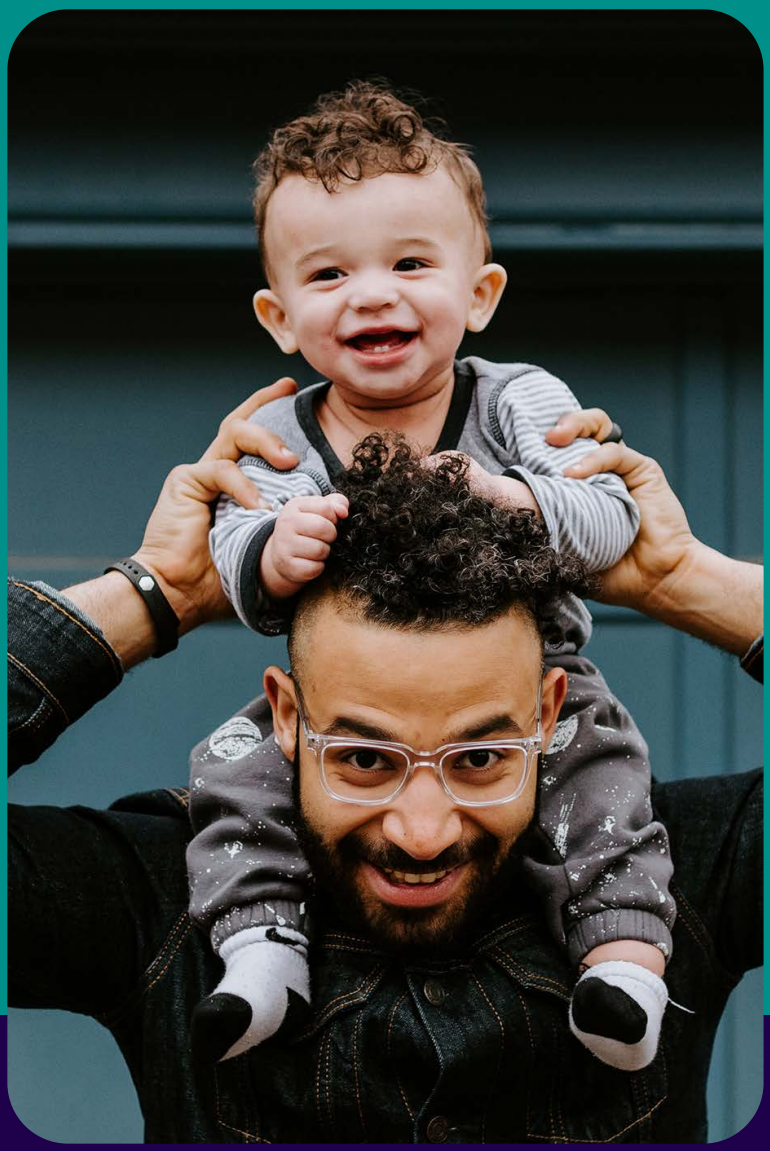
NOW HEALTH INTERNATIONAL

《全球保》个人与家庭医疗保险简述 WorldCare At a Glance



Individuals and families

《全球保》概览 WorldCare At a Glance

《全球保》尊安 WorldCare Essential	《全球保》尊乐 WorldCare Advance	《全球保》尊爱 WorldCare Excel	《全球保》尊享 WorldCare Apex
年度最高保障限额 Annual maximum up to USD 3m	年度最高保障限额 Annual maximum up to USD 3.5m	年度最高保障限额 Annual maximum up to USD 4m	年度最高保障限额 Annual maximum up to USD 4.5m
✓ 住院及日间留院护理 In-patient and day-patient care	✓ 住院及日间留院护理 In-patient and day-patient care	✓ 住院及日间留院护理 In-patient and day-patient care	✓ 住院及日间留院护理 In-patient and day-patient care
✓ 门诊医生费用保障 Out-patient charges	✓ 门诊护理 Out-patient care	✓ 门诊护理 Out-patient care	✓ 门诊护理 Out-patient care
✗ 生育保障 Routine maternity care	✓ 更年期激素替代治疗 Menopause Hormone Replacement Therapy	✓ 更年期激素替代治疗 Menopause Hormone Replacement Therapy	✓ 更年期激素替代治疗 Menopause Hormone Replacement Therapy
○ 门诊医生费用保障 – 选项1/2/3 Out-patient charges – Option 1/2/3	✗ 生育保障 Routine maternity care	✓ 例行及复杂牙科治疗 Routine & complex dental treatment	✓ 例行及复杂牙科治疗 Routine & complex dental treatment
○ 例行及复杂牙科治疗 Routine & complex dental treatment	○ 例行及复杂牙科治疗 Routine & complex dental treatment	✗ 生育保障 Routine maternity care	✓ 生育保障(20%自付比例) Routine maternity care (20% Co-insurance)
○ 更年期激素替代治疗 Menopause Hormone Replacement Therapy	○ 免赔额 Annual deductible	○ 免赔额 Annual deductible	○ 免赔额 Annual deductible
○ 免赔额 Annual deductible	○ 门诊每次就诊免赔额 (15美元 /25美元) Out-patient per visit excess (USD 15/USD 25)	○ 门诊每次就诊免赔额 (15美元 /25美元) Out-patient per visit excess (USD 15/USD 25)	○ 门诊每次就诊免赔额 (15美元 /25美元) Out-patient per visit excess (USD 15/USD 25)
○ 门诊费用的自付比例 (10%/20%) Co-insurance out-patient treatment (10%/20%)	○ 门诊费用的自付比例 (10%/20%) Co-insurance out-patient treatment (10%/20%)	○ 门诊费用的自付比例 (10%/20%) Co-insurance out-patient treatment (10%/20%)	○ 门诊费用的自付比例 (10%/20%) Co-insurance out-patient treatment (10%/20%)
○ 美国境内的选择性治疗 USA elective treatment	○ 美国境内的选择性治疗 USA elective treatment	○ 美国境内的选择性治疗 USA elective treatment	○ 美国境内的选择性治疗 USA elective treatment
○ 转运和送返的增强保障 Extended evacuation and repatriation	○ 转运和送返的增强保障 Extended evacuation and repatriation	○ 转运和送返的增强保障 Extended evacuation and repatriation	○ 转运和送返的增强保障 Extended evacuation and repatriation
○ 体检、眼科、疫苗 – 选项1 Wellness, optical and vaccinations – Option 1	○ 体检、眼科、疫苗 – 选项1, 2 Wellness, optical and vaccinations – Option 1, 2	○ 体检、眼科、疫苗 – 选项1, 2 Wellness, optical and vaccinations – Option 1, 2	○ 体检、眼科、疫苗 – 选项1, 2 Wellness, optical and vaccinations – Option 1, 2
○ 体检、疫苗 – 选项3 Wellness and vaccinations – Option 3	○ 体检、疫苗 – 选项3 Wellness and vaccinations – Option 3	○ 体检、疫苗 – 选项3 Wellness and vaccinations – Option 3	○ 体检、疫苗 – 选项3 Wellness and vaccinations – Option 3
○ 香港的病房限制 HK hospital room restriction	○ 香港的病房限制 HK hospital room restriction	○ 香港的病房限制 HK hospital room restriction	○ 香港的病房限制 HK hospital room restriction
○ 香港和中国大陆的病房限制 HK & PRC hospital room restriction	○ 香港和中国大陆的病房限制 HK & PRC hospital room restriction	○ 香港和中国大陆的病房限制 HK & PRC hospital room restriction	○ 香港和中国大陆的病房限制 HK & PRC hospital room restriction
○ 香港选用的医疗网络 HK preferred provider network	○ 香港选用的医疗网络 HK preferred provider network	○ 香港选用的医疗网络 HK preferred provider network	○ 香港选用的医疗网络 HK preferred provider network
○ 香港的昂贵医院限制 HK High Cost Provider Restriction	○ 香港的昂贵医院限制 HK High Cost Provider Restriction	○ 香港的昂贵医院限制 HK High Cost Provider Restriction	○ 香港的昂贵医院限制 HK High Cost Provider Restriction
			○ 移除生育保障 Removal of Maternity

✓ 全额赔偿 Full refund　✗ 不予承保 Not covered　○ 可供选项 Optional

《全球保》保障一览表 WorldCare Benefit Schedule

保障 Benefit	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
年度最高保障限额 Annual Maximum Plan Limit	美元 USD 3m	美元 USD 3.5m	美元 USD 4m	美元 USD 4.5m
1. 慢性病症 Maintenance of Chronic Medical Conditions	不予承保 Not covered	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
2. 医院收费、医生和专科医生费用 Hospital Charges, Medical Practitioner and Specialist Fees (i) 住院或日间留院治疗的费用 Hospital charges for in-patient and day-patient treatment (ii) 耐用医疗器材、义肢和矫正器用品收费 Durable Medical Equipment, Prosthetic and Orthotic Supplies charges (DMEPOS)	(i) 全额赔偿 Full refund (ii) 每个医疗状况 最高限额2,000美元 Up to USD 2,000 per medical condition	(i) 全额赔偿 Full refund (ii) 每个医疗状况 最高限额2,000美元 Up to USD 2,000 per medical condition	(i) 全额赔偿 Full refund (ii) 每个医疗状况 最高限额3,000美元 Up to USD 3,000 per medical condition	(i) 全额赔偿 Full refund (ii) 每个医疗状况 最高限额4,000美元 Up to USD 4,000 per medical condition
3. 诊断程序 Diagnostic Procedures	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
4. 紧急救护运送费用 Emergency Ambulance Transportation	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
5. 家长住宿费用 Parent Accommodation	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
6. 肾衰竭和肾透析 Renal Failure and Renal Dialysis (i) 住院接受肾衰竭（包括肾透析）治疗时的医疗费用 Treatment of renal failure, including renal dialysis on an in-patient basis (ii) 日间留院或在门诊部接受肾衰竭（包括肾透析）治疗时的医疗费用 Treatment of renal failure, including renal dialysis on an a day-patient or out-patient basis	(i) 全额赔偿 住院期间手术前后护理 Full refund for in-patient pre and post-operative care (ii) 最高限额50,000美元 Up to USD 50,000	(i) 全额赔偿 Full refund (ii) 最高限额100,000美元 Up to USD 100,000	(i) 全额赔偿 Full refund (ii) 最高限额100,000美元 Up to USD 100,000	(i) 全额赔偿 Full refund (ii) 最高限额100,000美元 Up to USD 100,000
7. 器官移植 Organ Transplant (i) 治疗时的医疗费用 Treatment (ii) 器官捐献者的医疗费用 Donor medical costs	(i) 全额赔偿 Full refund (ii) 最高限额50,000美元 Up to USD 50,000	(i) 全额赔偿 Full refund (ii) 最高限额50,000美元 Up to USD 50,000	(i) 全额赔偿 Full refund (ii) 最高限额50,000美元 Up to USD 50,000	(i) 全额赔偿 Full refund (ii) 最高限额50,000美元 Up to USD 50,000
8. 癌症治疗 Cancer Treatment	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
9. 怀孕期间出现的医疗状况 Pregnancy Medical Conditions	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
10. 新生婴儿保障 New Born Cover	最高限额100,000美元 Up to USD 100,000	最高限额100,000美元 Up to USD 100,000	最高限额125,000美元 Up to USD 125,000	最高限额150,000美元 Up to USD 150,000
11. 新生婴儿陪伴母亲的医院住宿费用 Hospital Accommodation for New Born Accompanying their Mother	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
12. 先天性疾病 Congenital Disorder	最高限额100,000美元 Up to USD 100,000	最高限额100,000美元 Up to USD 100,000	最高限额125,000美元 Up to USD 125,000	最高限额150,000美元 Up to USD 150,000
13. 整形外科手术 Reconstructive Surgery	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
14. 康复治疗 Rehabilitation	每个医疗状况的符合条件 住院治疗全额赔偿最高达30日 Full refund for eligible In-patient Treatment only up to 30 days per medical condition	每个医疗状况的符合条件 全额赔偿最高达180日 Full refund for up to 180 days per medical condition	全额赔偿 Full refund	全额赔偿 Full refund
15. 紧急住院牙科治疗 In-Patient Emergency Dental Treatment	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
16. 住院精神疾病治疗 In-Patient Psychiatric Treatment	全额赔偿最长期限为30日 Full refund for up to 30 days	全额赔偿最长期限为30日 Full refund for up to 30 days	全额赔偿最长期限为30日 Full refund for up to 30 days	全额赔偿最长期限为30日 Full refund for up to 30 days
17. 终末期疾病 Terminal Illness	住院和日间留院治疗 终生最高限额为50,000美元 In-patient and Day-patient treatment up to USD 50,000 lifetime limit	终生最高限额为50,000美元 Up to USD 50,000 lifetime limit	终生最高限额为75,000美元 Up to USD 75,000 lifetime limit	终生最高限额为100,000美元 Up to USD 100,000 lifetime limit
18. 美国境内的紧急非选择性治疗 Emergency Non-Elective Treatment USA Cover	意外后的住院和日间留院治疗 全额赔偿 Full refund for accident requiring in-patient or day-patient care 疾病：住院和日间留院治疗 最高限额25,000美元 Illness: in-patient and day-patient care up to USD 25,000 医院急诊部之门诊治疗: 每个保险期内最高限额500美元 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500	意外后的住院和日间留院治疗 全额赔偿 Full refund for accident requiring in-patient or day-patient care 疾病：住院和日间留院治疗 最高限额25,000美元 Illness: in-patient and day-patient care up to USD 25,000 医院急诊部之门诊治疗: 每个保险期内最高限额500美元 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500	意外后的住院和日间留院治疗 全额赔偿 Full refund for accident requiring in-patient or day-patient care 疾病：住院和日间留院治疗 最高限额35,000美元 Illness: in-patient and day-patient care up to USD 35,000 医院急诊部之门诊治疗: 每个保险期内最高限额500美元 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500	意外后的住院和日间留院治疗 全额赔偿 Full refund for accident requiring in-patient or day-patient care 疾病：住院和日间留院治疗 最高限额50,000美元 Illness: in-patient and day-patient care up to USD 50,000 医院急诊部之门诊治疗: 每个保险期内最高限额500美元 Out-Patient Treatment in an Accident and Emergency Department in a hospital up to USD 500

全额赔偿 Full refund　不予承保 Not covered　有限承保 Subject to limits　可供选项 Optional

保障 Benefit	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
19. 转运和送返 **Evacuation and Repatriation** 转运Evacuation (i) 运送的交通费用 Transportation costs (ii) 往返医院赴诊时的当地合理交通费用 Reasonable local travel costs to and from medical appointments (iii) 当地随行照料人员往返医院时合理交通费用 Reasonable travel costs for a locally-accompanying person (iv) 合理非医院住宿费用 Non-hospital accommodation costs 完成治疗后安排返回国籍所居国或其居住地 Repatriation to country of residence or nationality following treatment	(i) 全额赔偿 Full refund (i) 全额赔偿 Full refund (i) 全额赔偿 Full refund (iv) 每日最高限额200美元 每人每次转运 最高限额7,500美元 Up to USD 200 per day, up to USD 7,500 per person, per evacuation 全额赔偿 Full refund	(i) 全额赔偿 Full refund (i) 全额赔偿 Full refund (i) 全额赔偿 Full refund (iv) 每日最高限额200美元 每人每次转运 最高限额7,500美元 Up to USD 200 per day, up to USD 7,500 per person, per evacuation 全额赔偿 Full refund	(i) 全额赔偿 Full refund (i) 全额赔偿 Full refund (i) 全额赔偿 Full refund (iv) 每日最高限额200美元 每人每次转运 最高限额7,500美元 Up to USD 200 per day, up to USD 7,500 per person, per evacuation 全额赔偿 Full refund	(i) 全额赔偿 Full refund (i) 全额赔偿 Full refund (i) 全额赔偿 Full refund (iv) 每日最高限额300美元 每人每次转运 最高限额10.000美元 Up to USD 300 per day, up to USD 10,000 per person, per evacuation 全额赔偿 Full refund
20. 遗体运送 **Mortal Remains** (i) 运送被保险人遗体或骨灰至国籍所居国或居住地时的费用 Transportation of body or ashes of insured person to country of residence or country of nationality (ii) 死亡所在地的土葬或火葬时产生的费用 Burial or cremation costs at the place of death	(i) 全额赔偿 Full refund (ii) 最高限额10,000美元 Up to USD 10,000	(i) 全额赔偿 Full refund (ii) 最高限额10,000美元 Up to USD 10,000	(i) 全额赔偿 Full refund (ii) 最高限额15,000美元 Up to USD 15,000	(i) 全额赔偿 Full refund (ii) 最高限额20,000美元 Up to USD20,000
21. 住院现金津贴 **Hospital Cash Benefit** (i) 住院治疗 In-Patient Treatment (ii) 重大选择性手术 Major Elective Surgeries 9 个月等待期适用于项目(ii) A 9 month waiting period applies to (ii)	(i) 每次入院 200 美元 Up to USD 200 per admission (ii) 每次重大选择性手术 Up to USD 1,000 per Major Elective Surgery	(i) 每次入院 200 美元 Up to USD 200 per admission (ii) 每次重大选择性手术 Up to USD 1,000 per Major Elective Surgery	(i) 每次入院 200 美元 Up to USD 200 per admission (ii) 每次重大选择性手术 Up to USD 1,000 per Major Elective Surgery	(i) 每次入院 200 美元 Up to USD 200 per admission (ii) 每次重大选择性手术 Up to USD 1,000 per Major Elective Surgery
22. 门诊医生费用保障 **Out-Patient Charges** (i) 医生收费 Medical practitioner fees (ii) 远程医疗咨询 Teleconsultation (iii) 维生素和矿物质 Vitamins and minerals	(i) 和 (ii) 每个保险期内的每个医疗状况的门诊医生费用，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2,000美元 (i) and (ii) Pre-operative consultations within 15 days from the admission and post hospitalisation consultation within 30 days following discharge from hospital up to maximum USD 2,000 per medical condition (iii) 不予承保 Not covered	(i) 和 (ii) 全额赔偿 (i) and (ii) Full refund (iii) 每个保险期内 最高限额150美元 Up to USD 150 per period of cover	(i) 和 (ii) 全额赔偿 (i) and (ii) Full refund (iii) 每个保险期内 最高限额150美元 Up to USD 150 per period of cover	(i) 和 (ii) 全额赔偿 (i) and (ii) Full refund (iii) 每个保险期内 最高限额150美元 Up to USD 150 per period of cover
23. 更年期激素替代治疗 **Menopause Hormone Replacement Therapy**	不予承保 Not covered	每个保险期内 最高限额500美元 Up to USD 500 per Period of Cover	每个保险期内 最高限额600美元 Up to USD 600 per Period of Cover	每个保险期内 最高限额750美元 Up to USD 750 per Period of Cover
24. 日间留院和门诊手术 **Day-Patient and Out-Patient Surgery**	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund	全额赔偿 Full refund
25. 门诊精神疾病治疗 **Out-Patient Psychiatric Illness**	不予承保 Not covered	每个保险期内最高限额2,500美元,最多十次治疗 Up to USD 2,500 and subject to a maximum of 10 sessions per Period of Cover	每个保险期内最高限额5,000美元,最多十五次治疗 Up to USD 5,000 and subject to a maximum of 15 sessions per Period of Cover	每个保险期内最高限额7,500美元，最多二十次治疗 Up to USD 7,500 and subject to a maximum of 20 sessions per Period of Cover
26. 门诊物理治疗和替代疗法 **Out-Patient Physiotherapy and Alternative Therapies** (i) 由获得执业许可的物理治疗师提供的物理治疗费用。 Physiotherapy by a registered physiotherapist. (ii) 被保险人接受理疗师的辅助药物和治疗，此类赔偿可包括整骨疗法、手足病治疗和足病治疗、整脊疗法、顺势疗法、饮食疗法和针灸疗法的费用。物理治疗的医疗费用(i)将不包含于此保障。 Complementary medicine and treatment by a therapist. This benefit extends to osteopaths, chiropodists and podiatrists, chiropractors, homeopaths, dietician and acupuncture treatment but excludes physiotherapist covered in (i). 我们将不承保一般的足病治疗或足病诊疗的费用。 We do not cover charges for general chiropody or podiatry.	(i) 住院后30天内最多5次就诊 Up to 5 sessions within 30 days after hospitalisation (ii) 不予承保 Not covered	(i) 全额赔偿 最高达30次 Full refund up to a maximum 30 sessions (ii) 全额赔偿 最高达30次 Full refund up to a maximum of 30 visits	(i) 全额赔偿 Full refund (ii) 全额赔偿 Full refund	(i) 全额赔偿 Full refund (ii) 全额赔偿 Full refund
27. 门诊中医治疗和阿育吠陀治疗 **Out-Patient Traditional Chinese Medicine and Ayurvedic Medicine** 门诊治疗由中医执业医师或阿育吠陀医学执业医师治疗。 ***Out-Patient Treatment*** *for therapies administered by a recognised Traditional Chinese* ***Medical Practitioner*** *or an Ayurvedic* ***Medical Practitioner****.*	不予承保 Not covered	每个保险期内 最高限额 1,000美元 Up to USD 1,000 per Period of Cover	每个保险期内 最高限额 1,500美元 Up to USD 1,500 per Period of Cover	每个保险期内 最高限额 3,000美元 Up to USD 3,000 per Period of Cover

全额赔偿 Full refund | 不予承保 Not covered | 有限承保 Subject to limits | 可供选项 Optional

保障 Benefit	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
28. 家居护理 **Nursing Care at Home** *(i) 合格护士提供护理的费用* *Care given by a qualified nurse* *(ii) 全科医生在正常门诊时间之外紧急出诊的费用* *Emergency out-of-hours medical practitioner (GP) home visits*	*(i) 每日最高限额为100美元* *每个保险期内最高达30日* *Up to USD 100 per day, up to 30 days per medical condition* *(ii) 不予承保* *Not covered*	*(i) 每个医疗状况全额赔偿* *最高达45日* *Full refund up to 45 days per medical condition* *(ii) 不予承保* *Not covered*	*(i) 每个医疗状况全额赔偿* *最高达60日* *Full refund up to 60 days per medical condition* *(ii) 不予承保* *Not covered*	*(i) 每个医疗状况全额赔偿* *最高达120日* *Full refund up to 120 days per medical condition* *(ii) 最多高达5次* *Up to five visits*
29. 艾滋病 **AIDS** *保障提供仅限于被保险人已连续投保三年或以上* *Cover only available after three years of continuous membership*	*住院及日间留院治疗* *最高限额25,000美元* *In-patient and day-patient treatment only up to USD 25,000*	*最高限额25,000美元* *Up to USD 25,000*	*最高限额40,000美元* *Up to USD 40,000*	*最高限额50,000美元* *Up to USD 50,000*
30. 生育保障 **Maternity** *保险合同生效日期之后的12个月内产生的任何费用将不予赔付* *Costs incurred within 12 months of plan start date are excluded*	*不予承保* *Not covered*	*不予承保* *Not covered*	*不予承保* *Not covered*	*最高限额17,500美元* *Up to USD 17,500*
31. 牙科 **Dental Care** *(i) 例行牙科治疗* *Routine dental treatment* *(ii) 复杂的牙科治疗* *Complex dental treatment* *保险合同生效日期之后的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。* *Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies.* *所有畸齿矫正治疗有50%的自付比例。* *Orthodontics subject to 50% co-insurance.*	*(i) 不予承保* *Not covered* *(ii) 不予承保* *Not covered*	*(i) 不予承保* *Not covered* *(ii) 不予承保* *Not covered*	*(i) 最高限额1,000美元* *Up to USD 1,000* *(ii) 最高限额2,000美元* *Up to USD 2,000*	*(i) 最高限额1,500美元* *Up to USD 1,500* *(ii) 最高限额3,000美元* *Up to USD 3,000*

全额赔偿 *Full refund* | *不予承保* *Not covered* | *有限承保* *Subject to limits* | 可供选项 *Optional*

保障 Benefit	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
附加选项 Additional options				
32. 牙科 Dental Care *(i) 例行牙科治疗 Routine dental treatment* *(ii) 复杂的牙科治疗 Complex dental treatment* *保险合同生效日期之后的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。 Costs incurred within nine months of plan start date are excluded. A co-insurance of 20% applies.*	▶ *(i) 可供选项 Optional* *每个保险期内 最高限额250美元 Up to USD 250 per Period of Cover* ▶ *(ii) 可供选项 Optional* *每个保险期内 最高限额1,000美元 Up to USD 1,000 per Period of Cover*	▶ *(i) 可供选项 Optional* *每个保险期内 最高限额250美元 Up to USD 250 per Period of Cover* ▶ *(ii) 可供选项 Optional* *每个保险期内 最高限额1,000美元 Up to USD 1,000 per Period of Cover*	*已予承保 Already covered*	*已予承保 Already covered*
33. 美国境内的选择性治疗 USA Elective Treatment	▶ *可供选项 Optional* *最高限额150万美元 Up to USD 1.5m*	▶ *可供选项 Optional* *最高限额150万美元 Up to USD 1.5m*	▶ *可供选项 Optional* *最高限额150万美元 Up to USD 1.5m*	▶ *可供选项 Optional* *最高限额150万美元 Up to USD 1.5m*
34. 门诊费用的自付比例 Co-Insurance Out-Patient Treatment *(i) 10%门诊费用的自付比例 10% Co-Insurance Out-Patient Treatment* *(ii) 20%门诊费用的自付比例 20% Co-Insurance Out-Patient Treatment*	▶ *(i) 可供选项 Optional* ▶ *(ii) 可供选项 Optional*	▶ *(i) 可供选项 Optional* ▶ *(ii) 可供选项 Optional*	▶ *(i) 可供选项 Optional* ▶ *(ii) 可供选项 Optional*	▶ *(i) 可供选项 Optional* ▶ *(ii) 可供选项 Optional*
35. 门诊医生费用保障 Out-Patient Charges *(i) 医生收费 Medical practitioner fees* *(ii) 远程医疗咨询 Teleconsultation* *(iii) 维生素和矿物质 Vitamins and minerals* *此保障 (i), (ii), (iii) 应替代本保险合同第22款 – 门诊医生费用。 This Benefit (i), (ii) and (iii) replaces Benefit 22 – Out-Patient Charges.* *(iv) a. 物理治疗 Physiotherapy* *b. 治疗师治疗 Treatment by Therapist* *c. 中医治疗和阿育吠陀治疗 Treatment for therapies by traditional Chinese medical practitioner or an ayurvedic medical practitioner* *(v) 门诊精神疾病治疗 Out Patient Psychiatric Illness* *此保障 应替代本保险合同第25款 – 门诊精神疾病治疗。 This Benefit replaces Benefit 25 – Out-Patient psychiatric illness* *(vi) 更年期激素替代治疗 Menopause Hormone Replacement Therapy* *此保障 应替代本保险合同第23款 – 更年期激素替代治疗。 This Benefit replaces Benefit 23 – Menopause Hormone Replacement Therapy*	▶ *可供选项 Optional* ▶ *(i) 和 (ii) 最高限额5,000美元 (i)and (ii) Up to USD 5,000* ▶ *(iii) 每个保险期内门诊医生费用最高限额150美元 Up to USD 150 per period of cover in aggregate of overall Out-Patient Charges Benefit limit* ▶ *(iv) 全额赔偿 10次就诊此物理治疗就诊最高限额10次, 此保障应替代本保险合同第26款 Full refund up to 10 sessions Physiotherapy is limited to 10 sessions and not in addition to Benefit 26.* ▶ *(v) 每个保险期内最高限额500美元和每个保险期内最高限额10次 Up to USD 500 per period of cover and subject to a maximum of 10 sessions per period of cover* ▶ *(vi) 每个保险期内 最高限额400美元 Up to USD 400 per Period of Cover*	*已予承保 Already covered*	*已予承保 Already covered*	*已予承保 Already covered*

▶ *全额赔偿 Full refund* ▶ *不予承保 Not covered* ▶ *有限承保 Subject to limits* ▶ *可供选项 Optional*

保障 Benefit	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
36. 门诊医生费用保障 — 选项2 **Out-Patient Charges – Option 2** *(i) 医生收费和慢性疾病治疗费用* *Medical practitioner fees and maintenance of chronic conditions* *(ii) 远程医疗谘询* *Teleconsultation* *(iii) 维生素和矿物质* *Vitamins and minerals* *此保障 (i), (ii), (iii) 应替代本保险合同第22款 – 门诊医生费用。* *This Benefit (i), (ii) and (iii) replaces Benefit 22 – Out-Patient Charges.* *(iv) a. 物理治疗* *Physiotherapy* *b. 治疗师治疗* *Treatment by Therapist* *c. 中医治疗和阿育吠陀治疗* *Treatment for therapies by traditional Chinese medical practitioner or an ayurvedic medical practitioner* *(v) 门诊精神疾病治疗* *Out Patient Psychiatric Illness* *此保障 应替代本保险合同第25款 – 门诊精神疾病治疗。* *This Benefit replaces Benefit 25 – Out-Patient psychiatric illness* *(vi) 更年期激素替代治疗* *Menopause Hormone Replacement Therapy* *此保障 应替代本保险合同第23款 – 更年期激素替代治疗。* *This Benefit replaces Benefit 23 – Menopause Hormone Replacement Therapy*	*可供选项* *Optional* *(i) 和 (ii)* *最高限额5,000美元* *(i)and (ii)* *Up to USD 5,000* *(iii) 每个保险期内门诊医生费用最高限额150美元* *Up to USD 150 per period of cover in aggregate of overall Out-Patient Charges Benefit limit* *(iv) 全额赔偿* *10次就诊此物理治疗就诊最高限额10次, 此保障应替代本保险合同第26款* *Full refund up to 10 sessions Physiotherapy is limited to 10 sessions and not in addition to Benefit 26.* *(v) 每个保险期内最高限额500美元及每个保险期内最高限额10次* *Up to USD 500 per period of cover and subject to a maximum of 10 sessions per period of cover* *(vi) 每个保险期内最高限额400美元* *Up to USD 400 per Period of Cover*	*已予承保* *Already covered*	*已予承保* *Already covered*	*已予承保* *Already covered*
37. 门诊医生费用保障 — 选项3 **Out-Patient Charges – Option 3** *(i) 紧急门诊保障* *Emergency Out-Patient Benefit* *(ii) 手术前后的门诊费用* *Pre and Post-Operative Out-Patient Charges:* *a. 医生收费* *Medical Practitioner fees* *b. 远程医疗谘询* *Teleconsultation* *c. 由获得执业许可的物理治疗师提供的物理治疗费用* *Physiotherapy by a Registered Physiotherapist* *此可供选项的保障应替代本保险合同第22款 – 门诊医生费用和第26款 – 门诊物理治疗和替代疗法。* *This Benefit replaces Benefit 22- Out-Patient Charges and Benefit 26 – Out-Patient Physiotherapy and Alternative Therapies.*	*(i) 每个保险期内最高限额300美元和每次就诊免赔额25美元* *Up to USD 300 per Period of Cover in aggregate and subject to USD 25 Out-Patient Per Visit Excess* *(ii) 每个保险期内每个医疗状况综合最高限额为3,500美元* *Up to USD USD 3,500 per Medical Condition per Period of Cover* *住院后90天内最多5次物理治疗* *Physiotherapy is up to 5 sessions within 90 days following hospitalisation in aggregate.*	*不予承保* *Not covered*	*不予承保* *Not covered*	*不予承保* *Not covered*
38. 体检、眼科、疫苗 **Wellness, Optical and Vaccinations**	*综合最高限额500 美元* *Combined limit up to USD 500* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*	*综合最高限额500 美元* *Combined limit up to USD 500* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*	*综合最高限额500 美元* *Combined limit up to USD 500* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*	*综合最高限额500 美元* *Combined limit up to USD 500* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*
39. 体检、眼科、疫苗 — 选项2 **Wellness, Optical and Vaccinations – Option 2**	*不予承保* *Not covered*	*综合最高限额1,000美元* *Combined limit up to USD 1,000* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*	*综合最高限额1,000美元* *Combined limit up to USD 1,000* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*	*综合最高限额1,000美元* *Combined limit up to USD 1,000* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*
40. 体检、疫苗 — 选项3 **Wellness and Vaccinations – Option 3**	*综合最高限额250美元* *Combined limit up to USD 250* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*	*综合最高限额250美元* *Combined limit up to USD 250* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*	*综合最高限额250美元* *Combined limit up to USD 250* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*	*综合最高限额250美元* *Combined limit up to USD 250* *选择此选项后6个月内才可享有保障* *Cover only available six months after selecting this Option*
41. 香港病房限制 **HK Hospital Room Restriction**	*可供选项* *Optional*	*可供选项* *Optional*	*可供选项* *Optional*	*可供选项* *Optional*
42. 香港和中国大陆的病房限制 **HK & PRC Hospital Room Restriction**	*可供选项* *Optional*	*可供选项* *Optional*	*可供选项* *Optional*	*可供选项* *Optional*
43. 香港优选医疗网络 **HK Preferred Provider Network**	*可供选项* *Optional*	*可供选项* *Optional*	*可供选项* *Optional*	*可供选项* *Optional*
44. 香港昂贵医院限制(在港安医院、养和医院和明德医院30%自付比例于住院、日间留院及门诊费用) **HK High Cost Provider Restriction (30% Co-Insurance In/Day/Out-Patient at Adventist, Sanitorium and Matilda Hospital Networks)**	*可供选项* *Optional*	*可供选项* *Optional*	*可供选项* *Optional*	*可供选项* *Optional*

全额赔偿 Full refund | *不予承保 Not covered* | *有限承保 Subject to limits* | *可供选项 Optional*

保障 Benefit	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
45. 转运和送返的增强保障 Extended Evacuation and Repatriation	可供选项 Optional	可供选项 Optional	可供选项 Optional	可供选项 Optional
46. 移除生育保障 Removal of Maternity	不予承保 Not covered	不予承保 Not covered	不予承保 Not covered	可供选项 Optional

保障 Benefit	尊安 Essential	尊乐 Advance	尊爱 Excel	尊享 Apex
免赔额选项 Deductible Options				
标准免赔额 Standard Deductible	零 Nil	零 Nil	零 Nil	零 Nil
自选免赔额 Optional Deductibles	美元 USD 150	美元 USD 150	美元 USD 150	美元 USD 150
	美元 USD 250	美元 USD 250	美元 USD 250	美元 USD 250
	美元 USD 500	美元 USD 500	美元 USD 500	美元 USD 500
	美元 USD 1,000	美元 USD 1,000	美元 USD 1,000	美元 USD 1,000
	美元 USD 2,500	美元 USD 2,500	美元 USD 2,500	美元 USD 2,500
	美元 USD 5,000	美元 USD 5,000	美元 USD 5,000	美元 USD 5,000
	美元 USD 10,000	美元 USD 10,000	美元 USD 10,000	美元 USD 10,000
	美元 USD 15,000	美元 USD 15,000	美元 USD 15,000	美元 USD 15,000
门诊每次就诊免赔额 Out-Patient Per Visit Excess	不予承保 Not covered	可供选项 Optional 美元 USD 25	可供选项 Optional 美元 USD 25	可供选项 Optional 美元 USD 25
门诊每次就诊免赔额 — 选项2 Out-Patient Per Visit Excess – Option 2	不予承保 Not covered	可供选项 Optional 美元 USD 15	可供选项 Optional 美元 USD 15	可供选项 Optional 美元 USD 15

责任免除 | Exclusions

- 恐怖主义行为、战争与违法行为
  Act of terrorism, war and illegal acts
- 行政与运输费用
  Administrative and shipping fee
- 酗酒与药物滥用
  Alcohol and drug abuse
- 过敏测试
  Allergy Testing
- 化学品暴露
  Chemical exposure
- 整容/美容治疗
  Cosmetic treatment
- 污染
  Contamination
- 慢性病 — 尊安保单适用
  Chronic conditions – Essential plan only
- 昏迷或植物人状态
  Coma or Vegetative State
- 免赔额、门诊每次就诊免赔额或自付比例
  Deductible, out-patient per visit excess or co-insurance
- 牙科护理 — 除非此为计划保障或为附加选项包含在保险合同中
  Dental care – unless this additional option has been chosen or included within the core benefits of the plan
- 发育异常
  Developmental disorders
- 食物补充品和洗化产品
  Dietary supplements and cosmetic products
- 进食失调
  Eating disorders
- 实验性治疗和药物
  Experimental treatment and drugs
- 外部器械和/或假体
  External appliance and or prosthesis
- 视力检查或视力矫正、听力检查、听力或视觉辅助 — 除非此保障包含在保险合同中
  Eyesight tests or vision correction, hearing tests, hearing or visual aids – except as stated in the benefit schedule
- 不遵医嘱
  Failure to follow medical advice
- 胎儿手术
  Foetal surgery
- 基因检测
  Genetic testing
- 高风险运动及工作
  Hazardous sports and pursuits
- 人类免疫缺陷病毒、艾滋病或性传染疾病 — 除非保障包含在保障一览表
  HIV, AIDS or sexually transmitted disease – except as stated in the benefit schedule
- 激素替代治疗 — 除非该医疗状况是因医疗干预所致
  HRT unless caused due to medical intervention
- 肥胖和减肥
  Obesity and weight loss
- 在护理院、疗养院、康体水疗院、健康度假村、健康水疗中心和自然疗法门诊的治疗
  Nursing homes, convalescence homes health hydros, health resorts, health spas and nature clinics
- 投保前疾病 — 除非保障预先获得保险人授权
  Pre-existing Medical Conditions – unless agreed by us in writing
- 怀孕或分娩 — 因怀孕或分娩、医疗上必需的和/或紧急剖腹产或自愿剖腹产而产生的费用不在承保范围之列，除非生育保障列在被保险人的保险合同中
  Pregnancy or maternity – costs relating to pregnancy or childbirth, medically necessary and/or emergency caesarean section, voluntary caesarean section, unless maternity benefits are shown on the certificate of insurance
- 职业体育运动
  Professional sports
- 不育症相关治疗
  Reproductive treatment and drugs
- 例行检验、健康检查 — 除非此保障已作为附加选项包含在保险合同中
  Routine examinations, health screening – unless this additional option has been chosen
- 第二诊疗意见 — 除非保障预先获得保险人授权
  Second opinions – unless agreed by us in writing
- 自残或试图自杀
  Self-inflicted injuries or attempted suicide
- 性问题和变性
  Sexual problems and gender reassignment
- 睡眠失调
  Sleep disorders
- 旅行/住宿费用 — 除非保障预先获得保险人授权
  Travel /accommodation costs – except those pre-authorised by the insurer
- 违反医生嘱咐的旅行费用
  Travelling against medical advice
- 来自家庭成员的治疗
  Treatment by a family member
- 超出合理及惯常收费范围的治疗费用
  Treatment charges outside of our reasonable and customary range
- 中医治疗
  Traditional Chinese Medicine

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