely accepted professionally in Hong Kong Special Administrative Region as effective, appropriate and essential based upon recognised standards of the health care speciality involved. In no event will the following (but not to the exclusion of all others) be considered to be necessary :

- a) Those services rendered by a provider that do not require the technical skills of such a provider.
- b) Those services and supplies furnished mainly for the personal comfort or convenience of the Insured, any individual who cares for him or any individual who is part of his family.
- c) Those services and supplies furnished to an Insured solely because he is an inpatient on any day on which the Insured's Disability could safely and adequately be treated while not confined.
- d) That part of the cost which exceeds that of any other service or supply that would have been sufficient to safely and adequately treat the Insured's Disability.

Network Doctor – Physician, Registered Medical Practitioner, Surgeon, Doctor or Chinese Medicine Practitioner whose name is specified in the list provided by the Panel Network, subject to change from time to time.

Panel Network – An individual and/or a group, including Physician, Registered Medical Practitioner, Surgeon, Doctor, Chinese Medicine Practitioner or other health care providers, professional or facility that have entered into a written agreement with the Company to provide the benefits after the Policy Commencement Date.

Period of Insurance – The time period during which the Policy according to its terms is effective and the Insured is eligible for benefits, including Policy renewals.

Policy Commencement Date – Starting date of the Period of Insurance specified in the Policy Schedule during which this Policy is effective.

先天性疾患 –

- a) 出生時已存在以及出生後六個月內出現之身體異常。
- b) 以下傷病（但並不排除其他傷病）：
 - i) 八歲以下發生的各種疝症（保險期限內因創傷引發的除外）；
 - ii) 癲癇（小發作或大發作）（保險期限內因創傷引發的除外）；
 - iii) 斜視；
 - iv) 腦積水。

傷病 – 疾病或受傷。

可償費用 – 用於治療受保傷病的必需醫療服務費用，但不超過保單保障利益表內所指定之限額。

受傷 – 直接及純粹因意外引致的身體損傷。

受保人 – 姓名已被列入保單之內或以批註加入保單內，且在有關事件發生前尚未以批註被刪除的人士。

必需醫療服務 – 包括傷病護理或治療之必需服務。根據認可健康護理專業標準，此等服務必須在香港特別行政區獲廣泛認為有效、適當及必要的。以下事項(不排除其他)將不被視為必需的：-

- a) 不要求具有相關專業技術服務者所提供之服務。
- b) 主要是為受保人、護理受保人之任何人士或受保人之任何家庭成員提供個人舒適或方便之服務及設施。
- c) 受保人之傷病可在不用住院下得到安全及足夠的治療的情況下，以住院病人身分獲得的服務及設施。
- d) 超出用於安全及足夠治療受保人傷病的服務或設施費用的額外開支。

網絡醫生 – 在醫療護理網絡提供的名單中列載的內科醫生、註冊醫生、外科醫生、醫生或中醫師，名單將不時更新。

醫療護理網絡 – 與公司達成書面協議在保單生效日期後提供利益的個人及/或團體，包括內科醫生、註冊醫生、外科醫生、醫生、中醫師或其他健康護理者、專業人士或設施。

保險期限 – 根據保單條款之有效期間(包括保單續保)。在該期間內受保人有資格獲取利益。

保單生效日期 – 保單資料頁指定的保險期限開始，此保單將於該日生效。

(此中文譯本祇供參考之用，如有爭議，應以英文原文為準。)

Policyholder – A person to whom the Policy has been issued in respect of coverage for persons specifically identified as Insured in this Policy.

Physician, Registered Medical Practitioner, Surgeon or Doctor – A person (other than the Insured, a member of the Insured's immediate family or a person normally resident in the household of the Insured) a) qualified by degree in western medicine; b) duly licensed or registered to render services corresponding to his professional area and c) legally authorized to practise medicine in the geographical area in which a service is provided to the Insured.

Pre-existing Conditions – Disabilities which existed before the Period of Insurance in respect of an Insured, which presented signs or symptoms of which the Insured was aware or should reasonably have been aware.

Prescribed Medicines and Drugs – Medicines and drugs which may not be procured legally without the prescription of a Physician and which have been prescribed by the Physician specifically for the treatment of a covered Disability.

Renewals or Renewed Policy – A Policy which has been renewed without any lapse of time upon the expiry of a preceding Policy with similar content.

Sickness, Disease or Illness – A physical condition marked by a pathological deviation from the normal healthy state certified by a Physician, Registered Medical Practitioner, Surgeon, Doctor or Chinese Medicine Practitioner within the Panel Network during the Period of Insurance.

Specialist – A Physician who is a) registered in the Specialist Register of the Medical Council of Hong Kong or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for practising specialist care according to his qualified specialty in the locality where the treatment is provided to an Insured.

General Provisions

The Contract

This Policy is issued in consideration of the application and payment of premiums. The application for this Policy, any medical evidence, written statements and declarations furnished as evidence of insurability, and the Policy document constitute the entire contract.

All statements made by or for the Insured shall be considered representations and not warranties.

Alterations

No alterations in the terms and conditions and provisions of this Policy shall be valid unless signed by an officer so authorised by the Company. No Agent or other person has the authority to change or waive any provision of this Policy.

Ownership of Policy

Unless otherwise expressly provided, the Company shall treat the Policyholder designated in the Policy Schedule as the absolute owner of the Policy, and the Company shall not be bound to recognise any equitable or other interest of any other person in the Policy. The payment of any benefits hereunder to the Policyholder shall be considered full and effective discharge of the Company's obligations hereunder to the Policyholder and/or an Insured.

Notices to Company

All notices which the Company requires the Policyholder or any Insured to give must be in writing and shall be served or given to the Company either by leaving at or sending by prepaid post to the office address of the Company

保單持有人 – 保單繕發對象，此保單明確指出受保障的受保人。

內科醫生、註冊醫生、外科醫生或醫生 – a)具有西醫學位畢業; b)並在行醫區域內持有執照或已註冊行醫; c) 及在向受保人提供服務的地理區域內依法獲准行醫之人士。(受保人、受保人的直系家屬或與受保人同住之人士除外。)

受保前已存在之傷病 – 受保人在保險期限前已存在的傷病，其癥狀已為受保人知道或應合理知道。

處方藥物 – 沒有醫生處方不能合法獲取之藥物，而有關藥物特別由醫生處方用於治療受保之傷病。

續保或續保保單 – 未因先前保單期滿而沒有中斷之續保保單。

疾病 – 保險期限內經醫療護理網絡的內科醫生、註冊醫生、外科醫生、醫生或中醫師證實正常健康狀態因受到病理偏差之影響而表現出來的生理狀況。

專科醫生 – 任何a) 於香港醫務委員會之專科醫生名冊註冊或如涉及香港以外地區，於當地擁有同等地位的機構註冊；及b) 在受保人接受治療當地獲合法授權以其專科資格提供專科護理的醫生。

一般條款

保單合約

此保單乃根據所呈交之投保書及在收妥保費後簽發。整份保單合約是由有關之投保書，所呈報之任何健康狀況資料，證明適宜受保之書面陳述及聲明，及此保單文件所構成。

受保人或代表受保人所作出之一切陳述皆被視為申述，而非保證。

保單條款修訂

所有保單條款、條件及條文的修訂均須由本公司授權人簽署同意，方能生效。保險營業員或任何其他人士均無權修改或豁免此保單之任何條文。

保單所有權

若無特別聲明，本公司將視保單資料頁內指明之保單持有人為保單之絕對權益人。本公司無須受約束而承認保單中任何其他人士之衡平法的或其他權益。在根據此保單償付任何應付利益予保單持有人後，本公司即完全及有效地解除對保單持有人及/或受保人之承保責任。

呈報

本公司要求保單持有人或受保人提供之所有資料呈報須以書面形式並必須親身送達或已支付郵費用郵寄至本公司之營業地址。

(此中文譯本祇供參考之用，如有爭議，應以英文原文為準。)

Minimum and Maximum Ages

No person who has not as yet attained the age of 15 days or who has reached the age of 100 years shall be included for coverage under this Policy.

Territorial Scope of Cover

All benefits described in this Policy are applicable within the Hong Kong Special Administrative Region.

Cover for Child

All children under the age of 5 years must be accompanied by the parent(s)/guardian who is/are also insured under the same insurance policy.

Benefits Applicable to Each Accident or Sickness

The amounts of any benefits paid to an Insured for any specific Disability shall not reduce the amount of the benefit available to the Insured in respect to any other Disability, unless otherwise provided in this Policy.

Termination of Benefits

Unless renewed, the benefits under this Policy shall terminate at 00:00 hour (Hong Kong Time) on a policy anniversary date.

Currency of Payment

All amounts payable either to or by the Company shall be payable in the currency specified in the Policy Schedule. Should the payment of any benefit be requested by an Insured in a currency other than the currency stipulated in the Policy Schedule, such payment may be made at the Company's election at the selling rate of exchange for the alternative currency effective at the time the Company makes payment.

Change

The Company must be immediately notified by the Policyholder in the event of a change of address.

Cancellation

The Policyholder may cancel this Policy at any time by notifying the Company in writing together with the return of medical card by registered mail addressed to the Company and the Policy will be cancelled on the date the Company receives such written notification. If the Policy is cancelled by the Policyholder, no premium of the Policy year shall be refunded by the Company. The Company reserves the right to cancel the Policy at any time by giving a 30-day prior written notice.

If fraudulent means or devices are used by the Policyholder and/or the Insured and/or anyone acting on his/her behalf to obtain any benefits under the Policy, any and all rights provided hereunder shall be forfeited immediately.

Suits Against Third Parties

Nothing in this Policy shall render the Company liable to join, respond to or defend any suit for damages for any cause or reason which may be instituted by the Policyholder or an Insured against any Doctor or Hospital nominated under this Policy, including without limitation any such suit for neglect, malpractice or other causes in the treatment or examination of an Insured under the terms of this Policy.

Subrogation

The Company may at any time and at its own expense and without prejudice to the Policy institute proceedings in the name of the Policyholder and/or the Insured to obtain compensation or secure an indemnity from any third party in respect of any loss or Injury giving rise to the provision of the benefits provided hereunder.

Rights of Third Parties

Any person or entity who is not a party to this Policy shall have no rights under the Contract (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

年齡界限

出生未滿十五天或年滿一百歲之人士皆不在此保單保障之列。

承保區域範圍

此保單提述之所有保障適用於香港特別行政區內。

兒童保障

所有未滿五歲的兒童必須與父母/監護人以同一保單受保。

適用於個別意外或疾病之利益

若此保單並無特別聲明，賠償給受保人某一傷病之利益款項將不會減低受保人其他傷病之利益金額。

保障終結

除非已續保，否則此保單的保障將於保單週年日零時零分（香港時間）終結。

付款貨幣

支付予本公司或本公司支付之一切款項，均以保單資料頁內註明之貨幣為準。如受保人要求以保單資料頁所載以外之貨幣支付，該款額將按本公司在支付款項時所選的另一貨幣賣出價匯率予以折算。

變更

如受保人之地址有所變更，保單持有人必須立即通知本公司。

退保

保單持有人可隨時以掛號信形式連同醫療卡以書面通知本公司退保，本公司便會在收到此書面通知後終止保單。若由保單持有人提出退保，該保單年期的保費將不獲退還。本公司保留可隨時發出三十日之前之書面通知書終止保單的權利。

若保單持有人及/或受保人及/或任何以其身份行事之人士使用詐騙的手段或工具獲取此保單的利益，此保單任何及所有權益立即被撤消。

對第三者之訴訟

此保單中無任何條款可致使本公司有責任參與、回應或答辯保單持有人或受保人對此保單所指定之醫生或醫院由於任何原因或理由導致之損害所進行的訴訟，包括但不限於根據保單條款受保人在接受治療或檢查時因失職、治療不當或其他原因引起的訴訟。

代位

本公司可在任何時間及在不損害根據此保單之權益和自費，以保單持有人及/或受保人的名義就任何損失或受傷而引致此保單的利益之提供而提出訴訟，向第三者追討賠償或取得彌償。

第三者權利

任何不是本保單某一方的人士或實體，不能根據《合約（第三者權利）條例》（香港法例第 623 章）強制執行本保單的任何條款。

Laws

This Policy shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region.

Sanction Limitation and Exclusion Clause

It is hereby declared and agreed that notwithstanding anything to the contrary in this Policy:

- a) The Company may, on such notice in writing as the Company may decide, terminate this Policy at any time, whether with effect from inception of this Policy or otherwise, in circumstances where the Policyholder, the Insured or any person or entity connected with this Policy have exposed or may, in the Company's opinion, expose the Company to the risk of being or becoming subject to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company, or any other applicable economic or trade sanction laws or regulations. The Company shall not thereafter be required to transact any business with the Policyholder and/or the Insured and/or any person or entity connected with this Policy, including but not limited to making or receiving any payments under this Policy.
- b) Without prejudice to paragraph a) above, this Policy shall not be deemed to provide cover and the Company shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any, or any risk of, sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company, or any other applicable economic or trade sanction laws or regulations.

Premium Provisions

Payment of Premiums

The amount of premium payable is specified in the Policy Schedule or any endorsement attached hereto. All annual premiums are payable in advance and shall be paid before any coverage commences under this Policy.

Premium due dates, policy anniversaries and policy years are determined from the Policy Commencement Date as shown on the Policy Schedule. The first premium is due on the Policy Commencement Date.

Renewal Provisions

Renewal

The Policy, subject to the payment of premiums, shall be in force for one (1) policy year, such policy year commencing from the Policy Commencement Date and continuing to but not including the first anniversary of the Policy Commencement Date. At each policy anniversary, subject to the right of the Company to terminate this Policy, the Policyholder may renew the Policy for another policy year subject to the successful collection of premium at such rate or on such terms as the Company may determine depending on the benefits and the scope of coverage at the time of each renewal. Any renewal of this Policy shall be at the absolute discretion of the Company.

Notwithstanding anything to the contrary in this Policy, the Company has the right (i) to suspend or cease offering the "All-in-one Outpatient Insurance"; and (ii) to revise the benefits, premiums, terms and conditions, and to make changes to this Policy.

Medical Card will be issued after 7 days of the date of receipt of premium due.

Benefit Changes

There shall be no change of benefit within the policy year except at each anniversary of the Policy and unless otherwise agreed by the Company.

Panel Network

The Panel Network listed in the 'Network Directory' may change from time to time at the Company's absolute discretion. The Company does not guarantee provision of services by a particular Panel Network listed on the 'Network Directory'.

The Panel Network is not an employee nor agent of the Company. The Panel Network shall provide the medical services to the Insured in their own professional capacities and competence. The Company assumes no responsibility for any professional negligence or otherwise in relation to the provision of medical services by the Panel Network to the Insured.

The Company shall not be liable for the failure or refusal of the Panel Network to make available any services to the Insured. The Panel Network shall be solely responsible for any services, treatment, advice, prescription, medication, products and/or goods supplied or provided by him/her to the Insured and the Company assumes no responsibility for the same.

The Panel Network has the right to impose extra charges on medical services provided to the Insured.

法律

此保單受香港特別行政區之法律規管並按其詮釋。

制裁限制及不保條款

特此聲明並同意，儘管本保單中有任何相反的規定：

(1) 如果保單持有人、受保人或其他與本保單有關的任何個人或實體令本公司面臨受到或即將受到根據聯合國決議或歐盟、英國、美國或任何適用於本公司的司法管轄區的貿易或經濟制裁、法律或法規或任何其他適用的經濟或貿易制裁法律或法規下的任何制裁、禁制或限制的風險或（本公司認為）可能令本公司面臨受到或即將受到任何前述的制裁、禁制或限制的風險，則本公司可在發出由本公司決定的書面通知時或後隨時終止本保單（無論是否自本保單生效日起計）。此後，本公司無需再與保單持有人及/或受保人及/或其他與本保單有關的任何個人或實體進行任何業務往來，包括但不限於根據本保單支付或收取任何款項。

(2) 在不影響上文第(1)段的前提下，如果提供保險、支付賠償或提供保障令本公司面臨受到聯合國決議或歐盟、英國、美國或任何適用於本公司的司法管轄區的貿易或經濟制裁、法律或法規或任何其他適用的經濟或貿易制裁法律或法規下的任何制裁、禁制或限制，或令本公司面臨受到任何前述的制裁、禁制或限制的風險，則本保單不應被視為提供保險，而本公司亦無責任支付任何賠償或提供任何保障。

保費條文

保費繳付方法

保單資料頁或隨附之任何批註列明應支付之保費金額。所有年度保費應預先支付，並須在此保單之任何保障生效前支付。

保費到期日、保單週年及保單年期均自保單資料頁所載明之保單生效日起計算。保單生效日期為首期保費繳付日。

續保條文

保單續保

在繳付保費後，此保單有效期為一個保單年期，此保單年期是自保單生效日期起開始，直至但不包括第一個保單生效日期週年日。在每個保單週年日，受本公司享有終止本保單權利之前提下，保單持有人可按本公司因應每次續保時所提供的利益及保障範圍而釐定的保費及施加的條款續保一年。本公司有絕對酌情權決定此保單是否續保。

儘管本保單有任何相反規定，本公司有權(i)中止或停止發售本「一站式門診醫療寶」及(ii)修改本保單之保障、保費、條款及細則，以及對本保單作出更改。

醫療卡將於收妥應繳保費後七日發出。

更改利益

除在保單周年日及本公司同意外，不得在保單年內更改利益。

醫療護理網絡

列載於「網絡指南」的醫療護理網絡可在本公司絕對決定權下不時更改。本公司不保證「網絡指南」上的個別醫療護理網絡提供服務。

醫療護理網絡並非本公司之僱員或代理。醫療護理網絡以其專業的身份及能力向受保人提供醫療服務。本公司對任何醫療護理網絡對受保人專業失職或任何與提供醫療服務相關的問題概不負責。

本公司對醫療護理網絡無法或拒絕向受保人提供任何服務概不負責。醫療護理網絡對其向受保人供應或提供之任何服務、治療、建議、處方、藥物、產品及/或商品單獨負上全責，本公司概不負責。

醫療護理網絡有權徵收額外醫療服務費。

Medical Card Provisions

Use of Medical Card

1. The Company shall issue a medical card to the Insured upon the issuance of this Policy.
2. Subject to the terms and conditions of this Policy, the Insured shall (i) make an appointment with the Panel Network in advance; (ii) present the medical card for verification and registration; and (iii) settle any Co-payment and charges for any services not covered within the Schedule of Benefits directly with the Panel Network.
3. The Insured must present the medical card and his/her HKID card to the Panel Network for identification at the time of medical services before consultation. Use of the medical card constitutes the acceptance of its terms and conditions. No medical service will be provided if the medical card is not presented on the date of treatment.
4. The medical card shall remain the property of the Company and is not transferable. The Insured shall assume full responsibility for any improper use of the medical card.
5. Upon Policy termination, the Policyholder and the cardholder(s) shall stop using the medical card(s). Otherwise, the Policyholder and the cardholder(s) shall be liable for any amount incurred by unreturned medical card(s).
6. In the event of theft, loss or damage of the medical card, the Insured must report this to the Company. For the replacement of each card, HK\$30 will be charged.
7. The Company reserves the rights to make necessary amendments of the regulations as required anytime.
8. The Company does not interfere with the provision of medical services whether directly or indirectly, and is not liable for and cannot guarantee any medical decisions, results, or outcomes. The Physicians, Registered Medical Practitioners, Surgeons, Doctors, Chinese Medicine Practitioners, or other health care providers within the Panel Network are independent contractors in private practice and they are neither employees nor agents of the Company.
9. The Policyholder and the Insured(s)' use of the medical card for receiving medical services from the Panel Network shall constitute the Policyholder and the Insured(s)' agreement to forfeit immediately the "Cooling-Off/Cancellation Right and Refund of Premium(s)" set forth in the Policy.

Condition Precedent to Company Liability

The truth of any statement or declaration made by an Insured or the Policyholder and the due observance and fulfilment of the terms and conditions of the Policy insofar as they relate to anything to be done or complied with by an Insured or the Policyholder shall be a condition precedent to the liability of the Company to pay any claim hereunder.

Arbitration

Any disputes or differences arising out of or in connection with this Policy shall be referred to and determined by arbitration in accordance with Arbitration Ordinance (Cap.609 of the Laws of Hong Kong). If the parties hereto fail to agree upon the choice of an arbitrator, the Chairperson of the Hong Kong International Arbitration Centre shall appoint one. It is expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall have been first obtained. If the Company disclaims liability for any claim under this Policy and such claim has not been referred by the Policyholder and/or the Insured to arbitration within twelve calendar months from the date of such disclaimer then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

醫療卡條文

使用醫療卡

1. 本公司在簽發此保單時將向受保人發放醫療卡。
2. 受限於此保單之條款及條件，受保人需(i)先與醫療護理網絡預約，(ii)出示醫療卡核實身份及登記，及(iii)直接向醫療護理網絡繳交自付費用和沒有在保單保障利益表列明之服務之費用。
3. 受保人在接受醫療服務前須向醫療護理網絡出示醫療卡及身份證，以識別身份。使用醫療卡即表示受保人接受其條款及條件。如在接受治療當日不出示醫療卡，將不獲提供醫療服務。
4. 醫療卡應視為本公司的財產，不得轉讓。受保人應對任何不當使用醫療卡的行為負上全責。
5. 一旦保單失效，保單持有人及卡主應停止使用所有醫療卡。否則保單持有人及卡主須就未退還醫療卡而招致的任何款項負責。
6. 如醫療卡被盜、遺失或破損，受保人必須向本公司匯報。每張新卡收費為港幣30元。
7. 本公司保留在有需要時隨時對規例作出需要修改的權利。
8. 本公司不直接或間接干預所提供的醫療服務，並不負責及保證任何醫療決定、判病結果或後果。本醫療護理網絡內的內科醫生、註冊醫生、外科醫生、醫生、中醫師或其他健康護理者是私營的獨立承辦商，並非本公司的僱員或代理。
9. 保單持有人及受保人使用醫療卡取得醫療護理網絡提供的醫療服務，即表示其同意立即放棄本保單內列明的「冷靜期/退保權利及退還保費」。

公司責任之先決條件

受保人或保單持有人所作之任何陳述或聲明的真確性，及受保人或保單持有人充分履行及遵守須完成或遵守的任何本保單之條款及條件，將是本公司履行賠償責任的先決條件。

仲裁

由本保單引致的所有糾紛或爭議，均須根據《仲裁條例》（香港法例第 609 章）進行仲裁。若雙方未能就仲裁員的選擇達成協議，則由香港國際仲裁中心當時的主席指派一位仲裁員。明文規定，任何就此保單採取行動或作出訴訟之權利，其先決條件為必須已獲得仲裁裁判。若本公司拒絕就本保單之索償作出賠償，而該項索償並未於拒絕賠償日期起計 12 個月內由保單持有人及／或受保人交付仲裁，則該項索償就各方面而言將被視作放棄論，且日後不能再提出索償。。

(此中文譯本祇供參考之用，如有爭議，應以英文原文為準。)

Exclusions

Unless expressly included in a Schedule to the Policy or any Endorsement to this Policy, the Company shall not cover the medical care, treatments, medications, items, sickness, activities and their related or consequential expenses incurred as result of :-

1. Care or treatment for which payment is not required or payment has been made by any other insurance or indemnity covering the Insured.
2. Congenital Conditions.
3. Pre-existing Conditions.
4. Long-term repeated medication that exceeds 3-day treatment. No medication will be provided for chronic disease treatments including but not limited to:
 - i) Acquired Immunisation Deficiency Syndrome (AIDS)
 - ii) Alzheimer's Disease
 - iii) Cancer
 - iv) Chronic Bronchitis
 - v) Chronic Eczema
 - vi) Chronic Hepatitis
 - vii) Coronary Heart Disease, Heart Disease and Heart Failure
 - viii) Diabetes Mellitus
 - ix) Hyperlipoidema and Hypercholesterolaemia
 - x) Hypertension, Hyperthyroidism, Hypothyroidism, Migraine, Onychomycosis, Parkinson's Disease, Psoriasis, Renal Failure, Osteoporosis, Chronic Arthritis and Systemic Lupus Erythematosus.
5. Any treatment for infectious diseases such as sexually transmitted diseases, and treatment of human immunodeficiency virus, venereal diseases, AIDS or AIDS-related complications and tuberculosis.
6. Intentional self-inflicted injury or attempted suicide, while sane or insane.
7. Disability arising out of excessive consumption of alcohol or narcotics or similar drugs or agents unless they had been prescribed by a Physician for treatment of a covered Disability.
8. Vaccinations, immunisations and any preventive treatment. Routine physical examinations, health check-ups or tests not recommended and referred by the Network Doctors.
9. Cosmetic medical services e.g. Acne and Alopecia or plastic surgery for the purpose of beautification, eye refractions or eyesight test, hearing aids and prosthetic limbs.
10. Pregnancy, childbirth (including surgical delivery), miscarriage, abortion and prenatal or post-natal care. Conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or the reversal of birth control or treatment pertaining to infertility.
11. Female hormonal tests or assays and female hormonal replacement therapy (unless resulting from a disease).
12. War or any act of war, declared or undeclared, or active duty in the military, naval or air forces of any country or international authority.
13. Dental care and treatment.

不保事項

除保單利益表或本保單下之任何批註明確列明外，本公司概不支付因下列事項所引致的醫療護理、治療、藥物治療、項目、疾病、活動及其相關或連帶的費用：

1. 毋需支付之費用或費用已由受保人的其他保險或賠償保障支付之護理或治療。
2. 先天性疾患。
3. 受保前已存在之傷病。
4. 長期重複進行的藥物治療，而療程超過三天。藥物治療保障將不適用於慢性疾病，包括但不限於下列各項：
 - i) 後天免疫力缺乏症（愛滋病）
 - ii) 老人癡呆症
 - iii) 癌症
 - iv) 慢性支氣管炎
 - v) 慢性濕疹
 - vi) 慢性肝炎
 - vii) 冠心病、心臟病及心臟衰竭
 - viii) 糖尿病
 - ix) 高血脂及高膽固醇血症
 - x) 高血壓、甲狀腺功能亢進、甲狀腺功能衰退、偏頭痛、甲癬、柏金遜症、牛皮癬、腎 衰竭、骨質疏鬆、慢性關節炎及系統性紅斑狼瘡。
5. 傳染性疾病，例如：經由性接觸傳染的疾病，以及治療免疫力缺乏症病毒、性病、愛滋病或與愛滋病有關的併發症和肺結核。
6. 蓄意自我毀傷或企圖自殺，不論當時神志是否清醒。
7. 過量服用酒精或毒品或類似藥物或藥劑引起的傷病，惟由醫生處方用於治療受保傷病的藥物除外。
8. 接種疫苗、防疫注射及任何預防治療。非由網絡醫生建議或轉介接受的例行身體檢查、健康檢查或檢驗。
9. 為美容目的而進行的醫療服務，例如：暗瘡和禿頭、整容或整型手術、眼球屈光或視力測試、助聽器及義肢。
10. 懷孕、分娩（包括手術分娩）、流產、墮胎及產前檢查或產後護理。因避孕手術、使用避孕器或避孕藥，或恢復受孕，或治療不育所引致的事故。
11. 女性賀爾蒙檢驗或化驗，及女性賀爾蒙取代療法（因疾病引致除外）。
12. 戰爭或任何軍事行動（包括已宣戰或未宣戰），或在任何國家或國際權力機構之海、陸、空部隊中服役。
13. 牙科護理及治療。

(此中文譯本祇供參考之用，如有爭議，應以英文原文為準。)

14. Psychotic, psychological, mental or nervous disorders, and any physiological or psychosomatic manifestations thereof.
15. Accidents, which arises directly or indirectly from any hazardous or professional sports.
16. Specialised X-rays including but not limited to x-ray with contrast medium and mammogram, x-ray involving CAT scanning, computerized scanning, MRI and investigations or treatments involving radioactive isotopes. Specialised investigations including but not limited to ultrasound examination, echocardiogram, endoscopy and treadmill ECG.
17. Any form of treatment not presently or universally available but which may become available subsequent to the contract and which may be highly expensive, for examples, medication for AIDS, medication costs for specific anti-viral agents, including interferon and anti-cancer.
18. Medication on request including but not limited to holiday supply for visiting a malarial area.
19. Tonic and nutrient herbs including but not limited to Bird's Nest, Ginseng and Lingzhi. Pre-package commercial health supplement, Tonic, appetite stimulants, depressants and any treatment or medication for weight control.
20. Any clinical procedures that were not listed in the Schedule of Benefits or those to be performed in a hospital.
21. Any Clinical Procedures conducted within the first thirty (30) days of the first Period of Insurance.
22. Expert Consultation including but not limited to bonesetting, acupuncture, body and foot message, ear reflexology, moxibustion, cupping and scraping.
23. Any treatment and/or medication prescribed during the cooling off period if the Insured decides not to take this Policy.
24. Any treatment not undertaken by the Network Doctors or Centres.

14. 精神、心理或神經錯亂，以及其引致的任何生理或心身現象。
15. 因危險或職業運動直接或間接造成的意外。
16. 專科X光檢查，包括但不限於乳房X光照片及X光造影、涉及電腦斷層掃描的X光檢查、電腦掃描、磁力共振掃描及利用放射性同位素的檢查或治療。專科檢驗，包括但不限於超聲波檢查、超聲波心動圖、內窺鏡檢查及運動心電圖。
17. 現時或普遍並無供應，但可能在合約訂立後推出的任何昂貴治療方式，例如治療愛滋病的藥物、個別抗病毒媒體如干擾素及抗癌藥物等治療費用。
18. 特別要求接受的藥物治療，包括但不限於前往瘧疾地區旅遊所須的藥物。
19. 所有補藥及營養草藥，包括但不限於燕窩、人參及靈芝。預先包裝售賣的健康補充劑、提神藥物、開胃劑、鎮靜劑及任何控制體重的治療或藥物。
20. 任何未有列明的門診手術或於醫院進行的手術。
21. 保險期限開始的首三十天內進行的門診手術。
22. 專業諮詢，包括但不限於跌打、針灸、身體及足部按摩、耳針、艾灸、拔火罐及刮痧。
23. 如受保人決定不接受此保單，在冷靜期處方的治療及／或藥物。
24. 非由網絡醫生或中心提供的任何治療。

(此中文譯本祇供參考之用，如有爭議，應以英文原文為準。)