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Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

安盛保險有限公司
香港黃竹坑香葉道28號嘉尚匯10樓

保單

安心同行企業醫療保障計劃

本保單包括:
- 申請表
- 本保單合約所列條款及細則
- 附加條款
- 保障表

保障表列示了:
- 每個成員級別的描述
- 每個成員級別的保障詳情
- 每個成員級別的每個受保僱員和每個受保的家屬（如適用）的保費率
- 保障表的生效日期
- 每個成員級別的每項保障的最高賠償金額

在繳付保費後，如在保險期間受傷或患上疾病或病症，安盛保險有限公司（以下簡稱"**本公司**"）將提供由您所選擇的下列所述保障。

鑒於受保人及/或保單持有人已向本公司提出申請和聲明(該申請和聲明應作為本保單的基礎，並被視為本保單的組成部分)，及已向本公司申請下列保障，並根據本保單的條款及細則，已支付或同意預先支付保費作為保險期間內獲得保障的代價，本保單自保障表列明的日期起生效，並持續至保險期間的最後一天為止。

現在本保單承諾，如果在保險期間，受保人因任何受傷、疾病或病症而需要住院治療、採取日間手術、接受門診治療（如適用）及/或接受牙科治療（如適用），本公司將在符合本保單的條款、規定、不保事項、細則和附加條款的前提下，向受保人或他 /她的個人合法代表支付保障表中所列示金額，前提是本公司的責任將不得超過於保險期間保障表所列示的最高賠償金額。

定義

本保單中使用的用詞定義如下：

意外 指突發的、不可預見的、意料之外的、外在的、暴力的以及可見的事故，直接且不涉及任何其他原因導致身體受傷。

本公司/保險人 指安盛保險有限公司。

先天性疾病 指先天異常以及新生嬰兒在出生後六（6）個月內發生的身體缺陷。

免找數服務 指本公司向受保人簽發的證明受保人有權接受醫療服務的任何文件，根據與本公司的協議，該等醫療服務可包括但不限於門診診症、治療及/或醫療用品，費用由本公司全部或部分直接支付給本公司委任的醫療服務供應商。 免找數服務可以以AXA安盛康健卡或本公司同意的任何其他文件的方式簽發。

中醫師 指根據《中醫藥條例》向香港中醫藥管理委員會註冊的中醫、跌打醫師或針灸師，或如在香港以外地方接受治療，則向治療地的當地醫療當局註冊的中醫、跌打醫師或針灸師;上述中醫、跌打醫師及針灸師分別稱為「中醫」、「跌打醫師」及「針灸師」。

脊醫/物理治療師 指在相關專業組織註冊的人。

天 指有關醫院所採用的收費日的定義。

日間手術 指受保人在毋須於醫院住院的情況下，在醫院、醫療診所、日間手術護理中心、化驗室或影像診斷中心所接受的手術或外科手術。

家屬 指下列任何一人：
(a) 登記加入保障時年齡為十八（18）至六十九（69）歲的配偶，如果配偶登記加入保障時年齡為六十五（65）至六十九（69）歲，則須經健康核保審批; 或
(b) 登記加入保障時年齡為出生後十四（14）天至十八（18）歲的未婚子女（或未滿二十三（23）歲的全日制學生）。

傷病 指所有由源於相同原因的受傷、疾病或病症所導致的醫學徵狀，包括任何和所有由此產生的或密切相關的併發症，除了最近一次出院或在最後一次在醫生診所治療後的九十（90）天後（以較後者為準），及後由於相同原因造成的任何傷病應被視為新的傷病。

醫生/內科醫生/外科醫生/麻醉師/專科醫生/牙醫/腫瘤科醫生/腎科醫生 指具有醫學學位並獲適當許可或註冊從事西醫執業的醫生，且在其執業地區的許可和培訓範圍內提供該等治療。

醫院 指根據適用法律和法規正式成立和註冊的機構，作為照顧和治療生病和受傷的人的醫院，並且該醫院：
(a) 擁有用於診斷、治療和大型外科手術的體系化設施;
(b) 由註冊護士每日提供二十四（24）小時護理服務;
(c) 在內科醫生的監督下; 以及
(d) 並非診所、為酗酒者或吸毒者提供託管服務的地方、護理或休養或康復院或養老院或類似機構。

疾病/病症 指與正常健康狀態有病理偏差的身體狀況。

受傷 指完全因意外而直接導致身體受傷。

住院病人 指為接受治療而在醫院住院過夜的受保人。

受保的家屬 指作為受保僱員的家屬但非受保僱員本人的受保人。

受保僱員 指保單持有人僱用的僱員，但非受保的家屬的受保人。

受保人 指符合申請書中所列的資格條件並受保於本保單的任何人，可指受保僱員或受保的家屬。

深切治療病房 是指一個醫院內被醫院指定為深切治療病房的區域，該區域專為情況危急的病人提供二十四（24）小時的治療，並具備提供醫院其他部門無法提供的特別護理和醫療服務。

醫療所需
指任何醫院住院、治療、手術、用品或其他醫療服務，而該醫院住院、治療、手術、用品或其他醫療服務：
(a) 對受保人的傷病的診斷或直接治療是必需的;
(b) 符合受保人的傷病的徵狀及發現，或診斷及直接治療，並且是適當的或一致;
(c) 符合一般的醫療慣例;
(d) 與試驗或調查性質的治療、手術、用品或其他醫療服務無關，但列於外科手術列表的除外;及
(e) 是不可或缺的，否則會對受保人的醫療狀況產生不利影響；
"醫療所需"一詞將相應地據此解釋。

門診
指受保人在認可的醫療機構接受治療，但不作為住院病人或因日間手術入院。

保險期間
指本保單有效的期間。除非在任何附加條款中另有規定，本保單應自保障表中列明的生效日期起生效，有效期為十二（12）個月。

保單週年日
指保障表中所規定的生效日期後十二（12）個月的日期，除非在任何附加條款中另有定義。

保單持有人
指本保單簽發給的僱主或其他概定或其他合法組成的團體。

合理及慣常收費
指醫療所需的醫院住院、治療、手術、用品或其他醫療服務收取的收費，但該收費不超過提供該醫院住院、治療、手術、用品或其他醫療服務的地區就相似受傷、疾病或病症所收取的一般收費。
本公司將根據綜合以下（如適用）計算合理及慣常收費：
(a) 由香港政府發佈的憲報，該憲報列出香港公立醫院就私家病人服務的收費;
(b) 由本地醫療權威機構提供的統計資料及從接受治療的國家或地區內執業的專科醫生和外科醫生處所收集的資料;
(c) 業界的醫療費用統計;
(d) 本公司的內部賠償統計及/或國際經驗;及
(e) 受保保障的範圍或程度。

外科手術
指本保單未另行排除的任何侵入性手術干預。

治療
指註冊醫生/內科醫生/外科醫生/麻醉師/專科醫生/牙醫/腫瘤醫生/腎病醫生/脊醫/物理治療師/中醫/跌打醫師/針灸師（診斷程序除外）為治癒或減輕受傷、疾病或病症而進行的外科手術或醫療程序。

特別條款

保單條件
本保單由申請表、本保單合約所列條款及細則、附加條款和保障表組成，並且應作為一份合約文件而一併閱讀;除非另有說明，本保單任何部分所附具有特定含義的任何字詞或措辭，無論在何處出現，均應具有該特定含義。

最低保費
保費最少為3,000港元。

通知
向本公司發出的所有通知或通訊均應採用書面形式，並送達本公司。除非經本公司授權代表簽署，否則對本保單條款及細則或其任何附加條款的任何更改均無效。

責任先決條件
受保人對本保單的條款、規定和細則的應有遵守和履行，以及受保人對任何事情的履行或遵守，均為本公司承擔任何責任的先決條件。

履行工作職務
指受保僱員為保單持有人履行工作職務時執行其職位的正常職務，或可提供及具備能力履行該職務。對於在其保障原定生效日期沒有履行工作職務的受保僱員，其保障不會生效，直至其在健康情況良好的情況下重返正常在職工作崗位而經本公司書面同意提供保障後方會生效。就本保單而言，任何受保僱員因休假或正常例假而沒有履行工作職務，但已於該休假或例假前的最後預定工作日履行工作職務，他/她將被視為實際於該休假或例假履行工作職務。

寬限期
在繳付第一筆保費後，保單持有人將獲得自任何保費到期日起三十一（31）日的寬限期。如果在寬限期屆滿之時仍有未支付的保費，本保單將於寬限期屆滿時自動終止。若保單持有人在較早的終止日期之前事先以書面通知本公司，本保單將在該較早的日期終止。保單持有人須向本公司承擔本保單生效期間寬限期內的保費。

合理及慣常收費和醫療所需
本公司只賠償本保單下合資格的醫院住院、治療、手術、用品或其他醫療服務因醫療所需而實際產生的合理及慣常收費。如果費用高於合理及慣常收費，本公司將只會賠償合理及慣常收費的金額。

AXA安盛康健卡
以下條款適用於AXA安盛康健卡的簽發及使用：
1) 若受保僱員不再受僱於保單持有人，或若本保單因任何原因終止/失效，保單持有人同意收回已簽發予相關受保僱員及其受保的家屬（如適用）的任何AXA安盛康健卡，並交還本公司;
2) 若保單持有人終止業務或進入清算或被接管，保單持有人承諾在不遲於該等終止業務或進入清算或被接管的生效日前收回已簽發予受保人的所有AXA安盛康健卡，並交還本公司;
3) 若AXA安盛康健卡遺失或被盜，保單持有人必須在四十八（48）小時內通知本公司所有有關詳情。若保單持有人未能發出有關通知，則保單持有人將對AXA安盛康健卡任何未經授權之使用承擔責任;
4) 保單持有人需就控制AXA安盛康健卡的使用承擔一切責任並同意就使用AXA安盛康健卡而產生的賠償差額欠款向本公司作出賠償; 及
5) 如出現以下情況，本公司有權暫停AXA安盛康健卡的使用：
   (a) 寬限期屆滿後仍未支付本保單的保費;及
   (b) 本保單有任何未償還的賠償差額欠款。

彌償條款
因醫療治療使用免找數服務而產生任何賠償差額欠款，保單持有人同意以下條款：
1) 保單持有人同意在收到賠償差額欠款通知後起計九十（90）日內，根據賠償差額欠款通知所示就受保人使用免找數服務而因下列原因產生的賠償差額欠款，向本公司作出全數賠償：
   (a) 超出受保人根據本保單的保障表下列明可享的任何最高賠償金額;
   (b) 本保單條款及細則不包括的醫院住院、治療、手術、用品或其他醫療服務;
   (c) 受保僱員不再受僱於保單持有人後;
   (d) 若保單持有人於寬限期內未有支付應繳保費，則於應繳保費到期日或之後;
   (e) 本保單因任何原因終止或失效後。
2) 本公司有權：
   (a) 要求保單持有人償還未償還的賠償差額欠款，扣起不予支付受保人往後引起的所有索償，調整任何可退還給保單持有人的保費，從本公司根據本保單應支付的任何金額中扣除未償還的賠償差額欠款，及/或採取本公司認為適當及必要的任何進一步行動，以應對任何受保人引起的任何未償還的賠償差額欠款;及
   (b) 如果本保單有任何未償還的賠償差額欠款，暫停免找數服務的使用。

保單復效

本保單終止後，保單持有人可以申請重新生效，本公司對此具有唯一和絕對酌情權和最終決定權，並且受本公司可能實施的條款及細則所規限，包括支付任何到期未繳的保費連同由本公司決定的利息。復效後的保單只賠償復效日後可能發生的受傷、疾病或病症所造成的損失。

續保

於每個保單週年日，本保單可在續保時提前繳交所需保費以按年續保。本公司保留在任何保單週年日前三十（30）日以書面通知保單持有人的本保單不獲續保的權利。本公司亦保留若保單持有人的受保僱員於保單週年日時總人數少於三（3）人便不獲續保本保單的權利。

保險資料

保單持有人將按本公司可能提出的合理要求，提交與本保單之保障所有事項有關的任何資料。所有會影響本保單之保障的保單持有人記錄將於所有合理時間內公開供本公司查閱。

文書錯誤

本保單之保障有關的任何記錄的文書錯誤，或其資料登記延誤，均不會使原應有效之保障失效，或使原應終止之保障繼續生效。惟一旦發現該等錯誤或延誤時，保費則將被合理地調整。

申請錯報

重大失實陳述

(a) 若發現本保單項下承保的任何人士的任何相關事實被錯誤申報予保單持有人或本公司，而這種錯誤申報影響保障應否存在或其保障金額，有關事實應被用於決定：保障根據本保單的條款及細則是否有效，該人士的保障的生效日期、保費金額以及是否應就該人士作任何保費調整。
(b) 若錯誤申報年齡或其他相關事實導致受保人在沒有資格獲得保障的情況下獲得保障，或者該申報導致根據本保單的條款及細則受保人本應沒有資格繼續獲得保障的情況下繼續受保，則他/她的保障均屬無效，並應退還就其支付的保費，惟前提是如果保單持有人或受保人有欺詐行為，則不得退還已支付的保費。
(c) 若本公司已經為沒有資格獲得保障或沒有資格繼續獲得保障的受保人支付了賠償，該賠償的全部金額應由保單持有人及/或受保人立即償還予本公司，並對此負共同及各別的責任。 本保單終止後，本公司在本條款項下的所有權利仍將繼續存在，本公司保留在發生欺詐、不支付保費和虛假聲明的情況下提出爭議的所有權利。

受保人的保障調整

如果本保單下所列明的任何保障金額取決於受保人的成員級別，並於任何時間受保人的成員級別所保證的保障金額與他/她被承保時的金額有所不同，其保障金額將在作出申請更改的日期當日作出調整。若受保僱員在其保障金額變更當天沒有履行工作職務，則該受保僱員及其受保的家屬的保障變更生效日期應延遲直到他/她履行工作職務。

保費率

在每個保單年度開始時，本公司會修訂及/或調整保費表內各成員級別的保費率。保單持有人應支付的保費總額應等於所有各受保人按保費表內列明的適用於各成員級別之保費率的總和。

每個受保人的任何保費應按以下方式收取：

(a) 如果本保單項下對受保人的保險承保於當月十五（15）日或之前開始，則保費應從本保單項下承保的當月的第一天起收取; 或
(b) 本保單項下受保人的保險承保日期為當月十六（16）日或之後的，保費應自下一個月第一天起計算。

就受保人而言，任何保費應以下列方式停止收取：

(c) 如果本保單項下對受保人的保險承保在當月十五（15）日或之前終止，則從該保險在本保單項下終止的當月的第一天起停止收取保費; 或
(d) 如本保單項下保單持有人的保險在當月十六（16）日或之後終止，則自下一個月第一天起停止收取保費。

受保人變動通知

受保人應在其符合受保資格的第一天被承保。填妥的登記加入保障表格須於其保障生效日期起計三十一（31）天內或之前送交本公司。受保人的終止通知必須在其保障終止生效日期起計三十一（31）天內或之前送交本公司。

修訂

本公司保留在續保時修改保障、保費、條款及細則及修改保單的權利，而有關修改及調整將會自動應用於本保單。

共付的保障

對於根據任何法律、法規、其他保險條款或任何其他來源而應支付賠償的相同受傷、疾病或病症的任何治療，受保人在向本公司尋求進一步賠償之前，必須首先依據該等法律、法規、其他保險條款或任何其他來源進行索償，而根據本保單的適用條款及細則，本公司僅會賠償在任何該等賠償 、保單或來源沒有對該等費用進行賠償的情況。

合作

作為本公司承擔責任的一個先決條件，受保人或其代表在提出索償時，應全面配合本公司及其醫療顧問，並應當完全地及忠實地披露所有受保人知道或應當知道的重要事實以及事項，並按要求簽署任何文件允許及/或授權本公司從任何醫生或醫院或任何其他來源處獲得相關資料。

公司可指定獨立管理人代表其處理索償。本公司就索償程序保留的所有權利同樣適用於該代表本公司行事的第三方。

索償通知及證據

就本保單承保可能提出索償的受傷、疾病或病症之書面通知，以及涵蓋索償的發生、性質和程度的書面索償證據，包括收據正本和分項帳單，以及一份完整填妥的索償表格，必須自受傷、疾病或病症的首次治療日期起計算九十（90）天內交給本公司，費用由受保人承擔。

所有提交的醫療索償，如醫生的診症費用、醫院賬單、醫療費用，包括但不限於受保人在沒有另行通知及/或本公司的書面同意的情況下與第三方達成協議而由受保人承擔的手術費用，均不構成任何由公司承認的應負責任。如果索償的證明文件是使用中文或英文以外的語言，受保人必須保證在索償提交本公司處理之前，已取得該文件的經認證的中文或英文翻譯版本。

醫生的轉介信（或註冊醫生的書面轉介信）自轉介之日起六（6）個月有效。如在最近的治療或診症日期起計九（9）個月後（以較晚者為準）仍無針對該需轉介傷病的進一步治療，則須重新遞交新的轉介信。

如未能遵守此等規則規定的時間，該索償將無效。所有保障金額均以港元支付。

檢查

本公司有權並有機會在任何索償期間內透過其醫療代表，以本公司合理要求的任何時間和次數對受保人進行檢查。此外，在法律不禁止的情況下，公司有權要求進行驗屍。

適用法律

本保單及本保單下產生的一切權利、義務和責任均按香港特別行政區的法律解釋、決定和執行，香港特別行政區的法院對本保單具有專屬司法管轄權。

制裁責任限制及除外條款

倘若保險公司會因提供的保障、賠償款項或利益而面臨聯合國決議下的任何制裁、禁令或限制、或遭受歐盟、英國或美國的法律、法規、貿易或經濟下的制裁，保險公司將不會提供任何保障，及無須承擔任何賠償或提供任何利益之責任。

第三者權利

任何非本保單合約一方的人士或實體，將不能按《合約（第三者權利）條例》（香港法例第623章）強制執行本保單的任何條款及細則。

法律訴訟

根據本保單要求向本公司提交索償證據後六十（60）日期滿前，不得就本保單採取任何普通法或衡平法上的法律行動; 除非按本保單提交索償證據起計兩（2）年內提出訴訟，否則亦不得採取該等法律行動。

終止保單

任何受保人的保障將在以下較早日期自動終止：

(a) 在本保單終止當日;
(b) 未能在寬限期前，就受保人的保障繳付保費;
(c) 於受保人參與全職陸軍、海軍或空軍服務當日;
(d) 於受保人（非子女）年滿六十五（65）歲的該保單年度結束當日，或經健康核保審批並獲本公司批准後，年滿七十（70）歲的該保單年度結束當日。 在受保人為子女的情況下，則為子女年滿十九（19）歲的該保單年度結束當日，若是全職學生，則是他/她二十三（23）歲該保單年度結束當日;
(e) 本公司因戰爭或任何戰爭行為而通知保單持有人當日，該日期由本公司酌情決定;
(f) 就受保僱員而言，不論本公司是否受到終止僱用的通知，受保僱員與保單持有人終止僱用關係的日期;
(g) 受保僱員停止履行工作職務的日期，除非受保僱員（1）因受傷、疾病或病症而暫時有傷患或缺勤;或（2）暫時停工，給予無薪休假或暫時兼職的，在此情況下，保單持有人可考慮將該等受保僱員視為繼續正常在職工作（但在本條第（1）及/或 （2）項所述情況之後不超過六（6）個月）;在其繼續支付保費的情況下，其保障視為繼續;
(h) 就受保的家屬，該受保僱員在本保單下的保障終止的日期。

外科手術列表

手術程序 …… **手術分類**

腹
闌尾切除術 …… 中型
膽囊切除或其他手術 …… 大型
胃腸造口術 …… 大型
切除胃、腸或直腸 …… 超級大型
胃鏡 …… 小型
贜腫 - 見腫瘤
截肢
大腿．腿 …… 大型
上臂、前臂、整個手或腳 …… 中型
手指或腳趾．每個 …… 小型

乳房
切除良性腫瘤或囊腫 …… 中型
簡單截肢 …… 中型
根治截肢 …… 大型

胸
全胸成形術．經胸
接近胃．隔膜． 食道．
交感神經切除術或喉切除術 …… 超級大型
心導管 …… 中型
心臟血管造影 …… 小型
冠狀動脈搭橋術 …… 大型
切除肺或部分肺 …… 大型
支氣管鏡檢查, 食管鏡檢查 …… 小型
人工氣胸的引流 …… 小型
囊腫 - 見腫瘤
脫位復位
髖、椎骨、踝關節、肘或膝關節
（髕骨除外） …… 小型
肩 …… 小型
下頜、鎖骨、手腕或膝蓋骨 …… 小型
(對於需要開放手術的脫位) …… 中型
通過切割切除或固定
髖關節 …… 大型
肩、膝關節、半月軟骨、
肘、腕或踝關節 …… 中型
去除骨頭的病變部分，
包括刮除術（肺泡過程除外） …… 中型
耳、鼻或喉
開竇術, 一或兩邊 …… 大型
乳突切除術, 一或兩邊，
簡單 …… 中型
根治性 …… 大型
扁桃體切除術, 腺樣體切除術, 或兩者 …… 小型
鼻竇手術切開 (胃竇穿刺除外) …… 中型
切除鼻息肉 …… 小型
鼻中隔黏膜下切除術 …… 小型
氣管切開術 …… 中型
鼻甲燒灼術 …… 小型
眼
視網膜脫落激光凝固術或光凝術 …… 中型
視網膜脫離手術 …… 大型
白內障，去除 …… 大型
任何其他切割手術進入眼球
(通過角膜或鞏膜）或
眼部肌肉切割手術 …… 中型
去除眼球 …… 中型
骨折治療
大腿、椎骨或椎骨、骨盆
- 簡單骨折 …… 中型
- 複合性骨折或骨折需要
開放手術 …… 大型
腿、膝蓋骨、上臂、腳踝 (波特氏)
- 簡單骨折, 複合性骨折或骨折需要
開放手術 …… 中型
下頜（齒槽除外），
鎖骨、肩胛骨、前臂、手腕（柯雷氏）、頭骨
- 簡單或複合骨折 …… 小型
- 骨折需要開放手術 …… 中型
手、腳、手指或腳趾、鼻子、肋骨或肋骨 - 簡單，
複合或骨折需要
開放的手術 …… 小型
舊骨折的銷釘和螺釘 …… 小型
生殖器官 - 泌尿道
切除或切入腎臟 …… 大型
腎臟固定 …… 大型
去除輸尿管中的腫瘤或結石
或膀胱通過切割手術 …… 大型
- 通過內窺鏡方式 …… 小型
- 通過體外衝擊波碎石治療 …… 中型
膀胱鏡檢查 …… 小型
開放式手術切除前列腺 …… 大型
內窺鏡切除前列腺 …… 中型
包皮環切術 …… 小型
囊腫、水囊腫、睾丸切除術或
附睾切除術，單側或雙側 …… 中型
子宮切除術 …… 大型
其他子宮切除手術
其附屬物經開腹 …… 中型
子宮頸截除術 …… 中型
擴刮術（非分娩）
子宮頸燒灼術或錐切術
息肉切除術，或這些的任何組合 …… 小型
陰道整形，膀胱突出或直腸突出手術 …… 中型
甲狀腺腫
甲狀腺切除，部份 …… 大型
切除甲狀腺腺瘤或良性腫瘤 …… 中型
疝
單側疝 …… 中型
多於一個疝 …… 大型
關節
切開、穿刺除外 …… 小型
韌帶及肌腱
切割或移植，
單一 …… 中型
多個 …… 大型
肌腱縫合,
單一 …… 小型
多個 …… 中型
腹腔穿刺術
引流術 …… 小型
直腸
痔切除術，
外部 …… 小型
內部或內部及外部 …… 中型
裂隙切割手術 …… 小型

血栓痔切開手術 .... 小型
肛瘺切開手術,
單一 .... 中型
多個 .... 中型
注射（完整的程序）.. 小型
結腸鏡檢查 .... 小型
結腸鏡息肉切除術 .... 小型

皮膚和皮下組織
燒傷和燙傷，麻醉下治療 .... 中型
游離移植 .... 小型
表皮移植 .... 中型
縫合或切除縫合傷口 .... 小型
去除藏毛竇或囊腫.. 中型

顱骨
切入顱腔（環鋸術除外）.. 超級大型
環鋸術 .... 中型

脊椎或脊髓
脊髓腫瘤手術 .... 超級大型
去除部分的手術
椎骨或椎骨
（尾骨、橫切或棘突除外）.. 大型
切除部分或全部尾骨，或橫切
或刺糖過程 .... 中型

腫瘤
良性或淺表腫瘤和囊腫或
膿腫需要住院或
不需要住院 .... 小型
面部、唇部或皮膚的惡性腫瘤 .... 中型

靜脈曲張
注射治療，完整程序，單腿或雙腿 .... 小型
切除手術，完整的程序，
單腿 .... 小型
雙腿 .... 中型

如果所進行的外科手術未在外科手術列表中顯示，且本保單的任何條款及細則沒有明確排除該手術，本公司應釐定該手術的手術分類。 本公司將採用同等嚴重性和嚴重程度的外科手術作為本公司賠償的基準。

保障說明

重要提示：以下描述的保障可能受最高金額保障的限制。 詳情請參閱保障表。

基本保障 - 住院保障

病房及膳食費用
賠償受保人的病房住宿費、膳食費和一般護理服務費用。 本公司應賠償相當於受保人於醫院住院期間實際產生的合理及慣常收費的金額;但在任何情況下，就任何一天而言，病房及膳食費用賠償不得超過保障表所規定的每天病房及膳食費用的最高賠償金額以及就每項傷病在病房及膳食費用的最高賠償天數。受保人僅在醫院作為住院病人在住院期間有權享受本項保障。

醫生巡房費用
賠償在受保人於醫院住院期間，主治內科醫生進行每日臨床檢查的費用。本公司應賠償相當於受保人於醫院住院期間實際產生並為醫療所需的主治內科醫生每天巡房的合理及慣常收費的金額，但在任何情況下，任何一天醫生巡房費用的賠償不得超過保障表所規定的每天醫生巡房費用的最高賠償金額以及就每項傷病在醫生巡房費用的最高賠償天數。

醫院雜項費用
賠償護理費用（不包括專科醫生費用）以及與受保人作為住院病人或日間手術所接受與治療直接相關並為醫療所需的輔助服務和消耗品的費用。 本公司應賠償相當於受保人作為住院病人或在日間手術而接受治療而實際產生的合理及慣常收費的金額（包括以下醫院雜項費用）。 但在任何情況下，該賠償均不得超過保障表所指明的每項傷病的醫院雜項費用最高賠償金額：

(a) 在住院或門診或日間手術中進行，並由註冊內科醫生推薦的磁力共振造影, 電腦斷層掃描, 正電子放射斷層掃描、膠囊內窺鏡及其解釋。

外科手術費用
賠償由外科醫生進行的外科手術費用。本公司應賠償相當於外科手術實際產生的合理及慣常收費的金額，但在任何情況下，該賠償均不得超過保障表根據外科手術列表所列手術類別所指明的外科手術費用的最高賠償金額，並須符合下列條件：

(a) 如為同一傷病進行兩項或以上外科手術，不論該等手術是否在同一或不同的手術時段及/或切口進行，外科手術費用總額將以保障表所指明的，根據外科手術列表，與該傷病有關的所有相關外科手術須支付的最高級別手術費用的賠償為上限。
(b) 如兩項或兩項以上的外科手術是通過一個切口就不相關的傷病而進行的， 則外科手術費用總額將以保障表所指明的，根據外科手術列表，與該等傷病有關的所有相關外科手術須支付的最高級別手術費用的賠償為上限。
(c) 如果在同一手術時段，就不相關的傷病而通過不同切口進行兩項或兩項以上的外科手術，外科手術費用總額上限為：（1）就參照外科手術列表而屬最高級別的外科手術而言，保障表所指明的該外科手術按其所屬類別須支付的最高賠償金額的100%；（2）根據外科手術列表，凡屬同一或次高一級別的外科手術，則須按保障表所指明的外科手術的所屬類別，支付保障表所指明的最高賠償金額的50%; 及（3） 就所有其餘的外科手術而言，按其分類，為保障表所列明的最高賠償金額的25%。

麻醉師費用
如果受保人有權在外科手術費用項下獲得賠償，則可獲賠償麻醉師費用。本公司應賠償相當於受保人因內科醫生或專業麻醉師就該手術施行麻醉服務及費用而實際產生的合理及慣常收費的金額。但在任何情況下，該等賠償均不得超過根據外科手術列表所列手術類別而就該麻醉師費用所列明的最高賠償金額，但須符合以下條件：

(a) 如為同一傷病而進行兩項或以上外科手術，不論該等手術是否在相同或不同的手術時段及/或切口進行，麻醉師費用總額將以保障表所指明的，根據外科手術列表，與該傷病有關的所有相關外科手術須支付的最高級別手術費用的賠償為上限。
(b) 如兩項或兩項以上的外科手術是通過一個切口就不相關的傷病而進行的，則麻醉師費用總額將以保障表所指明的，根據外科手術列表，與該等傷病有關的所有相關外科手術須支付的最高級別手術費用的賠償為上限。
(c) 如果在同一手術時段，就不相關的傷病而通過不同切口進行兩項或兩項以上的外科手術，則麻醉師費用總額上限為，（1）就參照外科手術列表而屬最高級別的外科手術而言，保障表所指明的該外科手術按其所屬類別須支付的最高賠償金額的100%;（2）根據外科手術列表，凡屬同一或次高一級別的外科手術，則須按保障表所指明的外科手術的所屬類別，支付保障表所指明的最高賠償金額的50%; 及（3）就所有其餘的外科手術而言，為按其分類於保障表所指明的最高賠償金額的25%。

手術室費用
如果受保人有權在外科手術費用項下獲得賠償，則可獲賠償使用手術室、治療室和設備的費用。 本公司應賠償相當於就使用手術室、治療室和手術設備而實際發生的合理及慣常收費的金額，但在任何情況下，該等賠償均不得超過根據外科手術列表所列手術類別而就該手術室費用所列明的最高賠償金額，但須符合下列條件：

(a) 如為同一傷病進行兩項或兩項以上外科手術，不論該等手術是否在相同或不同的手術時段及/或切口進行，手術室費用總額將以保障表所指明的，根據外科手術列表，與該傷病有關的所有相關外科手術須支付的最高級別手術費用的賠償為上限。
(b) 如有兩項或兩項以上的外科手術是通過一個切口就不相關的傷病而進行的，則手術室費用總額將以保障表所指明的，根據外科手術列表，與該等傷病有關的所有相關外科手術須支付的最高級別手術費用的賠償為上限。
(c) 如果在同一手術時段，就不相關的傷病而通過不同的切口進行兩項或兩項以上的外科手術，則手術室費用總額的上限為：（1）就參照外科手術列表而屬最高級別的外科手術而言，保障表所指明的該外科手術按其所屬類別須支付的最高賠償金額的 100%;（2）根據外科手術列表，凡屬同一或次高一級別的外科手術，則須按保障表所指明的外科手術的所屬類別，支付保障表所指明的最高賠償金額的50%; 及（3）就所有其餘的外科手術而言，按其分類，為保障表所指明的最高賠償金額的25%。

專科治療費用
賠償受保人於醫院住院期間，由主治內科醫生建議的專科醫生進行每日臨床檢查及諮詢的費用。 本公司應賠償相當於受保人於醫院住院期間實際產生且為醫療所需的主治專科醫生巡房的合理及慣常收費的金額，但在任何情況下，任何一天的賠償不得超過保障表所規定的每項傷病的專科治療費用的最高賠償金額。

住院現金保障
如受保人在香港特別行政區醫院管理局管理的任何公立醫院病房內治療受傷、疾病或病症，在該醫院住院期間，須每日向其支付保障表所列明金額的現金保障，並以保障表中關於每項傷病的最長住院現金保障天數為上限。如在該醫院住院期間須支付住院現金津貼，則不會支付該醫院住院期間產生的任何其他住院保障。

出院後治療費用
賠償受保人因同一傷病而緊接於以住院病人身份出院後的四十二（42）天內，由主治駐院內科醫生為同一傷病進行跟進治療而產生的費用。 本公司應賠償相當於受保人的跟進治療而實際產生的合理及慣常收費的金額，但在任何情況下，賠償金額均不得超過保障表中規定與出院後治療費用相關的每項傷病的最高賠償金額。

深切治療病房費用
賠償作為醫院深切治療病房的住院病人而住院的病房及膳食費用。本公司應賠償相當於受保人於該次住院而實際產生的合理及慣常收費的金額，但在任何情況下，每天的最高賠償均不得超過保障表中規定的與深切治療病房費用相關的每項傷病的最高賠償金額及最長天數。如在深切治療病房的住院時間超過保障表中規定的每項傷病可接受深切治療的最長天數，則超出天數的賠償將在病房及膳食費用項下支付。

為免存疑，受保人只能在深切治療病房費用或病房及膳食費用其中一項下獲得每天的最高賠償金額，但在任何情況下，受保人獲得的深切治療病房費用的每天的最高賠償均不得超過保障表所述的。 此外，每項傷病的深切治療病房費用的最長天數是在每項傷病在病房及膳食費用的最長天數之外。

器官移植費用
賠償在醫院住院期間進行心臟、腎臟、肝臟或骨髓移植手術而產生的費用 （包括並限於病房及膳食費用、深切治療病房費用、醫院雜項費、外科手術費用、麻醉師費用、手術室費用、醫生巡房費用及專科治療費用）。 本公司應賠償相當於就施行該等移植而實際產生的合理及慣常收費的金額，但在任何情況下，賠償不得超過保障表中規定與器官移植費用相關的每項傷病的最高賠償金額。 為免存疑，所有其他費用，包括但不限於器官的獲取和運輸費用並不獲保障。

自選保障1 - 額外住院保障
（當此等賠償在保障表中註明為本保單所涵蓋時方適用）

門診洗腎費用
在本保單有效的情況下，賠償因使用機器或器械進行腎臟透析而實際產生的合理及慣常收費，但在任何情況下，賠償不得超過保障表中規定與門診洗腎費用相關的每年最高賠償金額。 治療必須在合法註冊的透析中心或由合資格腎科醫師管理的醫院的單位或部門或診所進行。

門診癌病治療費用
在本保單有效的情況下，賠償透過化療或放射治療進行癌症治療而實際產生的合理及慣常收費，但在任何情況下，賠償不得超過保障表中規定與門診癌病治療費用相關的每年最高賠償金額。 治療必須在合法註冊的癌症治療中心或由合資格腫瘤學家管理的醫院的單位或部門或診所進行。

自選保障 2 - 附加重症醫療保障
（當此等賠償在保障表中註明為本保單所涵蓋時方適用）

保險條款
如受保人在本條款被受保時，產生了醫療所需的受保醫療費用（見下文定義），本公司將根據本保單的適用條款及細則，向受保人支付按照以下步驟計算的金額：
1) 已發生的受保醫療費用（見下文定義）減去就受保醫療費用下應支付的住院保障賠償；
2) 乘以調整百分比（見下文定義）（如適用）;
3) 減去自付費（見下文定義）; 然後
4) 乘以賠償百分比（如保障表內所示）。

最高賠償金額
因任何一項傷病而產生的所有受保醫療費用在本**協議**項下應支付的金額不應超過保障表中規定與附加重症醫療保障相關的每項傷病的最高賠償金額。

調整百分比
在醫院住院期間，受保人須住在不超過保單持有人指定給其的每天病房及膳食費用最高**賠償**金額的住宿或房間內。 如違反該條件，本公司應通過調整百分比減少應付賠償金額，該調整百分比相等於保障表所列與病房及膳食費用相關的每天最高賠償金額除以於醫院住院期間每天實際住宿費的百分比。

自付費

自付費為保障表中所列金額，應從已產生的受保醫療費用中扣除，並分別適用於每個受保的受保人。 然而，如果在同一意外事故之下，在同一家庭內超過一個受保人因受傷而產生受保醫療費用，則該**自付費**只適用於該同一家庭的受保人因該意外而產生的所有受保醫療費用的總和一次。

受保醫療費用
受限於在本保單一般不受保項**目**條款的規定下，受保醫療費用應包括，受保人在本保單受保期間，以住院病人身份住院或於日間手術因註冊內科醫生建議及批准而接受下列服務和取得下列用品而實際產生的合理及慣常收費，但在任何情況下，受保醫療費用均不得包含與門診洗腎費用、門診癌病治療費用和器官移植費用相同性質的費用：
(a) 醫院的病房及膳食費用;
(b) 醫院的雜項費用;
(c) 內科醫生的服務費用;
(d) 非受保人的直系親屬或與受保人定期生活在一起的物理治療師的服務費用;
(e) 非受保人的直系親屬或與受保人定期生活在一起的註冊護士的服務費用;
(f) 麻醉及施行費用;
(g) 醫療用品，包括藥物及藥品(需要書面處方且必須由有持牌的藥劑師配發)、血液和血漿;
(h) 往返醫院的本地專業救護車服務;
(i) x光治療或檢查（牙科x光除外）;
(j) 顯微或其他實驗室測試或分析;及
(k) 受保人發生意外後九十（90）天內進行的整容手術。

自選保障3 - 門診保障A
（當此等賠償在保障表中註明為本保單所涵蓋時方適用）

按比例安排
當受保人的受保期間不足一個完整的保單年度時，其在可獲賠償的受保期間的每年的最高賠償金額及/或每年最多就診次數（如保障表所示），應按整個保單年度的限額按月度比例計算。

醫生門診治療費用
賠償由註冊內科醫生提供的針對受傷、疾病或病症的門診治療或服務（包括在內科診所或醫院內的診所）所實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，僅限於每天就診一次，並且在任何情況下，不得超過保障表中關於醫生門診治療費用部分所示的，每天每次就症的最高賠償金額，以及每年的最多就診次數。

專科治療費用
賠償由註冊內科醫生書面建議的門診專科醫生所提供的針對受傷、疾病或病症的治療或服務（包括在專科醫生診所或醫院內的診所內）所實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，僅限於每天就診一次，並且在任何情況下，不得超過保障表中關於專科治療費用部分所示的， 每天每次就診的最高賠償金額，以及每年的最多就診次數。

儘管有上述轉介規定，就（a）醫院管理局及/或衛生署專科醫生，以及（b）皮膚科、眼科、耳鼻喉科、兒科、骨科及創傷科、婦科及內科或臨床腫瘤科醫生的醫生轉介均可獲豁免。 為免存疑，只有年齡在十九（19）歲以下的兒童才可就兒科醫生的轉介獲豁免。 如果年齡在十九（19）歲或以上的受保人到兒科醫生就診，應支付的賠償將受限於保障表中有關醫生門診治療費用規定的最高賠償金額。

X光檢驗及化驗費用
賠償由註冊內科醫生書面建議而針對受傷、疾病或病症在門診（包括在醫院的辦公室及/或診所）進行的X光和化驗而實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，並應不超過保障表中關於X光及化驗部分費用所示的每年最高賠償金額。

自選保障4 - 門診保障B
（包括門診保障A以及下列保障）
（當此等賠償在保障表中註明為本保單所涵蓋時方適用）

按比例安排
當受保人的受保期間不足一個完整的保單年度時，其在可獲賠償的受保期間的每年的最高賠償金額及/或每年最多就診次數（如保障表所示），應按整個保單年度的限額按月度比例計算。

中醫費用/跌打醫師費用/針灸師費用
賠償由註冊中醫、註冊跌打醫師或註冊針灸師針對受傷、疾病或病症而提供的治療或診症服務所實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，僅限於每天就診一次，並且在任何情況下， 不得超過保障表中關於中醫費用/跌打醫師費用/針灸師費用部分所示的，每天每次就診的最高賠償金額，以及每年的最多就診次數。

物理治療費用/脊醫治療費用
賠償由註冊內科醫生書面建議的註冊物理治療師或註冊脊醫針對受傷、疾病或病症而提供的治療或服務所實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，僅限於每天就診一次，並且在任何情況下，不得超過保障表中關於物理治療費用/ 脊醫治療費用部分所示的，每天每次就診的最高賠償金額，以及每年的最多就診次數。

自選保障 5 - 牙科保障
（當此等賠償在保障表中註明為本保單所涵蓋時方適用）

按比例安排
當受保人的受保期間不足一個完整的保單年度時，其在可獲賠償的受保期間的每年的最高賠償金額及/或每年最多就診次數（如保障表所示），應按整個保單年度的限額按月度比例計算。

最高總額
每年可支付的牙科保障總金額不得超過保障表所指明的牙科保障每年的最高總限額。

因意外導致的假牙治療
賠償受保人因意外受傷而需在本保單受保期間將缺失牙齒拔除且由註冊牙醫為一顆或多顆天然牙齒而進行人工更換，所實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，並以保障表中關於因意外導致的假牙治療部分所示的每年的最高賠償金額為限。

拔牙及補牙費用
賠償由註冊牙醫提供的由銀汞合金、矽酸鹽、塑膠及樹脂材料組成的補牙修復服務、用品及拔牙（包括簡單拔牙、外科移除已萌出牙齒或受影響的牙齒和牙根移除）所實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，並以保障表中關於拔牙及補牙費用部分所示的每年的最高賠償金額為限。

牙科X光費用
賠償由註冊牙醫提供的就牙科x光服務及用品，包括牙根尖及咬翼;口外X光片（包括顳下頜關節片和全口X光片）;咬合面X光片， 所實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，並以保障表中關於牙科 X光片費用部分所示的的每年的最高賠償金額為限。

口腔檢查/洗牙費用
賠償由註冊牙醫就口腔檢查、預防措施（包括洗牙和打磨），所實際產生的合理及慣常收費，或如保障表指明該等費用的賠償百分比的，則賠償實際產生費用乘以該百分比的金額，並以保障表中關於口腔檢查/洗牙費用部分所示的每次問診的最高賠償金額，以及每年的最多就診次數為限。

一般不受保項目
本保單不承保下列情況及其引發的任何醫療情況：
(a) 受保前已存在的疾病：
  (i) 受保前已存在的疾病是指受保人在成為本保單受保人之日前所患有的任何受傷、疾病或病症，且因此而在緊接該日期之前的連續三個月內已接受醫療或手術護理或治療。然而，若在成為受保人當日後的任何連續三個月內，受保人未有就該受傷、疾病或病症接受任何醫療或手術護理或治療，則隨後在受本保單的條款及細則的規限下，將就有關受傷、疾病或病症獲得保障。
  (ii) 儘管有以上所述，若受保人於本保單下連續受保十二個月，有關受保前已存在的病症應當受保。
  (iii) 若受保人在成為受保人當日前感染了任何人體免疫力缺乏病毒、後天免疫力缺乏症(愛滋病)，或任何人體免疫力缺乏病毒或後天免疫力缺乏病相關疾病，則不會獲得任何保障。
(b) 門診治療費用，除非已選擇門診保障A或門診保障B;
(c) 懷孕，包括分娩、墮胎、流產和由此引起的所有併發症的醫療費用;
(d) 任何外科、機械或化學避孕方法的節育、不孕的調查或治療、輔助生殖、絕育（或逆轉）或任何針對上述治療的任何結果;
(e) 例行身體檢查、健康檢查、視力測試或任何其他測試（並且無客觀跡象顯示正常健康受損），或任何具有預防性質的治療（包括疫苗接種），或任何非醫療所需的治療;
(f) 主要是為了調查、檢查、一般身體或醫療檢查的住院;
(g) 治療先天性疾病或由其引起或導致的任何生理出生缺陷;
(h) 非醫院護理或日間護理、休養或療養;
(i) 直接或間接由後天免疫力缺乏症（愛滋病）、任何與愛滋病有關的狀況或由人體免疫缺乏病毒（HIV）感染而引起的疾病或病症;
(j) 性傳播疾病、性功能障礙、陽痿的治療或可歸因於或相應於性別改變的治療;
(k) 在神志清醒或精神失常的情況下自殺或企圖自殺、自我傷害或任何企圖自我傷害;
(l) 牙科護理或與其有關的治療，惟保障表所列明本保單涵蓋的牙科保障所界定的牙科保障除外;
(m) 整容或整形手術、割禮（除非有醫療所需的）、眼睛屈光不正、提供任何器具、任何設備或植入物，包括助聽器、支架、拐杖、輪椅、眼鏡或其他類似種類;
(n) 因任何種類的比賽（步行除外）、職業運動、跳傘、特技跳傘、拳擊、摔跤、職業潛水、高空彈跳，或違反或企圖違反法律或抵抗合法逮捕而引起的受傷、疾病或病症;
(o) 飛行或其他空中活動，但乘坐由持牌商業航空公司或認可航運公司經營的完全持牌飛機的收費乘客除外;
(p) 針對因核污染或化學污染、戰爭、入侵、外敵行為、敵對行動（不論宣戰與否）、內戰、叛亂、革命、直接參與暴動、罷工或內亂、起義、軍事或篡權，以及在任何武裝部隊中服役而引起的任何後果（不論直接或間接）的治療;
(q) 在受限於共付的保障條款的情況下，根據任何法律、法規、其他保險單或任何其他來源就同一受傷、疾病或病症支付的賠償，除非所招致的費用未由任何該等賠償、保險單或來源予以賠償;
(r) 使用未經藥品所在國官方政府管理機構許可的藥品，或者在任何情況下以不符合許可條件的藥品或用其進行任何治療;
(s) 實驗性醫療治療;
(t) 任何針對兒童發育遲緩或學習障礙的治療;
(u) 從身體任何部位切除脂肪或多餘組織（不論是否出於醫療或心理原因）、針對肥胖、減輕體重、改善體重或睡眠窒息症的醫療服務或治療;
(v) 為住院病人或日間手術的電話、電視、廣播、報紙、客人膳食和其他不符合資格的非醫療物品的費用;
(w) 因老年、老年心理、精神狀況、精神疾病或神經紊亂，包括任何神經症及其生理或心身表現而引起的治療;或
(x) 治療酒精依賴綜合症或吸毒。

牙科不受保項目
以下服務、產品或疾病將不獲支付任何牙科保障：
1. 受保前已存在的牙科疾病：受保前已存在的牙科疾病是指任何已經診斷、或需牙科治療、或出現受保人在保險生效日期前應合理知道的跡象或徵狀的牙科疾病（不論是否已實際接受治療）；
2. 在本保單的牙科保障生效時，未啟動和完成牙科治療程序;
3. 任何種類的臨時假牙或替代假牙，例如但不限於遺失或被盜的假體裝置;
4. 只用於牙齒矯正、美容或修復先天性畸形的服務或材料;
5. 口腔衛生指導、菌斑控制方案和飲食指導的費用;或
6. 本條款未涵蓋的其他牙科保障。

醫療網絡內的網絡醫生
受保人可獲本公司提供的網絡醫生網絡名單，並在受限於本保單中AXA安盛康健卡及彌償條款的規定下，透過出示AXA安盛康健卡，在網絡醫生就診期間獲得免找數服務。 為免存疑，在受限於保障表就相關保障所指明的賠償百分比及/或最高賠償金額的情況下，可能需要共同付款。

安盛緊急支援服務
如果受保人在其主要居住國以外的任何旅途中需要旅行和醫療援助，本公司可根據其絕對酌情權不時決定的條款及細則，向受保人提供此項服務。

本公司可不時以絕對酌情權決定、審查和修訂本服務的範圍、條款及細則及/或供應商。

詳情請參閱安盛援助條款及細則。

收集個人資料聲明
安盛保險有限公司（以下簡稱"**本公司**"）明白其根據《個人資料（私隱）條例》（香港法例第486 章）（"**條例**"）收集、持有、處理、使用及/或轉讓個人資料所負有的責任。 本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。 本公司將採取一切切實可行的步驟，確保個人資料的安全，及避免發生未經授權或因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（"有關目的"）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：
1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司("安盛關聯方") 或本公司的商業合作夥伴(參閱下文"在直接促銷中使用及將其個人資料提供予其他人士" 部份)之產品／服務，以及提供、維持、管理和操作該等產品／服務;
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品／服務提出的任何申請或要求;
3. 向閣下提供後續服務，包括但不限於執行／管理已發出的保單;
4. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查;
5. 偵測和防止欺詐行為(無論是否與就由本公司及／或安盛關聯方提供的產品／服務有關);
6. 評估閣下的財務需求;
7. 為客戶設計產品/服務;
8. 為統計或其他目的進行市場研究;
9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查;
11. 進行身份和／或信用核查和／或債務追收;
12. 遵守任何適用司法管轄區的法律;
13. 開展與本公司業務經營有關的其他服務;及
14. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：
1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外;
2. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)）;
3. 在香港或香港以外其他地方向本公司和／或安盛關聯方提供行政，技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方;
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司;
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者; 及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關; 及
7. 在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下，以下人士：保險理算人、代 理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承 保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段 中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數 據庫或登記冊（及其運營者）。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文"在直接促銷中使用及將其個人資料提供予其他人士"部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移

在直接促銷中使用及將其個人資料提供予其他人士：本公司有意：
1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷;
2. 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
   a. 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務;
   b. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品;
3. 以上服務及產品將會由本公司及/或以下機構提供：
   a. 任何安盛關聯方;
   b. 第三方金融機構;
   c. 提供上文2. 所列之服務及產品之本公司及／或安盛關聯方的商業合作夥伴或合作品牌夥伴;
   d. 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1. 段部份所述的資料提供予上文3.段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對);

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文"個人資料的查閱和更正"部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正: 根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港黃竹坑香葉道28號嘉尚匯10樓
安盛保險有限公司
個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

注：所有金額均以港元計算。

Axcellent-R2_202202

AXA General Insurance Hong Kong Limited
10/F, Vertical Square,
28 Heung Yip Road, Wong Chuk Hang,
Hong Kong

AXA 安盛

Policy

Axcellent Health Partner Employee Benefits Insurance Package Plan

This Policy consists of:

- the application form
- the terms and conditions in this jacket
- the endorsement(s)
- the Schedule

The Schedule shows

- description of each member class
- details of the insurance cover for each member class
- premium rate per Insured Employee and per Insured Dependent (if applicable) for each member class
- the Schedule's effective date
- the maximum benefits for each insurance cover for each member class

Following payment of the premium, AXA General Insurance Hong Kong Limited (hereinafter called the "Company") will, in the event of, Injury, Illness or Disease happening during the Period of Insurance, provide insurance cover as described in the following pages for the insurance cover you have chosen.

Whereas the Insured Persons and/or Policyholder, by an application and declaration which shall be the basis of this Policy and is deemed to be incorporated herein, has applied to the Company for the insurance cover hereinafter contained and has, subject to the terms and conditions of this Policy, paid or agreed to pay in advance the premium as consideration for such insurance cover for the Period of Insurance, this Policy shall become effective on the date specified in the Schedule and continue for the Period of Insurance, ending on the last date of Period of Insurance.

Now this Policy witnesses that if during the Period of Insurance, any Injury, Illness or Disease necessitates the Insured Person(s) to be confined to a Hospital as an Inpatient, admitted for Day Surgery, receive outpatient Treatment (if applicable) and/ or receive dental Treatment (if applicable), the Company will, subject to the terms, provisions, exclusions, conditions and endorsement(s) of this Policy, pay to the Insured Person or his/her legal personal representatives the sum or sums stated in the Schedule, provided always that the liability of the Company shall not exceed the maximum benefits as set out in the Schedule for any one Period of Insurance.

Definitions

These terms, wherever used in this Policy, are defined as follows:

Accident shall mean a sudden, unforeseen, unexpected, external, violent and visible event causing, directly and independently of any other cause, bodily injury.

Company / Insurer shall refer to AXA General Insurance Hong Kong Limited.

Congenital Condition refers to congenital anomalies as well as neo-natal physical abnormalities developing within six (6) months of birth.

Credit Facility shall mean any document issued to the Insured Person by the Company that evidences the entitlement of the Insured Person to receive medical services which may, based on agreement with the Company, include, but not limited to, outpatient consultations, Treatments, and/ or medical supplies, for which charges are directly settled by the Company fully or partially to medical service providers appointed by the Company. Credit Facility may be issued in the form of AXA health card or any other document as agreed by the Company.

Chinese Medicine Practitioner shall mean an herbalist, a bonesetter or an acupuncturist registered with the Chinese Medicine Council of Hong Kong according to the Chinese Medicine Ordinance or with the local medical authorities at the place of treatment if such treatment is received outside Hong Kong and each of the herbalist, bonesetter and acupuncturist mentioned above shall be referred to respectively as **"Chinese Herbalist", "Bonesetter" and "Acupuncturist"**.

Chiropractor/ Physiotherapist shall mean a person who is registered as such with the relevant professional organization.

Day shall mean the definition of a charging day adopted by the Hospital concerned.

Day Surgery shall mean an operation or surgical procedure performed in a Hospital or a medical clinic, a day case procedure centre, a laboratory or a diagnostic imaging centre on an Insured Person without Hospital confinement.

Dependents shall mean any of the following persons:

(a) a spouse aged between eighteen (18) and sixty- nine (69) years old inclusive at the time of enrolment for insurance cover and subject to health underwriting if at the time of enrolment of the spouse is between sixty-five (65) to sixty-nine (69) years old; or

(b) unmarried child(ren) aged between fourteen (14) days old and eighteen (18) years old inclusive at the time of application for insurance cover (or up till twenty-three (23) years old if still in full-time education).

Disability shall mean all medical conditions resulting from Injury, Illness or Disease arising from the same cause, including any and all complications arising therefrom or closely related thereto, except that after ninety (90) days following the latest discharge from Hospital or the last Treatment at the Doctor's office whichever is the later, any subsequent Disability from the same cause shall be considered as a new Disability.

Doctor/Physician/ Surgeon/ Anaesthetist/ Specialist/Dentist/ Oncologist/ Nephrologist shall mean a medical practitioner qualified with a medical degree and duly licensed or registered to practise western medicine and who, in rendering such Treatment, is practicing within the scope of his/her licensing and training in the geographical area of practice.

Hospital shall mean an establishment duly constituted and registered subject to the applicable laws and regulations as a Hospital for the care and Treatment of sick and injured persons, and which

(a) has organized facilities for diagnosis, Treatment and major Surgery;

(b) provides twenty-four (24) hours a day nursing services by registered graduate nurses;

(c) is under the supervision of a Physician; and

(d) is not primarily a clinic, a place for custodial care for alcoholics or drug addicts, a nursing or rest or convalescent home or a home for the aged or similar establishment.

Illness/Disease shall mean a physical condition marked by a pathological deviation from the normal healthy state.

Injury shall mean bodily injury caused solely and directly by an Accident.

Inpatient refers to an Insured Person who is admitted into a Hospital for an overnight stay in order to receive Treatment.

Insured Dependent shall mean an Insured Person who is an Insured Employee's Dependent but not being an Insured Employee himself/herself.

Insured Employee shall mean an Insured Person who is an employee employed by the Policyholder but not being an Insured Dependent.

Insured Person shall mean any person who satisfies the eligibility conditions specified in the application form and is covered by this Policy, which may refer to an Insured Employee or an Insured Dependent.

Intensive Care Unit shall mean a section within a Hospital which is designated as an Intensive Care Unit by the Hospital and which is maintained on a twenty-four (24) hour basis solely for Treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

Medically Necessary shall mean any Hospital confinement, Treatment, procedure, supplies or other medical services which:
(a) are required for the diagnosis or direct Treatment of the Disability of an Insured Person;
(b) are appropriate and consistent with the symptoms and findings or diagnosis and direct Treatment of the Disability of an Insured Person;
(c) are in accordance with generally accepted medical practice;
(d) are not associated with Treatment, procedure, supplies or other medical services of an experimental or investigative nature unless it is in the Surgical Table; and
(e) cannot have been omitted without adversely affecting the medical condition of an Insured Person;
and the expression "Medically Necessarily" shall be construed accordingly.

Outpatient refers to an Insured Person who receives Treatment at a recognized medical facility, but is not admitted to a Hospital as an Inpatient or for Day Surgery.

Period of Insurance shall mean the period during which this Policy is effective. Unless otherwise specified in any endorsement(s), this Policy shall become effective as of the effective date stated in the Schedule and shall be issued for twelve (12) months.

Policy Anniversary shall mean a date twelve (12) months after the Schedule's effective date as specified in the Schedule, unless it is otherwise defined in any endorsement(s).

Policyholder shall mean the employer or other defined or otherwise legally constituted group to whom this Policy is issued.

Reasonable and Customary Charges shall mean charges for Hospital confinement, Treatment, procedure, supplies or other medical services which are Medically Necessary but do not exceed the general level of charges at the location for such Hospital confinement, Treatment, procedure, supplies or other medical services for a similar Injury, Illness or Disease.
The Company will base the calculation of Reasonable and Customary Charges on a combination of 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) statistical information provided by local health authoritative body and information collected from medical specialists and surgeons practicing in the country or area where the Treatment is received;
(c) industrial medical fee survey;
(d) Company's internal claim statistics and/or global experience; and
(e) the extent or level of benefit insured.

Surgery shall mean any invasive surgical intervention not otherwise excluded by this Policy.

Treatment shall mean Surgery or medical procedures for the sole purpose of cure or relief of Injury, Illness or Disease, and being carried out by a registered medical Doctor / Physician / Surgeon / Anaesthetist / Specialist / Dentist / Oncologist / Nephrologist / Chiropractor / Physiotherapist / Chinese Herbalist / Bonesetter/ Acupuncturist (other than for diagnostic procedures).

Special Provisions

Policy Conditions
This Policy consists of the application form, the terms and conditions in this jacket, the endorsement(s) and the Schedule which shall be read together as one contract, and any words or expressions to which a specific meaning has been attached in any part of this Policy shall bear such specific meaning wherever it may appear unless otherwise stated.

Minimum Premium
Minimum premium is HKD3,000.

Notice
Every notice or communication to the Company shall be in writing and sent to the Company. No alterations in the terms and conditions of this Policy, or any endorsement(s) thereon, will be held valid unless the same is signed by an authorised representative of the Company.

Condition Precedent to Liability
The due observance and the fulfilment of the terms, provisions and conditions of this Policy by the Insured Person and in so far as they relate to anything to be done, or complied with, by the Insured Person shall be conditions precedent to any liability of the Company.

Actively at Work
It refers to an Insured Employee who is actively at work for the Policyholder in performing the normal duties of one's occupation or being available and having the ability to perform such duties. For an Insured Employee who is not actively at work on the date his/her insurance cover would otherwise become effective, his/her insurance cover would not be effective until the Company agrees in writing to provide insurance cover after he/ she returns to active employment with the Policyholder in good health. For the purpose of this Policy, any Insured Employee who is not at work because he/she is on holiday or it is his/her regular day off but who was actually at work on his/her last scheduled working day prior to such holiday or day off shall be deemed actively at work.

Grace Period
A grace period of thirty-one (31) days following the premium due date shall be allowed to the Policyholder for the payment of any premium after the first premium. If any premium is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period, except that if the Policyholder shall have given the Company a written notice in advance of any earlier date of termination, this Policy shall terminate at such earlier date. The Policyholder shall be liable to the Company for the premium for the time this Policy was in force during the grace period.

Reasonable and Customary Charges and Medically Necessary
The Company will only reimburse the Reasonable and Customary Charges actually incurred for eligible Hospital confinement, Treatment, procedure, supplies or other medical services that are covered under this Policy which are Medically Necessary. If the charges are higher than the Reasonable and Customary Charges, the Company will only pay the amount which is reasonably and customarily charged.

AXA Health Card
The following conditions apply for the issuance and use of AXA health card:
1) In the event where an Insured Employee leaves the Policyholder's employment, or if this Policy is terminated/lapsed for any reason, the Policyholder agrees to obtain and return to the Company any AXA health card issued to the affected Insured Employee and his/her Insured Dependents (if applicable);
2) If the Policyholder ceases trading or goes into liquidation or receivership, the Policyholder undertakes to obtain and return to the Company all AXA health cards issued to the Insured Persons not later than the effective date of such cessation of trading, liquidation or receivership;
3) In the event of loss or theft of AXA health card, the Policyholder must notify the Company within forty-eight (48) hours with full details. The Policyholder will be liable for any unauthorised use of the AXA health card if the Policyholder fails to give such notice;
4) The Policyholder accepts full responsibility for controlling the use of the AXA health card and agrees to reimburse the Company of any shortfall arising from the use of AXA health card; and
5) The Company has the right to suspend the usage of AXA health card in case of any:
   (a) unpaid premium payment in this Policy after the expiration of the grace period; and
   (b) outstanding shortfall in this Policy.

Indemnity Clause
The Policyholder agrees to the following provisions for any shortfall as a result of the use of Credit Facility for medical Treatment:
1) the Policyholder agrees to reimburse the Company of any shortfall in full as shown in a shortfall notice within ninety (90) days of receipt of that notice for charges incurred by the Insured Person arising from the use of Credit Facility:
   (a) that exceeds any maximum benefits as specified in the Schedule to which the Insured Person is entitled under this Policy;
   (b) for Hospital confinement, treatment, procedure, supplies or other medical services that is not covered under the terms and conditions of this Policy;
   (c) after the Insured Employee leaves the Policyholder's employment;
   (d) on and after the due date of the required premium if the Policyholder fails to pay the required premium within the grace period; or
   (e) after this Policy is terminated or lapsed for any reason.

2) the Company has the right to:
   (a) recover the outstanding shortfall from the Policyholder, withhold payment of all incoming claims incurred by the Insured Person, adjust any premium refundable to the Policyholder, deduct the outstanding shortfall from any monies payable by the Company under this Policy, and/or take any further action as the Company deems appropriate and necessary against any outstanding shortfall arising from any of the Insured Person; and
   (b) suspend the usage of Credit Facility in case of any outstanding shortfall in this Policy.

Reinstatement of Policy
After termination of this Policy, the Policyholder may apply for reinstatement which shall be subject to the sole and absolute discretion and final decision of the Company and to the terms and conditions which the Company may impose including the payment of any premiums due and not paid together with interest at a rate to be decided upon by the Company. The reinstated Policy shall cover only loss resulting from such Injury, Illness or Disease as may be sustained after the date of reinstatement.

Renewal
At each Policy Anniversary, this Policy may be renewed on an annual basis by paying the required premium in advance at the time of renewal. The Company reserves the right not to renew this Policy by giving thirty (30) days notice in writing to the Policyholder prior to any Policy Anniversary. The Company also reserves the right not to renew this Policy at Policy Anniversary if the total number of Insured Employees of the Policyholder is less than three (3) at Policy Anniversary.

Insurance Data
The Policyholder shall furnish the Company with any information which may be reasonably required with regard to all matters pertaining to insurance cover under this Policy. All of the Policyholder's records which have a bearing on the insurance cover provided hereunder shall be opened for inspection by the Company at all reasonable times.

Clerical Error
Neither clerical error in keeping any records pertaining to insurance cover under this Policy, nor delays in making entries thereon, shall invalidate insurance cover otherwise validly in force or continue insurance cover otherwise validly terminated; but upon discovery of such error or delay, an equitable adjustment of premiums shall be made.

Application Misstatement

Material Misrepresentation

(a) If any relevant facts pertaining to any person to whom insurance cover under this Policy relates shall be found to have been incorrectly reported to the Policyholder or to the Company, and if such misstatement affects the existence or the amount of insurance cover, the true facts shall be used in determining whether insurance cover is in force under the terms and conditions of this Policy, the effective date of such person's insurance cover, the amount of premium and whether there shall be any premium adjustment for such person.
(b) Where a misstatement of age or other relevant facts has caused an Insured Person to be insured hereunder when he/she is otherwise ineligible for insurance cover, or where such statement has caused an Insured Person to remain insured when he/she would otherwise be disqualified for further insurance cover in accordance with the terms and conditions of this Policy, his/her insurance cover shall be void and there shall be a return of premiums paid in respect of the Insured Person, provided always that where there is fraud on the part of the Policyholder or the Insured Person, no premiums paid are to be returned.
(c) If a claim has been paid in respect of the Insured Person who was in fact ineligible for insurance cover or disqualified for further insurance cover, the full amount of that claim shall immediately be repaid to the Company by the Policyholder and/or the Insured Person who shall be jointly and severally liable for such repayment. All the Company's rights under this provision shall survive the termination of this Policy and the Company reserve all their rights to contest in the case of fraud, non-payment of premium and false declaration.

Adjustments of an Insured Person's Benefit
If the amount of any benefit under this Policy is contingent upon the member class of an Insured Person and if at any time the Insured Person's member class warrants an amount of benefit different from that for which he/she is then insured, the amount of his/her benefit shall be adjusted on the date shown in the application on which such change is made. If the Insured Employee is not actively at work on the day his/her benefit would otherwise be changed, the effective date of the change of such Insured Employee's and his/her Insured Dependent's benefit shall be deferred until he/she is actively at work.

Premium Rate
At the beginning of each policy year, the Company shall revise and/or adjust the premium rates for each member class as specified in the table of premium rates. The aggregate premium payable by the Policyholder shall then be equal to the sum of all individual premiums of the Insured Persons which are determined in accordance with the premium rates applicable to their respective member classes as specified in the table of premium rates.

Any premium of benefits in respect of an Insured Person shall be charged in the following manner:

(a) if insurance cover in respect of an Insured Person under this Policy commenced on or before the 15th day of the month, premium shall be charged from the first day of the month in which such insurance cover commenced under this Policy; or
(b) if insurance cover in respect of an Insured Person under this Policy commenced on or after the 16th day of the month, premium shall be charged from the first day of the following month.

Any premium of benefits in respect of an Insured Person shall cease to be charged in the following manner:

(c) if insurance cover in respect of an Insured Person under this Policy ceased on or before the 15th day of the month, premium shall cease to be charged from the first day of the month in which such insurance cover ceased under this Policy; or
(d) if insurance cover in respect of an Insured Person under this Policy ceased on or after the 16th day of the month, premium shall cease to be charged from the first day of the following month.

Notice of Movement of Insured Person
An Insured Person shall be insured on the first day when he/she becomes eligible. The duly completed enrolment form must be given to the Company before or within thirty- one (31) days from the effective date of his/her insurance cover. Notice of termination of an Insured Person must be given to the Company before or within thirty-one (31) days from the effective date of termination of his/her insurance cover.

Alterations
The Company reserves the right to revise the benefits, premiums, terms and conditions, and to make changes to this Policy upon renewal and any such revision and adjustment will apply to this Policy automatically.

Co-ordination of Benefits
Any Treatment in respect of the same Injury, Illness or Disease for which benefits are payable under any laws, regulations, other insurance policies or any other sources, the Insured Person has to claim any benefits provided by such laws, regulations, other insurance policies or any other sources first before seeking any further reimbursement from the Company, and the Company shall, subject to the applicable terms and conditions of this Policy, only reimburse to the extent that such incurred charges are not reimbursed by any such compensation, insurance policies or sources.

Co-operation
As a condition precedent to the Company's liability, the Insured Person or his/her representatives, upon making a claim, shall co-operate fully with the Company and its medical advisers and shall fully and faithfully disclose all material facts and matters which the Insured Person knows or ought to know and shall upon request execute any documents to empower and/or authorise the Company to obtain relevant information from any Doctor or Hospital or any other sources.
The Company may appoint independent administers to settle claims on its behalf. Consequently all rights reserved by the Company in respect of claim procedure equally apply to such third parties acting on the Company's behalf.

Notification and Proof of Claim
Written notice of Injury, Illness or Disease on which a claim may be based and which is covered by this Policy, and written proof of claim covering the occurrence, character and extent of claim, including original receipts and itemized bills together with a fully completed claim form must be given to the Company at the Insured Person's expenses within ninety (90) days, starting from the first date of Treatment of the Injury, Illness or Disease for which the claim is made.

All medical claims submitted, e.g. Doctors' consultation fees, Hospital bills, medical costs including but not limited to undertaking of surgical fees assumed by the Insured Person under an agreement with any third party without prior notice and/ or written consent of the Company does not constitute any admission of liability by the Company. If the supporting documents of a claim are in a language other than Chinese or English, the Insured Person must undertake to obtain a certified translation of the documents in Chinese or English before the claim is submitted to the Company for processing.

Referral letter from a Doctor (or is recommended by a registered medical Physician in writing) is valid for six months from the date the referral was made. A new referral letter is required if no further treatment for the referred Disability after nine months from the latest treatment or consultation date, whichever is later.

Failure to comply within the time required in these rules shall invalidate the claim.
All benefits shall be payable in Hong Kong dollars.

Examination
The Company shall have the right and opportunity through its medical representatives to examine the Insured Person whenever and as often as it may reasonably require within the duration of any claim. In addition, the Company shall have the right to require a post mortem examination, where this is not forbidden by law.

Applicable Law
This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed, determined and enforced in accordance with the laws of Hong Kong Special Administrative Region and the courts of Hong Kong Special Administrative Region shall have exclusive jurisdiction hereto.

Sanctions Exclusion Clause

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment or such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanction, laws or regulations of the European Union, United Kingdom or United States of America.

Rights of Third Parties

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

Legal Proceedings

No action in law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after proof of claim has been provided to the Company in accordance with the requirements of this Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of time within which proof of claim is required by this Policy.

Termination

The insurance cover hereunder of any Insured Person shall automatically cease on the earlier of the following dates:

(a) the date this Policy is terminated;
(b) When any premium in respect of the Insured Person's insurance cover remains unpaid at the expiry of the grace period;
(c) the date on which the Insured Person enters full time military, naval or air service;
(d) the end of the policy year during which the Insured Person (who is not a child) attains the age of sixty- five (65), or up to the age of seventy (70) upon approval by the Company subject to health underwriting. In the case of an Insured Person who is a child, the end of the policy year during which the child attains the age of nineteen (19) years, or the age of twenty-three (23) years if he/she is a full-time student;
(e) the date communicated to the Policyholder by the Company by virtue of war, act of war, where such date shall be at the discretion of the Company;
(f) in the case of an Insured Employee, the date on which the Insured Employee's employment with the Policyholder is terminated whether or not the Company has received notice of termination of employment;
(g) the date when an Insured Employee ceases to be actively at work, except if an Insured Employee (1) is temporarily disabled or is absent due to Injury, Illness or Disease; or (2) is temporarily laid-off, given leave of absence or vacation without pay or temporarily on part-time employment, under which the Policyholder may elect to consider such Insured Employee as remaining in active employment with the Policyholder (but not for a period longer than six (6) months following the situations mentioned in (1) and/or (2) in this provision), and his/her insurance cover shall be deemed to continue provided that the premium payments are continued;
(h) in the case of an Insured Dependent, the date on which the insurance cover under this Policy of the depending Insured Employee ceases.

Surgical Table

Surgical Procedure	Classification of Operation
ABDOMEN	
Appendectomy	INTER
Removal of, or other operation on gall bladder	MAJOR
Gastro-enterostomy	MAJOR
Resection of stomach, bowel or rectum	SUPER MAJOR
Gastroscopy	MINOR
ABSCESSES - See Tumors	
AMPUTATIONS	
Thigh, leg	MAJOR
Upper arm, forearm, entire hand or foot	INTER
Finger or toe, each	MINOR
BREAST	
Removal of benign tumor or cyst	INTER
Simple amputation	INTER
Radical amputation	MAJOR
CHEST	
Complete thoracoplasty, transthoracic approach to stomach, diaphragm, esophagus, sympathectomy or laryngectomy	SUPER MAJOR
Cardiac Catheterisation	INTER
Angiocardiograpy	MINOR
Coronary Artery Bypass	MAJOR
Removal of lung or portion of lung	MAJOR
Bronchoscopy, esophagoscopy	MINOR
Induction of artificial pneumothorax, initial	MINOR
CYSTS - See Tumors	
DISLOCATION REDUCTION OF	
Hip, vertebra, ankle joint, elbow or knee joint (patella excepted)	MINOR
Shoulder	MINOR
Lower jaw, collar bone, wrist or patella	MINOR
(For dislocations requiring an open operation)	INTER
EXCISION OR FIXATION BY CUTTING	
Hip Joint	MAJOR
Shoulder, knee joint, semilunar cartilage, elbow, wrist or ankle joint	INTER
Removal of diseased portion of bone, including curettage (alveolar processes excepted)	INTER
EAR, NOSE OR THROAT	
Fenestration, one or both sides	MAJOR
Mastoidectomy, one or both sides, simple	INTER
Mastoidectomy, one or both sides, Radical	MAJOR
Tonsillectomy, adenoidectomy, or both	MINOR
Sinus operation by cutting (puncture of antrum excepted)	INTER
Excision of nasal polyp	MINOR
Submucous resection of nasal septum	MINOR
Tracheotomy	INTER
Cauterization of turbinate	MINOR
EYE	
Laser Coagulation or photo Coagulation of detached retina	INTER
Operation for detached retina	MAJOR
Cataract, removal of	MAJOR
Any other cutting operation Into the eyeball (through the cornea or sclera) or cutting operation on eye muscles	INTER
Removal of eyeball	INTER
FRACTURE TREATMENT OF	
Thigh, vertebra or vertebrae, pelvis - Simple fracture	INTER
Thigh, vertebra or vertebrae, pelvis - Compound fracture or fracture requiring an open operation	MAJOR
Leg, kneecap, upper arm, ankle (Potts) - Simple fracture, compound fracture or fracture requiring an open operation	INTER
Lower jaw (alveolar process excepted), collar bone, shoulder blade, forearm, wrist (colles), skulls - Simple or compound fracture	MINOR
Lower jaw (alveolar process excepted), collar bone, shoulder blade, forearm, wrist (colles), skulls - Fracture requiring an open operation	INTER
Hand, foot, fingers or toes, nose, rib or ribs - simple, compound or fracture requiring an open operation	MINOR
Pins and screws from old fracture	MINOR
GENITO - URINARY TRACT	
Removal of, or cutting into, kidney	MAJOR
Fixation of kidney	MAJOR
Removal of tumors or stones in ureters or bladder by cutting operation	MAJOR
- by endoscopic means	MINOR
- by extracoparel shock wave lithotripsy treatment	INTER
Cystoscopy	MINOR
Removal of prostate by open operation	MAJOR
Removal of prostate by endoscopic means	INTER
Circumcision	MINOR
Vesicocele, hydrocele, orchidectomy or epididymectomy, single or bilateral	INTER
Hysterectomy	MAJOR
Other cutting operations on uterus and its appendages with abdominal approach	INTER
Cervix amputation	INTER
Dilatation and curettage (non-puerperal), cervix cauterization or conization, polypectomy, or any combination of these	MINOR
Vaginal plastic, operation for cystocele or rectocele	INTER
GOITRE	
Removal of thyroid, subtotal	MAJOR
Removal of adenoma or benign tumor of thyroid	INTER
HERNIA	
Single hernia	INTER
More than one hernia	MAJOR
JOINT	
Incision into, tapping excepted	MINOR
LIGAMENTS AND TENDONS	
Cutting or transplant, single	INTER
Cutting or transplant, multiple	MAJOR
Suturing of tendon, single	MINOR
Suturing of tendon, multiple	INTER
PARACENTESIS	
Tapping	MINOR
RECTUM	
Hemorrhoidectomy, external	MINOR
Hemorrhoidectomy, internal or internal and external	INTER
Cutting operation for fissure	MINOR

Cutting operation for thrombosed hemorrhoids .... MINOR
Cutting operation for fistula in ano,
single .... INTER
multiple .... INTER
Injections (complete procedure) .... MINOR
Colonoscopy .... MINOR
Colonoscopy with Polypectomy .... MINOR

SKIN AND SUBCUTANEOUS TISSUES

Burns and scalds, treatment under anaesthesia .... INTER
Free graft .... MINOR
Skin grafting .... INTER
Suture or excision and suture of wounds .... MINOR
Removal of Pilonidal Sinus or Cyst .... INTER

SKULL

Cutting into cranial cavity (trephine excepted) .... SUPER MAJOR
Trephine .... INTER

SPINE OR SPINAL CORD

Operation for spinal cord tumor ....SUPER MAJOR
Operation with removal of portion of
vertebra or vertebrae
(except coccyx, transverse or spinose process) .... MAJOR
Removal of part or all of coccyx, or of transverse
or spinose process .... INTER

TUMORS

Benign or superficial tumors and cysts or
abscesses requiring hospital confinement or
not requiring hospital confinement .... MINOR
Malignant tumors of face, lip or skin .... INTER

VARICOSE VEINS

Injection treatment, complete procedure, one or both legs .... MINOR
Cutting operation, complete procedure,
one leg .... MINOR
both legs .... INTER

If a surgical procedure performed is not shown in the Surgical Table and is not expressly excluded by any of the terms and conditions of this Policy, the Company shall determine the classification of operation for such surgical procedure. A surgical procedure of equivalent gravity and severity will be used as a basis for the Company's settlement.

Description of Benefits

Important Notice: The benefits described below may be subject to maximum benefits. Please check the Schedule for details.

Basic Cover - Hospitalization Benefits

Room and Board

Reimbursement of charges for room accommodation, meals and general nursing services for the Insured Person. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred during the Insured Person's Hospital confinement; but in no event shall the benefit exceed, for any one Day, the maximum benefits per Day in relation to Room and Board and the maximum number of Days per Disability in relation to Room and Board as specified in the Schedule. The Insured Person will only be entitled to this benefit for the period confined in a Hospital as an Inpatient.

Doctor's Visit

Reimbursement of charges for daily bedside visits to the Insured Person by the attending Physician during Hospital confinement. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred for visits that are Medically Necessary by the attending Physician per Day during Hospital confinement, but in no event shall the benefit exceed, for any one Day, the maximum benefits per Day in relation to Doctor's Visit, and the maximum number of Days per Disability in relation to Doctor's Visit as specified in the Schedule.

Hospital Expenses

Reimbursement for nursing (excluding Specialist's fees) and charges for Medically Necessary ancillary services and consumable items which relate directly to the Treatment received by the Insured Person as an Inpatient or for Day Surgery. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred for Treatment received by the Insured Person as an Inpatient or for Day Surgery, including the following Hospital Expense, but in no event shall the benefit exceed the maximum benefits per Disability in relation to Hospital Expenses as specified in the Schedule:

(a) Magnetic resonance imaging, computerised tomography scan, positron emission tomography scan, capsule endoscopy and their interpretation, performed in an inpatient or outpatient setting or as Day Surgery, and recommended by a registered medical Physician.

Surgeon's Fees

Reimbursement of charges for the surgical procedure performed by the Surgeon. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred for the surgical procedure, but in no event shall the benefit exceed the maximum benefits in relation to Surgeon's Fees as specified in the Schedule in accordance with the classification of operation listed in the Surgical Table, subject to the following conditions:

(a) If two or more surgical procedures are performed for the same Disability, irrespective of whether or not such procedures are performed during the same or different surgical sessions and/or incisions, the aggregate Surgeon's Fees will be capped at the maximum benefits, as specified in the Schedule, of the highest classification of operation payable for all relevant surgical procedures under the Surgical Table of such Disability.
(b) If two or more surgical procedures are performed through a single incision in respect of unrelated Disabilities, the aggregate Surgeon's Fees will be capped at the maximum benefits, as specified in the Schedule, of the highest classification of operation payable for all relevant surgical procedures under the Surgical Table of such Disabilities.
(c) If two or more surgical procedures are performed at the same surgical session through different incisions in respect of unrelated Disabilities, the aggregate Surgeon's Fees shall be capped at: (1) for the surgical procedure with the highest classification of operation with reference to the Surgical Table, 100% of the maximum benefits as specified in the Schedule payable for such surgical procedure pursuant to its respective classification; (2) for surgical procedure with the same or next highest classification of operation with reference to the Surgical Table, 50% of the maximum benefits as specified in the Schedule payable for such surgical procedure pursuant to its respective classification; and (3) for all remaining surgical procedures, 25% of the maximum benefits as specified in the Schedule with reference to their respective classifications.

Anaesthetist's Fees

Reimbursement of charges for the Anaesthetist's fees if an Insured Person is entitled to benefit payable under Surgeon's Fees. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred by the Insured Person for services provided by a Physician or professional Anaesthetist for the cost and administration of anaesthetics for such surgical procedure, but in no event shall the benefit exceed the maximum benefits in relation to Anaesthetist's Fees as specified in the Schedule for the surgical procedure in accordance with the classification of operation listed in the Surgical Table, subject to the following conditions:

(a) If two or more surgical procedures are performed for the same Disability, irrespective of whether or not such procedures are performed during the same or different surgical sessions and/or incisions, the aggregate Anaesthetist's Fees will be capped at the maximum benefits, as specified in the Schedule, of the highest classification of operation payable for all relevant surgical procedures under the Surgical Table of such Disability.
(b) If two or more surgical procedures are performed through a single incision in respect of unrelated Disabilities, the aggregate Anaesthetist's Fees will be capped at the maximum benefits, as specified in the Schedule, of the highest classification of operation payable for all relevant surgical procedures under the Surgical Table of such Disabilities.
(c) If two or more surgical procedures are performed at the same surgical session through different incisions in respect of unrelated Disabilities, the aggregate Anaesthetist's Fees shall be capped at, (1) for the surgical procedure with the highest classification of operation with reference to the Surgical Table, 100% of the maximum benefits as specified in the Schedule payable for such surgical procedure pursuant to its respective classification; (2) for surgical procedure with the same or next highest classification of operation with reference to the Surgical Table, 50% of the maximum benefits as specified in the Schedule payable for such surgical procedure pursuant to its respective classification; and (3) for all remaining surgical procedures, 25% of the maximum benefits as specified in the Schedule with reference to their respective classifications.

Operating Theatre

Reimbursement of charges for the use of operating room, Treatment rooms and equipment if an Insured Person is entitled to benefit payable under Surgeon's Fees. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred for the use of operating room, Treatment rooms and equipment to perform the surgical procedure, but in no event shall the benefit exceed the maximum benefits in relation to Operating Theatre as specified in the Schedule for the surgical procedure in accordance with the classification of operation listed in the Surgical Table, subject to the following conditions:

(a) If two or more surgical procedures are performed for the same Disability, irrespective of whether or not such procedures are performed during the same or different surgical sessions and/or incisions, the aggregate Operating Theatre benefits will be capped at the maximum benefits, as specified in the Schedule, of the highest classification of operation payable for all relevant surgical procedures under the Surgical Table of such Disability.
(b) If two or more surgical procedures are performed through a single incision in respect of unrelated Disabilities, the aggregate Operating Theatre benefits will be capped at the maximum benefits, as specified in the Schedule, of the highest classification of operation payable for all relevant surgical procedures under the Surgical Table of such Disabilities.
(c) If two or more surgical procedures are performed at the same surgical session through different incisions in respect of unrelated Disabilities, the aggregate Operating Theatre benefits shall be capped at, (1) for the surgical procedure with the highest classification of operation with reference to the Surgical Table, 100% of the maximum benefits as specified in the Schedule payable for such surgical procedure pursuant to its respective classification; (2) for surgical procedure with the same or next highest classification of operation with reference to the Surgical Table, 50% of the maximum benefits as specified in the Schedule payable for such surgical procedure pursuant to its respective classification; and (3) for all remaining surgical procedures, 25% of the maximum benefits as specified in the Schedule with reference to their respective classifications.

Specialist Consultation
Reimbursement of charges for daily bedside visits to the Insured Person and consultations provided by the attending Specialist who is recommended by the attending Physician during Hospital confinement. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred for visits that are Medically Necessary by the attending Specialist during Hospital confinement, but in no event shall the benefit exceed the maximum benefits per Disability in relation to Specialist Consultation as specified in the Schedule.

Hospital Cash
A daily cash benefit equals to an amount as specified in the Schedule shall be paid for the period of Hospital confinement when an Insured Person is confined at a ward accommodation in any public Hospitals under the administration of the Hospital Authority in Hong Kong Special Administrative Region for Treatment of Injury, Illness or Disease up to the maximum number of Days per Disability in relation to Hospital Cash as specified in the Schedule. No other Hospitalization Benefits incurred during the Hospital confinement for which Hospital Cash is claimed shall be payable.

Post-Hospitalization Treatment
Reimbursement of charges incurred for follow-up Treatments by the attending in-hospital Physician for the same Disability within forty-two (42) days immediately following discharge from Hospital confinement as an Inpatient for the same Disability. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred for Insured Person's follow-up Treatments, but in no event shall the benefit exceed the maximum benefits per Disability in relation to Post- Hospitalization Treatment as specified in the Schedule.

Intensive Care
Reimbursement of Room and Board charges incurred for confinement as an Inpatient in the Intensive Care Unit of the Hospital. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred for such confinement, but in no event shall the benefit exceed, for any one Day, the maximum benefits per Day in relation to Intensive Care, and the maximum number of Days per Disability in relation to Intensive Care as specified in the Schedule. Where the period of confinement in an Intensive Care Unit exceeds the maximum number of Days per Disability in relation to Intensive Care as specified in the Schedule, reimbursement for the excess number of Days will be payable under Room and Board.

For the avoidance of doubt, the Insured Person may only receive the maximum benefits per Day either under Intensive Care or Room and Board but in no circumstances may the Insured Person receive more than the maximum benefits per Day in relation to Intensive Care as specified in the Schedule. Furthermore, the maximum number of Days per Disability in relation to Intensive Care is in addition to the maximum number of Days per Disability in relation to Room and Board.

Organ Transplant
Reimbursement of charges (including and limited to Room and Board, Intensive Care , Hospital Expenses, Surgeon's Fees, Anaesthetist's Fees, Operating Theatre, Doctor's Visit and Specialist Consultation) incurred to perform operations for heart, kidney, liver, or bone marrow transplantation during Hospital confinement. The Company shall reimburse an amount equal to the Reasonable and Customary Charges actually incurred to perform such transplantations, but in no event shall the benefit exceed the maximum benefits per Disability in relation to Organ Transplant as specified in the Schedule. For the avoidance of doubt, all other costs including, but not limited to, the cost of acquisition and transportation of the organ are not covered.

Optional Cover 1 - Additional Hospitalization Benefits
(applicable when these benefits are indicated in the Schedule as being covered by the Policy)

Outpatient Kidney Dialysis
Reimbursement of Reasonable and Customary Charges actually incurred for Treatment requiring machines or apparatus for providing kidney dialysis provided this Policy is in force, but in no event shall the benefit exceed the maximum benefits per year in relation to Outpatient Kidney Dialysis as specified in the Schedule. The Treatment must be performed at a legally registered dialysis centre or an unit or department of Hospital or clinic managed by qualified Nephrologist(s).

Outpatient Cancer Treatment
Reimbursement of Reasonable and Customary Charges actually incurred for cancer Treatment by chemotherapy or radiotherapy provided this Policy is in force, but in no event shall the benefit exceed the maximum benefits per year in relation to Outpatient Cancer Treatment as specified in the Schedule. The Treatment must be performed at a legally registered cancer Treatment centre or an unit or department of Hospital or clinic managed by qualified Oncologist(s).

Optional Cover 2 - Supplementary Major Medical
(applicable when these benefits are indicated in the Schedule as being covered by the Policy)

Insuring Clause
If an Insured Person while insured under this section Medically Necessarily incurs Covered Medical Expenses (as hereinafter defined), the Company will pay to the Insured Person, subject to the applicable terms and conditions of this Policy, an amount calculated according to the following steps:

1) the incurred Covered Medical Expenses (as hereinafter defined) minus the benefits payable under the Hospitalization Benefits in respect of the Cover Medical Expenses;
2) multiplied by the Adjustment Factor (as hereinafter defined) (if applicable);
3) minus the Deductible (as hereinafter defined); and then
4) multiplied by the reimbursement percentage (as indicated in the Schedule).

Maximum Benefits
The amount payable hereunder in respect of all Covered Medical Expenses incurred as a result of any one Disability shall not exceed the maximum benefits per Disability in relation to Supplementary Major Medical as specified in the Schedule.

Adjustment Factor
The Insured Person shall stay in an accommodation or room not exceeding the maximum benefits per Day in relation to Room and Board as designated to the Insured Person by the Policyholder throughout the period of Hospital confinement. In the event of a breach of this condition, the Company shall reduce the benefit payable by applying the Adjustment Factor, which equals to the percentage of the maximum benefits per Day in relation to Room and Board as specified in the Schedule over the actual room rate per Day during the Hospital confinement.

Deductible
The Deductible shall be the amount set forth in the Schedule which shall be deducted from the incurred Covered Medical Expenses and be applied separately to each covered Insured Person. However, if under the same Accident, more than one Insured Person in the same family incurs Covered Medical Expenses as a result of Injuries, the Deductible shall be applied once only to the sum of all Covered Medical Expenses incurred by those covered Insured Persons in the same family as a result of such Accident.

Covered Medical Expenses
Subject to the General Exclusions provision in this Policy, Covered Medical Expenses shall include the Reasonable and Customary Charges actually incurred by an Insured Person while insured hereunder for services performed and supplies received as listed below, as recommended and approved by a registered medical Physician and incurred as a result of one Disability during Hospital confinement as an Inpatient or for Day Surgery, but in no event shall Covered Medical Expenses include incurred charges in the same nature as Outpatient Kidney Dialysis, Outpatient Cancer Treatment and Organ Transplant:

(a) charges made by a Hospital for Room and Board;
(b) miscellaneous Hospital expenses;
(c) the services of Physicians;
(d) the services of Physiotherapists, who are not immediate family members or living regularly with the Insured Person;
(e) the services of registered nurses, who are not immediate family members or living regularly with the Insured Person;
(f) anaesthetics and administration thereof;
(g) medical supplies, including drugs and medicines, which require a written prescription and which must be dispensed by a licensed pharmacist, blood and blood plasma;
(h) local professional ambulance service to or from a Hospital;
(i) X-Ray Treatments or examinations (except dental X-Rays);
(j) microscopic or other laboratory tests or analysis; and
(k) cosmetic surgery performed within ninety (90) days from the date of an Accident to an Insured Person.

Optional Cover 3 - Outpatient Benefits A
(applicable when these benefits are indicated in the Schedule as being covered by this Policy)

Pro-rata Arrangement
When the Insured Person is covered for less than a full policy year, any maximum benefits per year and/ or any maximum number of visits per year (as specified in the Schedule) for which reimbursements shall be made in such period shall be pro-rata on monthly basis to the limit for the full policy year.

Consultation at Doctor's Office
Reimbursement of Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for Treatment or services rendered by a registered medical Physician in an outpatient setting (including in the Physician office or in a clinic at the Hospital) as a result of Injury, Illness or Disease, is limited to one visit per day, and in no event shall it exceed the maximum benefits per visit per day and the maximum number of visits per year in relation to Consultation at Doctor's Office as specified in the Schedule.

Specialist Consultation
Reimbursement of Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for Treatment or services rendered by a Specialist in an outpatient setting (including in the Specialist office or in a clinic at the Hospital), who must be recommended by a registered medical Physician in writing, as a result of Injury, Illness or Disease, is limited to one visit per day, and in no event shall it exceed the maximum benefits per visit per day and the maximum number of visits per year in relation to Special Consultation as specified in the Schedule.

Notwithstanding the requirement for referral stated above, referrals for (a) Specialist under Hospital Authority and/or Department of Health and (b) Specialist of dermatology, ophthalmology, otorhinolaryngology, pediatrics, orthopedics and traumatology, gynecology and medical or clinical oncology, shall be waived. For the avoidance of doubt, referrals for Specialist of pediatrics are only waived for child whose age is below nineteen (19). In the event that the Insured Person whose age is nineteen (19) or above visits a paediatrician, the claim payable will be subject to the maximum benefit(s) as specified in the Schedule in relation to Consultation at Doctor's Office.

X-Ray and Laboratory Test
Reimbursement of Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for X-Ray and laboratory tests performed in an outpatient setting (including in the office and/or clinic at the Hospital), as recommended by a registered medical Physician in writing, as a result of Injury, Illness or Disease, up to the maximum benefits per year in relation to X-Ray and Laboratory Test as specified in the Schedule.

Optional Cover 4 - Outpatient Benefits B
(Include Outpatient Benefit A and benefits listed below)
(applicable when these benefits are indicated in the Schedule as being covered by this Policy)

Pro-rata Arrangement
When the Insured Person is covered for less than a full policy year, any maximum benefits per year and/ or any maximum number of visits per year (as specified in the Schedule) for which reimbursements shall be made in such period shall be pro-rata on monthly basis to the limit for the full policy year.

Chinese Herbalist / Bonesetter/ Acupuncturist
Reimbursement of Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for Treatment or consultation services rendered by a registered Chinese Herbalist or a registered Bonesetter or a registered Acupuncturist as a result of Injury, Illness or Disease, is limited to one visit per day, and in no event shall it exceed the maximum benefits per visit per day and the maximum number of visits per year in relation to Chinese Herbalist / Bonesetter/ Acupuncturist as specified in the Schedule.

Physiotherapist / Chiropractor
Reimbursement of Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for Treatment or services rendered by a registered Physiotherapist or a registered Chiropractor, as recommended by a registered medical Physician in writing, as a result of Injury, Illness or Disease, provided that the benefit is restricted to one visit per day, and in no event shall it exceed the maximum benefits per visit per day and the maximum number of visits per year in relation to Physiotherapist / Chiropractor as specified in the Schedule.

Optional Cover 5 - Dental Benefits
(applicable when these benefits are indicated in the Schedule as being covered by this Policy)

Pro-rata Arrangement
When the Insured Person is covered for less than a full policy year, any maximum benefits per year and/ or any maximum number of visits per year (as specified in the Schedule) for which reimbursements shall be made in such period shall be pro-rata on monthly basis to the limit for the full Policy year.

Overall Maximum
The aggregated benefits payable for Dental Benefits per year shall not exceed the overall maximum limit per year in relation to Dental Benefits as specified in the Schedule.

Accidental Denture Treatment
If an Insured Person sustained Injury as a result of an Accident, reimbursement of Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for an artificial replacement for one or more natural teeth provided by a registered Dentist, provided that the missing teeth are extracted while the Insured Person is insured under this Policy , and up to the maximum benefits per year in relation to Accidental Denture Treatment as specified in the Schedule.

Extraction & Filling
Reimbursement of the Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for services and supplies of filling restoration of tooth consisting of silver amalgam, silicate, plastic & composite; tooth extraction which includes simple extraction, surgical removal of erupted tooth or impacted tooth and the necessary root removal provided by a registered Dentist, up to the maximum benefits per year in relation to Extraction & Filling as specified in the Schedule.

Dental X-Ray
Reimbursement of the Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for services and supplies of dental X-Ray which include periapical and bitewings; extraoral X-Ray which include Temporomandibular Joint films and panoramic films; Occlusal X-Rays provided by a registered Dentist, up to the maximum benefits per year in relation to Dental X-Ray as specified in the Schedule.

Oral Examination / Cleansing
Reimbursement of the Reasonable and Customary Charges actually incurred, or if a reimbursement percentage is specified in the Schedule, that percentage of such charges actually incurred, for oral examination, prophylaxis which includes scaling and polishing by a registered Dentist, up to the maximum benefits per visit and the maximum number of visits per year in relation to Oral Examination/ Cleansing as specified in the Schedule.

General Exclusions
This Policy shall not cover situations listed below and any medical conditions arising therefrom:

(a) pre-existing conditions:
   (i) Pre-existing conditions shall mean any Injury, Illness or Disease sustained prior to the date the Insured Person becomes insured under this Policy if because of which such person shall have received medical or surgical care or treatment within the three consecutive months immediately preceding such date. If, however, during any consecutive three-month period after such date, the Insured Person does not undergo any medical or surgical care or treatment in respect of such Injury, Illness or Disease, then Benefits will subsequently be payable, subject to the terms and conditions of this Policy, in respect of such Injury, Illness or Disease.

   (ii) Notwithstanding the above, pre-existing conditions shall be covered when the Insured has been insured under this Policy continuously for twelve consecutive months.

   (iii) No benefit shall be payable if prior to the date the Insured Person becomes insured, such person was infected with any Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or any HIV or AIDS related diseases.

(b) outpatient treatment unless the Outpatient Benefits A or Outpatient Benefits B is taken;
(c) pregnancy including childbirth, abortion, miscarriage and all complications arising therefrom;
(d) any surgical, mechanical or chemical contraceptive methods of birth control, investigations into or treatment of infertility, assisted reproduction, sterilisation (or its reversal) or any consequence of any treatment for them;
(e) routine physical examinations, health check-ups, eye tests or any other tests where there is no objective indication of impairment of normal health, or any treatment of a preventive nature including vaccinations, or any treatment which is not Medically Necessary;
(f) hospitalization primarily for investigation, examinations, general physical or medical check-up;
(g) treatment for Congenital Conditions or any physical birth defects arising out of or resulting therefrom;
(h) non-hospital nursing care or ambulatory care, rest cures or sanitaria care;
(i) illness or disease directly or indirectly arising from Acquired Immune Deficiency Syndrome (AIDS), any AIDS related condition, or infection by Human Immune- Deficiency Virus (HIV);
(j) sexually transmitted diseases, sexual dysfunction disorders, treatment of impotence or treatment attributable to or consequential of sex change;
(k) suicide or attempted suicide, self-inflicted Injuries or any attempted self-inflicted Injuries while sane or insane;
(l) dental care or its related treatment except as defined under the Dental Benefits when such Dental Benefits are indicated in the Schedule as being covered by this Policy;
(m) cosmetic or plastic surgery, circumcision unless Medically Necessary, refractive errors of the eyes, provision of any appliances, any equipments or implants including hearing aids, brace, crutch, wheelchair, spectacle or other similar kinds;
(n) Injury, illness or disease arising from racing of any kind (except on foot), professional sports, parachuting, skydiving, boxing, wrestling, professional scuba-diving, bungee jumping or violation or any attempt of violation of the law or resistance to lawful arrest;
(o) flying or other aerial activity except as a fare-paying passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognised charter company;
(p) treatment arising from any consequence (whether direct or indirect) of nuclear or chemical contamination, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, direct participation in riot, strike or civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces;
(q) Subject to the Co-ordination of Benefits provision, benefits payable under any laws, regulations, other insurance policies or any other sources in respect of the same Injury, Illness or Disease, except to the extent that such incurred charges are not reimbursed by any such compensation, insurance policies or sources;
(r) the use, or any treatment arising therefrom, of any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications;
(s) experimental medical treatment;
(t) any treatment directed towards developmental delay or learning Disabilities in children;
(u) removal of fat or surplus tissue from any part of the body whether or not it is needed for medical or psychological reasons, medical service or treatment of obesity, weight reduction, weight improvement or sleep apnoea;
(v) charges for telephone, television, radio, newspaper, guests' meals and other ineligible non-medical items whilst confined as an Inpatient or Day Surgery;
(w) treatment arising from geriatric, psycho-geriatric, psychiatric conditions, mental illness or nervous disorders including any neurosis and their physiological or psychosomatic manifestations; or
(x) treatment of alcohol dependence syndrome or drug addiction.

Dental Exclusions

No benefit shall be paid for the following services, products or conditions for Dental Benefits:

1. pre-existing dental conditions: Pre-existing dental conditions shall mean any dental condition which has been diagnosed, or has required dental Treatment, or presented signs or symptoms of which the Insured Person should have reasonably been aware prior to the effective date of insurance cover, irrespective of whether Treatment was actually received;
2. dental procedure not initiated and completed while insured for Dental Benefits under this provision;
3. any kinds of temporary denture or replacement dentures such as but not limited to lost or stolen prosthetic device;
4. for services or materials for orthodontics, cosmetic purposes, or repair of congenital malformation solely for cosmetic purposes;
5. expenses incurred for oral hygiene instructions, plaque control programs and dietary instructions; or
6. other dental benefits not covered under this provision.

Panel Doctors under Healthcare Network

An Insured Person may access to a network of panel doctors offered by the Company and receive Credit Facility during the panel doctor's visit by presenting the AXA health card, subject to the AXA Health Card and Indemnity Clause provisions as set out in this Policy. For the avoidance of doubt, a co-payment may be required subject to reimbursement percentage(s) and/or maximum benefit(s) of relevant benefits as specified in the Schedule.

The AXA Emergency Assistance Service

This service will be available to an Insured Person who requires travel and medical assistance during any journey involving travel outside the Insured Person's principal country of residence, on such terms and conditions as the Company may from time to time in its absolute discretion specify.

The Company may determine, review and revise at the Company's absolute discretion the scope, terms and conditions and/ or provider of this service from time to time.

Please refer to the AXA Assistance Terms and Conditions for details.

Personal Information Collection Statement

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and / or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide the Company with your personal data, the Company may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by the Company for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products / services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products / services;
2. processing and evaluating any applications or requests made by you for products / services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products / services provided by the Company and / or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products / services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and / or credit checks and / or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products / services provided by the Company and / or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and / or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For the Company's policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
    a. insurance, banking, provident fund or scheme, financial services, securities and related products and services;
    b. products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and / or:
    a. any of our affiliates;
    b. third party financial institutions;
    c. the business partners or co-branding partners of the Company and / or affiliates providing the products and services set out in (2) above;
    d. third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform the Company in writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
10/F, Vertical Square,
28 Heung Yip Road Wong Chuk Hang,
Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

Note: All amounts are in Hong Kong Dollars.