

太平人寿保险有限公司
TAIPING LIFE INSURANCE CO., LTD.
(以下简称本公司)



请扫描以查询验证条款

太平环球团体医疗保险条款（2007）

TaiPing Worldwide Group Health Plan（2007）

（2009 年 10 月经中国保险监督管理委员会备案）

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在保险期间内，我们将根据您所选择并缴纳了保费的保障利益，在本保险单约定的承保地区内，根据本保单及保险凭证规定的保险责任、除外责任及其他条款，为您提供保险服务和保险利益。

第一条 重要提示

一、既往症

不承担因被保险人在投保前已知的疾病或心理症状，或已经接受的治疗（包括处方药），或已经出现的症状直接或间接引起的理赔，但在投保时已告知我们并经我们书面同意承保的除外。

二、返回国籍所在国

被保险人返回国籍所在国：

1、如果在保险期间内，被保险人为外籍人士，且临时返回国籍所在国，同时该国家位于保险单列明的承保地区范围内，且已支付了相应的保费，我们将继续承担被保险人在国籍所在国停留累计不超过 90 日的本保险单的保险责任。

2、如果在保险期间内：

1) 被保险人永久返回国籍所在国，请及时联系我们以确定是否继续该保险。此条适用于被保险人为外籍人士（包括在中国大陆工作生活的香港、澳门或台湾人士）；

2) 被保险人永久居住在中国大陆以外地区的，请及时联系我们以确定是否继续该保险。此条适用于中国大陆人士（不包括在中国大陆工作生活的香港、澳门或台湾人士）。

三、到本保险单约定范围以外的地区旅行

若被保险人在保险期间内到其保险凭证约定承保范围以外的地区旅行累计未超过 30 天的，我们可承担其急诊医疗费用，但不承担此种情况下任何非紧急救援医疗的费用。

第二条 环球医疗保险计划的运作

本保险单所说的保险利益是指**我们为被保险人所签发的附于本保险单，并且是本保险单的重要组成部分的有效保险凭证中所载明的保险利益**，我们不承担任何未载明于保险凭证的保险利益。

We will provide the services and benefits described in this Policy during the period of insurance within the geographical limits, subject to the limits of cover and all other terms, conditions and exclusions contained in this Policy, and following payment of the appropriate premium for the level of cover selected, as stated on the Certificate of Insurance.

Provision 1. Important Note

1. Pre-existing Medical Conditions

No claim arising directly or indirectly from any known illness or psychological condition from which the insured person has suffered or for which the insured person has received medical treatment (including prescription drugs) or of which symptoms have manifested themselves prior to the insured person being first included for insurance under this Policy

2. Return To Home Country

Cover will continue for temporary return to the home country and visits to the home country up to a maximum of 90 days during the period of insurance for expatriates, provided the appropriate premium to include that geographical area has been paid.

During the period of insurance,

- i. If the insured person is expatriate (includes person from Hong Kong, Macao or Taiwan) and he/she is returning permanently to their home country, please contact us to discuss continuation options.
- ii. If the insured person is Chinese citizen (excludes person from Hong Kong, Macao or Taiwan) and he/she is permanently leaving mainland China, please contact us to discuss continuation options.

3. Travel Outside The Specified Geographical Area

When the insured person is traveling outside the countries of the geographical area specified on the Certificate issued to the insured person we will pay for emergency treatment only. This emergency cover will only operate when the insured person does not travel for more than 30 days in total in any one period of insurance.

Non-emergency treatment is not covered at all outside the geographical area specified on the Certificate.

Provision 2. How the healthcare plan operates

This Policy describes the benefits which are available, but the cover which will be provided to each insured person is that specified in the Certificate issued to the insured person which attaches to and forms part of this Policy. Any benefit not specified in the Certificate does not apply.

本保险在投保人及被保险人认可本保险单中所载明的术语、条款和除外责任，并经保险人同意接受投保申请后生效。

当被保险人发生残疾或死亡，由被保险人的法定代理人处理保险金。

我们将通过我们授权的环球保险服务机构代表被保险人向本保险单认可的医疗、怀孕护理及牙科治疗和提供者或者被保险人本人支付保险利益。

保险金的给付将由我们通过我们授权的环球保险服务机构的专门处理医疗索赔的理赔专员负责（请见第七条理赔申请及流程）。

犹豫期：当您阅读了保险单后认为并没有满足您的需求，请在保险单生效日后的 10 日内退还本保险单和保险凭证，如果在这期间您没有发生任何索赔或不存在任何在这 10 天内发生的可能导致索赔的情况，我们将退还您已缴纳的保险费，同时我们与您签署的保险合同无效。

第三条 释义

本保险单及保险凭证中出现的下列词汇将适用以下释义：

我们/保险人：

指太平人寿保险有限公司。

我们授权的环球保险服务机构：

指由我们授权负责向被保险人提供医疗服务安排和救援，并接受被保险人索赔，向被保险人支付保险金的服务机构。

意外伤害：

是指因外来的或暴力而引起的突发的、并不可预见的身体伤害。

保险凭证：

附属于本保险单的证明，载明了保险单持有人、被保险人、承保地区、保险期间，及特别约定和责任免除。

严重慢性病：

指拥有以下两个以上特点（含两个）的疾病或伤害：

1. 病情严重，病因复杂，没有已知的公认的治疗方法；
2. 永久的持续，复发或可能复发；

The insurance is effective only after the Policyholder has been accepted for cover by the Insurer and becomes, and remains, insured in accordance with the terms, provisions, conditions and exclusions laid down in this Policy.

In the event of the insured person's incapacity or decease, his / her legal personal representative shall have the right to act for him / her or his / her estate.

Benefits are payable on behalf of the insured person to the licensed providers of the medical, maternity care and / or dental treatment and service insured under this Policy, or alternatively are reimbursable to the insured person.

Benefit payments shall be processed by claims administrators, specialised in the handling of medical claims, who are appointed by the Insurer (see Claims Procedure).

Cooling off period: If, when reading your policy, you decide that it does not meet your requirements, please return the policy and certificate to us within 10 days of the commencement date. On condition that you have not made a claim or know of any circumstances that may lead to a claim, we will refund any premium you have paid. The contract between you and us will be annulled, which means it will be treated as if it had never existed.

Provision 3. Meaning Of Words

Wherever the following words and phrases shown below in CAPITALS appear in this Policy (and in the Certificate attaching to and forming part of the Policy) they will always have the meanings defined below.

We/Us or Insurer means TaiPing Life Insurance Co., Ltd

WISP (Worldwide Insurance Service Provider) means the service provider authorized by us to provide medical assistance and services to the Insured Persons. Also, WISP will process the claim arise from the Insured Person and handle claim payment.

ACCIDENT/INJURY means a sudden and unforeseen bodily injury caused by violent or external means.

CERTIFICATE means the document attaching to this Policy, stating amongst others the Policyholder, the insured person, the geographical area of cover, the period of insurance and any special terms and conditions or exclusions which apply to this Policy.

SERIOUS CHRONIC DISEASE means an illness or injury which has two or more of the following characteristics:

- It has serious condition with, complex cause and has no known recognized cure; ,
- It continues indefinitely, and likely to relapse or recurrence

3. 需要缓解治疗, 以及长期的监护、会诊、检查或检测;
4. 需要康复治疗或特别训练。

自负额:

指被保险人在每次治疗中根据保险凭证约定必须承担的费用。

生效日:

指在保险凭证中载明的保险单第一次生效的日期。

居住国:

指在投保申请单和保险凭证中载明的被保险人最主要的或次要的居住的国家。

参保日期:

指被保险人的保险责任开始的日期。

日间护理:

指医院提供的允许被保险人接受的治疗, 但无需延续到过夜的治疗。

免赔额:

指保险单载明的每次理赔时被保险人需要支付的固定金额。

附属被保险人:

指被保险人合法的配偶, 及被保险人的未婚子女、继子女、养子女, 并且被保险人在首次加入本保险或续保时其子女的年龄小于 19 周岁 (如果出示证明提示该子女全日制读书, 投保年龄可延迟到 25 周岁), 并且在经济上完全依赖被保险人。

直接付费医院:

直接付费指被保险人在任何网络内医院就诊时只需出示保险卡而无需支付现金, 但同时应负担自付额部分和不属保险范围内的费用。对于保险人承担的部分, 医院会直接与保险人结算。

选择的国家:

指在保险凭证中载明, 在投保申请单上已预先选择的符合保险单规定的承保地区内的被保险人因所保的医疗治疗而接受特定医疗项目的国家, 或后续因该类特定医疗项目的理赔而选择的国家。所选择的国家必须经我们证实是适合条款中载明的各种类型的治疗。

;

- Requires palliative treatment, as well as long-term monitoring, consultations, inspections, examinations or tests
- You need to be rehabilitated or specially trained to cope with it.

COINSURANCE means the proportion of costs for which the insured person remains responsible, when specified in the Certificate. The insured person must pay the coinsurance in respect of each diagnosed medical condition covered under this Policy.

COMMENCEMENT DATE means the date on which this Policy is first effected as specified in the Certificate.

COUNTRY OF RESIDENCE means the country or countries where the insured person has his / her primary and / or secondary home(s), as stated on the Application Form and specified in the Certificate.

DATE OF ENTRY means the date that cover first starts for an insured person.

DAY-CARE shall mean treatment provided in a hospital where an insured person is admitted but is not required, out of medical necessity, to stay overnight.

DEDUCTIBLE means the fixed amount each claim necessitated by each insured event which the insured person must pay, when specified in the appropriate Section of the Policy.

DEPENDANT means the insured person's legal spouse, and his / her unmarried child, step-child, foster child or legally adopted child - provided that such child is less than 19 years old on the date the insured person is first included under this Policy or at any subsequent renewal of the Policy (or less than 25 years old if it can be demonstrated that the child is continuing in full-time education) and is financially dependent on the insured person for support.

Direct billing hospital for any direct billing hospital in our network, the insured receives treatment without any cash payment as long as the insured presents his/her insurance card, however and the insured shall bear the co-payment or any expenses not covered by insurance. The insurer will settle its responsible payments directly with the hospital.

ELECTED COUNTRY means the country within the geographical area specified in the Certificate, pre-selected on the Application Form as the country where the insured person opts to receive any major intervention for covered medical treatment, or subsequently selected by the insured person for such major intervention in the event of a claim. The elected country must be approved by us as suitable for the provision of the required treatment.

紧急牙科治疗：

指因意外事故造成的口腔伤害，并在事故发生 48 小时内为了立刻减轻意外事故导致牙齿脱落或牙齿受伤而引起的痛苦而需要接受的口腔治疗。

紧急医疗运送或转运：

经我们授权的环球保险服务机构的 24 小时救援中心核实并同意，被保险人因遭受意外事故需要紧急运送到能提供合理的设备和护理的最近的医院，我们将承担此期间的运送费用和运送期间的护理费，并且该医院可以不在被保险人的居住国。

外籍人士：

指在护照签发地以外的国家生活或工作的人，包括在中国大陆工作生活的香港、澳门或台湾人士。

承保地区：

指在保险凭证上载明的，已缴纳了相应的保险费，且保险责任所适用的特定地区。

地区一：包括除以下地区外的全球所有其他地区：美国、安圭拉、安提瓜和巴布达、阿鲁巴岛、巴哈马群岛、巴巴多斯、百慕达、开曼群岛、古巴、Curaçao、多米尼加、多米尼加共和国、荷属安的列斯群岛（包括圣马丁）、格林纳达、瓜德罗普岛、海地、牙买加、马提尼克岛、波多黎各、圣基茨和尼维斯、圣鲁加、St. Vincent、特立尼达和多巴哥、维京群岛

地区二：包括全球所有国家。

家：

指保险凭证或投保申请单中列明的被保险人在居住国首要的或次首要的居住地。

国籍所在国：

指被保险人持有护照上或在投保申请单及保险凭证上列明的作为国籍的国家。家庭参加本保险计划时，则国籍所在国为投保申请单和保险凭证上载明的国籍所在国。

医院：

指在当地合法注册，并且有住院医师不间断监控的医疗机构。

疾病：

指经过医生适时诊断确诊的任何疾病、病症、失调或健康状况的改变。

EMERGENCY DENTAL TREATMENT means treatment necessary as a result of an accident/injury by an extra-oral impact, received within 48 hours from the date and time of the accident/injury for the immediate relief of pain caused by natural teeth being lost or damaged in an accident.

EMERGENCY MEDICAL TRANSFER OR EVACUATION means the medically necessary expense of emergency transportation when approved by our 24-hour Assistance Centre of WISP, and medical care during such transportation, to move an insured person who suffers a critical medical condition to the nearest suitable hospital where appropriate care and facilities are available, which may not necessarily be in the insured person's country of residence.

EXPATRIATE means a person living or working outside the country which he/she holds a passport. For the purpose of this Policy, persons from Hong Kong, Macao or Taiwan are considered as Expatriates.

GEOGRAPHICAL AREA means the Area specified in your Certificate for which the appropriate premium has been paid and to which cover applies:

AREA1: comprises all countries worldwide with the exception of the following: United States of America, Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Bermuda, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Dutch Antilles (including St. Maarten), Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Puerto Rico, St. Kitts-Nevis, St. Lucia, St. Vincent, Trinidad & Tobago, Virgin Islands.

AREA2: comprises all countries worldwide.

HOME means the insured person's primary and / or secondary home(s) within the country or countries of residence as stated on the Application Form and specified in the Certificate.

HOME COUNTRY means the country of which the insured person holds a passport or the country which is stated as the insured person's home country on the Application Form, as specified in the Certificate. When a family is covered under this Policy the home country will be deemed to be the single country stated on the Application Form and specified in the Certificate.

HOSPITAL means any institution under the constant supervision of a resident physician which is legally licensed as a medical or surgical hospital in the country where it is located.

ILLNESS means any sickness, disease, disorder or alteration in the insured person's medical condition as duly diagnosed by a physician.

住院:

指被保险人因医疗必须且入院占据床位至少超过一个晚上。但每次保险事故住院的总天数累计不超过 12 个月。

保险事故:

在保险期间及承保地区内, 因意外事故或疾病导致被保险人必须接受治疗。**特别提示:** 在保险期间内且已支付了合理的保费的情况下, 因意外事故或疾病导致被保险人必须接受治疗, 但不在承保地区以内, 我们只承担紧急情况下的保险责任, 并且在承保地区以外我们只承担累计 30 天的费用。

被保险人:

指保险单持有人指定的参加本保险计划的个人, 及其附属被保险人。所有被保险人都要在投保申请单上明示, 并且通过我们的审核及缴纳了相应的保费。

当地救护车服务:

指转出或转入医院时专用的有医疗设备的交通工具。

特定医疗项目:

指事先计划安排的治疗:

- 1、 包括在一般麻醉方法或脊椎麻醉方法下的手术治疗 (不包括生育), 并且该治疗根据医生的建议至少需要住院治疗 3 天。或者
- 2、 因意外伤害或疾病根据医生的建议至少需要住院治疗 7 天。或者
- 3、 需要化学疗法或放射性疗法的疾病。或者
- 4、 必须事先向我们提交并经我们同意的以下一种或多种治疗方案:
 - 特别复杂的外科手术;
 - 高风险的生育;
 - 通过成熟的技术和高度专业的医疗团队进行的医疗检查;
 - 加强的并且是长期的医学治疗。

医疗费用:

因意外伤害或疾病导致保险事故发生, 被保险人接受治疗所发生的按照当地标准合理的费用。

器官移植:

指移植肾、心脏、肺、肝脏移植、骨髓或骨髓的干细胞移植的医疗行为。但不包括人造心脏的培植。

IN-PATIENT means treatment provided in a hospital where an insured person is admitted and, out of medical necessity, occupies a bed for one or more nights but not exceeding 12 months in total for any one insured event.

INSURED EVENT means an accident or illness which arising during the period of insurance within the geographical area which entitles the insured person to receive treatment. Note: Accident or illness arising during the period of insurance but in a country outside the geographical area for which the appropriate premium has been paid will be deemed to be an insured event for the purposes of emergency treatment only, and on condition that no more than 30 days in total in any one period of insurance has been or will have been spent by the insured person outside the geographical area for which the appropriate premium has been paid.

INSURED PERSON means the individual who is included in the Program subscribed to by the Policyholder, together with any dependant, all of whom are described on a completed Application Form for this insurance and have been accepted for cover by us, and for whom the appropriate premium has been paid.

LOCAL AMBULANCE SERVICES shall mean the necessary medical transportation to or from a local hospital.

MAJOR INTERVENTION means scheduled treatment:

- i. Involving surgery under general or spinal/vertebral anaesthesia (excluding childbirth) which, according to our physicians, requires a minimum of 3 nights spent in hospital. OR
- ii. For accident or illness which, according to our physicians, requires a minimum of 7 nights spent in hospital. OR
- iii. For illness involving chemotherapy or radiotherapy. OR
- iv. Involving one or more of the following, subject to submission to us and with our prior approval:
 - exceptionally complicated surgical operations;
 - high risk childbirth;
 - examinations involving sophisticated technology and a highly-specialized team;
 - intensive medical therapies of a lengthy duration.

MEDICAL EXPENSES shall mean the usual reasonable and customary expenses incurred in the country where treatment is provided for treatment of an accident or illness as a result of an insured event.

ORGAN TRANSPLANT means medical treatment incurred in respect of kidney, heart, lung, liver, bone marrow or stem cell transplant, and does NOT include the implantation of an artificial heart.

门诊服务:

指提供给被保险人的或根据医生的建议无需住院治疗或无需接受医院的日间护理的, 或无需接受其他医疗设备的治疗。

缓解措施:

指以缓解病情, 减轻症状为目的而不是以治愈为目的治疗措施。

保险期间:

指保险凭证上载明的在保费已支付的条件下, 自保险单生效日起连续的 12 个月作为保险期间。

医生:

指在当地合法注册的开业医生, 并且经过所在国的法律的确认, 该医生在他的执照许可范围内所接受的训练能提供本保险单列明的专业治疗。包括我们授权的环球保险服务机构雇佣的、间接或直接合同签约的开业医生。

物理治疗:

在中国大陆地区之外发生的物理治疗是指发生保险事故后, 有执照的物理治疗医生出于医疗目的推荐的物理治疗方法。

在中国大陆地区发生的物理治疗是指应用人工物理因子(如光、电、磁、声、温热、寒冷等)来治疗疾病。相应的疗法有电疗、光疗、磁疗、热疗、冷疗、水疗, 以及超声波疗法等。在中国具体的项目必须符合全国医疗服务项目规范规定的项目, 但不包括泥疗, 蜡敷治疗, 气泡浴与药物浸浴治疗。

保险单持有人:

指投保本保险计划并代表被保险人支付或承担保费的公司、企业、组织或雇主。

既往症:

指被保险人在首次加入本保险单前已知的疾病或心理症状, 或已经接受的治疗(包括处方药), 或已经出现的症状。

处方药:

指被保险人购买和使用药品时必须出示医生的处方。购买时无需出示医生处方的药品不包括在处方药内, 并且不属于本保险承担的保险责任。

OUT-PATIENT SERVICES shall mean the medical treatment provided to the insured person or ordered by a physician when it is not medically necessary for an insured person to be admitted as an in-patient or day-care patient in a hospital or any other facility for medical care.

PALLIATIVE means treatment, the primary purpose of which is only to offer temporary relief of symptoms rather than to cure the illness or injury causing the symptoms.

PERIOD OF INSURANCE means the period of 12 consecutive months from the commencement date specified in the Certificate for which the appropriate premium has been paid.

PHYSICIAN means a legally licensed medical practitioner who is a doctor recognized by the law of the country where treatment covered under this Policy is provided and who, in rendering such treatment is practicing within the scope of his / her license and training. WISP's physicians are medical practitioners employed, contracted or sub-contracted by WISP.

PHYSIOTHERAPY outside Mainland China means treatment recommended by a physician for medical reasons following an insured incident and provided by a licensed Physiotherapist

PHYSIOTHERAPY inside Mainland China means application of physical factors (such as light, electricity, magnetism, sound, warm, cold, etc.) to treat disease. The corresponding therapy shall include electrotherapy, phototherapy, magnetism therapy, thermotherapy, cold therapy, hydrotherapy as well as ultrasound and other therapies. Specific physiotherapy services in China must comply with the National Medical Services Items, but does not include mud therapy, wax treatment, gas-bubble bath and drug bathing treatment.

POLICYHOLDER means the Company, Corporation, Organization or Employer which subscribes to this Program and pays or undertakes to pay the appropriate premium on behalf of the insured person(s).

PRE-EXISTING MEDICAL CONDITION means a known illness or psychological condition from which the insured person has suffered or for which the insured person has received medical treatment (including prescription drugs) or of which symptoms have manifested themselves prior to the insured person being first included for insurance under this Policy.

PRESCRIPTION DRUGS shall mean medications whose sale and use are legally restricted to the order of a physician. Items that may be purchased without a physician's prescription are not included in this Definition and are not covered by the insurance.

续保日：

保险单生效日对应的周年日。

治疗：

指被保险人经受意外事故或疾病以后需要接受的合理及必须的手术过程或治疗过程，及严重慢性病的长期护理过程。

毒品：

指中华人民共和国刑法规定的鸦片、海洛因、甲基苯丙胺（冰毒）、吗啡、大麻、可卡因以及国家规定管制的其他能够使人形成瘾癖的麻醉药品和精神药品，但不包括由医生开具并遵医嘱使用的用于治疗疾病但含有毒品成分的处方药品。

现金价值：

指保险单所具有的价值，通常体现为解除合同时，根据精算原理计算的，由本公司退还的那部分金额，即指扣除手续费后的保险费×未经过期间÷保险期间，未经过期间和保险期间以天数计算。

第四条 保险责任

我们对于每一被保险人在每一保险期间内发生的，在承保责任范围内的合理的必要的医疗费用，累计最高支付限额为人民币16,000,000元。如果本保险单终止或被保险人退出本保单，我们所承担的保险责任也将随之终止。

一、紧急医疗运送和转移

本项责任适用于精选型、舒适型和菁英型。

在保险期间内，如果被保险人在居住国境内或其在境外旅行时发生保险事故，根据我们授权的环球保险服务机构的医生的建议需要进行紧急医疗运送或转移的：

1、我们会安排将被保险人转送到离事发地最近的最合适的医疗机构，该医疗机构可能处于事发地以外的国家，并支付所有被保险人必需的医疗运送费用。如果被保险人已经住院的，我们会安排将被保险人转送到治疗设施更好或更合乎专业水准的医院。

RENEWAL DATE shall mean the annual anniversary of the commencement date.

TREATMENT shall mean any medically necessary surgical procedure or medical intervention which is required to treat an accident/injury or illness or to provide relief of a serious chronic condition.

NARCOTIC DRUGS shall mean opium, heroin, methyl benzedrine (methamphetamine hydrochloride), morphine, hemp and cocaine stipulated by China Criminal Law as well as any controlled addictive anesthetic and psychoactive drugs, but not including prescription drugs with narcotic ingredient to treat illness or bodily injury.

CASH VALUE shall mean the remaining value of the insurance, that is, the portion of premium refund to insured person upon cancellation of Contract calculated based on actuarial principles.

Provision 4. Insurance Benefit

We will pay costs up to RMB16,000,000 for each insured person, each period of insurance, for treatment of an insured event which occurs and for which reasonable and necessary expenses are incurred during the period of insurance. Our liability in respect of all claims will cease immediately upon termination of the Policy and/or deletion of an insured person from the Policy.

Section 1. Emergency Medical Transfer/Evacuation

(Operative under Select, Premier & Elite)

If during the period of insurance an insured event occurs either inside, or when the insured person is traveling outside, the country of residence and which, in the opinion of WISP's physicians, requires the insured person's emergency medical transfer or evacuation:

i. We will arrange and pay all necessary costs for the insured person's medical transportation to the nearest suitable and appropriate hospital, which may be in a country other than the one where the insured person is located at the time the insured incident occurs. If the insured person has been hospitalised as the result of the insured incident, we may arrange for the insured person's medical transfer to a hospital which is more suitably equipped or more suitably specialised to treat his / her condition.

2、 如果救援机构的医生从最有利于被保险人的角度考虑决定要安排其进行紧急医疗运送或转运到保险单承保地区以外的国家，则我们将承担在保险期间内在该国家发生的经救援机构的医生同意的所有的必需的治疗费用。

3、 紧急医疗运送或转运应当是能够在当地可以有效使用的恰当的方式，如果是空运，我们将采用通常的飞机航班或租赁飞机，或根据救援机构医生的意见认为在医疗上是必需的，也可租赁专门的救护飞机进行运送。如果被保险人旅行时是乘坐飞机的，则其航空医疗运送乘坐飞机的标准与被保险人旅行最初的机票标准一致（除非是医疗必需）；如果被保险人旅行采用的是飞机以外的其他方式，则航空医疗运送的标准与飞机的经济舱标准一致（除非是医疗必需）。

4、 在救援机构的医生认为在治疗上是必要的并同意的前提下，我们会安排一位医疗陪护人员陪同运送并支付相关的费用。

5、 我们将会安排在保险事故发生时与被保险人在一起的一名亲属或朋友陪同医疗运送，并支付其在医疗运送中发生的合理的旅行费用。此外，我们将支付该陪同人员在被保险人住院期间的就近住宿费用，但每晚费用不超过人民币 800 元，累计最长不超过 10 天。

6、 在对被保险人的紧急救援及转运，以及其他治疗措施结束后，救援机构的医生认为被保险人的病情或伤势已稳定可以旅行时起的 3 天内，救援机构将安排被保险人乘坐与其原始旅行机票同等级的飞机航班返回离其居住地最近的地方（或离居住地最近的适合的医院），如果被保险人最初旅行采用的是飞机以外的其他方式，则其返回时可安排乘坐火车的头等舱或飞机的经济舱或二等舱。若救援机构的授权医生认为有必要，将为被保险人安排医疗护送。在适当的情况下，我们将安排在被保险人紧急医疗运送途中的陪同亲友返回离其居住地最近的地方，并支付合理的返回费用。

对于上述保险责任一，必须满足：

- 1、 救援机构医生的诊断是明确的，但我们有权拒绝任何与被保险人的医疗状况和安全相违背的要求。
- 2、 救援机构的医生将组建医疗小组并配备救援中需要的医疗用品，以保证被保险人在医疗运送过程中的安全。
- 3、 如果被保险人拒绝我们所建议的救援安排，我们将不承担本项保险责任下的任何责任和义务。

ii. If our physicians decide that the insured person's best interests will be served by arranging for emergency medical transfer or evacuation to a country outside the geographical area for which the insured person has paid the premium, then all subsequent medical costs of necessary treatment agreed by our physicians in such country will be met by us, during the period of insurance.

iii. The insured person's emergency medical transfer or evacuation will be effected by the most appropriate means available locally. If by air we will employ a regular scheduled or charter airline, or, if medically necessary in the opinion of our physicians, a specially chartered air ambulance. If the insured person had been traveling by plane, air transportation by regular scheduled airline shall be in the same class as the insured person's original airline ticket (unless medical needs prescribe otherwise). If the insured person had been traveling other than by plane, the air transportation shall be by the airline's economy / tourist class (unless medical needs prescribe otherwise).

iv. We will arrange and pay for a medical escort to accompany the insured person during the transportation, when agreed by our physicians as medically necessary.

v. We will arrange and pay the reasonable travel costs of one other person (being a relative or friend) traveling with the insured person at the time the insured incident occurred, to accompany the insured person during the transportation. In addition, we will pay for his / her overnight accommodation to stay near by the insured person while the insured person is hospitalized, up to RMB800 each night for a maximum of 10 nights.

vi. On completion of the insured person's hospital treatment which has given rise to the need for emergency medical transfer or evacuation, and within three days of our physicians pronouncing the insured person fit to travel, we will arrange and pay all necessary costs for the insured person to return to the insured person's nearest place of residence (or to a suitable hospital near to this place of residence) in the country of residence, by the same class of air travel if the insured person had been flying, or by first class rail or economy / tourist class air if the insured person had been originally traveling other than by air. We will arrange and pay for a medical escort to accompany the insured person, if deemed medically necessary by our physicians. When applicable, we will arrange and pay the reasonable return travel costs of the traveling companion who accompanied the insured person during the emergency medical transfer or evacuation to return to the traveling companion's nearest place of residence in the country of residence.

Specific Conditions Applying To Section 1

1. The decision of our physicians is final and we are entitled to refuse any request which is incompatible with the insured person's medical condition and safety.
2. Our physicians will set up the medical team and resources to be used as and when appropriate, to ensure the insured person's safety during the emergency medical transfer or evacuation.
3. If the insured person rejects the assistance procedures we propose then we shall be released from our obligations under this Section.

对于上述保险责任，我们将不承担在我们将被保险人转运到居住地之后因同一保险事故所发生的后续的转运费用。

在本项保险责任项下，我们还将为被保险人提供下列额外的医疗辅助服务：

- 1、 如果被保险人遭受或罹患较小的疾病（即非紧急状态或是因慢性疾病需要紧急医疗运送或转运的）：
 - 电话提供基本的医疗建议。
 - 当需要咨询或辅助治疗时，可提供有关的当地医生、医院、诊所和牙科医生的姓名和地址，并进行电话联系安排。
- 2、 帮助获取在被保险人旅行地已经丢失的或无法获得的基本处方药、或在旅行地已经丢失或打破的处方眼镜或隐形眼镜，或提供在旅行地无法获得的血液（以有效法律规定和承运人规定为限）。我们将不承担获取这些辅助服务及物品过程中所发生的任何费用或进口税。

二、医疗及住院费用

本项责任适用于精选型、舒适型和菁英型。

A – 当地救护车服务

我们将以最有效最合适的方式安排运送被保险人到最近最适合的医院，包括使用公路救护车、非公路救护车、火车、直升飞机或固定机翼的飞行器，若救援机构的医生认为有必要，将为被保险人安排医疗护送。

B – 住院医疗

我们将根据救援机构医生的建议安排被保险人进行住院治疗或日间护理，并承担救援机构医生认可的以下必要的医疗费用和服务：

- 1、 单人病房住宿费、膳食费、住院所使用的医疗器具、医生要求住院病人或日间护理所发生的治疗费和服务费用包括外科手术费和麻醉费、医生出诊费、会诊费、诊断、物理治疗费用及处方药。
- 2、 医疗需要的加护病房的膳宿费。

What Is Not Covered:

Any subsequent transfer costs arising out of the same insured event once we have returned the insured person to the place of residence.

Additional Assistance Services: Medical Referral

- i. If the insured person suffers from or is concerned about a minor ailment (not an emergency situation or a chronic illness requiring emergency medical transfer or evacuation):
 - Provision of basic medical advice by telephone.
 - Access to names and addresses of local doctors, hospitals, clinics and dentists when consultation or minor treatment is required, and arranging for a doctor to call.
- ii. Assistance in replacing essential prescription drugs which have been lost or are unobtainable in the insured person's travel location, and lost or broken prescription glasses or contact lenses, or in supplying blood, which are unobtainable in the insured person's travel location (subject to legislation in force and to freight regulations). We will not pay for any fees, charges or customs duties resulting from the provision or supply of any item.

Section 2. Medical & Hospital Benefits

(Operative under Select, Premier & Elite)

A - Local Ambulance Services

We will arrange for the insured person's transport to the nearest suitable hospital by the most appropriate means available, comprising road / off-road ambulance, train, helicopter or fixed-wing aircraft, with a medical escort if necessary in the opinion of our physicians.

B - Hospitalization Costs

We will arrange for the insured person's in-patient or day-care admission to the hospital recommended by our physicians. We will pay necessary costs, when approved by our physicians, for the following medical expenses and services:

- i. Hospital accommodation in a single-bedded room, meals, all hospital medical facilities, medical treatment and services ordered by a physician for in-patient or day-care admission, including Surgeon's and Anaesthetist's charges, physician's charges, consultations, diagnostic procedures, physiotherapy, and prescription drugs.
- ii. Intensive care unit accommodation when medically necessary.

3、 未满 16 周岁的被保险人住院治疗时，我们可安排与其同行的一位家长陪同住院，若该医院无陪住设施，可安排该家长入住附近酒店，并承担其必要的住宿及早餐费用。

4、 住院病人需要进行的手术的日间护理费用。

5、 在保险期间内，精神疾病、精神和心理紊乱的治疗仅限于住院治疗，且最高累计以 30 天为限。对于救援机构医生认为非必要的住院天数或非合理的住院费用，我们有权仅支付到救援机构医生认为通常的、合理的、符合惯例的费用为止。

6、 在被保险人出院后 3 个月内，我们将承担其为后续治疗发生的门诊费用，以使被保险人的病情仍在治疗医生或专家的控制或监控之下，或该治疗是医生要求的且该治疗应是保险事故直接导致的疾病引起的治疗。

以上责任不包括因生育、牙科疾病或严重慢性病住院而发生的医疗费用。

C – 家庭护理

当获得了上项责任下的有效理赔后，在被保险人出院后，经我们同意可支付由医生指定的一名注册护士在被保险人家中提供的必要的与保险事故直接相关的家庭医疗服务费用，支付金额每次事故最高限人民币 12,000 元。

以上责任不包括因精神疾病、精神或心理紊乱而进行的家庭护理。

D – 门诊医疗

本项责任不适用于精选型。

经我们同意的门诊费用，包括医生诊疗费、化验费、X 光费、扫描费、摄片费、处方药费。对于医生指定的物理治疗费、脊椎指压治疗费、整骨治疗费、同种疗法费及针灸治疗费用，每一保险期间内每一被保险人总共累计最高限 20 次(含出院后的后续治疗)，每次限人民币 800 元。如医疗必需并经医生同意，我们将支付被保险人购买或租用拐杖、轮椅、基本整形假体和器具，每一被保险人每次事故最高限人民币 4000 元。

以上责任不包括因生育、牙科疾病或严重慢性病而发生的门诊医疗费用。

iii. If the insured person is a child aged under 16 who requires hospitalization, we will pay for necessary overnight accommodation for one parent in the same hospital, or when no such accommodation is available, for necessary bed and breakfast accommodation in a nearby hotel.

iv. Day-care surgery of a type normally carried out on an in-patient basis.

v. Treatment of mental illness, psychiatric and psychological disorders will be covered on an in-patient basis only, and for a maximum period of 30 days only, and in all during any one period of insurance. In the case of what our physicians deem to be an unreasonable length of stay or unreasonable hospital charges, we reserve the right to limit payment to what our physicians deem to be usual, reasonable and customary costs.

vi. During the three month period immediately following the insured person's discharge from an in-patient admission in a hospital, we will also pay for post-hospitalization treatment received on an outpatient basis provided the insured person remains under the control and supervision of the treating physician or specialist consultant or such treatment has been ordered by the physician and for which treatments are directly resultant from the accident or illness for which the insured person was hospitalised.

The above benefit scheme does not cover any hospitalization expense incurred due to maternity, dental disease or serious chronic disease.

C - Nursing at Home

Following a valid claim for hospitalization under this Section, when the insured person has been discharged from an in-patient admission in a hospital, as agreed by us we will pay for necessary medical services of a licensed nurse in the insured person's home when prescribed by a physician and directly related to the insured event. The maximum we will pay arising out of any one insured event is RMB12,000.

What is not covered:

Mental illness, psychiatric or psychological disorders.

D - Out-Patient Costs

(Not covered under Select)

We will pay necessary costs agreed by us for out-patient services, including physician's fees, laboratory and X-Ray, medical scanning, imagery services, prescription drugs. For the cost of physiotherapy, chiropractic, osteopaths, homeopaths and acupuncturist which referred by a physician, we will pay up to RMB800 per visit for a maximum of combined 20 visit (including the treatment immediately following the insured person's discharge from an in-patient admission) each period of insurance. In the case of medical necessity, as agreed by our physicians, we will pay up to RMB4,000 each insured person in respect of any one insured event for the purchase or hire of crutches, walkers, wheelchairs and basic orthopaedic prostheses and equipment.

The above benefit scheme does not cover any outpatient expense incurred due to maternity, dental disease or serious chronic disease.

E – 严重慢性病治疗

本项责任不适用于精选型。

若意外伤害或疾病引起的疾病被认定为严重慢性病（详见释义）的，则本保险单的保障责任包括所有必需的合理的严重慢性病治疗费用，每一保险期间内每一严重慢性性疾病以最高给付金额人民币 80,000 元为限。

以上责任不包括在被保险人在参加本保险之前已经存在的严重慢性病。

三、附加运送服务

本项责任适用于精选型、舒适型和菁英型。

若因发生保险事故而如本条第一项责任中所述进行紧急医疗运送，或被保险人已经如本条第二项责任中所述发生住院，我们将提供下列保险利益：

A – 看护无人照料的子女

1、 若被保险人的一名或多名子女在家中无人照料，我们可安排该子女乘坐列车头等舱或飞机经济舱到保险单约定地区范围内的被保险人指定的目的地，或者安排被保险人指定人员乘坐列车头等舱或飞机经济舱前往被保险人家中照看该子女，并支付所发生的载有该指定人员姓名的一次往返车票或飞机票。

2、 若被保险人的一名或多名子女随同旅行，我们将安排与其最初旅行同等级别的同样交通方式送其回家或继续旅行至本保险单规定地区范围内的被保险人指定的目的地，并支付其相关的必要的旅行费用。

3、 在任何情况下，我们将承担该成年看护人员的旅行费用。若被保险人无法指定看护人员，则我们将安排合适的看护人员，并承担相关的费用。

以上所涉及的民航飞机票，按照实际购买的经济舱票价支付旅行费用，如果购买的飞机票是其它类型的机票，我们按照可获得的最低价格的经济舱价格进行赔付。

B – 亲属或朋友探访

若在紧急医疗运送或转运中被保险人无人陪同，且被保险人住院的医院离被保险人最近的居住地超过 400 公里（250 英里）以上，我们将：

E – Treatment to Serious Chronic Disease

(Not covered under Select)

Where an accident/injury or illness is deemed to be ‘serious chronic’ (See serious chronic disease definition), all and any cover under this Policy shall be limited to a maximum benefit of RMB80,000 each serious chronic condition, each period of insurance in respect of all necessary and reasonable treatment costs.

What is not covered:

Treatment for a serious chronic condition which existed prior to the date of entry of an insured person under this policy.

Section 3. Additional Transportation Benefits

(Operative under Select, Premier & Elite)

If following an insured event we have carried out an emergency medical transfer or evacuation under Section 1, or the insured person has been hospitalized within the terms of Section 2, we will provide the following benefits.

A – Care of Unaccompanied Children

- i. If any one or more of the insured person's children is left at home unsupervised, we will arrange and pay for the child or children to travel to a destination specified by the insured person within the geographical area, by first class rail or economy / tourist class air travel. Alternatively, we will arrange and pay for one return ticket by first class rail or economy / tourist air travel for a person nominated by the insured person to travel to the insured person's home and care for the child / children.
- ii. If any one or more of the insured person's children was traveling with the insured person on a journey we will arrange and pay necessary additional travel costs, by the same means and class as their original ticket, for the child or children to return home or continue to a destination specified by the insured person within the geographical area.
- iii. In either case we will also pay the travel costs of one adult to accompany the child or children. When the insured person cannot nominate this adult, we will arrange and pay for a suitable escort.

We would pay the actual economy class air ticket in the above regarding clause, however, if air ticket is other than economy class, the maximum payment is up to the lowest price of economy class air ticket which is obtainable.

B – Visit of Relative or Friend

In the event that no traveling companion is available to accompany the insured person during the emergency medical transfer or evacuation, and the insured person is hospitalized more than 400 km (250 miles) from the insured person's nearest place of residence:

1、安排一名被保险人指定的亲属或朋友乘坐列车头等舱或飞机的经济舱前往被保险人所在地方探望被保险人，并承担一次往返车票或机票。

2、我们承担该被保险人指定的亲属或朋友在被保险人住院期间陪同的必要住宿费用，每晚费用不超过人民币 800 元，累计入住以 10 日为限。

四、紧急牙科治疗

本项责任适用于精选型、舒适型和菁英型。

在保险期间内，我们将承担被保险人因意外伤害事故直接造成的口腔或牙齿损伤进行的紧急牙科治疗费用，并仅限于在发生意外事故后 48 小时内接受紧急治疗以减轻被保险人的疼痛的费用，在每一保险期间内每一被保险人最高给付限额为人民币 8,000 元。

以上责任不包括：

1. 因以下事故或伤害而接受的治疗：

- 1) 在进食或饮用过程中造成的伤害，包括吞噬异物对口腔造成的损伤。
- 2) 口腔或牙齿正常的磨损和老化
- 3) 刷牙或其他口部清洁过程引起的伤害
- 4) 因非外部撞击造成的口腔伤害。

2. 除减轻疼痛进行的有效的手术以外，任何牙齿修补、使用任何贵金属材料、任何牙齿矫正治疗或在医院进行的牙科手术。

五、常规健康护理

本项责任仅适用于菁英型。

在保险期间内，我们将承担以下保险责任，并对每一被保险人发生的以下必要的医疗服务和费用最高累计支付到人民币 16,000 元：

A – 常规口腔护理

我们将承担以下合理的，符合惯例的费用：

- 1、牙检及牙齿保健，包括洗牙。
- 2、在保险期间内，下列牙科治疗，每一被保险人累计支付限人民币 8,000 元：

i. We will arrange and pay for one return trip, by first class rail or by economy/tourist class air travel, for a relative or friend nominated by the insured person to travel to the location where the insured person is situated.

ii. We will pay for necessary overnight accommodation for the insured person's nominated relative or friend while the insured person remains hospitalised, up to RMB800 each night for a maximum of 10 nights.

Section 4. Emergency Dental Treatment

(Operative under Select, Premier & Elite)

We will arrange and pay for emergency dental treatment necessary as a result of an extra-oral impact and received within 48 hours from the date and time of the accident/injury for the immediate relief of pain the insured person suffers as the direct result of an accident occurring during the period of insurance. We will pay up to a maximum of RMB8,000 in total each insured person in any one period of insurance.

What is not covered:

a) Treatment made necessary by the accident/injury if: the injury was caused by eating or drinking anything, even if it contains a foreign body; the damage was caused by normal wear and tear; the damage was caused by toothbrushing or any other oral hygiene procedure; the injury was caused by any means other than extra-oral impact.

b) Emergency dental treatment shall not include restorative or remedial work, the use of any precious metals, and orthodontic treatment of any kind or dental surgery performed in a hospital, unless dental surgery is the only treatment available to alleviate the pain.

Section 5. Routine Health Care

(Operative under Elite only)

We will pay up to an overall maximum of RMB16,000 each insured person in total in any one period of insurance in respect of the following services and benefits which become necessary.

A – Routine Dental Care

We will pay the usual reasonable and customary cost of:

- i. Annual check-up and hygienist visit to a dentist in each period of insurance, including de-scaling and polishing treatment.
- ii. Dental treatment as specified below, subject to an overall maximum of RMB8,000 each insured person in total in any

- X 线检查、印模膏、石膏模、临时义齿；
- 合金或合成物的填充物；
- 龋病治疗包括牙体充填，嵌体/冠修复；
- 拔牙费用，包括阻生牙拔除；
- 新型烤瓷冠、烤瓷桥；
- 根管治疗；
- 抗感染治疗费用，包括口服抗生素、髓腔治疗等。

- 3、在保险期间内，每一被保险人因牙周疾病的治疗（包括牙龈炎、牙周炎或其他牙龈疾病）累计支付限人民币 2,000 元。

以上责任不包括：

1. 在需要进行牙科治疗前 12 个月未进行常规牙科检查，或在被保险人参加本保险单前 12 个月内未进行常规牙科检查而发生的牙科治疗引起的任何费用；
2. 在投保前被保险人未按牙科医生的建议进行必要的治疗而引起的常规牙科治疗费用；
3. 具有美容性质的牙科治疗如陶瓷镶盖牙齿，美白牙齿以及种植，正畸治疗；
4. 除保险单特别约定外，任何牙科治疗过程中所使用的贵金属材料、假牙。

B – 常规眼部护理

我们将承担以下合理的，符合惯例的费用：

- 1、 每年一次视力检查；
- 2、 眼科医生处方的眼镜或隐形眼镜

以上两项费用在保险期间内累计最高支付以人民币 2,400 元为限。

以上责任不包括：

1. 因美容需要而配置的隐形眼镜；
2. 任何形式的太阳眼镜（包括处方的太阳眼镜）。

C – 常规听力护理

我们将承担以下合理的，符合惯例的费用：

- 1、 每年一次听力检查；
- 2、 医生处方的助听器

以上两项费用在保险期间内累计最高支付以人民币 2,400 元为限。

one period of insurance:

- X-rays, Impression plaster, plaster molds, temporary artificial denture
- fillings using amalgam or composite materials;
- Dental caries treatment including tooth filling and repairmen for inlays/crowns
- extractions, including surgery to remove impacted teeth
- new porcelain crowns or bridges;
- root canal treatment
- treatment for the relief of an infection, including prescribed antibiotics and pulp treatment .

‘iii. We will pay up to an overall maximum of RMB 2,000 claims due to periodontitis (including gingivitis, parodontitis or other gum disease) for each insured person during one policy year.

What is not covered:

- a) any claim for routine dental treatment if the insured person has not undergone a routine dental check-up within the 12 months prior to their date of entry to this Policy or prior to requiring the treatment.
- b) any claim for routine dental treatment if the insured person has not undergone all necessary treatment recommended by a dental practitioner prior to their date of entry to this Policy.
- c) Cosmetic dental treatment, e.g. ceramic tooth veneers, tooth whitening and implant, orthodontic treatment.
- d) dental procedures other than those specified, the cost of precious metals in any dental procedure, , dentures.

B – Routine Optical Care

We will pay the usual reasonable and customary cost of:

- i. One annual vision test in each period of insurance.
- ii. Glasses or contact lenses prescribed by an ophthalmologist, The total cost for above two items is subject to an overall maximum of RMB2,400 each insured person in total in any one period of insurance.

What is not covered:

- a) Contact lenses supplied for purely cosmetic purposes only.
- b) Sunglasses of any kind, including prescription sunglasses.

C –Hearing Care

We will pay the usual reasonable and customary cost of:

- i. One annual hearing test in each period of insurance.
- ii. A hearing aid prescribed by a physician
The total cost for above two items is subject to an overall maximum of RMB2,400 each insured person in total in any one period of insurance.

六、生育保险

本项责任仅适用于舒适型和菁英型。

若被保险人的预产期在参加了本保险单后还有至少10个月的，我们将安排生育护理。但续保后的保险期间内怀孕的被保险人不受此限。

若被保险人参加的是舒适型，我们将承担被保险人在保险期间内每次怀孕所发生的，经过我们的医生认定为合理的和符合惯例的正常分娩费用，累计最高支付限人民币 32,000 元。

若被保险人参加的是菁英型，我们将承担被保险人在保险期间内每次怀孕所发生的，经过我们的医生认定为合理的和符合惯例的以下各项费用，累计最高支付限人民币 64,000 元：

- 产前检查费用
- 正常分娩费用
- 产后检查费用
- 婴儿出生后7天内的护理（包括包皮环切）及疫苗费用，疫苗包括乙肝疫苗，卡介苗，脊髓灰质炎疫苗，百白破，流脑疫苗，乙脑疫苗。

由于怀孕或分娩引发的并发症属于本保险的第二项保险责任范围，因此该并发症引发的相关医疗费用赔付时的最高限额以本保险的第二项保险责任项下的责任限额为限。

如果怀孕延续至下一保险年度，所有与该次怀孕有关的医疗费用的赔付限额为怀孕开始时所在保险年度的限额。

以上责任不包括：

1. 除流产、异位妊娠、死胎以外的终止妊娠；
2. 医生认为非医疗必要的选择性剖腹产，以及因此产生的治疗；
3. 产前辅导课程，与生产无关的助产士费用；
4. 计划在家中分娩导致或引起的并发症。

七、遗体遣送

本项责任适用于精选型、舒适型和菁英型。

Section 6. Maternity Care

(Operative under Premier & Elite only)

We will arrange for maternity care when the insured person's expected delivery date is at least 10 months after the date of entry to this Policy. This condition will not apply if the insured person becomes pregnant in the second or subsequent period of insurance following renewal of this Policy.

Program Premier Cover:

As agreed by our physicians as being usual reasonable and customary, we will pay up to a maximum of RMB32,000 in total each pregnancy in any one period of insurance for the following:

- * All costs of normal childbirth.

Program Elite Cover:

As agreed by our physicians as being usual reasonable and customary, we will pay up to a maximum of RMB64,000 in total each pregnancy in any one period of insurance for the following:

- * Pre-natal examinations by a physician;
- * All costs of normal childbirth.
- * Post-natal examinations by a physician.

* Vaccines and Baby care (including circumcision) for 7 days upon birth. Vaccines, including hepatitis B vaccine, BCG, polio vaccine, DPT, meningitis vaccine, Japanese encephalitis vaccine.

If however any medical complications arise in connection with pregnancy or childbirth, the cover under Section 2 of this Policy will apply instead, and the insured person will be covered up to the limit of Section 2 in respect of any necessary medical expenses arising from such medical complications.

If the pregnancy is carried to next policy year, all medical expenses related to this pregnancy should be subject to the maternity benefit limit of the policy year where the pregnancy starts

What is not covered:

- a) Terminations of pregnancy, other than miscarriage, ectopic pregnancy and still birth.
- b) Elective caesarean section deliveries not agreed by our physicians as being medically necessary and treatment consequent of such deliveries.
- c) Ante-natal classes, mid-wifery costs when not directly associated with the delivery.
- d) Complications which may arise during or as a result of a planned home birth delivery.

Section 7. Repatriation Following Death

(Operative under Select, Premier & Elite)

若被保险人在保险期间内因保险事故死亡，我们将按照被保险人临死前的意愿或最亲近的亲属的意愿给付下列保险利益之一：

A – 遗体遣送回国

1、 安排将被保险人的遗体通过空运从事发地运至其被保险人国籍所在国或居住国的葬礼所在地，所有必要的运送安排都将按照国际规则及惯例的要求进行，其中灵柩费最高不超过人民币 8,000 元；

2、 承担一名陪同运送被保险人遗体并参加葬礼人员的列车头等舱或飞机经济舱的往返旅行费用。

B – 火葬

或者我们将选择安排并承担以下费用：

- 1、 被保险人死亡地的火葬费用，最高限人民币 2400 元；及
- 2、 将灵柩运送其国籍所在国或居住国。

C – 就地安葬

或者若被保险人在国籍所在国或居住国以外的国家死亡，我们可以将被保险人的遗体就地安葬，并承担最高不超过人民币 8000 元的就地安葬费用。

八、选择性特定医疗项目转送

本项责任仅适用于舒适型和菁英型。

经我们同意并根据被保险人的病情状况，需要进行治疗计划安排的特定医疗项目，只要被保险人病情许可，并在下述条件下，我们在满足下列条件的情况下可安排通过正常飞机航班（限经济舱）或包机（根据需要指派医护人员）运送被保险人到其在保险凭证规定范围内选择的国家治疗：

- 1、 在选择的国家有合适的医院，并同意接受被保险人。
- 2、 救援机构医生认为转运不会造成被保险人额外增加的风险或病情的恶化。
- 3、 救援机构医生认为通过正常航班或租用飞机进行运送是安全的。

If the insured person dies during the period of insurance as the result of an insured event, we will provide the following benefits according to the wishes of the insured person expressed prior to decease or of the next-of-kin.

A –Repatriation of Remains

i. We will arrange and pay for preparation and repatriation by air transportation of the mortal remains of the insured person from the country where death occurs to the place of the funeral in the home country or in the country of residence. We will make all necessary arrangements as required under international regulations and will pay up to RMB8,000 towards the cost of the coffin.

ii. We will also arrange and pay the additional travel costs of one other person who was accompanying the deceased insured person, to return by first class train or economy / tourist class air travel to attend the funeral.

OR

B – Cremation

Alternatively we will arrange and pay:

- i. up to RMB2,400 towards the cost of cremation in the country where death occurs; and
- ii. for transportation of the funeral urn to the home country or to the country of residence.

OR

C – Local Burial

We will arrange and pay up to RMB8,000 for burial in the country where death occurs if the insured person dies outside the home country or the country of residence.

Section 8. Elective Medical Transfer

(Operative under Premier and Elite)

If we agree that it is necessary for the insured person to undergo a scheduled major intervention, we will arrange and pay for the insured person's transfer, by regular scheduled(economy class only) or charter airline (and with medical escort if necessary), to the insured person's elected country as specified in the Certificate, as soon as the insured person's medical condition permits, and on condition that:

- i. There is a suitable hospital available in the elected country, which accepts the insured person for admission.
- ii. Our physicians are of the opinion that the transfer is not likely to induce any additional risk or deterioration in the insured person's medical condition.
- iii. Our physicians agree that such transfer can safely be made by regular scheduled or charter airline.

4、 航空公司接受被保险人作为乘客搭乘飞机。

5、 适合的飞行应是在考虑了被保险人医疗状况许可的情况下，在合适的时间内的合适的航班。

在紧急情况下，只有在不会延误紧急医疗运送或转运时，我们才能同意转运至被保险人选择的国家。

当被保险人的治疗结束时，在救援机构医生认为被保险人的病情已可以适合旅行起的 3 天内，我们将安排被保险人乘坐列车头等舱或飞机经济舱返回居住地，并承担相关的旅行费用。若救援机构的医生认为有必要，将为被保险人安排医疗护送。

以上责任不包括：

1. 被保险人所选择转运治疗的国家可能会严重延误医疗运送或转运；
2. 被保险人选择的但我们的医生不建议转运至的国家；
3. 除非因紧急医疗转运或运送，因选择性特定医疗项目被转送其他国家或地区，而产生的看护无人照料子女的费用。

第五条 通用条款

下列说明适合所有的保险责任及保险计划：

一、 投保人提出保险申请、我们同意承保，本合同成立。合同生效日期在保险单上载明。保单年度、保险费约定支付日均以该日期计算。

二、 投保人必须如实告知所有可能影响保险单承保发生的事实，否则我们将拒绝理赔。如果被保险人不能确定某项事实是否与本保险单承保有关，也需履行告知义务。**同时我们有权就投保人、被保险人的有关情况提出书面询问，被保险人必须如实在投保单上填写投保前的既往症（详见释义）情况，这些将影响投保和续保时保险凭证或保险单批注确定的特殊条款、投保条件、除外责任和特别限制等。**

三、 对于投保申请单上所填写的信息在保险期间内有变更的，被保险人必须立刻通知我们，特别是被保险人居住国家、地址、生育或领养孩子或有关附属被保险人的任何其他变化。新生儿在出生后 14 天内通知，我们可在新生儿出生日起加入本保险单，超过 14 天的，从通知日起加入本保险单。

iv. The airline company accepts the insured person as a passenger.

v. A suitable flight is available within a satisfactory time period, bearing in mind the insured person's medical condition.

In an emergency situation, we will only agree to the insured person's transfer to the elected country if such election does not significantly delay the emergency medical transfer or evacuation.

On completion of the insured person's treatment and within three days of our physicians pronouncing the insured person fit to travel, we will arrange and pay for the insured person's return to home in the country of residence, by first class rail travel or economy / tourist class air travel. We will arrange and pay for a medical escort to accompany the insured person, if deemed medically necessary by our physicians.

What is not covered:

- a) The insured person's election of transfer to a country which would significantly delay the insured person's emergency transfer or evacuation.
- b) Transfer to any elected country which is not approved by our physicians for any reason.
- c) Any payment in respect of care of an unaccompanied child under Section 2 in the event of a scheduled major intervention which does not involve the insured person's emergency medical transfer or evacuation

Provision 5 General conditions

General conditions applying to all sections and programs.

1. The Contract is established when we approve the application from the potential policyholder. The commencement date is recorded in the insurance certificate. Period of insurance and premium will be calculated based on this date.

2. The policyholder must declare to us all facts which are likely to affect this insurance. Failure to do so may prejudice entitlement to claim. If the insured person is uncertain as to whether a fact is material, the insured person should declare it to us.

The insured person must have declared to us on the Application Form any and all known pre-existing medical conditions (as defined). Such pre-existing medical conditions as declared by the insured person are subject to the special terms, conditions, exclusions and/or limitations specified on the Certificate or endorsed on this Policy.

3. The insured person must immediately inform us of any change in the information given on the Application Form, in particular relating to the insured person's address or country of residence, the birth or adoption of a child or any other change involving the insured person's dependant(s). Newborns can be added to the policy from the date of birth provided notification of birth is received within 14 days; otherwise the addition will take effect from the date of notification.

四、除紧急情况下救人外，被保险人必须避免将自己暴露在不必要的危险境地下。

五、我们所提供的援助仅局限于符合当地以及国际法律与规范的范围内，及能否取得相关权力机关的授权。

六、被保险人获得理赔的前提是必须满足保险单上载明的各项条件。

七、在处理理赔事件时，我们有权全权代表被保险人，并可以以被保险人的名义和我们自身的利益与第三方交涉，我们将对该事件的处理有完全的决定权。

八、我们将完全承担对于保险单中列名的所有保险责任，但是我们不承担对于因保险事故连带引起的其他责任。

九、在每次保险事故的理赔中，如果被保险人已经得到了其他保险公司或社会保险计划的赔付，被保险人必须向我们出示所有的已部分赔付金额的原始帐单。

十、如果被保险人的理赔带有欺诈性质，或通过欺骗的方式获取保险利益，本保险单即刻失效，并且不退还保费，同时被保险人需归还我们已支付给被保险人的保险金额。

十一、我们不因为保险单中列名的医疗责任的原因解除本保险单，除非我们不再在被保险人的居住国继续销售本险种。如果我们停止销售本险种，我们将在下一个续保日前 120 日内通知保险单持有人。

十二、本保险的保险期间是连续的 12 个月。我们保留拒绝续保的权利。

第六条 责任免除

下列除外责任适合所有的保险责任及保险计划，因下列情形之一导致保险事故发生的，本公司不承担保险责任：

- 1、因被保险人在首次申请投保前由于既往症引起的索赔，但被保险人告知并经我们书面同意承保的除外；
- 2、自保险单生效日起或自被保险人加入本保险单后四周内接受的医疗治疗，但因意外导致的医疗治疗除外；
- 3、被保险人主动吸食或注射毒品；

4.The insured person must avoid needless self-exposure to peril unless attempting to save human life.

5.Our help and intervention depends upon and is subject to local availability and has to remain within the scope of national and international law and regulations. Our intervention depends upon us obtaining the necessary authorizations issued by the various competent authorities concerned.

6.The insured person's full compliance with the terms and conditions of this Policy is necessary before a claim will be paid.

7.We are entitled to take over the insured person's rights in the defence or settlement of a claim, or to take proceedings in the insured person's name for our own benefit against another party and we shall have full discretion in such matters.

8.We may, at any time, pay to the insured person our full liability under this Policy after which no further liability shall attach to us in any respect or as a consequence of such action.

9.If another insurance company or a state scheme pays part of the insured person's claim the insured person must send us the original bill which clearly shows the amount paid by the insurer or scheme.

10.If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit under the insurance, this Policy shall become void and the premium paid shall be forfeited. Any benefits so claimed and received must be repaid to us.

11. We shall not cancel this Policy for covered medical reasons, unless we decide not to continue to underwrite this type of insurance in the insured person's country of residence. If we do decide to cease underwriting in the insured person's country of residence, we shall give the Policyholder not less than 120 days' notice in writing prior to this Policy's next annual renewal date.

12. The insurance period is 12 consecutive months. We reserve the right to refuse to renew the insurance.

Provision 6 General Exclusions

No part of this Policy shall apply in respect of the following:

1. Any claim arising from pre-existing medical conditions, unless such condition has been declared to us and accepted in writing for insurance by us.
2. Medical treatment received within the first four weeks of the commencement date or date of entry of each insured person, whichever is the latter. This exclusion does not apply to an accident/injury.
3. The insured person slurps or injects narcotic drugs on own

- 4、任何被保险人直接或间接因酒精中毒、滥用或依赖药物、或任何上瘾或依赖于形成习惯的物质而导致的伤害或疾病引起的医疗治疗；
- 5、被保险人自伤、无必要地将自己暴露于危险之中（救助他人的除外）、企图自杀；
- 6、被保险人自杀，但被保险人自杀时为无民事行为能力人的除外；
- 7、被保险人避孕、绝育手术（或其逆向手术）、治疗不孕症、受精、输精管切除手术、治疗性病、变性手术、指定性别或其他任何与性别有关的情况、不育及其他任何帮助生殖的方式；
- 8、被保险人的故意行为或欺诈行为及其导致的后果；
- 9、在保险期间内旅行到保险凭证指定以外的地区累计超过 30 天；
- 10、任何因违背我们授权的救援机构提供的医疗建议的旅行所发生的索赔；
- 11、被保险人在怀孕 28 周以上乘坐飞机旅行；
- 12、出生后超过 2 个月因在分娩过程中引起的损伤、遗传性疾病或先天性疾病或异常而引起的索赔；
- 13、人造心脏移植；
- 14、任何在保险期间结束后发生的费用，但续保后的后续 12 个月的除外；
- 15、移植器官的定位费用或从捐赠人身体切除器官费用，器官运送及相关的管理费用，所有在器官移植中没有文字约定的与器官有关的费用；
- 16、任何直接或间接因与人类免疫缺陷病毒或 HIV 有关的疾病，包括获得性免疫缺陷综合征（AIDS）或与 AIDS 有复杂关系的疾病以及类似的感染、疾病或症状的护理或治疗；
- 17、试验性医疗治疗及其产生的后果，或未经证实的医疗治疗或药物治疗；
- 18、预防性药物、疫苗及检查以及购买未经医生处方的药物及其他药品；

4. Medical treatment for alcoholism and substance abuse/dependency or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or condition.
5. Self-inflicted injury, needless self-exposure to peril except in an attempt to save human life, attempted suicide.
6. Suicide, excluding if the insured person has no Capacity for Civil Conduct.
7. Contraception, sterilisations (or its reversal), fertilisation, vasectomy, venereal disease, sexually transmitted diseases, gender reassignment or any other form of sexual related condition, infertility and any related condition or form of assisted reproduction.
8. Intentional or fraudulent acts on the insured person's part or their consequences.
9. Travel outside the geographical area specified on the Certificate for more than 30 days in any one period of insurance.
10. Any claim arising in the course of travel undertaken against medical advice.
11. Air travel when the insured person is more than 28 weeks pregnant.
12. Claims arising from birth injuries or defects, hereditary conditions or congenital illness or anomalies more than two months following birth.
13. Artificial heart implantation.
14. Any costs arising after expiry of the current period of insurance, unless this Policy has been renewed for a subsequent 12 months.
15. The costs associated with locating a replacement organ or any costs incurred for the removal of the organ from the donor, transportation costs of the organ and all associated administration costs. All costs associated with organs not specified within the meaning of words of organ transplant.
16. Care or medical treatment which arises directly or indirectly from Human Immunodeficiency Virus or HIV related illness, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS related complex (ARC) and any similar infections, illnesses, injuries or medical conditions arising from these conditions, however caused.
17. Medical treatment and consequences of experimental and unproven medical treatment or drug therapy.
18. Drugs and other medicines purchased without a physician's prescription and routine or preventative medicines, vaccinations and check-ups.

19、无论是否由于心理因素而进行的整容手术或修补手术、去除脂肪或去除其他多余组织，以及因上述医疗治疗而引起的体重减轻或体重发生问题或饮食紊乱，但因意外事故或在保险期间内罹患的癌症的手术直接引起的上述治疗除外；

20、近视或远视或其他眼部视力的纠正手术，但因意外事故或在保险期间内罹患疾病导致引起的除外；

21、未经我们事先同意，与被保险人存在个人关系的执业医生、内科医生或医疗咨询人员提供的医疗治疗；

22、任何与活体细胞或活体组织的低温储藏、培育或再次移植有关的医疗治疗，无论该活体细胞或活体组织是否是捐赠人的或其提供的；

23、遗体费用包括宗教仪式或鲜花等植物贡品费用；

24、被保险人从事职业运动（但不包括做为娱乐或业余参与）或任何高风险运动或活动如（但不限于）：汽车比赛、飞行比赛、在水下 30 米以下的潜水或潜水声明(PADI)中未列明地点的潜水、及任何有动物参与的运动、速度竞技、非滑雪场地内的滑雪以及赛车、赛马、赛艇等（但竞走除外），如果该高风险运动或活动未在此中列明，被保险人必须在承保之前告知我们以确定是否承保该风险；

25、被保险人处于军事管辖区，或从事涉及使用轻武器或格斗，或一定区域内的军事冲突，但在休假时的私人旅行除外；

26、在山区、海上、沙漠、丛林或类似的偏僻的地方进行搜寻及援救被保险人发生的费用，包括为从船只或海上撤离到岸边的空中或海上搜寻费用；

27、任何在保险单中未载明的费用及超过本保险单规定限额的费用；

28、任何无原始凭证的费用且我们收到发票是在保险事故发生 3 个月以后，但经我们特别同意的除外；

29、任何在疗养院、水疗院、温泉、天然诊所、健身房或类似场所、及因为家庭医疗的需要而建立具有医院装备的并成为被保险人的家或永久居住地的组成部分所发生的膳宿和治疗费用；

19. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such medical treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an accident or surgery for cancer which occurs during the period of insurance.

20. Surgery to correct short or long sight or any other vision defect, unless caused as a result of an accident or illness occurring during the period of insurance.

21. Medical treatment performed by a medical practitioner, physician or consultant who is related to the insured person, unless previously approved by us.

22. Medical treatment associated with cryopreservation, implantation or reimplantation of living cells or living tissue whether autologous or provided by a donor.

23. Mortal remains shall not include the costs of a religious practitioner or floral tributes.

24. Claims arising as a result of the insured person's participation in professional sport (not including recreational or amateur participation) or any hazardous sport or activity such as (but not limited to) the following: motor sports, aerial sports, scuba diving below 30 metres or where a PADI Certificate is not held, any sport involving animals, speed competition, skiing off-piste and racing of any form (other than on foot). If a hazardous sport or activity is not specified in this list, the insured person must contact us to ascertain if it is acceptable for insurance before cover will apply.

25. Any claim arising when the insured person is under military authority or is engaged in activities involving the use of firearms or physical combat or in an area of military conflict, except in connection with tourist trips made on a private basis during leave.

26. Any expenses relating to search and rescue operations to find an insured person in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea.

27. Any expense not specifically stated in this Policy as being insured and any expenses which exceeds the maximum sum insured under this Policy.

28. Any expense for which there are no original documents, and where the invoice is received by us more than three months after the occurrence of the insured event, unless specifically agreed by us.

29. Accommodation and treatment costs in a nursing home, hydro, spa, nature clinic, health farm or the alike or a hospital where the establishment has effectively become the insured person's home or permanent resident and the admission is arranged wholly or partly for domestic reasons.

30、任何康复费用，但不包括住院治疗所必需的，且在专家的控制和指导下在指定的康复中心进行的康复；

31、因学习障碍、多动症、注意力集中缺陷、语言障碍矫正、行为问题和儿童发展问题而接受的治疗；

32、任何心理和精神失常的治疗、精神病治疗及相关精神治疗师、心理医生、家庭医生或临终安慰的费用（但住院治疗未超过 30 天的除外）；

33、我们认为被保险人无须接受住院治疗的转运费用，或在旅行前未经我们审核认可的费用；

34、运送怀孕妇女到医院正常分娩的费用，但因医生诊断的妊娠并发症的医疗运送除外；

35、医生认为非必需的或额外的费用；

36、核爆炸、核辐射或核污染导致的或与其有关的费用；

37、任何使用生化武器，或受到生化武器的威胁；

38、战争、军事冲突、暴乱、武装叛乱、入侵、对抗（无论是否宣布战争）、恐怖行为、或以任何形式参与的骚乱或暴乱（本除外责任所指的恐怖行为包括但不限于武力、暴力和/或任何威胁手段；或以个人名义、任何组织或政府名义；或出于政治、宗教、意识形态或类似目的，意图影响任何政府，或使公众或部分公众陷于恐惧中的行为）。任何为控制、防止、镇压上述描述情况的行为直接或者间接导致的，因其发生的或者与其有关的损失、赔偿、成本或者费用，不论其性质如何；

39、在海、陆、空军值勤或者参加海、陆、空军行动；

40、所发生的费用已在其他的保险凭证、保险单或社会保险计划中得到赔付的部分。被保险人在首次联系我们的时候需如实告知是否购买了其他的保险计划，并提供与本保险相同的保险责任；

41、没有实际发生理赔而申请的费用；

42、在我们提供保险单列明的服务时，因合理的延迟而对被保险人造成的损失，但不包括被证明是由我们疏忽导致的损失；

30.Rehabilitation unless it forms an integral part of medical treatment received as an in-patient and is under the control or supervision of a specialist and is undertaken in a recognized rehabilitation unit.

31.Medical treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy, behavioural problems or child development.

32.Medical treatment for mental or nervous disorders, psychiatric treatment and the costs of a psychotherapist, psychologist, family therapist or bereavement counselor (other than 30 days in-patient stay).

33.Evacuation costs where the insured person is not being admitted to a hospital for medical treatment or where costs have not been approved by us prior to travel commencing.

34.The transfer of a pregnant woman to hospital to give routine childbirth, unless agreed by our physicians as necessary due to medical complications.

35.Any costs which in the opinion of our physicians are unnecessary or excessive

36. Any claim results in any way caused or contributed to by the use or release or the threat thereof of any nuclear explosion, nuclear radiation or nuclear pollution.

37. Any claim in any way caused or contributed to by the use or release or the threat thereof of any biological agent.

38. Any claims whatsoever resulting from war, military conflict, riot, armed rebellion, invasion, , hostilities (whether war be declared or not), act of terrorism, or usurped power or taking part in civil commotion or riot of any kind. (For the purpose of this exclusion, an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. This provision also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to above.

39. Naval, Military or Air Force Service or operations.

40. Any expense which at the time of happening is covered by, or would, but for the existence of this Policy, be covered by any other existing insurance certificate, policy, or state scheme. If there is any other cover in force which may pay in respect of the event for which the insured person is claiming, the insured person must tell us at the time he / she first contacts us.

41. Costs which would have been payable if the event being the subject of a claim had not occurred.

42. Consequential loss of any kind arising from the provision of, or any delay in providing, the services to which this Policy relates, unless negligence on our part can be demonstrated.

43、被保险人前往被外国政府或联邦政府（或其他同等效力的政府机构）明确告知不建议前往的国家或地区；

44、任何由于电脑、数据处理设备或媒体仪器、微芯片、闭路软件或仪器设备中的软件错误直接或间接导致的损失。

若发生上述情况而导致被保险人身故，我们对该被保险人的保险责任终止。我们将向保单持有人退还该被保险人的现金价值。

43.The Insured Person traveling to a country or specific area to which the Foreign or Commonwealth Office (or other equivalent government body) has advised persons not to travel.

44.Any claims directly or indirectly caused by or aggravated by the actual or potential inability of any computer, data processing equipment or media, microchip, integrated circuit software or stored program to correctly recognize any date as its true calendar date of to continue to function correctly in respect of or beyond that date.

The Contract expires should the insured person be died from any situations mentioned above. We will return to the policyholder the cash value.

第七条 理赔申请及流程

一天 24 小时，一年 365 天医疗救援及理赔热线

如果您需要紧急医疗运送，或需要我们推荐执业医生或医院，或其他任何可能产生理赔费用的情况，请在以上状况发生之前拨打我们提供的医疗理赔热线。

为了能提供最合适的救助，被保险人需按上述提供的电话号码电话通知我们，并提供给我们能在任何时候联系到被保险人或能留信息给被保险人的电话、传真或电报号码。

• 事先授权

为了使理赔符合本保险的各项规定，在以下住院及门诊重大治疗项目时，被保险人必须提前 48 小时通知我们，并得到我们的同意：

- 住院治疗；
- 门诊手术；
- 门诊肿瘤治疗；
- 肾衰的血液透析和腹膜透析的门诊治疗；
- 意外牙科治疗（对意外受损的、原未经任何治疗且完整无损的自生牙齿的紧急治疗）；
- 羊水穿刺检查（35 岁以下的孕妇）；
- 家庭健康护理；
- 其他治疗，包括 CT, PET-CT, 核磁共振（MRI），立体定向放射治疗装置(指伽玛刀)；

Provision 7 Claims

MEDICAL EMERGENCY HELPLINES 24 HOURS A DAY, 365 DAYS A YEAR

IF YOU REQUIRE EMERGENCY MEDICAL TRANSFER, PREAUTHORISATION OF EXPENSES, REFERRAL TO A MEDICAL PRACTITIONER OR A HOSPITAL OR HAVE ANY OTHER CLAIMS QUERY, PLEASE CALL THE HELPLINE.

To ensure the most appropriate care possible the insured person should contact us on the telephone number shown above, giving us a telephone, fax or telex number where we can contact the insured person or leave messages at any time of day or night.

• Pre-authorization

Involving one or more of the following inpatient or treatment of out-patient, the insured person must bear in mind that to comply with the terms and conditions of the insurance we must be contacted 48 hours in advance for our pre-authorization before the situation:

- Hospitalization admissions;
- Outpatient surgeries;
- Outpatient tumor treatments;
- Kidney failure and peritoneum outpatient dialysis;
- Accidental dental treatment (for accidentally damaged, untreated and original teeth);
- Amniocentesis (for pregnant women under 35 years old);
- Home nursing care;
- Other procedures including CT, PET-CT, MRI, Stereotactic Conformal Radiotherapy Gamma Knife (r-knife) for brain surgery;

- 购买或租用拐杖、轮椅、基本整形假体和器具；
- 需要连续治疗或者需要复诊两次以上的病（症）的治疗。

当发生紧急事件时，如果被保险人客观上不能与我们取得联系，则被保险人或其指定的人需在事故发生后 48 小时内通知我们。在没有得到我们同意之前，被保险人不能办理住院，并提供承诺及支付相关费用。

如果被保险人未能履行以上义务，对所发生的治疗费用和住院费用的赔付金额将减少 25%。

• 付款担保与直接支付

若被保险人要求我们向医院或医生提供付款担保，只有在保险单持有人同意支付保险凭证上载明的每次由被保险人承担的免赔额和自付额的前提下，我们才能提供此项付款担保。

被保险人在我们指定的直付网络医院就医时，只需支付保险凭证上载明的每次由被保险人承担的免赔额和自付额。

对于治疗和救援过程中我们已经担保承担或支付的费用，但该项费用不属于我们承保责任范围，被保险人将在接到我们通知后 30 日内需将此费用偿还我们。如超过 30 日未归还的，我们将自动终止保险单。

• 理赔服务

当被保险人接受的门诊治疗不属于上述事先授权中所列重大门诊治疗项目时，不需要事先得到我们的授权。如果在我们指定的直付网络外医院就医时，被保险人需在治疗时先行支付所有的费用，然后向我们提出理赔申请进行报销。被保险人需要如实完整的填写理赔申请表，包括填写主治医师需要填写的内容，并提供原始的发票和所有其他的能支持本次理赔的相关信息，包括 x-光、实验测试、诊疗报告等资料。

若我们要求被保险人提供有关某次理赔的书面说明，被保险人需在接到我们通知 28 天内提供。在必要时，我们会要求被保险人进行必要的体检，费用由我们承担。被保险人提供的书面说明应辅以本次理赔的详细资料，包括体检报告、原始的发票、证明、相关医学资料、收据等其他相关文件。当被保险人在保险事故中死亡，在不违反当地法律的前提下，我们有权对被保险人进行尸检，费用由我们承担。

- Purchase or rental of crutches, walkers, wheelchairs and basic orthopaedic prostheses and equipment;
- Any scheduled procedures or any series of treatments or treatments which requires 2 or more treatment sessions /consultations.

In case of an emergency, if the insured person is physically prevented from contacting us immediately, the insured person or someone designated by him / her must contact us within 48 hours. The insured person must make no admission, offer, promise or payment without our prior consent. We must be telephoned first.

If the insured person fails to follow these conditions, the reimbursement amount will be reduced by 25% for the treatment and hospital services incurred.

• Payment guarantee and direct billing

In case that the insured require us to place guarantee of payment to medical providers, we could only do it only if the Policyholder agrees to reimburse us with the amount of the deductible and any co-insurance specified in the Certificate.

When the insured goes to the medical providers in our designated direct billing network, he/she pays only the deductible and any co-insurance specified in the Certificate.

For any costs or expenses we have guaranteed or paid out on behalf of the insured but are not covered under the terms of the insurance, the insured shall reimburse us within 30 days of our request to the insured person. If the insured fails to do so within 30 days, we will terminate the policy automatically.

• Claims handling

When the insured receives out-patient treatment that is not listed in the Pre-authorization above, he or she does not require pre-authorization. If the insured goes to a medical provider outside direct billing hospital network, he/she must pay all the costs in full at the time of receiving the treatment, and then submit a claim to us for reimbursement. Please ensure that a claim form is fully completed by the insured person and the treating doctor. Submit this with the original receipts and all other information supporting the claim, including but not limited to x- rays, test results, medical reports etc.

The insured person must give us written details of a claim within 28 days of our request to the insured person to do so. If necessary we will require the insured person to go physical examination at our expense. The insured person must provide us with a written statement substantiating the insured person's claim, together with all original invoices, certificates, information, evidence and receipts that we require. In the event of death of the insured person we shall be entitled to have an autopsy carried out at our expense (where this is not forbidden by local law).

如果被保险人在我们规定的特定医疗机构就诊的，被保险人应额外自负相应保险责任范围内医疗费用的一定比例。特定医疗机构及被保险人应承担的医疗费用比例详见投保时我们提供的明细列表。

我们在收到保险金给付申请书及合同约定的证明和资料后，将在 5 日内作出核定；情形复杂的，在 30 日内作出核定。对属于保险责任的，我们在与受益人达成给付保险金的协议后 10 日内，履行给付保险金义务。

我们未及时履行前款规定义务的，除支付保险金外，应当赔偿受益人因此受到的损失（利息）。

对不属于保险责任的，我们自作出核定之日起 3 日内向受益人发出拒绝给付保险金通知书并说明理由。

我们在收到保险金给付申请书及有关证明和资料之日起 60 日内，对给付保险金的数额不能确定的，根据已有证明和资料可以确定的数额先予支付；我们最终确定给付保险金的数额后，将支付相应的差额。

第八条 如实告知

订立本保险单时，我们应向投保人明确说明本保险单的条款内容，特别是责任免除条款，本保险单在保险人及被保险人共同协商认可本保险单中所载明的术语、条款和除外责任，并经保险人同意接受投保申请后生效。

对保险条款中免除我们责任的条款，我们在订立合同时应当在投保单、保险单或者其他保险凭证上作出足以引起投保人注意的提示，并对该条款的内容以书面或者口头形式向投保人作出明确说明，未作提示或者明确说明的，该条款不产生效力。

投保人故意隐瞒事实，不履行如实告知义务的，或者因重大过失未履行如实告知义务，足以影响我们决定是否同意承保或者提高保险费率的，我们有权解除本保险单或该被保险人资格。

投保人故意不履行如实告知义务的，对于本保险单或资格解除前发生的保险事故，我们不负给付保险金的责任，并不退还保险费。

If the service providers are on the special hospital/clinic list, additional member copayment will apply. The detailed list and copayment will be provided upon application.

We will make decision on claim payment 5 days after we received the completed claim application form and required documents, and it will extend to 30 days for complex cases. We will issue the claim payment 10 days after an agreement on claim payment is reached, and we would pay the interest for the delayed period should we not promptly fulfill the above.

We will send out denial letter along with explanations to beneficiary in 3 days after we make decisions for non-eligible claims. We will pay out the portion of the claim that could be defined in 60 days if there is uncertainty regarding the claim application, and follow up with the difference based on the final decision.

Provision 8. Honest Representation

While concluding the Contract, we have a duty to accurately present to the Policyholder the contents of every Provision of the contract, especially the Exclusions. We have the right to request in writing information relating to the Policyholder or the Insured Person, the Policyholder and the Insured Person must provide all such information honestly.

We will draw policyholder's attention on Exclusion clause with sufficient hint in application form, or insurance certificate or other certificates, and explain this clause to policyholder in written or verbally. Failure doing so will invalidate this clause.

If the Policyholder makes an untrue statement through deliberate concealment, we have the right to rescind this Contract or the qualification of this insured Person. In such case, we will bear no liability to pay any benefits for the Insurance Event which is occurred before the date of rescission of the Contract or the qualification of this insured Person. The premiums will not be refunded.

If the Policyholder makes an untrue statement through serious neglectful omission which directly affects our decision whether to accept the risk or not or whether to charge increased premiums or not, then we have the right to rescind this Contract or the qualification of this Insured Person.

投保人因重大过失未履行如实告知义务，对保险事故的发生有严重影响的，对于本保险单或资格解除前发生的保险事故，我们不负给付保险金的责任，但应当退还保险费。

前款规定的合同解除权，自我们知道有解除事由之日起，超过三十日不行使而消灭。自本合同成立之日起超过二年的，我们不得解除合同。我们在合同订立时已经知道投保人未如实告知的情况的，我们不得解除合同；发生保险事故的，我们承担赔偿责任或者给付保险金的责任。

第九条 年龄的确定与错误处理

投保人在申请投保时，应将与有效身份证件相符的被保险人的出生日期在投保单上填明，被保险人的投保年龄以法定身份证明登记的周岁年龄计算。如果发生错误按照下列方式办理：

1. 投保人申报的被保险人年龄不真实，并且其真实年龄不符合本合同约定投保年龄限制的，在保险事故发生之前我们有权解除合同，并向投保人退还相应的现金价值。本款规定的合同解除权，自我们知道有解除事由之日起，超过三十日不行使而消灭。自合同成立之日起超过二年的。
2. 投保人申报的被保险人年龄不真实，致使投保人实付保险费少于应付保险费的，我们有权更正并要求投保人补交保险费。若已经发生保险事故，在给付保险金时按实付保险费和应付保险费的比例给付。
3. 投保人申报的被保险人年龄不真实，致使投保人实付保险费多于应付保险费的，我们会将多收的保险费退还给投保人。

第十条 被保险人的变动

一、 投保人因在职人员变动需要增加被保险人的，应以书面形式通知我们，经我们审核同意，于收取保险费的次日零时起开始承担保险责任。

二、 投保人因被保险人离职或其它原因需要减少被保险人的，应以书面形式通知我们，本保险单对该被保险人所承担的保险责任自通知到达之日二十四时起终止，并退还其现金价值。如投保人要求的退保日期在通知到达日之后，则该被保险人资格自该退保日零时起丧失。但被保险人在保险期内已发生赔付，则保费不予退还。

In such case, If the statement is severely affect the occur of the Insurance Event, we will bear no liability to pay any benefits for the Insurance Event which is occurred before the date of rescission of the Contract or the qualification of this Insured Person. We will only return the cash value. A refund of premium (subject to no claim having been submitted) will be made.

The right to cancel the Contract mentioned above will be rescinded if the application to cancel the contract is not submitted with 30 days from the occurrence of qualified events. We shall not cancel the Contract two years after commence date. We shall not cancel the Contract should we know that the Policyholder or Insured person makes an untrue statement while concluding the Contract, and we will bear liability to pay any benefits for the Insurance Events.

Provision 9. Determination of Age and error handling

1. You should fill out the date of based on your legal document upon application, and age shall be calculated based on this date of birth. Should untrue statement regarding this is detected, we will handle as followings:
 - I. If you provide untrue date of birth, and actual age is not comply with the eligibility requirement in this Contract, we have the right to rescind this Contract or the qualification of this insured Person. In such case, we will bear no liability to pay any benefits for the Insurance event which is occurred before the date of rescission of the Contract. The right to cancel the Contract will be rescinded after 30 days start from the day we notice this error. The right to cancel the Contract will be rescinded two years after commencement date.
 - II. If you provide untrue date of birth, which directly leads to lower premium than it should be, we have the right to make correction and require you to make additional payment for the premium difference and the cumulative interest. In such case, we will pay benefits on pro-rata base for the Insurance event which is occurred before the date of rescission of the Contract.
 - III. If you provide untrue date of birth, which directly leads to higher premium than it should be, we will refund the difference without interest.

Provision 10. Change of the Insured Person

1. If the number of the Insured Person is increased because of inflow of employees, the Policyholder shall notify us in writing. With the consent of us, we shall be liable for the new Insured Person from 00:00 a.m. on the day following the day we receives the premium.
2. If the number of the Insured Person is decreased because of outflow of the employees or other reasons, the Policyholder shall notify us in writing. The liability for such Insured Person under the Contract will terminate by 12.00 p.m. on the date receiving the notification. We will refund the cash value. If the requested surrender date is later than the notification date, the eligibility of such Insured Person shall terminate since the 0:00 a.m. of the surrender date. If we have paid this Insured Person for the risk covered in the Period of the Contract, the Premium will not be returned.

第十一条 资料提供

投保人应保存每一被保险人的个人资料，详细记录其姓名、性别、年龄、出生日期、交费金额以及其它与本保险单有关的一切资料。必要时投保人应按我们的要求提供上述资料。

第十二条 合同的解除

一、投保人在本合同生效后，可以以书面形式通知我们要求解除本合同。要求解除本合同时投保人应提供下列文件和资料：

- 1、 解除合同申请书；
 - 2、 本合同的原件及其它保险凭证；
 - 3、 最后一期交费凭证；
- 但已经发生保险金给付的，投保人不得要求解除本合同。

二、 本合同自我们接到解除合同申请书之日起终止。我们将于接到上述证明和资料之日起 30 日内退还保险单的现金价值。

三、投保人解除合同会遭受一定损失。

第十三条 法律适用

一切产生于本保险单或与本保险单有关的争议，应由中华人民共和国法律管辖，并应根据中华人民共和国法律予以解释。但是，我们通过授权的环球保险服务机构对被保险人所进行的任何救助均取决并服从于当地的法律、法规，而且不得超出被保险人被救援时所在国的法律、法规和有关国际条约的范围。

第十四条 争议处理

因履行本合同发生的争议，由当事人协商解决，协商不成的，依法向人民法院提起诉讼。

若中文条款与英文条款存在不一致的，以中文条款为准。

Provision 11. Supply of Information

The Policyholder shall keep a detailed record of personal information of each Insured Person such as name, gender, age, date of birth, premium amount paid and any other information related to the Contract. The Policyholder should provide us with the information listed above when necessary.

Provision 12. Cancellation of the Contract

1. The Policyholder should submit the following certificates and documents with the request for cancellation during the period of the contract:

- 1) The Application to cancel the Contract;
- 2) The Contract and other certification of insurance;
- 3) Proof of the last premium paid;

If we have paid any benefit, the Policyholder will not be eligible for the cancellation of the Contract.

2. The Contract terminate on the day we receive the application to cancel the Contract. We will return by bank transfer to the Policyholder the cash value in 30 days after the day we receive the above certificate and document.

3、 The policyholder will incur certain loss from cancellation the Contract.

Provision 13. Governing Law

This Contract shall be governed by and construed in accordance with the laws of the People's Republic of China. However, it must be noted that the appointed WISP undertakes to carry out its obligations stipulated in this Contract in accordance with and subject to the local laws and regulations of the country where incident took place.

Provision 14. Handling of Disputes

Any disputes arising out of or in connection with this Contract shall be settled by negotiation between the parties. In case the said dispute cannot be settled by negotiation, the contracting party can submit a case to the People's Court.

In case any inconsistency between Chinese version and English version, Chinese version shall prevail.