



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

藍十字（亞太）保險有限公司（「藍十字」）乃東亞銀行集團成員，於香港經營保險業務逾50年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。藍十字屢獲殊榮，其保險產品及服務均獲廣泛認同。

藍十字在2021年獲得保險行業國際信用評級機構和信息提供商AM Best 授予財務實力評級及長期發行人信用評級分別為A（優秀）及「a」（優秀）級別。有關最新評級，請瀏覽www.ambest.com。

Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") is a member of The Bank of East Asia Group. With over 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross' success in insurance products and services is reaffirmed by numerous awards and accolades.

In 2021, Blue Cross was assigned the Financial Strength Rating of A (Excellent) and the Long-Term Issuer Credit Rating of "a" (Excellent) by AM Best, a global rating agency and information provider with a unique focus on the insurance industry. For the latest rating, please access www.ambest.com.



Blue Cross HK App



客戶服務熱線
Customer Service Hotline
3608 2988

Blue Cross (Asia-Pacific) Insurance Limited
藍十字（亞太）保險有限公司

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
Fax 傳真：3608 2989 Email 電郵：cs@bluecross.com.hk
Website 網址：www.bluecross.com.hk

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重症醫療保險計劃

Major Medical Insurance Plan



加強現有醫療保障的最佳選擇！
The best choice for strengthening
current medical coverage!

2022年1月生效
With effect from Jan 2022



此單張並不包含保單的完整條款且只供參考之用，有關詳盡條款及細則及所有不保之事項，概以保單為準。

This leaflet does not contain the full terms of the policy and is for reference only. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions.

重症醫療保險計劃

「重症醫療保險計劃」是一份周全的環球醫療保險計劃。扣除指定自付額後，受保人可獲賠償住院及手術費用的90%，最高可達US\$250,000。如您希望獲得更高的保障額，亦可選擇將賠償限額加大至US\$1,000,000*。無論您已擁有其他醫療保險，或享有僱主所提供之團體醫療保險，「重症醫療保險計劃」是加強您整體保障之理想選擇。

Major Medical Insurance Plan

Major Medical Insurance Plan is a comprehensive worldwide medical insurance plan. It pays 90% of the hospital and surgical expenses up to US\$250,000 in excess of a designated deductible. For those who look for a more ample-amount coverage, the benefit limit can be increased to US\$1,000,000*. It is an ideal supplementary policy to your existing medical coverage provided by your employer or any other medical insurance.

卓越保障 安枕無憂

卓越的獨立醫療計劃

「重症醫療保險計劃」是一份獨立醫療計劃，為您提供卓越醫療保障。

- 不設等候期，保單生效即獲保障
- 投保手續簡單，無需驗身
- 全球醫療保障，保障額不會因身處外地時間長久而有所改變

Total Peace of Mind with Excellent Protection

Superior Standalone Plan

Major Medical Insurance is a standalone plan that provides you with an excellent coverage.

- No waiting period — Medical protection starts once the policy takes effect
- Easy enrolment with no medical examination is required
- Worldwide coverage with benefit amounts remain unchanged regardless of the duration of overseas stay

續保時不因索償記錄而加收保費

當您續保時，我們將不會根據您過往的索償記錄或健康狀況而徵收額外保費。

No Additional Premium on Claim History upon Renewal

Regardless of your claim history and health status, no additional premium will be imposed upon policy renewal.

保證終身續保[^]

此保單有效期為一年¹。成功投保後，不論您的健康狀況或索償記錄，我們都承諾為您提供終身續保，您的保單更可自動續保至下一個受保期。

Guaranteed Lifetime Renewal[^]

The period of cover of your policy is 1 year¹. After enrolment, we guarantee your policy will be renewable for lifetime, regardless of your health status or claim history. Moreover, your policy will be automatically renewed for another period of insurance.

40日冷靜期²

特長時間讓您審閱保險單內的條款和細則。

A 40-day Cooling-off Period²

An exceptionally long period of time for you to review the terms and conditions of your insurance policies.

24小時全球緊急援助

我們為您提供24/7服務，若您身處外地需緊急支援，可隨時致電熱線，由專人為您安排代繳入院按金、提供當地醫療或法律轉介等，以確保您於緊急情況下得到所需協助。

24-hour Worldwide Emergency Aid

We are here for you 24/7. Simply call our hotline when you need assistance in an emergency situation while travelling overseas, and our dedicated officers will provide you with all-round assistance such as hospital admission deposit guarantee service, local medical or legal referral service, etc.

中國緊急醫療支援

如於中國境內遭遇突發事故，需要入院接受治療，只需憑本計劃提供的「任中樞」醫療卡，便可於全國超過200間網絡醫院或醫療單位接受治療，無須繳付入院保證金。

Emergency Medical Assistance in China

In case of emergency requiring hospitalisation in China, simply present the Medpass Card and you will be able to access a network of over 200 hospitals or medical units without paying any deposits.

藍十字護理諮詢專線

我們明白您在日常生活護理上需要專業的意見，因此，特意為您提供專屬的護理諮詢熱線3608 2908解答您的疑問。如有需要，我們亦樂意轉介您至合適的家居護理服務，包括手術後護理、日常長者護理、孕婦護理、幼兒及兒童護理、以及其他護理服務轉介。

Blue Cross Nursing Care Hotline

We understand you need professional advice on daily care, we are here to provide you with an exclusive nursing care hotline on 3608 2908 to answer your enquiries. We can also refer you to home care services if you need extra care at the comfort of your own home, including post-surgery care, daily care for elderly, maternity care, infant and child care and referral of other care services.

*只適用於年齡75歲或以下受保人士。

[^]不適用於一百萬元保障*。本計劃保證續保(視乎續保時本公司仍否提供本計劃)，藍十字將不會根據個別受保人於續保時的健康狀況及索償記錄，向其額外收取保費或附加不保事項至個別保單。然而，藍十字保留在續保時調整保費如因應受保人年齡的調整、增加額外保障等，及更改條款及細則的權利。

*Only applicable to insured aged 75 or below.

[^]Not applicable to One Million Coverage Benefits*. Renewal is guaranteed (subject to the availability of the Plan at the time of renewal) and Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured's health status and claim history at the time of renewal. However, Blue Cross reserves the right to adjust the premium upon policy renewal due to, for example, age-related adjustment of insured person or subscription to additional benefits, etc. and revise the terms and conditions of the policy.

無索償折扣⁺ No Claim Discount⁺

於續保時，若受保人並沒有在下表所述的無索償期內提出任何基本住院及手術保障的索償，基本住院及手術保障的保費可獲相應之無索償折扣。Upon renewal, the insured will receive No Claim Discount on the premium payable for the Basic Hospital and Surgical Benefits, if no claim under Basic Hospital and Surgical Benefits has been made during the respective no claim period as specified in the table below.

緊接續保前之無索償期 No Claim Period Immediately Preceding Renewal	折扣率 Discount Rate
1年 year	5%
連續2年 2 consecutive years	5%
連續3年 3 consecutive years	10%
連續4年 4 consecutive years	10%
連續5年或以上 5 consecutive years or more	15%

⁺如在保單持有人就該受保人之保障以無索償折扣續保後，藍十字才支付或須支付該受保人於一個受保期就基本住院及手術保障條款項下產生的索償，保單持有人必須在藍十字發出繳費通知後21天內向藍十字償還折扣差額。除非藍十字收到該折扣差額，否則藍十字不會向受保人支付任何保單下的保障利益。

⁺In the event that after the insurance coverage for that insured is renewed at a No Claim Discount, a claim by that insured for any benefit under the Basic Hospital and Surgical Benefits section, which has accrued in the previous period of insurance, is paid or becomes payable by Blue Cross, the policyholder shall reimburse the discounted amount to Blue Cross within 21 days from the date of the invoice. No benefits shall be payable to the insured under the policy unless the discounted amount is received by Blue Cross.

家庭折扣⁺⁺ Family Discount⁺⁺

於保單生效日/續保日（以適用者為準），若受保於同一份「重症醫療保險計劃」保單的合資格家庭成員[▽]人數達2名或以上，該保單可獲以下家庭折扣。

If the number of eligible family members[▽] insured under the same Major Medical Insurance Plan policy on the policy effective date/renewal date (as applicable) reaches 2 or above, such policy can enjoy family discount specified below.

受保合資格家庭成員的人數 Number of Eligible Family Members Insured	2 名成員 2 members	3 名成員或以上 3 members or more
家庭折扣 Family Discount	5%	10%

⁺⁺如在獲得家庭折扣後未能於保單生效日或續保日當日滿足所述的合資格家庭成員人數要求，藍十字將會按照同一要求重新計算相關保單年度的家庭折扣。在藍十字的合理要求下，保單持有人須向藍十字交還已經扣減的家庭折扣及重新計算實際合資格的家庭折扣之差額。

[▽]就家庭折扣而言，「合資格家庭成員」指保單持有人及/或其配偶/子女/父母/兄弟姊妹/祖父母/孫/法定監護人/配偶的父母。

⁺⁺In the event that the required number of eligible family members set out as at the policy effective date or renewal date cannot be fulfilled after a family discount has been applied, the family discount shall be recalculated for the relevant policy year(s) based on same requirement specified. The policyholder shall repay to Blue Cross the difference between the family discount already applied by Blue Cross and the recalculated actual eligible family discount upon Blue Cross reasonable demand.

[▽]For the purpose of family discount, “eligible family member” refers to the policyholder and/ or his spouse/ children/ parents/ brothers/ sisters/ grandparents/ grandchildren /legal guardian/ parents-in-law.

基本住院及手術保障 Basic Hospital and Surgical Benefits

此保障支付90%合資格費用，在扣除自付額後，每宗傷病最高賠償額如下。受限於每宗傷病最高賠償額，假如相關保障項目的合資格費用為US\$10,000以及自付額為US\$3,500，藍十字將會賠償US\$5,850，而您將要承擔餘下之US\$4,150。The benefits cover 90% of eligible expenses in excess of a deductible of the applicable benefit for each disability, subject to the following maximum benefit limit per disability. Subject to the maximum benefit limit per disability, if the eligible expenses incurred for a relevant benefit item is US\$10,000 and the deductible of US\$3,500 applies, Blue Cross will reimburse US\$5,850 and you will have to bear the remaining US\$4,150.

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit Per Disability (US\$)
病房費用 Room and Board 每天限額 Limit per day	310
醫院雜項費用 Miscellaneous Hospital Charges	合理慣例的費用 Reasonable and customary charges
外科醫生費用 Surgeon's Fees[‡] <ul style="list-style-type: none">複雜手術 Complex 大型手術 Major 中型手術 Intermediate 小型手術 Minor	17,200 6,240 3,120 1,250
麻醉科醫生費用 Anaesthetist's Fees^{^^}	最高為合資格外科醫生費用的30% Up to 30% of the eligible Surgeon's Fees
手術室費用 Operating Theatre Charges^{^^}	合理慣例的費用 Reasonable and customary charges
醫生巡房、專科醫生、病理學家及放射學家費用 Physician's Visit Fees, Specialist's Fees, Pathologist's Fees and Radiologist's Fees	合理慣例的費用 Reasonable and customary charges
註冊私家看護費用及物理治療服務 Registered Private Nurse's Fees and Physiotherapy Services	合理慣例的費用 Reasonable and customary charges
特別費用 Special Charges <ol style="list-style-type: none">血液及血漿 Blood and blood plasma 人造義體/義肢 Prosthetic devices	合理慣例的費用 Reasonable and customary charges
妊娠期併發症 Complications of Pregnancy <ul style="list-style-type: none">只限於血毒症、子癇症及子癇前期症或同等病症 Limited to toxemia, eclampsia and pre-eclampsia or similar conditions of equivalent severity	合理慣例的費用 Reasonable and customary charges
精神病或心理治療 Mental or Psychological Treatment 每天限額 Limit per day 每年限額 Limit per year	150 3,000
綜合最高賠償額 Overall Maximum Benefit Limit	250,000 [▲]

[#]「外科醫生費用」根據外科手術表計算，包括按其主診醫生書面建議，於住院期間接受由外科醫生進行之外科程序或手術，或接受日症手術。「日症手術」指於門診設施由醫生進行屬醫療必要之醫療或外科程序。門診設施包括醫生診所，或醫院設立及營運之日症中心、日間護理中心、門診部或相等之門診設施。

^{^^}藍十字在須支付「外科醫生費用」的情況下，方可賠償此保障所引致的費用。

[▲]住院及手術保障之綜合最高賠償額為每宗傷病US\$250,000，並以每項保障所列之賠償額為限。76歲或以上受保人士的綜合最高賠償額為US\$130,000。

所有費用必須為「合理慣例」[‡]及「醫療必要」[‡]的開支。

[#] Surgeon's Fees will be calculated in accordance with the Surgical Schedule, including operation performed by a surgeon during a confinement or Day Case Procedure upon the written recommendation of the attending physician. “Day Case Procedure” means a medically necessary medical or surgical procedure which is performed by a physician in an outpatient facility. An outpatient facility may refer to a physician’s clinic; or a day case centre, a day care centre or an outpatient department or equivalent facility established and operated by a Hospital.

^{^^}Charges for such benefits will be payable on condition that Surgeon's Fees are payable by Blue Cross.
[▲]The overall maximum benefit limit for Basic Hospital and Surgical Benefits is US\$250,000 per disability, subject to the limit of each benefit item. For insured aged 76 or above, such overall maximum benefit limit is US\$130,000.

All expenses incurred must be Reasonable and Customary[‡] and Medically Necessary[‡].

保費表 Premium Table (US\$)

基本住院及手術保障

Basic Hospital and Surgical Benefits

每宗傷病之自付額：US\$3,500

Deductible Per Disability: US\$3,500

年齡 Age	年繳 Annual	
	男性 Male	女性 Female
0 - 17	404	404
18 - 30	398	498
31 - 35	454	563
36 - 40	507	630
41 - 45	572	708
46 - 50	643	792
51 - 55	723	896
56 - 60	809	999
61 - 65	1,094	1,346
66 - 70	1,421	1,754
71 或以上 or above*	1,937	1,937

基本住院及手術保障 Basic Hospital and Surgical Benefits

每宗傷病之自付額：US\$7,500

Deductible Per Disability: US\$7,500

年齡 Age	年繳 Annual	
	男性 Male	女性 Female
0 - 17	186	186
18 - 30	183	214
31 - 35	207	240
36 - 40	233	270
41 - 45	264	305
46 - 50	293	339
51 - 55	330	382
56 - 60	368	426
61 - 65	501	575
66 - 70	649	753
71 或以上 or above*	877	877

*只適用於續保。Applicable to renewal only.

附加保障 Optional Benefits

您可按個人需要，以額外保費自選提升以下保障之最高賠償額。

You can opt for increasing the limit of the benefit items below according to your own needs with additional premium.

年齡 Age	病房費用賠償額 增加至每天US\$550 Increased Limit for Room & Board to US\$550 Per Day (US\$)		增加外科醫生費用 ^{‡#} 每宗傷病賠償額 Increases of Limit Per Disability for Surgeon's Fee ^{‡#} (US\$)		一百萬元保障 ^{**} One Million Coverage Benefits ^{**} (US\$)	
	年繳 Annual		年繳 Annual		年繳 Annual	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 17	300	300	200	200	210	210
18 - 45	348	426	400	425		
46 - 60	510	666	475	500		
61 - 65	900	1,092	650	725		
66 - 70	1,044	1,266	800	1,025		
71 或以上 or above*	1,506	1,506	1,275	1,275		

^{‡#}「外科醫生費用」根據外科手術表計算，每宗傷病最高賠償額可增加至以下金額：

- 複雜手術：US\$40,000
- 大型手術：US\$14,000
- 中型手術：US\$ 7,200
- 小型手術：US\$ 2,800

^{**}基本住院及手術保障的綜合最高賠償額可增加至每宗傷病US\$1,000,000，受限於每項保障最高賠償額。此保障只適用於75歲或以下受保人士。

^{*} 只適用於續保。

^{‡#} Surgeon's Fees will be calculated in accordance with the Surgical Schedule. Below is the increased maximum benefit limit per disability:

- Complex：US\$40,000
- Major：US\$14,000
- Intermediate：US\$ 7,200
- Minor：US\$ 2,800

^{**}The overall maximum benefit limit for Basic Hospital and Surgical Benefits is increased up to US\$1,000,000 per disability, subject to the maximum limit of each benefit item. The Benefits is only applicable to insured aged 75 or below.

^{*} Applicable to renewal only.

Blue Cross 的保單條款及細則，請參閱本計劃的保單條款及細則。如有任何查詢，請致電 2926 2926 或 2926 2927 查詢。

Blue Cross 的保單條款及細則，請參閱本計劃的保單條款及細則。如有任何查詢，請致電 2926 2926 或 2926 2927 查詢。

註 Remarks：

- 年齡以最近生日日期計算。如您下一個生日是在投保日期起計6個月之內，保費將以下一個生日年齡計算，否則以目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。
- 「0」歲指出生滿12日。
- 以月繳的保費會被徵收5%的附加費。月繳保費金額及附加費 = 年繳保費金額 x 0.0875。應付總金額以收款票據所示為準。
- 藍十字保留在續保時調整保費，如因應受保人年齡的調整、增加額外保障等，及更改條款及細則的權利。
- 保險業監管局將按照法例透過保險公司向投保人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料，請瀏覽藍十字網頁 http://bluecross.com.hk/document/general/levy_collection。
- Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from the enrolment date, the premium rate will be charged according to your next age attained. Otherwise, it will be charged based on your current age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- Age “0” means age 12 days.
- Premiums to be paid by monthly payment mode is subject to a surcharge of 5%. Premium amount with surcharge for monthly payment mode = annual premium amount x 0.0875. Please refer to the debit note for the total amount payable.
- Blue Cross reserves the right to adjust the premium upon policy renewal due to, for example, age-related adjustment of insured or subscription to additional benefits, etc. and revise the terms and conditions of this policy.
- The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.

計劃摘要 Plan Summary

產品名稱 Product Name	重症醫療保險計劃 Major Medical Insurance Plan
購買目的及需要 Purchase Objectives and Needs	為將來的醫療需要作準備以支付醫療費用 Prepare for future health care needs to settle medical expenses
產品類型 Product Type	僱償款 Indemnity only
保單期 Period of Cover	1 年 Year
投保年齡 Enrolment Age	12日至70歲 Age 12 days to age 70
保單續保 Policy Renewal	每年續保至終身 [△] （保證） ⁵ Annual renewal for life [△] (guarantee) ⁵
保單貨幣 Policy Currency	港幣 HKD
保障地域 Cover Area	全球 Worldwide
冷靜期² Cooling-off Period²	40日 Days
繳費模式 Payment Mode	年繳/月繳 Annual/Monthly

您可隨時下載 Blue Cross HK App 或登入 www.bluecross.com.hk/supercare 管理您的索償⁶和查閱保單資料。You can manage your claims⁶ and check your policy information anytime via Blue Cross HK App or www.bluecross.com.hk/supercare.

重要事項 Important Note

- 因風險變動有機會影響本保單的保障，保單持有人在受保期內，必須就受保人之地址、居留地、職業變更或其他風險變動即時通知藍十字。
- 客戶可在冷靜期內行使權利取消保單及獲發還全數已付保費及保費徵費，但行使此項權利時，必須符合以下條件：
 - 取消要求必須由保單持有人簽署，藍十字必須於冷靜期內直接收到該要求。冷靜期為緊接保單或冷靜期通知書交付予保單持有人或其指定代表之日起計的40日的期間內，以較早者為準。為免生疑問，交付保單或冷靜期通知書當天並不包括在計算40日的期間內。然而，若第40日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內；及
 - 如曾經因索償而獲得賠償，則不會獲發還保費。
- 冷靜期過後，客戶可向藍十字發出不少於7天的書面通知以取消保單。如於首個受保期內符合以下條件：a) 無任何索償；b) 無尚未繳付之每年保費；及 c) 所有醫療卡（如有）及優惠券（如有）從未使用及已被退還予藍十字，客戶可獲無息退還部分已繳保費。詳情請參閱保單條款及細則。
- 此外，保單會在下列情況自動終止，以較早者為準：a) 當保單持有人取消保單或當保單因沒有繳付保費或根據保單條款及細則所列的情形被取消；或 b) 保單最後一名在生之受保人身故當日。
- 「合理價例」指治療、服務或物料收費不超過在當地由具相若水平的相關服務或物料供應商，為同一性別和年齡的人士針對類似疾病或傷患提供的相類似的治療、服務或物料所收取的收費水平。「合理價例」的收費在任何情況下均不應高於所招致的實際收費。藍十字會參照以下資料（如適用）以釐定「合理價例」的醫療費用：a) 載列於由香港政府發佈之惠報中香港公立醫院向自費病人收取私家住院醫療服務的費用；b) 由業界進行的治療或服務費用調查；c) 內部索償數據；d) 受保程度或水平；及/或 e) 於提供治療、服務或物料當地之其他適當相關參考資料。
- 「醫療必要」指需要就傷病接受治療或服務，而所進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視為「醫療必要」的治療或服務必須符合以下各項：a) 需要合資格醫療人士的專業知識；b) 與診斷一致，並對醫治該狀況而言屬必需；c) 根據專業而審慎的醫療標準提供，而並非主要為使受保人、其家庭成員、護理人員或主診的合資格醫療人士帶來方便或感到舒適而提供；及 d) 在該情況下以最具成本效益的方式和設定提供。

- 藍十字保留停止發售或中止本計劃及對保單作出更改的權利。若藍十字決定停止發售或中止本計劃，藍十字將致力為受保人轉換至另一個可供選擇的醫療保險計劃。
- 任何索償申請須於出院或完成有關的醫療服務當日起計90天內遞交。若客戶欲提交任何住院費用的索償申請，可以郵寄方式或親身遞交已填妥的賠償申請表及所需之完整文件予藍十字。賠償申請表可向藍十字客戶服務中心索取或於藍十字網頁下載。

- During the period of insurance, the policyholder shall give immediate notice to Blue Cross in respect of any change of address, residency, occupation of an insured or any other change of risk which may affect the cover of this policy.
- Customer may exercise the right to cancel the policy with full refund of paid premiums and levy during the cooling-off period. The cancellation right is subject to the following conditions:
 - The request to cancel must be signed by the policyholder and received directly by Blue Cross within the cooling-off period. The cooling-off period is the period of 40 days immediately following the day of the delivery to the policyholder or the nominated representative of the policyholder, of the policy or the cooling-off notice, whichever is the earlier. For the avoidance of doubt, the day of delivery of the policy or the cooling-off notice is not included for the calculation of the 40-day period. However, if the last day of the 40-day period is not a working day, the period shall include the next working day; and
 - No refund can be made if a claim payment has been made.

Customer can request to cancel the policy after the cooling-off period by giving not less than 7 days’ prior written notice to Blue Cross. Customer may be entitled to a refund of part of the premium paid without interest during the first period of insurance if the following conditions are fulfilled: a) no claims have been made; b) there is no outstanding annual premium under the policy; and c) all healthcare cards (if any) and coupons (if any) are not being used and are returned to Blue Cross. Please refer to the terms and conditions of policy for details.

In addition, the policy shall be automatically terminated on the earliest of the following: a) when the policyholder cancels the policy, or the policy is cancelled due to non-payment of premiums or any circumstance as set out in the terms and conditions of the policy; or b) the date of death of the last remaining life insured under the policy.

- “Reasonable and Customary” refers to a charge for medical treatments, services or supplies which does not exceed the general level of charges being charged by the relevant service providers or suppliers of similar standing in the locality where the charge is incurred for similar treatments, services or supplies to individuals of the same sex and age, for a similar disease or injury. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether an expense is Reasonable and Customary, Blue Cross may make reference to the following (if applicable): a) the gazette issued by the Hong Kong Government which sets out the fees for the private patient services in public hospitals in Hong Kong; b) industrial treatment or service fee survey; c) internal claim statistics; d) extent or level of benefit insured; and/or e) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
- “Medically Necessary” shall mean the need to have treatment or service for the purpose of treating a disability in accordance with the generally accepted standards of medical practice and such treatment or service must: a) require the expertise of a qualified medical practitioner; b) be consistent with the diagnosis and necessary for the treatment of the condition; c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of an Insured, his family members, caretaker or attending qualified medical practitioner; and d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.
- Blue Cross reserves the right to cease offering or suspend this Plan and to make changes to the policy. If Blue Cross decides to cease offering or suspend this Plan, Blue Cross will endeavour to transfer the insured to another available medical insurance plan.
- Any claims must be submitted within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. If customer wishes to submit claim for any hospitalisation reimbursement, a completed claim form and full documentation must be submitted to Blue Cross by post or in person. Claim form can be obtained from Blue Cross Customer Service Centre or downloaded from Blue Cross website.

主要不保事項 Major Exclusions

- 並非屬醫療必要的治療或測試，或並非經醫生處方購買的藥物。
- 純粹因接受一般身體檢查、X光診斷、先進造影、化驗或物理治療、復康、休養、療養或專職醫療服務，包括但不限於職業治療及言語治療而住院。
- 任何先天性疾患（疝氣、斜視或包皮開口狹窄除外）或成長障礙狀況或相類似疾病的相關治療。
- 已存在的狀況。
- 直接或間接因後天免疫力缺乏症病毒（「HIV病毒」）及其有關的傷病而引致的費用，包括愛滋病及/或因愛滋病而引發的任何突變、衍生或變異，純因為受保人於受保人生效日期前感染HIV病毒所引致。
- 直接或間接因以下事項所引致的治療或傷病：濫用藥物或酒精、自我毀傷或企圖自殺、進行不法活動、飲用超過規定水平的酒精或服用超過規定水平的藥物後駕駛或操控機器，或經由性接觸傳染的疾病或其後遺症。
- 以美容或整形為目的之任何服務費用；與以下相關的費用，但不限於聽力測試、例行血液測試、一般身體檢查、預防性治療、接種疫苗或防疫注射、非處方藥物等。
- 因牙科狀況接受之牙科治療及口腔外科手術（受保人因意外而需在住院期間接受的緊急牙科治療及手術除外），及因牙科狀況或於口腔外科手術後不論是以往院病人或門診病人身分接受的覆診治療。
- 除保單條款及細則內有關「妊娠期併發症」項目所訂明外，與產科及其併發症有關的檢查、治療、外科程序及諮詢服務，包括驗孕或其後的分娩、墮胎或流產、節育或恢復生育、兩性結紮或變性、不育治療等。
- 除保單條款及細則內有關「精神病或心理治療」項目所訂明外，直接或間接由任何精神或心理狀況，以及其生理及心理表現而引致的治療。
- 直接或間接因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、暴動、起義或軍事政變或奪權；或因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病。

- Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a physician.
- Confinement solely for the purpose of general checkup, diagnostic X-ray, advanced imaging, laboratory test or physiotherapy, rehabilitation, rest cures, sanitarium care or allied health service, including but not limited to, occupational therapy and speech therapy.
- Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.
- Pre-existing Conditions.
- Expenses directly or indirectly arising from Human Immunodeficiency Virus (“HIV”) and its related Disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof, consequential upon an HIV infection occurring before the Insured Effective Date.
- Treatment or Disability directly or indirectly arising from or consequent upon: the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving or maneuvering machines whilst exceeding the prescribed alcohol and drug limit, or venereal and sexually transmitted disease or its sequelae.
- Any charges in respect of services for beautification or cosmetic purposes; expenses in relation to but not limited to hearing tests, routine blood tests, general check-ups, prophylaxis treatment, vaccinations or inoculations, over-the-counter drugs, etc.
- Treatment of a dental condition and oral surgery (except treatment of an emergency and surgery arising from an accident received by the insured during confinement) as well as follow up treatment of the dental condition or oral surgery whether as an inpatient or outpatient.
- Except as otherwise provided in the Terms and Conditions for “Complications of Pregnancy” in the policy, all investigation, treatment, surgical procedure and counselling service relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility, etc.
- Except as otherwise provided in the Terms and Conditions for “Mental or Psychological Treatment” in the policy, treatment directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.
- Treatment or Disability directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, riot, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.

Blue Cross 的保單條款及細則，請參閱本計劃的保單條款及細則。如有任何查詢，請致電 2926 2926 或 2926 2927 查詢。

注意 Notes：

- 此單張僅在香港派發。派發此單張並不構成亦不應被詮釋為在香港境外出售、游說顧客購買或提供任何保險產品。此單張的中英文版本如有差異，以英文版本為準。如有查詢或欲索取保單條款及細則，請瀏覽網址 www.bluecross.com.hk、Blue Cross HK App 或致電藍十字客戶服務熱線 3608 2988。
- 「重症醫療保險計劃」由香港獲授權之保險商－藍十字（亞太）保險有限公司承保。
- 藍十字（亞太）保險有限公司乃東亞銀行有限公司之子公司及東亞銀行集團成員，與Blue Cross and Blue Shield Association及其任何相關聯機構或許可證持有入並無任何關係。
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- Major Medical Insurance Plan is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.
- Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of The Bank of East Asia, Limited and a member of the BEA Group. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.
- Blue Cross shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose Blue Cross to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to Blue Cross.

^[1] 附加一百萬元保障可續保至75歲。

^[2] Renewal of Optional One Million Coverage Benefits is up to age 75.