

亚太财产保险有限公司 全球保个人与家庭医疗保险 (2017版) : 保障一览表

本保障一览表仅供参考。详情请参阅保险合同条款。

保障	尊安	尊乐	尊爱	尊享
年度最高保障限额	18,500,000人民币	22,000,000人民币	25,000,000人民币	28,000,000人民币
1. 医院收费、医生和专科医生费用				
a) 医院对住院或日间留院治疗的患者收取的费用包括：床位费（一般病房/双人病房或私人病房）；诊断检测费用；手术室费用（含外科医生与麻醉师收费）；合格护士护理的费用；由医生或专科医生开具的药物和敷料的费用；手术期间医生使用的手术器械费用；住院或日间留院期间手术前后的咨询费；重症监护费用。	▶ a) 全额赔偿 上述保障需要预先获得书面同意 ☞	▶ a) 全额赔偿 上述保障需要预先获得书面同意 ☞	▶ a) 全额赔偿 上述保障需要预先获得书面同意 ☞	▶ a) 全额赔偿 上述保障需要预先获得书面同意 ☞
b) 辅助器材费用：属于保障范围内并因治疗所需，在住院或日间留院接受治疗的6个月内，用于购买及租赁拐杖、支撑架、辅助行走器和自推式非电子轮椅的费用。	▶ b) 每个医疗状况最高限额6,300人民币	▶ b) 每个医疗状况最高限额6,300人民币	▶ b) 每个医疗状况最高限额9,450人民币	▶ b) 每个医疗状况最高限额12,600人民币
2. 诊断程序				
保险人应赔付由医疗必需而引致的实际医疗费用，包括：磁共振成像扫描(MRI)、正电子放射断层扫描(PET)和计算机断层成像扫描(CT)的费用。	▶ 住院、日间留院或门诊全额赔偿 正电子放射断层扫描(PET)需要预先获得书面同意 ☞	▶ 住院、日间留院或门诊全额赔偿 正电子放射断层扫描(PET)需要预先获得书面同意 ☞	▶ 住院、日间留院或门诊全额赔偿 正电子放射断层扫描(PET)需要预先获得书面同意 ☞	▶ 住院、日间留院或门诊全额赔偿 正电子放射断层扫描(PET)需要预先获得书面同意 ☞
3. 紧急救护运送费用				
保险人应赔付陆上紧急救护交通运输工具接送或在医院之间转送途中，或经医生或专科医生认为医疗必需的交通运输工具实际产生的费用。	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿
4. 家长住宿费用				
保险人应赔付18周岁以下的被保险人因接受符合保障范围内的住院治疗时，其一位家长在医院陪伴过夜而实际产生的住宿费用。	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿
5. 新生儿保障				
保险人应赔付被保险人的新生儿因早产(即妊娠未满37周分娩)或被保险人的新生儿在出生30日内出现急性的病症而需住院接受治疗时发生的实际医疗费用。 此保障提供的前提是新生儿在出生之日起30日内已经加入本保单并且投保人支付保费。 此保障经投保人和保险人双方同意可适用于多胎分娩的情况。	▶ 每个保险期内最高限额630,000人民币	▶ 每个保险期内最高限额630,000人民币	▶ 每个保险期内最高限额780,000人民币	▶ 每个保险期内最高限额940,000人民币
6. 新生儿陪伴母亲的医院住宿费用				
保险人应赔付新生儿(出生16周及以下)在陪伴母亲(母亲为被保险人)接受住院治疗符合保障范围内的疾病时，医院为新生儿提供住宿而产生的实际费用。	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿
7. 整形外科手术				
保险人应赔付被保险人接受整形外科手术的实际医疗费用，此整形外科手术是为了恢复正常人体的功能或外貌，同时此整形外科手术是因被保险人在保单生效日或批单签发日(二者以后发生日为准)之后遭遇符合本保险合同保障范围的意外事故或因接受符合本保险合同保障范围内的疾病而接受了外科手术后产生。	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿

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<p>8. 紧急住院牙科治疗</p> <p>被保险人因遭遇意外事故后而必须住院一晚以上，其天然健全的牙齿因需进行紧急牙科修复治疗，保险人应按实际发生的医疗费用赔付给被保险人。</p> <p>该牙科治疗必须在意外事故发生后的10日内进行。此保障包括因意外的外部撞击造成的口腔伤害而须接受治疗时产生的所有费用，但同时应满足以下条件：</p> <p>a. 如果上述治疗涉及更换齿冠、牙桥贴片、牙齿贴面或假牙，则保险人赔付合理惯常的费用，或赔付类似的或质量相当的更换费用；</p> <p>b. 如果临床角度上需要植牙，那么保险人赔付采用桥托产生的费用；</p> <p>c. 受伤时如佩戴假牙，假牙损坏。</p>	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿
<p>9. 住院精神疾病治疗</p> <p>被保险人在保险人认可的医院的精神科接受住院治疗的情况，保险人应赔付被保险人实际产生的相关医疗费用。所有治疗必须在具有法定资质的精神病医生的直接管理下进行。</p>	▶ 每个保险期内全额赔偿 最长期限为30日 上述保障需要预先获得书面同意 ☞	▶ 每个保险期内全额赔偿 最长期限为30日 上述保障需要预先获得书面同意 ☞	▶ 每个保险期内全额赔偿 最长期限为30日 上述保障需要预先获得书面同意 ☞	▶ 每个保险期内全额赔偿 最长期限为30日 上述保障需要预先获得书面同意 ☞
<p>10. 终末期疾病 — 姑息治疗和临终关怀</p> <p>保险人应赔付因姑息治疗与临终关怀而实际产生的医疗费用。即自被保险人被诊断为终末期疾病起，医生或专科医生以暂时缓解症状为目的开立医嘱，而根据该医嘱提供任何住院、日间留院或门诊治疗时产生的费用。保险人应赔付有关医院或临终关怀的住宿、合格护士护理，以及医嘱药物和敷料的费用。</p>	▶ 住院和日间留院治疗 终生最高限额为310,000人民币	▶ 终生最高限额为310,000人民币	▶ 终生最高限额为470,000人民币	▶ 终生最高限额为630,000人民币
<p>11. 美国境内的紧急非选择性治疗 — 在不超过30日(含30日)的计划行程</p> <p>被保险人若在美国境内遇到意外事故或因某种突发性医疗状况而形成对被保险人的健康构成威胁的突发危重疾病，而且其在上述紧急事件之后的24小时内接受医生或专科医生提供的治疗，则保险人应赔付该期间实际产生的医疗费用。</p> <p>但须特别注意的是，此类保障不包括正常生育及怀孕和分娩期间出现的医疗状况有关费用。</p>	▶ 意外：意外后的住院和日间留院治疗全额赔偿 ▶ 疾病：住院和日间留院护理 每个保险期内最高限额150,000人民币 医院急诊部之门诊治疗：每个保险期内最高限额 3,150人民币	▶ 意外：意外后的住院和日间留院治疗全额赔偿 ▶ 疾病：住院和日间留院护理 每个保险期内最高限额150,000人民币 医院急诊部之门诊治疗：每个保险期内最高限额 3,150人民币	▶ 意外：意外后的住院和日间留院治疗全额赔偿 ▶ 疾病：住院和日间留院护理 每个保险期内最高限额220,000人民币 医院急诊部之门诊治疗：每个保险期内最高限额 3,150人民币	▶ 意外：意外后的住院和日间留院治疗全额赔偿 ▶ 疾病：住院和日间留院护理 每个保险期内最高限额310,000人民币 医院急诊部之门诊治疗：每个保险期内最高限额 3,150人民币
<p>12. 住院现金津贴</p> <p>被保险人在次日零时前住院接受治疗，未产生任何费用，并且该治疗为本保险合同保障范围内。保险人应赔付被保险人在医院接受治疗期间每一晚的现金住院津贴。</p> <p>该保障仅限于每个保险期内累计最长不超过30晚(含30晚)。</p> <p>责任免除6.8条款并不适用于此保障。</p>	▶ 每晚最高限额630人民币	▶ 每晚最高限额945人民币	▶ 每晚最高限额1,260人民币	▶ 每晚最高限额1,575人民币
<p>13. 艾滋病</p> <p>被保险人因有证明的工作意外事故*或输血**而感染人类免疫缺陷病毒(HIV)和/或人类免疫缺陷病毒HIV相关疾病，包括获得性免疫缺陷综合征(AIDS)或艾滋病相关综合征(ARCS)和/或上述疾病的任何突变病症或变种，保险人应赔付与之相关或由其引起的实际医疗费用。赔付费用仅限于与诊断前后咨询、针对性例行检查、药物和敷料(试验性或未经审批的除外)、医院住宿及护理相关的费用。</p> <p>* 对于急诊室服务人员、从事医疗职业或牙科的人员、实验室助理、药剂师或医疗机构服务人员，须出示证明证实其在执行本职工作任务时意外感染上人类免疫缺陷病毒(HIV)；保单生效日或批单签发日(二者以后发生日为准)起的三年后感染上人类免疫缺陷病毒(HIV)；根据被保险人职业对应的正常程序，导致自身感染上人类免疫缺陷病毒(HIV)的工作事故已上报，并经调查及备案；感染后的五日内接受了检查，结果显示体内没有人类免疫缺陷病毒(HIV)或人类免疫缺陷病毒抗体(HIV 抗体)；上报职业意外事故后的12个月内进行了人类免疫缺陷病毒(HIV)呈阳性测试。</p> <p>** 适用前提是在住院期间进行的医疗上必需的输血治疗。</p> <p>等待期：该保障提供仅限于被保险人已连续投保三年或以上。</p>	▶ 住院及日间留院治疗最高限额150,000人民币 上述保障需要预先获得书面同意 ☞	▶ 每个保险期内最高限额150,000人民币 上述保障需要预先获得书面同意 ☞	▶ 每个保险期内最高限额250,000人民币 上述保障需要预先获得书面同意 ☞	▶ 每个保险期内最高限额310,000人民币 上述保障需要预先获得书面同意 ☞

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<p>14. 器官移植</p> <p>a) 被保险人是器官受赠人时，有关肾脏、胰脏、肝脏、心脏、肺、骨髓、角膜或心及肺的人体器官移植治疗时产生的医疗费用。 当器官移植是由先天性疾病导致时，相关医疗费用应当依照本合同第五条项下第26款(先天性疾病)进行赔付，此时本合同第五条项下第14款(器官移植)对于相关费用一概不予赔付。</p> <p>b) 器官捐献者在住院或日间留院期间的相关医疗费用，但寻找器官捐献者的费用除外。保险人仅赔付满足以下条件的器官移植：在国际认可的医院并由获得认证的外科医生执行器官移植；并根据 WHO 指南获取的器官。</p>	<p>▶ a) 全额赔偿</p> <p>▶ b) 每个保险期内最高限额310,000人民币</p>	<p>▶ a) 全额赔偿</p> <p>▶ b) 每个保险期内最高限额310,000人民币</p>	<p>▶ a) 全额赔偿</p> <p>▶ b) 每个保险期内最高限额310,000人民币</p>	<p>▶ a) 全额赔偿</p> <p>▶ b) 每个保险期内最高限额310,000人民币</p>
<p>15. 癌症治疗</p> <p>保险人应赔付因癌症而须住院、日间留院或门诊治疗时实际产生的医疗费用。此保障包括从诊断之时起，包括肿瘤科医生的费用、手术费用，放射疗法和化学疗法的单项或综合费用。</p>	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿
<p>16. 怀孕和分娩期间出现的医疗状况</p> <p>保险人应赔付产前期间因保障范围内的医疗状况所产生的实际住院治疗费用；或分娩期间因保障范围内的医疗状况所产生的实际住院治疗费用。上述医疗状况包括以下情形：</p> <ul style="list-style-type: none"> • 宫外孕（胚胎在子宫以外的部位着床发育）； • 葡萄胎（异常细胞在子宫内生长）； • 胎盘滞留（胚胎滞留在子宫内）； • 前置胎盘； • 子痫（怀孕期间发生在先兆子痫之后的昏迷或抽搐）； • 糖尿病（如果被保险人因自身与糖尿病有关的既往病史而有相应的责任免除，则被保险人不会因怀孕期间进行的任何糖尿病治疗而获得赔偿）； • 产后出血（分娩后多个小时及多日大出血）； • 需要即时接受外科治疗的流产； • 产程进展不良。 <p>本保障不包括医疗上必需的和/或紧急剖腹产的费用。</p>	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿
<p>17. 转运和送返</p> <p>a) 转运</p> <p>保险人安排患有符合保障范围内的危重被保险人运送到最近的医疗机构进行住院或日间留院治疗。赔付如下合理费用：</p> <p>i) 在被保险人须接受紧急治疗而事故发生地无法提供医疗上必需的救护接送与护理的情况下，运送被保险人时产生的交通费用。其中包括一名随行照料人员陪护行程中的经济舱机票。</p> <p>ii) 被保险人在接受日间留院治疗期间，往返医院就诊时的当地合理交通费用。</p> <p>iii) 被保险人入院后随行照料人员由于看望被保险人往返医院时产生的合理交通费用。</p> <p>iv) 仅限住院前或出院后短期内，被保险人接受专科医生护理时的合理非医院住宿费用。</p> <p>在保险人认可的滑雪场或类似的冬季运动场所范围之外，进行任何海空营救或山地救援时产生的转运费用一概不予赔付。</p> <p>保险人的医学顾问将决定转运时的最合适的交通方式。如违背保险人医学顾问的意见，保险人不赔付交通费用。另外，如果被保险人前住的医院不具备合适医疗设施用以治疗被保险人之符合保障范围的医疗情况，则相关的交通费用将不予赔付。</p> <p>b) 送返</p> <p>经由医疗上必需且由保险人安排的转运之后，在被保险人完成治疗后的一个月，被保险人与被保险人的一位随行照料人员将可获安排经济舱机票安排返回治疗地、或被保险人的国籍国或居住国。</p> <p>此类保障不适用于正常怀孕及分娩有关费用，但保险合同第五条项下第16款（即怀孕和分娩期间的医疗状况）除外。</p>	<p>该保障需要预先获得书面同意 ☞</p> <p>▶ i) 全额赔偿</p> <p>▶ ii) 全额赔偿</p> <p>▶ iii) 全额赔偿</p> <p>▶ iv) 每日最高限额1,200人民币 每人每次转运最高限额47,000人民币</p> <p>该保障需要预先获得书面同意 ☞</p> <p>▶ 全额赔偿</p>	<p>该保障需要预先获得书面同意 ☞</p> <p>▶ i) 全额赔偿</p> <p>▶ ii) 全额赔偿</p> <p>▶ iii) 全额赔偿</p> <p>▶ iv) 每日最高限额1,200人民币 每人每次转运最高限额47,000人民币</p> <p>该保障需要预先获得书面同意 ☞</p> <p>▶ 全额赔偿</p>	<p>该保障需要预先获得书面同意 ☞</p> <p>▶ i) 全额赔偿</p> <p>▶ ii) 全额赔偿</p> <p>▶ iii) 全额赔偿</p> <p>▶ iv) 每日最高限额1,200人民币 每人每次转运最高限额47,000人民币</p> <p>该保障需要预先获得书面同意 ☞</p> <p>▶ 全额赔偿</p>	<p>该保障需要预先获得书面同意 ☞</p> <p>▶ i) 全额赔偿</p> <p>▶ ii) 全额赔偿</p> <p>▶ iii) 全额赔偿</p> <p>▶ iv) 每日最高限额1,800人民币 每人每次转运最高限额63,000人民币</p> <p>该保障需要预先获得书面同意 ☞</p> <p>▶ 全额赔偿</p>

保障	尊安	尊乐	尊爱	尊享
18. 遗体运送 保险人应赔付被保险人因保障范围内的医疗状况导致死亡时产生以下合理和惯常的费用： <ul style="list-style-type: none"> a) 将被保险人遗体或骨灰运往其国籍国或居住国时的费用，或 b) 在被保险人死亡所在地，根据合理的惯例进行土葬或火葬时产生的费用。 	该保障需要预先获得书面同意  a) 全额赔偿 b) 最高限额 63,000人民币	该保障需要预先获得书面同意  a) 全额赔偿 b) 最高限额 63,000人民币	该保障需要预先获得书面同意  a) 全额赔偿 b) 最高限额 94,000人民币	该保障需要预先获得书面同意  a) 全额赔偿 b) 最高限额 126,000人民币
19. 日间留院和门诊手术 保险人应赔付被保险人在外科诊所、医院、日间护理中心或门诊部进行的外科手术时实际产生的治疗费用。 手术前后的任何咨询就诊费用将根据保险合同第五条项下第20款(门诊医生费用)进行赔付。	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿
20. 门诊医生费用 a) 包含咨询费在内的医生收费；专科医生费用；诊断检查费用；处方药和敷料的费用。 b) 医生或专科医生推荐的并由获得执业许可的物理治疗师提供的物理治疗费用。	a) 每个保险期内的门诊医生费用，包括手术前的咨询及诊断程序的费用，从入院前的15日至出院后的门诊费用，最长30日，综合最高总限额 12,600人民币 b) 不予承保	a) 全额赔偿 b) 每个保险期内最高20次全额赔偿 在10次物理治疗后，需要预先获得授权 	a) 全额赔偿 b) 每个保险期内最高25次全额赔偿 在10次物理治疗后，每10次治疗需要预先获得授权 	a) 全额赔偿 b) 每个保险期内最高30次全额赔偿 在10次物理治疗后，每10次治疗需要预先获得授权 
21. 门诊精神疾病治疗 由医生或专科医生推荐，并在具有法定资质的精神病医生的直接管理下，被保险人接受的门诊治疗。	▶ 不予承保	▶ 每个保险期内最高限额 15,000人民币	▶ 每个保险期内最高限额 31,000人民币	▶ 每个保险期内最高限额 47,000人民币
22. 替代疗法 由医生或专科医生推荐，被保险人接受理疗师的辅助药物和治疗，保险人应赔付实际产生的有关医疗费用。 此类赔偿可包括整骨疗法、整脊治疗、顺势疗法、饮食疗法和针灸疗法的费用。 但保险人不赔付一般手足病治疗或足病治疗的费用。 门诊每次就诊免赔额并不适用于此保障。	▶ 不予承保	▶ 每个保险期内最高达15次，每次最高限额 315人民币	▶ 每个保险期内最高达15次，每次最高限额 630人民币	▶ 每个保险期内最高达15次，每次最高限额 945人民币
23. 中医治疗和阿育吠陀治疗 保险人应赔付中医执业医师或阿育吠陀医学执业医师对被保险人进行门诊治疗时实际产生的医疗费用。 门诊每次就诊免赔额并不适用于此保障。	▶ 不予承保	▶ 每个保险期内最高限额 4,700人民币	▶ 每个保险期内最高限额 7,800人民币	▶ 每个保险期内最高限额 12,600人民币
24. 家居护理 a) 由医生或专科医生推荐，在被保险人接受住院或日间留院治疗后，由合格护士在被保险人家中提供护理的费用。 此保障必须预先获得保险人书面同意。 b) 在出现紧急出诊要求的情况下，全科医生在正常门诊时间之外的出诊费用。	a) 每日最高限额为630人民币，每个保险期内最高达30日 此保障需要预先获得书面同意  b) 不予承保	a) 全额赔偿最高达45日 此保障需要预先获得书面同意  b) 不予承保	a) 全额赔偿最高达60日 此保障需要预先获得书面同意  b) 不予承保	a) 全额赔偿最高达120日 此保障需要预先获得书面同意  b) 最高达五次
25. 康复治疗 专科医生针对被保险人所患疾病进行治疗时，推荐被保险人接受保险人认可的医院康复中心接受住院康复治疗，保险人应赔付此种情况下实际产生的康复治疗费用。但必须：被保险人连续三日住院；专科医生书面确认被保险人此时有必要接受康复治疗。 应在出院后14日内办妥康复中心住院手续。 上述治疗应接受专科医生的直接监管，并赔付如下费用： <ul style="list-style-type: none"> a) 专项治疗病房的使用费； b) 物理治疗费用； c) 语言治疗费用； d) 职业病治疗费用。 	▶ 每个医疗状况的符合条件住院治疗全额赔偿最高达30日	▶ 每个医疗状况全额赔偿最高达180日	▶ 全额赔偿	▶ 全额赔偿

保障	尊安	尊乐	尊爱	尊享
<p>26. 先天性疾病 保险人应赔付被保险人因先天性疾病进行住院治疗时实际产生的医疗费用。若新生儿婴儿出生30日内因先天性疾病接受治疗，将根据本合同第五条项下第5款规定提供此类病症的保障，而本条例先天性疾病保障则不适用。最高保障限额应经投保人与保险人双方同意，并在保险合同中列明。</p>	▶ 每个保险期内最高限额 630,000 人民币	▶ 每个保险期内最高限额 630,000 人民币	▶ 每个保险期内最高限额 787,000 人民币	▶ 每个保险期内最高限额 945,000 人民币
<p>27. 慢性疾病 保险人应赔付被保险人就慢性疾病包括但不限于哮喘、糖尿病和高血压等需要通过咨询、检查、体检、服用药物和敷料和/或诊断测试以实现持续或长期监控的疾病进行治疗所实际产生的医疗费用。最高保障限额经投保人与保险人双方同意，按其批单签发日，在保险合同中列明。 本保障不包括肾衰竭和肾透析。肾衰竭和肾透析的赔付适用保险合同第五条项下第28款。癌症的赔付适用保险合同第五条项下第15款。</p>	▶ 不予承保	▶ 全额赔偿	▶ 全额赔偿	▶ 全额赔偿
<p>28. 肾衰竭和肾透析 保险人应赔付被保险人住院、日间留院或在门诊部接受肾衰竭(包括肾透析)治疗时实际产生的医疗费用。其中包括手术前后肾透析和重症监护的费用。</p>	▶ a) 住院期间手术前后护理全额赔偿 ▶ b) 日间留院或门诊治疗：不予承保	▶ a) 住院期间全额赔偿 ▶ b) 日间留院或门诊治疗每个保险期内最高限额 630,000 人民币	▶ a) 住院期间全额赔偿 ▶ b) 日间留院或门诊治疗每个保险期内最高限额 630,000 人民币	▶ a) 住院期间全额赔偿 ▶ b) 日间留院或门诊治疗每个保险期内最高限额 630,000 人民币
<p>29. 牙科 a) 例行牙科治疗：牙科执业医师在牙科手术期间进行例行牙科治疗的费用。例行牙科治疗包括： • 牙齿检查(每年两次)，即评估坏牙、缺牙、填充牙，若有必要其中包括照牙科X光 • 预防性洗牙、抛光和窝沟封闭(每年一次) • 补牙(标准牙科汞齐合金或复合材料)和拔牙，以及： • 根管治疗(但不包括在接受根管治疗后装上牙冠)。 其他牙科治疗一概不适用上述例行牙科治疗保障。 等待期：保单生效日或批单签发日(二者以后发生日为准)后的9个月内产生的任何费用将不予赔付。 此保障有20%的自付比例。 免赔额或门诊每次就诊免赔额并不适用于此保障。 b) 复杂牙科治疗：牙科执业医师的收费以及以下治疗的费用：承保范围内的复杂牙科治疗：例如针对以下项目进行牙根尖切除术 - 齿根断裂、齿根严重弯曲、牙齿上有牙帽或牙桩、根管治疗无法治愈的囊肿或感染、根管穿孔、新装或修复牙冠、假牙、嵌体和牙桥、反复发作的疼痛和感染、无法通过X光确定问题根源的持续症状、牙髓钙化/根管钙化、需要进行手术的牙根表面和周围骨质的损伤。 其他牙科治疗一概不属于此类保障。 等待期：保单生效日或批单签发日(二者以后发生日为准)后的9个月内产生的任何费用将不予赔付。 此保障有20%的自付比例。 所有正畸治疗有50%的自付比例。 免赔额或门诊每次就诊免赔额并不适用于此保障。</p>	▶ a) 不予承保 ▶ b) 不予承保	▶ a) 不予承保 ▶ b) 不予承保	▶ a) 每个保险期内最高限额 6,300 人民币 ▶ b) 每个保险期内最高限额 12,600 人民币	▶ a) 每个保险期内最高限额 9,400 人民币 ▶ b) 每个保险期内最高限额 18,900 人民币
<p>30. 生育保障 a) 被保险人怀孕或分娩期间实际产生的医疗费必需费用；包括产前与产后六周内检查、CT扫描、自然分娩或自愿剖腹产的接生费用。本保障亦包含出生24小时内儿科医生就新生儿首次检查/体检的收费，以及幼儿2岁生日前由医生或专科医生建议的儿童健康检查费用，包括体格检查，身高体重头围胸围等测量，视力听力等感知觉筛查，智能心理评估，生长发育检查，遗传病及代谢疾病筛查，疫苗接种，尿检，结核试验，血球容积比，血红蛋白及其他血液检查，包括镰状细胞贫血的筛查。 b) 医疗上必需的和或紧急剖腹产的费用。 保单生效日或批单签发日(二者以后发生日为准)后的12个月内产生的任何费用将不适用于此类保障。请注意，保险人对于育儿或其他相关课程一概不予赔付，因为是否参加这些课程是由被保险人的个人选择决定的。 除非保险凭证中明确约定包含生育保障，否则保险人不会赔付正常怀孕及分娩及医疗上必需的和或紧急剖腹产的费用或有关的费用。 责任免除6.25条款并不适用于此保障。 免赔额适用于此保障。</p>	▶ 不予承保	▶ 不予承保	▶ 不予承保	▶ a) 自然分娩或自愿剖腹产每个保险期内最高限额 110,250 人民币 ▶ b) 医疗上必需的和或紧急剖腹产每个保险期内最高限额 220,500 人民币

保障	尊安	尊乐	尊爱	尊享
附加选项				
31. 美国境内的选择性治疗 保险人应赔付以下实际产生的医疗费用： a) 被保险人在美国住院或日间留院治疗符合保障范围内疾病时的相关医疗费用。若被保险人在保险人公布的国际医疗网络内医院接受治疗，医疗费用可获全额赔付。 b) 被保险人在美国门诊治疗符合保障范围内疾病时的相关医疗费用。若被保险人在保险人公布的国际医疗网络内接受治疗，医疗费用可获全额赔付。 若在保险人公布的国际医疗网络外接受治疗，则赔付50%的医疗费用。	该保障需要预先获得书面同意  可供选项 每名被保险人于每个保险期内的最高限额9,450,000人民币	该保障需要预先获得书面同意  可供选项 每名被保险人于每个保险期内的最高限额9,450,000人民币	该保障需要预先获得书面同意  可供选项 每名被保险人于每个保险期内的最高限额9,450,000人民币	该保障需要预先获得书面同意  可供选项 每名被保险人于每个保险期内的最高限额9,450,000人民币
32. 门诊费用的自付比例 — 选项1 保险人应赔付被保险人实际产生的医疗费用，但对所有符合保障范围内疾病的门诊治疗有 10%的自付额 。最高保障限额应经投保人与保险人双方同意，并在保险合同中列明。 如果被保险人的保险单中含有生育保障、牙科保障或体检、眼科、疫苗保障，其相应的自付额将在被保险人的保障一览表中列明。 自付额并不适用于以下项目： a) 癌症治疗、器官移植、肾衰竭和肾透析。 b) 如果被保险人在保险人公布的国际医疗网络内中国大陆任何一家公立共医院接受门诊治疗。	不予承保 (若投保人选择了尊安下的门诊费用保障选项，则可选此项)	可供选项	可供选项	可供选项
33. 门诊费用的自付比例 — 选项2 保险人应赔付被保险人实际产生的医疗费用，但对所有属于保障范围内疾病的门诊治疗有 20%的自付额 。最高保障限额应经投保人与保险人双方同意，并在保险合同中列明。 如果被保险人的团体保险单中含有生育保障或牙科保障，其相应的自付额将在被保险人的保障一览表中列明。 如果被保险人的保险单中含有生育保障、牙科保障或体检、眼科、疫苗保障，其相应的自付额将在被保险人的保障一览表中列明。 自付额并不适用于以下项目： a) 癌症治疗、器官移植、肾衰竭和肾透析。 b) 如果被保险人在保险人公布的国际医疗网络内中国大陆任何一家公立共医院接受门诊治疗。	不予承保 (若投保人选择了尊安下的门诊费用保障选项，则可选此项)	可供选项	可供选项	可供选项
34. 大中华区选择 保险人应赔付被保险人在大中华区因住院、日间留院及接受门诊治疗时实际产生的符合保障范围的医疗费用。标准的保单保障限额适用于本条。 大中华区以外的紧急非选择性治疗： 在最长期限为30日的计划行程中，被保险人若在大中华区以外的地区遇到意外事故或因某种突发性医疗状况而引致对其健康构成即时威胁的严重疾病，在上述紧急事件之后的24小时内接受的医生或专科医生提供的治疗。 大中华区以外的紧急非选择性治疗赔偿不包括正常怀孕和分娩，及怀孕和分娩期间出现的医疗状况有关费用。 大中华区指中国大陆、香港、澳门和台湾。 因意外事故，需接受住院和日间留院治疗，保险人应全额赔付。 疾病：每个保险期内的住院和日间留院护理赔偿按每个计划的疾病赔偿最高限额。	可供选项 大中华区以外的紧急非选择性治疗，因疾病治疗的最高限额150,000人民币	可供选项 大中华区以外的紧急非选择性治疗，因疾病治疗的最高限额150,000人民币	可供选项 大中华区以外的紧急非选择性治疗，因疾病治疗的最高限额220,000人民币	可供选项 大中华区以外的紧急非选择性治疗，因疾病治疗的最高限额310,000人民币
35. 病房限制 (仅适用于中国大陆居民) 如本保险合同第五条项下第1款(a)项所述，当中国大陆居民在香港住院时，限于一般病房或双人病房住宿；被保险人或可选择 15%的自付比例 ，从而在中国大陆任何一家昂贵医院接受承保范围内的住院或日间留院治疗及任何医学专家的治疗。昂贵医院的定义及范围由投保人事先约定，而自付比例的最高金额则由投保人与保险人双方就每个医疗状况进行商定。	可供选项 于中国大陆的昂贵医院接受住院或日间留院治疗有15%自付比例，每个医疗状况最高自付额为47,000人民币	可供选项 于中国大陆的昂贵医院接受住院或日间留院治疗有15%自付比例，每个医疗状况最高自付额为47,000人民币	可供选项 于中国大陆的昂贵医院接受住院或日间留院治疗有15%自付比例，每个医疗状况最高自付额为47,000人民币	可供选项 于中国大陆的昂贵医院接受住院或日间留院治疗有15%自付比例，每个医疗状况最高自付额为47,000人民币

保障	尊安	尊乐	尊爱	尊享
36. 昂贵医院自付比例 保险人将事先指定某些提供住院、日间留院或门诊治疗服务的医疗机构为昂贵医院。被保险人在中国大陆任何一家昂贵医院接受承保范围内的住院、日间留院或门诊治疗及任何医学专家的治疗时，保险人应赔付实际产生的医疗费用，但被保险人需承担20%的自付比例。该自付比例的最高金额应经投保人与保险人双方就每个医疗状况进行商定。	不予承保	可供选项 20%自付比例，每个医疗状况最高自付额为63,000人民币	可供选项 20%自付比例，每个医疗状况最高自付额为63,000人民币	可供选项 20%自付比例，每个医疗状况最高自付额为63,000人民币
37. 昂贵医院限制 保险人将事先指定某些提供住院、日间留院或门诊治疗服务的医疗机构为昂贵医院。被保险人在中国大陆任何一家昂贵医院接受承保范围内的住院、日间留院或门诊治疗及任何医学专家的治疗时，保险人将不会赔付实际产生的有关医疗费用。	不予承保	可供选项	可供选项	可供选项
38. 尊安计划下的门诊医生费用保障 门诊医生费用 保险人应赔付以下实际发生的医疗费用： a) 包括咨询费在内的医生收费；专科医生费用；诊断检查费用；处方药和敷料的费用。 b) 医生或专科医生推荐的并由获得执业许可的物理治疗师提供的物理治疗费用。 任何手术前的咨询及出院后的门诊费用将根据此保障进行赔付。 此可供选项的保障应替代本保险合同第五条项下第20款(门诊医生费用)。	可供选项 a) 每个保险期间内最高限额28,350人民币 b) 每个保险期间内最高10次全额赔偿	不予承保	不予承保	不予承保
39. 门诊限制 保险人应赔付保险合同第五条项下第20、22、27和28款下实际产生的医疗费用，但赔偿总额应以双方同意的每个保险期内的赔偿限额为准。	不予承保	可供选项 每个保险期内的最高限额31,000人民币	不予承保	不予承保
40. 住院及门诊自付比例 对属于保障范围内的住院、日间留院及门诊治疗时实际产生的医疗费用，被保险人承担20%自付比例。但不超出投保人和保险人双方同意的自付额限额。	不予承保	可供选项 20%自付比例，每个医疗状况最高自付额为63,000人民币	可供选项 20%自付比例，每个医疗状况最高自付额为63,000人民币	可供选项 20%自付比例，每个医疗状况最高自付额为63,000人民币
41. 体检、眼科、疫苗 — 选项1,2 a) 体检保障：保险人应赔付例行健康检查(包括癌症筛查、心血管系统检查、神经系统检查、生命体征检查(例如，血压、体重指数、尿分析和胆固醇)的费用，和/或 b) 眼科保障：保险人应赔付眼科医生的收费，其中包括光学眼镜配镜师每年进行眼科检查的费用，包括当被保险人的医疗处方变更时所需的眼镜框与眼镜片在内的眼镜配镜费用，和/或隐形眼镜费用，但须保证总保障费用不大于双方同意的每个保险期内最高眼科保障金额(请注意即使是处方的太阳眼镜或光致变色镜片亦不在承保范围之内)和/或 c) 疫苗保障：医疗必需的免疫疫苗和加强药物注射，以及医疗必需的任何旅行疫苗和疟疾预防注射，保险人将赔付相关药物费用和咨询费用。 责任免除6.8条款并不适用于此保障。 等待期：保单生效日或批单签发日(二者以后发生日为准)后的6个月内产生的任何费用将不予赔付。	选项1 不予承保 选项2 不予承保	选项1 可供选项 每个保险期内的综合最高限额3,100人民币(眼科保障最高限额1,850人民币) 选项2 可供选项 每个保险期内的综合最高限额6,300人民币(眼科保障最高限额3,750人民币)	选项1 可供选项 每个保险期内的综合最高限额3,100人民币(眼科保障最高限额1,850人民币) 选项2 可供选项 每个保险期内的综合最高限额6,300人民币(眼科保障最高限额3,750人民币)	选项1 可供选项 每个保险期内的综合最高限额3,100人民币(眼科保障最高限额1,850人民币) 选项2 可供选项 每个保险期内的综合最高限额6,300人民币(眼科保障最高限额3,750人民币)

保障	尊安	尊乐	尊爱	尊享
<p>42. 转运和送返的增强保障</p> <p>保险人应赔付以下项目实际产生的费用：</p> <p>a) 转运</p> <p>保险人安排患有符合保障范围内的危重被保险人运送到最近的医疗机构进行住院或日间留院治疗。转运地点须是最近的、位于被保险人居住国、国籍国或被保险人选定国家内的医疗机构。赔付如下合理费用：</p> <p>i) 在被保险人须接受紧急治疗而事故发生地无法提供医疗上必需的救护接送与护理的情况下，运送被保险人时产生的交通费用。其中包括一名随行照料人员陪护行程中的经济舱机票。</p> <p>ii) 被保险人在接受日间留院治疗期间，往返医院就诊时的当地合理交通费用。</p> <p>iii) 被保险人入院后随行照料人员由于看望被保险人往返医院时产生的合理交通费用。</p> <p>iv) 仅限住院前或出院后短期内，被保险人接受专科医生护理时的合理非医院住宿费用。</p> <p>在保险人认可的滑雪场或类似的冬季运动场所范围之外，进行任何海空营救或山地救援时产生的转运费用，一概不予赔付。</p> <p>被保险人选定的国家须具备合适医疗设施。保险人的医学顾问将判断被保险人选定的国家是否具备合适医疗设施以治疗被保险人符合保障范围的医疗状况。保险人的医学顾问将决定转运时的最合适的交通方式。如违背保险人医学顾问的意见，保险人不赔付交通费用。另外，如果被保险人前往的医院不具备合适医疗设施用以治疗被保险人之符合保障范围的医疗情况，则相关的交通费用将不予赔付。</p> <p>b) 送返</p> <p>经由医疗上必需且由保险人安排的转运之后，在被保险人完成治疗后的一个月内，被保险人与被保险人的一位随行照料人员将可获安排经济舱机票安排返回治疗地、或被保险人的国籍国或居住国。</p> <p>此类保障不适用于正常怀孕及分娩有关费用，但本合同第五条项下第16款（即怀孕和分娩期间的医疗状况）除外。</p> <p>上述保障需要预先获得保险人书面同意。</p> <p>上述保障的最高保障限额以及每次转运过程中的最高保障限额，应经投保人与保险人双方同意，并在保险合同中列明。</p>	<p>该保障需要预先获得书面同意</p> <p>可供选项</p> <p>i) 全额赔偿</p> <p>ii) 全额赔偿</p> <p>iii) 全额赔偿</p> <p>iv) 每日最高限额 1,200人民币 每人每次转运最高限额 47,000人民币</p> <p>该保障需要预先获得书面同意</p> <p>全额赔偿</p>	<p>该保障需要预先获得书面同意</p> <p>可供选项</p> <p>i) 全额赔偿</p> <p>ii) 全额赔偿</p> <p>iii) 全额赔偿</p> <p>iv) 每日最高限额 1,200人民币 每人每次转运最高限额 47,000人民币</p> <p>该保障需要预先获得书面同意</p> <p>全额赔偿</p>	<p>该保障需要预先获得书面同意</p> <p>可供选项</p> <p>i) 全额赔偿</p> <p>ii) 全额赔偿</p> <p>iii) 全额赔偿</p> <p>iv) 每日最高限额 1,200人民币 每人每次转运最高限额 47,000人民币</p> <p>该保障需要预先获得书面同意</p> <p>全额赔偿</p>	<p>该保障需要预先获得书面同意</p> <p>可供选项</p> <p>i) 全额赔偿</p> <p>ii) 全额赔偿</p> <p>iii) 全额赔偿</p> <p>iv) 每日最高限额 1,800人民币 每人每次转运最高限额 63,000人民币</p> <p>该保障需要预先获得书面同意</p> <p>全额赔偿</p>
<p>43. 门诊每次就诊免赔额 — 选项1</p> <p>门诊每次就诊设有150人民币免赔额，并适用于被保险人在保险人公布的国际医疗网络内或网络外医疗机构接受属于保障范围的门诊治疗。但该免赔额不适用于本合同第五条项下第22、23和29款（替代疗法、中医治疗和阿育吠陀治疗和牙科）产生的费用。</p>	<p>不予承保</p>	<p>可供选项 150人民币</p>	<p>可供选项 150人民币</p>	<p>可供选项 150人民币</p>
<p>44. 门诊每次就诊免赔额 — 选项2</p> <p>门诊每次就诊设有90人民币免赔额，并适用于被保险人在保险人公布的国际医疗网络内或网络外医疗机构接受属于保障范围的门诊治疗。但该免赔额不适用于本合同第五条项下第22、23和29款（替代疗法、中医治疗和阿育吠陀治疗和牙科）产生的费用。</p>	<p>不予承保</p>	<p>可供选项 90人民币</p>	<p>可供选项 90人民币</p>	<p>可供选项 90人民币</p>

保障	尊安	尊乐	尊爱	尊享
免赔额选项				
45. 标准免赔额	零	零	零	零
自选免赔额 本保险有免赔额选项。免赔额适用于所有符合保障范围的住院或日间留院产生的费用(无论被保险人于网内或网外医疗机构治疗)。	6,300人民币	6,300人民币	6,300人民币	6,300人民币
请注意：	15,700人民币	15,700人民币	15,700人民币	15,700人民币
a) 如果投保人选择了尊乐、尊爱或尊享计划，并选择了其中一项的免赔额选项，投保人需要就门诊费用的自付比例或门诊每次就诊免赔额的其中一项作出相关选择。免赔额选项和其他相关的选项应经投保人与保险人双方同意，并在保险合同中列明。	31,500人民币	31,500人民币	31,500人民币	31,500人民币
b) 如果投保人选择了尊安计划下的门诊费用保障：	63,000人民币	63,000人民币	63,000人民币	63,000人民币
i) 投保人如果选择了自选免赔额，投保人需要就门诊费用的自付比例的其中一项作出相关选择。	94,500人民币	94,500人民币	94,500人民币	94,500人民币
ii) 投保人可选择最高免赔额为31,500人民币。				

Benefit Schedule

This is for illustration purposes, please refer to the policy wording for full details.

Benefit	Essential	Advance	Excel	Apex
Annual Maximum Policy Limit	RMB 18,500,000	RMB 22,000,000	RMB 25,000,000	RMB 28,000,000
1. Hospital Charges, Medical Practitioner and Specialist Fees: a) Charges for in-patient or day-patient treatment made by a hospital including charges for accommodation (ward/semi-private or private); diagnostic tests; operating theatre charges including surgeon and anaesthetist charges; and charges for nursing care by a qualified nurse; drugs and dressings prescribed by a medical practitioner or specialist; and surgical appliances used by the medical practitioner during surgery. This includes pre and post-operative consultations while an in-patient or day-patient and includes charges for intensive care. b) Ancillary charges: Purchase and rental of crutches, canes, walking aids and self-propelled non-electronic wheelchairs within six months of an eligible medical condition which required in-patient or day-patient hospital treatment.	a) Full Refund Pre-Authorisation 📄	a) Full Refund Pre-Authorisation 📄	a) Full Refund Pre-Authorisation 📄	a) Full Refund Pre-Authorisation 📄
	b) Up to RMB 6,300 per medical condition	b) Up to RMB 6,300 per medical condition	b) Up to RMB 9,450 per medical condition	b) Up to RMB 12,600 per medical condition
2. Diagnostic Procedures: Medically necessary diagnostic magnetic resonance imaging (MRI), positron emission tomography (PET) and computerised tomography (CT) scans received as an in-patient, day-patient or out-patient.	Full Refund Pre-Authorisation for PET 📄	Full Refund Pre-Authorisation for PET 📄	Full Refund Pre-Authorisation for PET 📄	Full Refund Pre-Authorisation for PET 📄
3. Emergency Ambulance Transportation: Emergency road ambulance transport costs to or between hospitals, or when considered medically necessary by a medical practitioner or specialist.	Full Refund	Full Refund	Full Refund	Full Refund
4. Parent Accommodation: The cost of one parent staying in hospital overnight with an insured person under 18 years old while the child is admitted as an in-patient for eligible treatment.	Full Refund	Full Refund	Full Refund	Full Refund
5. New Born Baby Cover: In-patient treatment of premature birth (i.e. prior to age 37 weeks gestation) or an acute condition being suffered by a new born baby of an insured person which manifests itself within 30 days following birth. Provided that the new born baby is added to the group plan within 30 days of birth and premium paid. Cover for multiple births will be covered up to the same limits shown.	Up to RMB 630,000 per period of cover	Up to RMB 630,000 per period of cover	Up to RMB 780,000 per period of cover	Up to RMB 940,000 per period of cover
6. Hospital Accommodation for New Born Accompanying their Mother: Hospital accommodation costs relating to a new born baby (up to 16 weeks old) to accompany its mother (being an insured person) while she is receiving eligible treatment as an in-patient in a hospital.	Full Refund	Full Refund	Full Refund	Full Refund

Benefit	Essential	Advance	Excel	Apex
<p>7. Reconstructive Surgery:</p> <p>Reconstructive surgery required to restore natural function or appearance following an accident or following a surgical procedure for an eligible medical condition, which occurred after an insured person's entry date or start date whichever is later.</p>	<p>➤ Full Refund</p>	<p>➤ Full Refund</p>	<p>➤ Full Refund</p>	<p>➤ Full Refund</p>
<p>8. In-Patient Emergency Dental Treatment:</p> <p>This means emergency restorative dental treatment required to sound, natural teeth following an accident which necessitates the insured person's admission to hospital for at least one night.</p> <p>The dental treatment must be received within 10 days of the accident. This benefit covers all costs incurred for treatment made necessary by an accidental injury caused by an extra-oral impact, when the following conditions apply:</p> <ul style="list-style-type: none"> • If the treatment involves replacing a crown, bridge facing, veneer or denture, the insurer will pay only the reasonable and customary cost of a replacement of similar type or quality • If implants are clinically needed the insurer will pay only the cost which would have been incurred if equivalent bridgework was undertaken instead • Damage to dentures providing they were being worn at the time of the injury 	<p>➤ Full Refund</p>	<p>➤ Full Refund</p>	<p>➤ Full Refund</p>	<p>➤ Full Refund</p>
<p>9. In-Patient Psychiatric Treatment:</p> <p>In-patient treatment in a recognised psychiatric unit of a hospital. All treatment must be administered under the direct control of a Registered Psychiatrist.</p>	<p>➤ Full Refund limited to 30 days per period of cover</p> <p>Pre-Authorisation 📞</p>	<p>➤ Full Refund limited to 30 days per period of cover</p> <p>Pre-Authorisation 📞</p>	<p>➤ Full Refund limited to 30 days per period of cover</p> <p>Pre-Authorisation 📞</p>	<p>➤ Full Refund limited to 30 days per period of cover</p> <p>Pre-Authorisation 📞</p>
<p>10. Terminal Illness:</p> <p>Palliative and Hospice Care: On diagnosis of a terminal illness, costs for any in-patient, day-patient or out-patient treatment given on the advice of a medical practitioner or specialist for the purpose of offering temporary relief of symptoms. Charges for hospital or hospice accommodation, nursing care by a qualified nurse and prescribed drugs and dressings are covered.</p>	<p>➤ Eligible in-patient and day-patient treatment only up to RMB 310,000 lifetime limit</p>	<p>➤ Up to RMB 310,000 lifetime limit</p>	<p>➤ Up to RMB 470,000 lifetime limit</p>	<p>➤ Up to RMB 630,000 lifetime limit</p>
<p>11. Emergency Non-Elective Treatment USA Cover:</p> <p>For planned trips up to 30 days of duration treatment by a medical practitioner or specialist starting within 24 hours of the emergency event, required as a result of an accident or the sudden beginning of a severe illness resulting in a medical condition that presents an immediate threat to the insured person's health. Charges relating to routine pregnancy and pregnancy and childbirth medical conditions are specifically excluded from this benefit.</p>	<p>➤ Accident : Full Refund for in-patient and day-patient treatment following accident</p> <p>➤ Illness: In-patient and day-patient care up to RMB 150,000 per period of cover</p> <p>➤ Out-patient treatment in an Accident and Emergency department in a hospital up to RMB 3,150</p>	<p>➤ Accident : Full Refund for in-patient and day-patient treatment following accident</p> <p>➤ Illness: In-patient and day-patient care up to RMB 150,000 per period of cover</p> <p>➤ Out-patient treatment in an Accident and Emergency department in a hospital up to RMB 3,150</p>	<p>➤ Accident : Full Refund for in-patient and day-patient treatment following accident</p> <p>➤ Illness: In-patient and day-patient care up to RMB 220,000 per period of cover</p> <p>➤ Out-patient treatment in an Accident and Emergency department in a hospital up to RMB 3,150</p>	<p>➤ Accident : Full Refund for in-patient and day-patient treatment following accident</p> <p>➤ Illness: In-patient and day-patient care up to RMB 310,000 per period of cover</p> <p>➤ Out-patient treatment in an Accident and Emergency department in a hospital up to RMB 3,150</p>
<p>12. Hospital Cash Benefit:</p> <p>This benefit is payable for each night an insured person receives in-patient treatment and only if an insured person is admitted for in-patient treatment before midnight, and the treatment is received free of charge that would have otherwise been eligible for benefit privately under this policy. Cover under this benefit is limited to a maximum of 30 nights per period of cover.</p> <p>For this benefit exclusion 6.8 does not apply.</p>	<p>➤ RMB 630 per night</p>	<p>➤ RMB 945 per night</p>	<p>➤ RMB 1,260 per night</p>	<p>➤ RMB 1,575 per night</p>

Benefit	Essential	Advance	Excel	Apex
<p>13. AIDS:</p> <p>Medical expenses, which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/ or HIV related illnesses, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof. As result of proven occupation accident* or blood transfusion**. Expenses are limited to pre and post-diagnosis consultations, routine check-ups for this condition, drugs and dressings (except experimental or those unproven), hospital accommodation and nursing fees.</p> <p>* For members of emergency services, medical or dental professions, laboratory assistants, pharmacist or an employee in a medical facility that provides evidence that they contracted the HIV infection accidentally while carrying out normal duties of their occupation; and they contracted the HIV infection three years after the entry date or start date, whichever is later; and the incident from which they contracted the HIV infection was reported, investigated and documented according to normal procedures for the insured person's occupation; and a test showing no HIV or antibodies to such a virus was made within five days of the incident; and a positive HIV test occurred within 12 months of the reported occupational accident.</p> <p>** As long as the blood transfusion was received as an in-patient as part of medically necessary treatment.</p> <p>Waiting period: Cover only available after three years of continuous membership.</p>	<p>▶ In-patient and day-patient treatment only. Up to RMB 150,000 per period of cover Pre-Authorisation 📄</p>	<p>▶ Up to RMB 150,000 per period of cover Pre-Authorisation 📄</p>	<p>▶ Up to RMB 250,000 per period of cover Pre-Authorisation 📄</p>	<p>▶ Up to RMB 310,000 per period of cover Pre-Authorisation 📄</p>
<p>14. Organ Transplant:</p> <p>a) Treatment for and in relation to a human organ transplant of kidney, pancreas, liver, heart, lung, bone marrow, cornea, or heart and lung, in respect of the insured person as a recipient.</p> <p>In circumstances where an organ transplant is required as a result of a congenital disorder, cover will be provided under Article 5, Benefit 26 congenital disorder but excluded from Article 5, Benefit 14 Organ Transplant.</p> <p>b) Medical costs associated with the donor as an in-patient or day-patient, with the exception of the cost of the donor organ search.</p> <p>The insurer only pays for transplants carried out in internationally-accredited institutions by accredited surgeons and where the organ procurement is in accordance with WHO guidelines.</p>	<p>▶ a) Full Refund</p> <p>▶ b) Up to RMB 310,000 per period of cover</p>	<p>▶ a) Full Refund</p> <p>▶ b) Up to RMB 310,000 per period of cover</p>	<p>▶ a) Full Refund</p> <p>▶ b) Up to RMB 310,000 per period of cover</p>	<p>▶ a) Full Refund</p> <p>▶ b) Up to RMB 310,000 per period of cover</p>
<p>15. Cancer Treatment:</p> <p>Treatment given for cancer received as an in-patient, day-patient or out-patient. Includes oncologist fees, surgery, radiotherapy and chemotherapy, alone or in combination, from the point of diagnosis.</p>	<p>▶ Full Refund</p>	<p>▶ Full Refund</p>	<p>▶ Full Refund</p>	<p>▶ Full Refund</p>
<p>16. Pregnancy and Childbirth Medical Conditions:</p> <p>In-patient treatment of an eligible medical condition which arises during the antenatal stages of pregnancy, or an eligible medical condition which arises during childbirth. As an illustration the insurer would consider treatment of the following:</p> <ul style="list-style-type: none"> • Ectopic pregnancy (where the foetus is growing outside the womb) • Hydatidiform mole (abnormal cell growth in the womb) • Retained placenta (afterbirth retained in the womb) • Placenta praevia • Eclampsia (a coma or seizure during pregnancy and following pre-eclampsia) • Diabetes (If the insured person has exclusions because of the insured person's past medical history which relate to diabetes, then the insured person will not be covered for any treatment for diabetes during pregnancy) • Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth) • Miscarriage requiring immediate surgical treatment • Failure to progress in labour <p>Costs for medically necessary and/or emergency caesarian section are specifically excluded under this benefit.</p>	<p>▶ Full Refund</p>	<p>▶ Full Refund</p>	<p>▶ Full Refund</p>	<p>▶ Full Refund</p>

Benefit	Essential	Advance	Excel	Apex
<p>17. Evacuation and Repatriation:</p> <p>a) Evacuation</p> <p>Arrangements will be made to move an insured person who has a critical, life-threatening eligible medical condition to the nearest medical facility for the purpose of admission to hospital as an in-patient or day-patient.</p> <p>Reasonable expenses for:</p> <ul style="list-style-type: none"> i) Transportation costs of an insured person in the event of emergency treatment and medically necessary transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort. ii) Reasonable local travel costs to and from medical appointments when treatment is being received as a day-patient. iii) Reasonable travel costs for a locally-accompanying person to travel to and from the hospital to visit the insured person following admission as an in-patient. iv) Reasonable costs for non-hospital accommodation only for immediate pre and post-hospital admission periods provided that the insured person is under the care of a specialist. <p>Costs of evacuation do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.</p> <p>Our medical advisers will decide the most appropriate method of transportation for the evacuation and this benefit will not cover travel if it is against the advice of the insurer's medical advisers or where the medical facility does not have appropriate facilities to treat the eligible medical conditions.</p> <p>b) Repatriation</p> <p>An economy class airfare ticket to return the insured person and a locally-accompanying person who has travelled as an escort to the site of treatment or the insured person's principal country of nationality or principal country of residence, as long as the journey is made within one month of completion of treatment.</p> <p>Such transportation cost is only eligible if there was a medical need for an initial evacuation that has taken place.</p> <p>This Benefit specifically excludes routine pregnancy and childbirth costs, except for Article 5, Benefit 16 – pregnancy and childbirth medical conditions.</p>	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ i) Full Refund ➤ ii) Full Refund ➤ iii) Full Refund ➤ iv) Up to RMB 1,200 per day. Up to RMB 47,000 per person, per evacuation <p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ Full Refund 	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ i) Full Refund ➤ ii) Full Refund ➤ iii) Full Refund ➤ iv) Up to RMB 1,200 per day. Up to RMB 47,000 per person, per evacuation <p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ Full Refund 	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ i) Full Refund ➤ ii) Full Refund ➤ iii) Full Refund ➤ iv) Up to RMB 1,200 per day. Up to RMB 47,000 per person, per evacuation <p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ Full Refund 	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ i) Full Refund ➤ ii) Full Refund ➤ iii) Full Refund ➤ iv) Up to RMB 1,800 per day. Up to RMB 63,000 per person, per evacuation <p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ Full Refund
<p>18. Mortal Remains:</p> <p>In the event of death from an eligible medical condition, reasonable and customary charges for:</p> <ul style="list-style-type: none"> a) Costs of transportation of body or ashes of an insured person to his/her country of nationality or country of residence, or b) Burial or cremation costs at the place of death in accordance with reasonable and customary practice. 	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ a) Full Refund ➤ b) Up to RMB 63,000 	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ a) Full Refund ➤ b) Up to RMB 63,000 	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ a) Full Refund ➤ b) Up to RMB 94,000 	<p>Pre-Authorisation 📄</p> <ul style="list-style-type: none"> ➤ a) Full Refund ➤ b) Up to RMB 126,000
<p>19. Day-Patient or Out-Patient Surgery:</p> <p>Treatment costs for a surgical procedure performed in a surgery, hospital, day-care facility or out-patient department. Any pre or post-operative consultations are payable under Article 5, Benefit 20 – Out-Patient Charges.</p>	<ul style="list-style-type: none"> ➤ Full Refund 	<ul style="list-style-type: none"> ➤ Full Refund 	<ul style="list-style-type: none"> ➤ Full Refund 	<ul style="list-style-type: none"> ➤ Full Refund

Benefit	Essential	Advance	Excel	Apex
<p>20. Out-Patient Charges:</p> <p>a) Medical practitioner fees including consultations; specialist fees; diagnostic tests; prescribed drugs and dressings.</p> <p>b) Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, or specialist.</p>	<p>a) Pre-operative consultation within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from hospital Up to RMB 12,600 per period of cover</p> <p>b) Not covered</p>	<p>a) Full Refund</p> <p>b) Full Refund Up to a maximum 20 sessions per period of cover Pre-Authorisation for (b) after 10 sessions 📞</p>	<p>a) Full Refund</p> <p>b) Full Refund Up to a maximum 25 sessions per period of cover Pre-Authorisation for (b) after every 10 sessions 📞</p>	<p>a) Full Refund</p> <p>b) Full Refund Up to a maximum 30 sessions per period of cover Pre-Authorisation for (b) after every 10 sessions 📞</p>
<p>21. Out-Patient Psychiatric Illness:</p> <p>Out-patient treatment administered under the direct control of a registered psychiatrist when referred by a medical practitioner or specialist.</p>	<p>Not covered</p>	<p>Up to RMB 15,000 per period of cover</p>	<p>Up to RMB 31,000 per period of cover</p>	<p>Up to RMB 47,000 per period of cover</p>
<p>22. Alternative Therapies:</p> <p>Complementary medicine and treatment by therapist, when referred by a medical practitioner or specialist. this benefit extends to osteopaths, chiropractors, homeopaths, dietician and acupuncture treatment. The insurer does not cover charges for general chiropody or podiatry.</p> <p>For this benefit, the out-patient per visit excess does not apply.</p>	<p>Not covered</p>	<p>RMB 315 per visit up to a maximum of 15 visits per period of cover</p>	<p>RMB 630 per visit up to a maximum of 15 visits per period of cover</p>	<p>RMB 945 per visit up to a maximum of 15 visits per period of cover</p>
<p>23. Traditional Chinese Medicine and Ayurvedic Treatment:</p> <p>Out-patient medical costs of the therapies administered by a recognised traditional Chinese Medicine Practitioner or an Ayurvedic Medical Practitioner.</p> <p>For this benefit, the out-patient per visit excess does not apply.</p>	<p>Not covered</p>	<p>Up to RMB 4,700 per period of cover</p>	<p>Up to RMB 7,800 per period of cover</p>	<p>Up to RMB 12,600 per period of cover</p>
<p>24. Nursing Care at Home:</p> <p>a) Care given by qualified nurse in the insured person's own home, which is immediately received subsequent to treatment as an in-patient or day-patient on the recommendation of medical practitioner or specialist.</p> <p>b) Medical practitioner (GP) home visits for an emergency GP home call-out during out of normal clinic hours.</p>	<p>a) RMB 630 per day up to 30 days per period of cover Pre-Authorisation 📞</p> <p>b) Not covered</p>	<p>a) Full Refund up to 45 days per period of cover Pre-Authorisation 📞</p> <p>b) Not covered</p>	<p>a) Full Refund up to 60 days per period of cover Pre-Authorisation 📞</p> <p>b) Not covered</p>	<p>a) Full Refund up to 120 days per period of cover Pre-Authorisation 📞</p> <p>b) Up to five visits per period of cover</p>
<p>25. Rehabilitation:</p> <p>When referred by a specialist as an integral part of treatment for a medical condition necessitating admission to a recognised rehabilitation unit of a hospital. Where the insured person was confined to a hospital as an in-patient for at least three consecutive days, and where a specialist confirms in writing that rehabilitation is required. Admission to a rehabilitation unit must be made within 14 days of discharge from hospital. Such treatment should be under the direct supervision and control of a specialist and would cover:</p> <p>a) Use of special treatment rooms b) Physical therapy fees c) Speech therapy fees d) Occupational therapy fees</p>	<p>Full Refund for eligible in-patient treatment only up to 30 days per medical condition</p>	<p>Full Refund up to 180 days per medical condition</p>	<p>Full Refund</p>	<p>Full Refund</p>

Benefit	Essential	Advance	Excel	Apex
<p>26. Congenital Disorders:</p> <p><i>In-patient treatment for a congenital disorder. In circumstances where a congenital disorder manifests itself in a new born baby within 30 days of birth, cover for such medical conditions will be provided under Article 5, Benefit 5 but excluded from Article 5, Benefit 26 congenital disorders.</i></p>	<p>▶ Up to RMB 630,000 per period of cover</p>	<p>▶ Up to RMB 630,000 per period of cover</p>	<p>▶ Up to RMB 787,000 per period of cover</p>	<p>▶ Up to RMB 945,000 per period of cover</p>
<p>27. Maintenance of Chronic Medical Conditions:</p> <p><i>Maintenance of chronic medical conditions such as but not limited to asthma, diabetes and hypertension requiring ongoing or long-term monitoring through consultations, examinations, check-ups, drugs and dressings and/or tests up to the benefit limits detailed in the insured person's chosen policy following the insured person's date of entry. This Benefit does not cover renal failure and dialysis. Claims for this will fall under Article 5, Benefit 28. Claims for cancer will fall under Article 5, Benefit 15.</i></p>	<p>▶ Not covered</p>	<p>▶ Full Refund</p>	<p>▶ Full Refund</p>	<p>▶ Full Refund</p>
<p>28. Renal Failure and Renal Dialysis:</p> <p><i>Treatment of renal failure, including renal dialysis on an in-patient, day-patient or out-patient basis. This includes pre and post-operative renal dialysis and as part of intensive care.</i></p>	<p>▶ a) Full Refund for in-patient pre and post-operative care</p> <p>▶ b) Not covered</p>	<p>▶ a) Full Refund for in-patient care</p> <p>▶ b) Up to RMB 630,000 per period of cover for day-patient or out-patient care</p>	<p>▶ a) Full Refund for in-patient care</p> <p>▶ b) Up to RMB 630,000 per period of cover for day-patient or out-patient care</p>	<p>▶ a) Full Refund for in-patient care</p> <p>▶ b) Up to RMB 630,000 per period of cover for day-patient or out-patient care</p>
<p>29. Dental Care:</p> <p>a) <i>Routine dental treatment: Fees of a registered dental practitioner carrying out routine dental treatment in a dental surgery. Routine dental treatment means:</i></p> <ul style="list-style-type: none"> • Screening (twice per year), i.e. the assessment of diseased, missing and filled teeth, including X-rays where necessary, • Preventative scaling, polishing, and sealing (once per year) • Fillings (standard amalgam or composite fillings) and extractions, and • Root-canal treatment (but not the fitting of a crown following root-canal treatment). <p>No other treatment is covered under the routine dental treatment benefit.</p> <p>Waiting period: Costs incurred within nine months from the entry date are excluded.</p> <p>A co-insurance of 20% applies.</p> <p>For this benefit the deductible or out-patient per visit excess does not apply.</p> <p>b) <i>Complex dental treatment: Fees of a registered dental practitioner and associated costs for the following procedures: Eligible complex dental treatment: including for example, apicoectomy is done to treat the following - fractured tooth root; a severely curved tooth root; teeth with caps or posts; cyst or infection which is untreatable with root canal therapy; root perforations; new or repair of crowns, dentures, in lays and bridges. Recurrent pain and infection; persistent symptoms that do not indicate problems from x-rays. Pulp calcification/calcified masses in canal, damaged root surfaces and surrounding bone requiring surgery.</i></p> <p>No other treatment is covered by this Benefit.</p> <p>Waiting period: Costs incurred within nine months from the entry date are excluded.</p> <p>Co-insurance for individual plans of 20% applies.</p> <p>A 50% co-insurance applies in respect of all orthodontic treatment.</p> <p>For this benefit the deductible or out-patient per visit excess does not apply.</p>	<p>▶ a) Not covered</p> <p>▶ b) Not covered</p>	<p>▶ a) Not covered</p> <p>▶ b) Not covered</p>	<p>▶ a) Up to RMB 6,300 per period of cover</p> <p>▶ b) Up to RMB 12,600 per period of cover</p>	<p>▶ a) Up to RMB 9,400 per period of cover</p> <p>▶ b) Up to RMB 18,900 per period of cover</p>

Benefit	Essential	Advance	Excel	Apex
<p>30. Maternity:</p> <p>a) Medically necessary costs incurred during normal pregnancy and childbirth: childbirth costs, including pre and post-natal check-ups for up to six weeks following birth, scans and delivery costs for a natural birth or voluntary caesarean section. Paediatrician costs for the first examination/ check-up of a new born baby, if the examination is made within 24 hours of delivery and well-baby examinations up to the child's second birthday and as recommended by a medical practitioner or specialist. This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.</p> <p>b) Cost associated with medically necessary and/or emergency caesarian section.</p> <p>Waiting period: Costs incurred within 12 months from the start date are excluded.</p> <p>Please note, the insurer does not pay for parenting or other teaching classes as these are a matter of personal choice.</p> <p>The insurer does not cover costs relating to routine pregnancy or childbirth unless maternity care benefits are shown on the certificate of insurance.</p> <p>For this benefit exclusion 6.25 does not apply.</p> <p>Deductible would apply to this benefit.</p>	<p>▶ Not covered</p>	<p>▶ Not covered</p>	<p>▶ Not covered</p>	<p>▶ a) Up to RMB 110,250 per period of cover</p> <p>▶ b) Up to RMB 220,500 per period of cover</p>

Additional Options

<p>31. USA Elective Treatment:</p> <p>a) Costs associated with eligible in-patient and day-patient treatment in the USA will be paid in full where treatment is received in a hospital listed in the Now Health International Provider Network.</p> <p>b) Costs associated with eligible out-patient treatment in the USA will be paid in full where treatment is received in the Now Health International Provider Network.</p> <p>Treatment that is not received in the Now Health International Provider Network will be subject to a 50% co-insurance.</p>	<p>▶ Pre-Authorisation 📄</p> <p>▶ Optional</p> <p>Up to RMB 9,450,000 per insured person per period of cover</p>	<p>▶ Pre-Authorisation 📄</p> <p>▶ Optional</p> <p>Up to RMB 9,450,000 per insured person per period of cover</p>	<p>▶ Pre-Authorisation 📄</p> <p>▶ Optional</p> <p>Up to RMB 9,450,000 per insured person per period of cover</p>	<p>▶ Pre-Authorisation 📄</p> <p>▶ Optional</p> <p>Up to RMB 9,450,000 per insured person per period of cover</p>
<p>32. Co-Insurance Out-Patient Treatment: – Option 1:</p> <p>A 10% co-insurance will apply on all eligible out-patient treatment. Should the plan include the maternity, dental care or wellness, optical benefits and vaccinations benefits, any applicable co-insurance will be detailed in insured person's benefit schedule.</p> <p>Please note co-insurance does not apply to:</p> <p>a) Cancer treatment, organ transplant, renal failure and renal dialysis.</p> <p>b) Any out-patient treatment received in public hospitals in Mainland China that are within the Now Health International Provider Network.</p>	<p>▶ Not covered</p> <p>(If the policyholder chooses Optional Out-Patient Charges under the Essential plan, the policyholder can select this option.)</p>	<p>▶ Optional</p>	<p>▶ Optional</p>	<p>▶ Optional</p>
<p>33. Co-Insurance Out-Patient Treatment – Option 2:</p> <p>A 20% co-insurance will apply on all eligible out-patient treatment. Should the plan include the maternity, dental care or wellness, optical benefits and vaccinations benefits, any applicable co-insurance will be detailed in insured person's benefit schedule.</p> <p>Please note co-insurance does not apply to:</p> <p>a) Cancer treatment, organ transplant, renal failure and renal dialysis.</p> <p>b) Any out-patient treatment received in public hospitals in Mainland China that are within the Now Health International Provider Network.</p>	<p>▶ Not covered</p> <p>(If the policyholder chooses Optional Out-Patient Charges under the Essential plan, the policyholder can select this option.)</p>	<p>▶ Optional</p>	<p>▶ Optional</p>	<p>▶ Optional</p>

Benefit	Essential	Advance	Excel	Apex
<p>34. Greater China option:</p> <p>The insurer will cover the medical costs associated with all eligible in-patient, day-patient, and out-patient treatment restricted to greater China and will be subject to the standard policy limits.</p> <p>Emergency non-elective treatment outside of Greater China: For planned trips up to 30 days of duration. Treatment by a medical practitioner or specialist starting within 24 hours of the emergency event, required as a result of an accident or the sudden beginning of a severe illness resulting in a medical condition that presents an immediate threat to the insured person's health.</p> <p>Charges relating to routine pregnancy and pregnancy and childbirth medical conditions are specially excluded from emergency non-elective treatment outside of Greater China.</p> <p>Greater China means mainland China, Hong Kong, Macau and Taiwan.</p> <p>Full Refund for accident requiring in-patient and day-patient care.</p> <p>Illness: In-patient and day-patient care up to the sub-limit listed in various plans per period of cover.</p>	<p>Optional Emergency non-elective illness limit up to RMB 150,000</p>	<p>Optional Emergency non-elective illness limit up to RMB 150,000</p>	<p>Optional Emergency non-elective illness limit up to RMB 220,000</p>	<p>Optional Emergency non-elective illness limit up to RMB 310,000</p>
<p>35. Hospital Room Restriction – PRC Residents Only:</p> <p>As described in Article 5, Benefit 1. a), but with a restriction to limit the hospital accommodation to ward or semi-private for hospital admission in Hong Kong; or with a 15% co-insurance, up to an out-of-pocket-limit of a mutually agreed amount per medical condition, for any charge for eligible in-patient or day-patient treatment made by the hospital, and by any medical practitioner, should the in-patient or day-patient is received in any high cost in-patient/day-patient facility in Mainland China as pre-defined and advised by the insurer.</p>	<p>Optional In-patient or day-patient treatment received in any high cost facility in Mainland China will be subject to a 15% co-insurance up to an out of pocket limit of RMB 47,000 per medical condition</p>	<p>Optional In-patient or day-patient treatment received in any high cost facility in Mainland China will be subject to a 15% co-insurance up to an out of pocket limit of RMB 47,000 per medical condition</p>	<p>Optional In-patient or day-patient treatment received in any high cost facility in Mainland China will be subject to a 15% co-insurance up to an out of pocket limit of RMB 47,000 per medical condition</p>	<p>Optional In-patient or day-patient treatment received in any high cost facility in Mainland China will be subject to a 15% co-insurance up to an out of pocket limit of RMB 47,000 per medical condition</p>
<p>36. High Cost Provider Co-insurance:</p> <p>The insurer will cover the medical costs associated with eligible in-patient, day-patient or out-patient treatment made by the hospital, and by any medical professional, should the in-patient, day-patient or out-patient treatment be received in any high cost in-patient/day-patient facility in Mainland China as pre-defined and advised by the insurer will be subject to 20% co-insurance, up to an out of pocket limit of a mutually agreed amount per medical condition.</p>	<p>Not covered</p>	<p>Optional 20% co-insurance and up to an out of pocket limit of RMB 63,000 per medical condition</p>	<p>Optional 20% co-insurance and up to an out of pocket limit of RMB 63,000 per medical condition</p>	<p>Optional 20% co-insurance and up to an out of pocket limit of RMB 63,000 per medical condition</p>
<p>37. High Cost Provider Restriction:</p> <p>The insurer will not cover the medical costs associated with eligible in-patient, day-patient or out-patient treatment made by the hospital, and by any medical professional, should the in-patient, day-patient or out-patient treatment be received in any high cost in-patient/day-patient facility in Mainland China as pre-defined and advised by the insurer.</p>	<p>Not covered</p>	<p>Optional</p>	<p>Optional</p>	<p>Optional</p>
<p>38. Optional Out -Patient Charges under the Essential Plan:</p> <p>The insurer will cover the actual incurred medical cost of:</p> <p>a. Medical practitioner fees including consultations; specialist fees; diagnostic tests; prescribed drugs and dressings.</p> <p>b. Physiotherapy by a registered physiotherapist, when referred by a medical practitioner, or specialist.</p> <p>Any pre-operative and post hospitalisation consultations are payable under this benefit. This Benefit replaces Article 5, Benefit 20.</p>	<p>Optional a) Up to RMB 28,350 per period of cover and b) Full refund up to a maximum 10 sessions per period of cover</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>
<p>39. Out-Patient Restriction:</p> <p>The insurer will cover the medical cost of Article 5, Benefit 20, 22, 27, 28, but restricted to a mutually agreed amount per period of cover in aggregate.</p>	<p>Not covered</p>	<p>Optional Up to RMB 31,000 per period of cover</p>	<p>Not covered</p>	<p>Not covered</p>
<p>40. In-Patient and Out-Patient Co-Insurance:</p> <p>The insurer will cover the actual medical costs associated with the benefits for eligible in-patient, day-patient or out-patient treatment subject to agreed % of co-insurance, up to an agreed out-of-pocket limit per medical condition.</p>	<p>Not covered</p>	<p>Optional 20% co-insurance and up to an out of pocket limit of RMB 63,000 per medical condition</p>	<p>Optional 20% co-insurance and up to an out of pocket limit of RMB 63,000 per medical condition</p>	<p>Optional 20% co-insurance and up to an out of pocket limit of RMB 63,000 per medical condition</p>

Benefit	Essential	Advance	Excel	Apex
<p>41. Wellness, Optical Benefits and Vaccinations – Option 1 and 2:</p> <p>a) <i>Wellness: This benefit is payable as a contribution towards the cost of routine health checks including cancer screening, cardiovascular examination, neurological examinations, vital signs (e.g. blood pressure, body mass index, urinalysis, cholesterol). and/or</i></p> <p>b) <i>Optical benefits: This benefit also provides a contribution towards optician charges including an annual eye test carried out by an ophthalmic optician, prescribed spectacles including frames and lenses; and/or contact lenses when the member's prescription has changed, within the combined benefit limits to a maximum mutually agreed amount per period of cover for an optical claim. Please note that there is no cover for prescription sunglasses or transition lenses. and/or</i></p> <p>c) <i>Vaccinations: Costs of drugs and consultations to administer all medically necessary basic immunisation and booster injections and any medically necessary travel vaccinations and malaria prophylaxis.</i></p> <p>For this benefit exclusion 6.8 does not apply. Waiting period: Costs incurred within 6 months from the entry date are excluded.</p>	<p>Option 1</p> <p>▶ Not covered</p> <p>Option 2</p> <p>▶ Not covered</p>	<p>Option 1</p> <p>▶ Optional Combined limit RMB 3,100 (Optical sub-limit RMB 1,850 per period of cover)</p> <p>Option 2</p> <p>▶ Optional Combined limit RMB 6,300 (Optical sub-limit RMB 3,750 per period of cover)</p>	<p>Option 1</p> <p>▶ Optional Combined limit RMB 3,100 (Optical sub-limit RMB 1,850 per period of cover)</p> <p>Option 2</p> <p>▶ Optional Combined limit RMB 6,300 (Optical sub-limit RMB 3,750 per period of cover)</p>	<p>Option 1</p> <p>▶ Optional Combined limit RMB 3,100 (Optical sub-limit RMB 1,850 per period of cover)</p> <p>Option 2</p> <p>▶ Optional Combined limit RMB 6,300 (Optical sub-limit RMB 3,750 per period of cover)</p>
<p>42. Extended Evacuation and Repatriation:</p> <p><i>The insurer will cover the actual incurred cost of the following:</i></p> <p>a) Evacuation</p> <p><i>Arrangements will be made to move an insured person who has a critical, life-threatening eligible medical condition to the nearest medical facility, country of residence, country of nationality or the insured person's country of choice for the purpose of admission to hospital as an in-patient or day-patient. Reasonable expenses for:</i></p> <p>i) <i>Transportation costs of an insured person in the event of emergency treatment and medically necessary transport and care not being readily available at the place of the incident. This includes an economy class airfare ticket for a locally-accompanying person who has travelled as an escort.</i></p> <p>ii) <i>Reasonable local travel costs to and from medical appointments when treatment is being received as a day-patient.</i></p> <p>iii) <i>Reasonable travel costs for a locally-accompanying person to travel to and from the hospital to visit the insured person following admission as an in-patient.</i></p> <p>iv) <i>Reasonable costs for non-hospital accommodation only for immediate pre and post-hospital admission periods provided that the insured person is under the care of a specialist.</i></p> <p>Costs of evacuation do not extend to include any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.</p> <p><i>The insured person's country of choice is subject to the availability of the appropriate medical facilities being in place. The insurer's medical advisers will determine whether the selected country has the suitable medical facility to treat the insured person's eligible medical condition. The insurer's medical advisers will decide the most appropriate method of transportation for the evacuation and this benefit will not cover travel if it is against the advice of the insurer's medical advisers or where the medical facility does not have appropriate facilities to treat the eligible medical condition.</i></p> <p>b) Repatriation</p> <p><i>An economy class airfare ticket to return the insured person and a locally-accompanying person who has travelled as an escort to the site of treatment or the insured person's principal country of nationality or principal country of residence, as long as the journey is made within one month of completion of treatment. Such transportation cost is only eligible if there was a medical need for an initial evacuation that has taken place.</i></p> <p>This benefit specifically excludes routine pregnancy and childbirth costs, except for Article 5, Benefit 16 – Pregnancy and Childbirth Medical Conditions.</p>	<p>Pre-Authorisation 🚫</p> <p>▶ Optional</p> <p>▶ i) Full Refund</p> <p>▶ ii) Full Refund</p> <p>▶ iii) Full Refund</p> <p>▶ iv) Up to RMB 1,200 per day. Up to RMB 47,000 per person, per evacuation</p> <p>Pre-Authorisation 🚫</p> <p>▶ Full Refund</p>	<p>Pre-Authorisation 🚫</p> <p>▶ Optional</p> <p>▶ i) Full Refund</p> <p>▶ ii) Full Refund</p> <p>▶ iii) Full Refund</p> <p>▶ iv) Up to RMB 1,200 per day. Up to RMB 47,000 per person, per evacuation</p> <p>Pre-Authorisation 🚫</p> <p>▶ Full Refund</p>	<p>Pre-Authorisation 🚫</p> <p>▶ Optional</p> <p>▶ i) Full Refund</p> <p>▶ ii) Full Refund</p> <p>▶ iii) Full Refund</p> <p>▶ iv) Up to RMB 1,200 per day. Up to RMB 47,000 per person, per evacuation</p> <p>Pre-Authorisation 🚫</p> <p>▶ Full Refund</p>	<p>Pre-Authorisation 🚫</p> <p>▶ Optional</p> <p>▶ i) Full Refund</p> <p>▶ ii) Full Refund</p> <p>▶ iii) Full Refund</p> <p>▶ iv) Up to RMB 1,800 per day. Up to RMB 63,000 per person, per evacuation</p> <p>Pre-Authorisation 🚫</p> <p>▶ Full Refund</p>

Benefit	Essential	Advance	Excel	Apex
<p>43. Out-Patient Per visit Excess – Option 1: An RMB 150 out-patient per visit excess will apply when the insured person receives eligible out-patient treatment inside and outside of the Now Health International Provider Network. The out-patient per visit excess does not apply to Article 5, Benefits 22, 23, and 29. (Alternative Therapies, Traditional Chinese Medicine and Ayurvedic Treatment, and Dental Care)</p>	▶ Not covered	▶ Optional RMB 150	▶ Optional RMB 150	▶ Optional RMB 150
<p>44. Out-Patient Per visit Excess – Option 2: An RMB 90 out-patient per visit excess will apply when the insured person receives eligible out-patient treatment inside and outside of the Now Health International Provider Network. The out-patient per visit excess does not apply to Article 5, Benefits 22, 23, and 29. (Alternative Therapies, Traditional Chinese Medicine and Ayurvedic Treatment, and Dental Care)</p>	▶ Not covered	▶ Optional RMB 90	▶ Optional RMB 90	▶ Optional RMB 90

Deductible Options

45. Standard Deductible	Nil	Nil	Nil	Nil
Optional Deductible:	RMB 6,300	RMB 6,300	RMB 6,300	RMB 6,300
<p>The insurance product is designed to have deductible options. The agreed deductibles will apply when the insured person receives eligible in-patient and day-patient treatment (for treatment inside and outside of the provider network).</p> <p>Please note:</p> <p>a) If the policyholder has chosen Advance, Excel or Apex plan, and has selected a deductible option, the policyholder is required to select either a co-insurance out-patient treatment option or an out-patient per visit excess option.</p> <p>b) If the policyholder has chosen Optional Out-patient Charges under the Essential Plan:</p> <p>i) If the policyholder has selected a deductible option, the policyholder is required to select a co-insurance out-patient treatment option.</p> <p>ii) The highest deductible that can be chosen is RMB 31,500.</p>	RMB 15,700	RMB 15,700	RMB 15,700	RMB 15,700
	RMB 31,500	RMB 31,500	RMB 31,500	RMB 31,500
	RMB 63,000	RMB 63,000	RMB 63,000	RMB 63,000
	RMB 94,500	RMB 94,500	RMB 94,500	RMB 94,500