



「免付賬醫療服務」條款和細則

保單號碼：
保單持有人：
保單生效日：
認可產品類別：“靈活計劃”
認可產品名稱：藍十字「愛自己」自願醫保計劃

自上述「**保單生效日**」起，於本**保單**內包含以下附加之其他服務：

受保人可經**本公司**最終批核後享用**免付賬醫療服務**。

1. 醫療卡

使用醫療卡（如適用）須隨時受限於**本公司**所規定之使用醫療卡的條款及細則，該條款及細則將會構成本**保單**的一部分，**本公司**並會不時就該條款及細則作出修訂。最新版本之條款及細則請參閱**本公司**網頁（<http://www.bluecross.com.hk>）內之《藍十字醫療卡－使用簡介》。

保單持有人及**受保人**須承擔任何因使用未退還、已遺失或遭盜竊之醫療卡所引致之費用，而**本公司**亦會就補發新醫療卡收取服務費用。

2. 直接付款及結賬

本公司可就相關醫療費用向指定醫療服務提供者作出直接付款及結賬安排，惟須以**受保人**於本**保單**之**保障表**上載列之相關**醫療服務**最高賠償額為限。**保單持有人**及**受保人**須承擔任何記賬於**免付賬醫療服務**但不在本**保單**之承保範圍內的不符合索償資格的費用或超出保障金額的費用，並須於接獲書面要求後立即向**本公司**償還所有不符合索償資格或超出最高賠償額之費用。**本公司**將會就任何超逾 30 天之欠款按現行利率收取利息。最新版本之程序詳情請參閱**本公司**網頁（<http://www.bluecross.com.hk>）內之《「出院免找數」服務》。

若本**保單**內尚有未償還之款項，**本公司**將保留拒絕對本**保單**之其他索償作出賠償的權利。

本公司可隨時發出書面通知以中止或暫停任何**免付賬醫療服務**，並保留所有與**免付賬醫療服務**相關事項及爭議的最終決定權。

（由於此服務／保障並不構成自願醫保認可產品的一部分。）

釋義

除非文意另有規定，本部分及任何其他於本**免付賬醫療服務**條款和細則內的定義適用於本**免付賬醫療服務**條款和細則內出現的詞語，而該等定義只適用於本**免付賬醫療服務**條款和細則。

「**免付賬醫療服務**」 指由**本公司**提供及載明於此**免付賬醫療服務**條款和細則內之**免付賬醫療服務**。

獲授權人簽署

保單簽發日：

「第二醫療意見諮詢」條款和細則

保單號碼：

保單持有人：

保單生效日：

認可產品類別：“靈活計劃”

認可產品名稱：藍十字「愛自己」自願醫保計劃

自上述「保單生效日」起，於本保單內包含以下附加之其他服務：

受保人可經本公司最終批核後享用**第二醫療意見諮詢**。

若受保人在接受診症後懷疑患上或經註冊醫生診斷患上任何符合下列定義之醫療狀況（「合資格醫療病症」），應受保人的要求，MediGuide International, LLC（“MediGuide”）或本公司不時指派之其他服務供應商將向受保人提供**第二醫療意見諮詢**服務。

為免存疑，合資格醫療病症指任何傷病，惟以下之情況則除外：

- a) 受保人之主診註冊醫生並未就該傷病作出正式的診斷；
- b) 在受保人要求**第二醫療意見諮詢**服務前的 12 個月內，受保人之主診註冊醫生並沒有就該傷病作出評估；或
- c) 根據 MediGuide 或本公司不時指派之其他服務供應商之意見，
 - (i) 該傷病屬急性及會危及性命；或
 - (ii) 就該傷病，受保人必須親身接受評估，例如精神病。

手續：受保人或其代表可於任何時間致電（852）8101-3682 以聯絡 MediGuide。

致電者需提供於保單資料頁內所列之保單號碼及受保人姓名以供 MediGuide 確認。受保資格一經確認後，MediGuide 將會提供**第二醫療意見諮詢**服務。

受保人所提供之所需文件、有關該受保人之醫療報告及資料將為 MediGuide 處理其要求之先決條件。當收取所有所需資料後，MediGuide 將建議 3 間全球頂尖之醫療中心以提供**第二醫療意見諮詢**服務，而受保人可從中選擇 1 間就診斷作出評估及提供最合適之治療建議。受保人所選擇之醫療中心將會在收取受保人提供之所需文件、醫療報告及資料後 10 個工作天內向受保人提供一份書面醫療報告。

責任限制

1. 所有就本**第二醫療意見諮詢**條款和細則提供服務予受保人的服務供應商並非本公司的僱員、代理或員工，故其須以獨立身分承擔個別行為責任，而受保人就任何有關服務供應商所提供的服務對本公司並無任何追索權。
2. 本公司無須就上述服務供應商所提供的意見、服務或其行為、疏忽而導致的任何損失承擔責任。
3. 本公司無須就任何因天災或控制範圍以外的情況，包括但不限於任何行政、政治或政府阻撓、罷工、工業行動、暴動、內亂，或任何類型的政局不安（包括但不限於戰爭、恐怖主義、起義）、惡劣天氣或航班遭當地法律或監管機構禁止或延遲航行導致服務供應商未能或延遲向受保人提供**第二醫療意見諮詢**服務而承擔責任。

（由於此服務／保障並不構成自願醫保認可產品的一部分。）

4. 任何**受保人**就使用**第二醫療意見諮詢**服務提出的要求乃屬自願。**受保人**必須自行負責所有因使用服務供應商建議的治療而招致的費用。服務供應商所建議的治療並不意味著或代表**本公司**同意賠償或承擔有關該治療的費用之責任。在任何情況下，**本公司**無須在**第二醫療意見諮詢**條款和細則下就提供**第二醫療意見諮詢**服務而引致的任何直接、間接、特殊、附帶或衍生的損失、損害、成本、收費、費用或支出承擔責任。

釋義

除非文意另有規定，本部分及任何其他於本**第二醫療意見諮詢**條款和細則內的定義適用於本**第二醫療意見諮詢**條款和細則內出現的詞語，而該等定義只適用於本**第二醫療意見諮詢**條款和細則。

「**第二醫療意見諮詢**」 指由**本公司**提供及載明於此**第二醫療意見諮詢**條款和細則內之**第二醫療意見諮詢**服務。

獲授權人簽署

保單簽發日：

「身心健康保障」條款和細則

保單號碼：

保單持有人：

保單生效日：

認可產品類別：“靈活計劃”

認可產品名稱：藍十字「愛自己」自願醫保計劃

儘管本保單另有規定，本公司同意自上述「保單生效日」起，身心健康保障條款和細則將加入本保單：

本身心健康保障條款和細則內可賠償的費用必須受以下列明的保障限額所規限，而賠償的費用並不會超過實際開支。

若本保單由保單生效日起計已連續生效三(3)個保單年度，而受保人於該三(3)個保單年度後的下一個保單年度內產生健康活動費用，本公司將於收受信納之證明後，一次性賠償該健康活動的實際開支，而最高賠償限額為港元 1,500。

為免存疑，此費用只能每連續三(3)個保單年度才報銷一(1)次，而健康活動費用必須於該緊接的下一個保單年度內產生。如沒有根據身心健康保障條款和細則提出索償，任何未使用的限額將會被取消，以及不能被結轉或退還現金。

就本身心健康保障條款和細則而言，健康活動指任何以下活動：

- (a) 預訂旅遊安排 (包括海上、陸上、空中交通費用、住宿、觀光行程及簽證費用);
- (b) 購買由本公司承保的旅遊保險或醫療保險;
- (c) 購買與健身有關的設備、參加與健身有關的課程和成為健身房會員;
- (d) 參與有關精神健康及康健(包括預防性精神健康)之健康課程/培訓或工作坊;或
- (e) 於本公司不時指定的服務提供者接受疫苗注射 / 體檢。

就上述第(b)項而言，該旅遊保險或醫療保險的受保人必須與本保單的受保人相同。

受保人應在該費用支付日起九十 (90) 天內向本公司提交索償申請，並提供受本公司信納的該健康活動的證明(例如附有項目明細的收據正本/付款證明/顯示受保人姓名的付款記錄)。

此外，本公司可能會要求受保人提供任何其他相關及受本公司信納之資料。

獲授權人簽署

保單簽發日：

(此服務 / 保障並不構成自願醫保認可產品的一部分。)

「附加門診保障」條款和細則

保單號碼：

保單持有人：

保單生效日：

認可產品類別：“靈活計劃”

認可產品名稱：藍十字「愛自己」自願醫保計劃

儘管本保單另有規定，本公司同意自上述「保單生效日」起，附加門診保障條款和細則將加入本保單：

本附加門診保障條款和細則內可賠償的費用並必須受保障表 - 附加門診保障（標準及優越）內的保障限額所規限，並不會超過有關服務的實際開支（如適用）。

本附加門診保障條款和細則內的條款及保障僅適用於已選擇此等保障的保單持有人或受保人。

若於此等保障生效期間，受保人因傷病而需於診所 / 醫院門診部接受門診或日症治療，本公司將根據以下所列賠償合資格費用：

1. 普通科醫生診症 – 由註冊醫生進行的診症及於接受診症之診所或醫院配發藥物所招致之費用。
2. 中醫治療 – 由中醫師因進行中醫治療（包括全科、跌打及針灸）而提供的診症及於接受診症之診所或醫院配發藥物所招致之費用。
3. 專科醫生診症 – 由註冊醫生以書面轉介並由專科醫生進行的診症及於接受診症之診所或醫院配發藥物所招致之費用。
4. X光診斷及化驗 – 由註冊醫生以書面轉介為作出診斷而進行的X光診斷、超聲波、先進造影如磁力共振造影、電腦掃描及正電子掃描，心電圖及化驗所招致之費用。
5. 物理治療服務 – 由物理治療師提供服務所招致之費用。
6. 脊椎治療服務 – 由脊醫提供服務所招致之費用。
7. 精神科治療(包括藥物) – 由(i)註冊醫生或中醫師提供與精神科有關的診症、治療、針灸及(ii)於接受診症之診所或醫院配發藥物所招致之費用。

若在本保障項目(精神科治療(包括藥物))下所招致之費用同時包括在附加門診保障的保障項目的保障範圍內，則有關費用只會在本保障項目下支付，而不會在附加門診保障的其他保障項目下支付。若純粹為精神科相關診斷而提供醫療所需的治療或服務（包括(i)由註冊醫生建議的影像診斷及化驗，以及(ii)由精神科專科醫生轉介的合資格臨床心理學家提供的心理診斷），則該醫療必要的治療或服務的合資格費用只會在本保障項目下支付。

為免存疑，由(i)精神科專科醫生書面轉介的合資格臨床心理學家或由(ii)註冊醫生書面轉介的精神科專科醫生提供與精神科有關的診症則屬於本保障項目。

釋義

除非文意另有規定，本部分及任何其他於本**附加門診保障**條款和細則內的定義適用於本**附加門診保障**條款和細則內出現的詞語，而該等定義只適用於本**附加門診保障**條款和細則。

- 「**中醫師**」 指任何 a) 根據《中醫藥條例》(香港法例第549章)於香港中醫藥管理委員會妥善註冊或如涉及**香港**以外地區，於當地擁有同等地位的機構註冊；及 b) 在**受保人**接受治療當地獲合法授權提供中醫治療的人士，惟在任何情況下不包括**受保人**、**保單持有人**、保險中介人或**保單持有人**及 / 或**受保人**的僱主、僱員、**直屬家庭成員**或業務夥伴。
- 「**脊醫**」 指任何 a) 根據《脊醫註冊條例》(香港法例第428章)於脊醫管理局妥善註冊或如涉及**香港**以外地區，於當地擁有同等地位的機構註冊；及 b) 在**受保人**接受治療當地獲合法授權提供脊椎治療的人士，惟在任何情況下不包括**受保人**、**保單持有人**、保險中介人或**保單持有人**及 / 或**受保人**的僱主、僱員、**直屬家庭成員**或業務夥伴。
- 「**直屬家庭成員**」 指某人士之配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶的父母。
- 「**物理治療師**」 指任何 a) 根據《輔助醫療業條例》(香港法例第359章)於輔助醫療業管理局妥善註冊或如涉及**香港**以外地區，於當地擁有同等地位的機構註冊；及 b) 在**受保人**接受治療當地獲合法授權提供物理治療服務的人士。惟在任何情況下不包括**受保人**、**保單持有人**、保險中介人或**保單持有人**及 / 或**受保人**的僱主、僱員、**直屬家庭成員**或業務夥伴。
- 「**合資格臨床心理學家**」 指 a) 擁有在提供治療當地作為臨床心理學家執業的專業資格；及 b) 擁有當地認可的研究院或專業學院的臨床心理學研究生學位的人士，惟在任何情況下不包括**受保人**、**保單持有人**、保險中介人或**保單持有人**及 / 或**受保人**的僱主、僱員、**直屬家庭成員**或業務夥伴。

獲授權人簽署

保單簽發日：

「附加牙科保障」條款和細則

保單號碼：

保單持有人：

保單生效日：

認可產品類別：“靈活計劃”

認可產品名稱：藍十字「愛自己」自願醫保計劃

儘管本保單另有規定，本公司同意自上述「保單生效日」起，附加牙科保障條款和細則將加入本保單：

本附加牙科保障條款和細則內可賠償的費用並必須受保障表 - 附加牙科保障 (計劃 A 及 B) 內的保障限額所規限，並不會超過有關服務的實際開支 (如適用)。

本附加牙科保障條款和細則內的條款及保障僅適用於已選擇此等保障的保單持有人或受保人。

若於此等保障生效期間，受保人因牙科狀況或受傷而需於認可牙科設施接受牙科治療，本公司將支付下列項目之合資格費用：

1. 口腔檢查及洗牙 – 受保人於認可牙科設施接受牙醫提供之口腔檢查或洗牙，本公司將賠償因此所招致之合理及慣常費用。
2. 牙科治療 – 受保人因牙科狀況或受傷而需於認可牙科設施接受牙醫提供的牙科治療或服務，本公司將支付下列項目之合資格費用：
 - (a) 牙齒服務前所需的 X 光測驗；
 - (b) 牙齒治療所需之藥物 (須由牙醫處方)；
 - (c) 膿瘡；
 - (d) 補牙；
 - (e) 脫牙；
 - (f) 修復齒尖的牙冠釘；
 - (g) 假牙 (必須因意外引致)；
 - (h) 齒冠與齒橋 (必須因意外引致)；及
 - (i) 減輕急性牙痛。

在本保單納入本附加牙科保障條款和細則的第一個保單年度，及在上述「保單生效日」起九十(90)天的等候期內，本公司於該期間不會支付本附加牙科保障條款和細則第 2(a)至(i)節的保障項目的任何賠償。為免存疑，本附加牙科保障條款和細則第 2(a)至(i)節的保障項目賠償僅在該等候期結束後方生效。

為免存疑，因牙科狀況接受之牙科治療及口腔外科手術 (受保人因意外引致在住院期間接受的急症治療及手術則不屬此項)，及因牙科狀況或於口腔外科手術後不論受保人是以住院病人或日症病人身分接受的覆診治療將不會在本附加牙科保障條款和細則下給予賠償。

釋義

除非文意另有規定，本部分及任何其他於本**附加牙科保障**條款和細則內的定義適用於本**附加牙科保障**條款和細則內出現的詞語，而該等定義只適用於本**附加牙科保障**條款和細則。

- 「**牙科狀況**」 是指正常健康的牙科狀態因受到病理偏差的影響而出現的牙科狀況。
- 「**牙醫**」 是指任何 a) 根據《牙醫註冊條例》(香港法例第 156 章) 於香港牙醫管理委員會妥善註冊或如涉及**香港**以外地區，於當地擁有同等地位的機構註冊；及 b) 在**受保人**接受治療當地獲合法授權提供牙科治療的人士，惟在任何情況下不包括**受保人**、**保單持有人**、保險中介人或**保單持有人**及 / 或**受保人**的僱主、僱員、**直屬家庭成員**或業務夥伴。
- 「**直屬家庭成員**」 指某人士之配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶的父母。

獲授權人簽署

保單簽發日：

「24小時全球緊急援助」章則及條款

第I部分：定義詮釋

意外 — 指無法預見和意料之外而導致受傷的事故。

24小時全球緊急援助 — 指由本公司委派的緊急服務提供機構所提供於本章則及條款的第II部分(緊急援助服務及保障)中列載的醫療及緊急援助及/或其他相關服務。

身體受傷 — 指在保單的保障期內，完全及直接由暴力、意外、外來及可見的因素下(不包括病痛或疾病)所導致任何無法預見的身體受傷。

本公司 — 藍十字(亞太)保險有限公司。

緊急事故 — 指無法合理避免出現的嚴重醫療狀況或危難，並需指定外界人士提供協助。

受保人 — 姓名已被列入或已批註加入保單內，且在有關事件發生前尚未被刪除的人士。

病痛 — 指在保單生效日期後首次顯現的任何無法預見的病痛或疾病。

直系親屬 — 指合法配偶、子女(親生或領養)、兄弟姊妹、兄弟姊妹的配偶、配偶的兄弟姊妹、配偶的兄弟姊妹的配偶、父母、配偶的父母、祖/外祖父母、孫/外孫、合法監護人、繼父母或繼子女。

保單 — 指受保人與本公司訂立的所有保單文件，包括受保人遞交或作出的申請表、投保書、聲明書或指定受益人表格、章則及條款、保障項目表、據此簽發的保險證明書，以及任何相關的批註。

原居地 — 指香港特別行政區或受保人在本公司的申請表上特別聲明的國家省份。

普通乘客 — 指正常情況下乘坐任何運輸工具，且毋須使用擔架送返原居地的受保人。

第II部分：緊急援助服務及保障

在不限制此章則及條款的第III部分(一般不受保事項)的適用前提下，若受保人因外遊而引致或在外遊期間在原居地以外遭受嚴重身體受傷或突然出現病痛，惟該次旅程或離境須無違反任何醫生建議，及/或其目的並非為取得或尋求任何海外醫療或外科手術治療而進行，受保人或其個人代表可致電「24小時全球緊急援助」熱線尋求下列服務，唯受保人所引致產生或已支付的任何開支將不會獲得補償或賠償：

1. 電話醫療諮詢、評估及轉介預約服務

若受保人需要醫療諮詢，可致電本公司的「24小時全球緊急援助」熱線，向主診醫生索取醫療建議及評估。然而，受保人須明白電話內容只可視為醫療建議，並不可當作為診斷結果。如需要接受醫療服務，受保人將獲轉介至其他醫生或專業醫護人員，以便進行個人評估。本公司亦將協助受保人在當地安排醫療預約(如適用)。有關醫藥費及其他相關開支須由受保人直接及全數承擔。

2. 醫療撤離

若受保人身體受傷或突然出現病痛，而本公司的醫療團隊及主診醫生建議把受保人送到有能力提供所需護理的醫院或其他醫療設施，本公司將安排把受保人轉移至最近的醫院，並支付有關轉移費用；而且在醫療理由需要下，本公司將：

- 在需要的醫療監督下，以任何方式(包括但不限於救護專機、預定班次的商用航機及救護車)把受保人轉移至具適當設備治療該特定身體受傷或病痛的醫院；或
- 若受保人的身體狀況允許及在需要的醫療監督下，以固定班次的航機把受保人直接轉移(包括救護車接往往返機場)至接近其固定住址的適當醫院或其他醫療護理設施。醫療團隊及主診醫生將因應情況釐定所須安排。

本公司保留絕對權利，按所有經評估的事實及本公司當時所了解的實際情況，決定撤離受保人的地點、方式或途徑。

3. 出院後返回原居地

若主診醫生及本公司的醫療團隊均認為受保人在當地接受治療後的身體狀況穩定，將不會妨礙其以普通乘客方式，在醫療監督下返回原居地，本公司將安排受保人乘坐預定班次的航機(經濟客位)或任何其他適當的交通工具(經濟客位)(包括往返機場的任何接駁交通工具)返回原居地。在持續的醫療監督下護送受保人返回原居地的服務，必須只可經由主診醫生和本公司的醫療團隊共同決定。

4. 運返遺體/骨灰

若受保人不幸身故，本公司將安排其遺體或骨灰運返原居地，費用由本公司支付。

5. 入院按金保證

若受保人因身體受傷或突然出現病痛而需住院接受緊急治療，本公司將保證作出或提供高達40,000港元的入院按金，惟受保人須同時獲主診醫生和本公司的醫療團隊正式批准入院，以及受保人無法以任何方式支付所需的入院按金。

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6. 恩恤探訪

若受保人在原居地以外因嚴重身體受傷或突然出現病痛而需連續住院超過3（三）日以上，或受保人不幸身故，本公司將安排受保人的兩名直系親屬由受保人的原居地前往探望受保人，並支付有關交通費（單程經濟客位機票），每宗援助個案的費用最高上限為40,000港元。

7. 安排缺乏照顧的受供養子女送返原居地

若受保人在原居地以外因身體受傷或突然出現病痛而需住院，導致受保人同行的任何受供養子女（不足19歲）缺乏照顧，本公司將安排該名（或多名）子女乘搭固定班次的航機返回受保人的原居地，並支付有關經濟客位機票（若原機票並非來回機票）、航機起飛前的任何酒店住宿（如需要）開支，以及往返機場的任何接駁交通費用，最高為40,000港元，惟受保人須把任何未使用的回程機票交給本公司。如有需要，本公司將聘請一名合資格的護送人員陪同受保人子女返回原居地，並支付所需費用。

8. 中國入院按金保證

若受保人因身體受傷或突然出現病痛而需在中國入住醫院，可聯絡本公司。本公司將轉介受保人至其中國醫院網絡下的最就近醫院，並將提供入院按金保證服務。

在任何情況下，受保人均須於出院前或出院時直接清繳所有醫療開支，包括本公司保證的入院按金。

9. 法律援助

若受保人在發生意外後涉及民事訴訟，本公司將會：

- a) 根據受保人所在國家的現有民事責任法，為受保人就有關法律程序提供答辯書；及
- b) 代表受保人就其個人受傷及／或個人財物損毀（惟預計損毀金額須超過5,000港元）進行法律程序，以便向已確定身份的第三方索取賠償。

在上述情況下，本公司委任的大律師及／或律師將以受保人的法律代表身份行事，本公司毋須就委任該大律師及／或律師承擔任何追索、責任或作出賠償。本公司將支付有關大律師及／或律師的收費，最高上限為40,000港元。

未經本公司事先批准，受保人不得向任何有關方作出任何付款提議或承諾，或承認任何過失。受保人必須與本公司合作，且不得作出任何損害其利益的行為。

10. 保釋擔保援助

若受保人在原居地以外旅遊期間，因遭受拘留、逮捕或監禁而需尋求法律援助，本公司將提供有關全球法律執業者或律師的姓名、電話號碼及營業時間（如需要及適合）。此外，本公司亦可按要求墊付最高40,000港元的保釋擔保金（如適用）。本公司首先須接獲受保人透過其代表或家人作出付款保證後，才會為受保人提供財務擔保。

11. 其他援助

- a) 在可行及法律准許下，本公司將按當地主診醫生的要求，為受保人送遞任何用作治療所需但當地未能提供的重要藥物及／或醫療設備。受保人須支付有關藥物及／或醫療設備的費用，以及運送交通費，惟本公司的醫療團隊認為需要就緊急事故目的而送遞則除外。
- b) 若受保人在原居地以外入院，本公司將密切監察受保人的身體狀況，並通知其僱主或家人有關最新狀況。
- c) 若在公共運輸工具遺失或寄失受保人的行李，本公司將與有關實體聯絡，包括但不限於航空公司、海關人員，並安排把尋回的行李送往受保人指定的地點。
- d) 受保人在外遊前或旅程中均可聯絡本公司，索取一般旅遊資訊及服務（例如注射疫苗規定及要求、氣候狀況等）。此外，受保人在離境前或外遊期間亦可要求本公司（不論任何理由）透過短訊系統傳送備忘提示。
- e) 若發生緊急事故，迫使受保人需要更改原定計劃，本公司將協助受保人重新編排乘搭的航機班次。
- f) 若受保人外遊（不包括移民）期間，因直系親屬在其原居地身故，導致受保人需突然折返原居地，本公司將為受保人作出安排，並支付返回原居地固定班次航機（經濟客位）的回程機票費用。
- g) 若發生醫療撤離保障範圍內的任何事故，本公司將為受影響的受保人、其直系親屬或朋友作出撤離安排，並支付額外交通（經濟客位）費用（每宗援助個案的任何一名受保人最高可獲7,800港元的賠償）。
- h) 若受保人遺失或被竊重要文件或個人身份證明文件（例如護照、入境簽證等），本公司將為受保人提供向當地有關機構或實體辦理正式補領手續所需的資料，以便取得有關臨時文件。
- i) 若受保人因身體受傷或突然出現病痛而需入院，而在主診醫生及本公司的醫療團隊共同認為屬必需醫療的情況下，本公司將安排受保人在出院後僅為療養目的而入住任何合理的酒店的普通客房，並支付最多連續5（五）日，每日最高1,200港元之住宿費用。

第III部分：一般不受保事項

受保人在下列情況出現的身體受傷或突然病痛，本公司將毋須以任何形式或途徑為受保人提供「24小時全球緊急援助」服務：

- 1) 在保單開始前已存在的既有傷痛或傷病，無論受保人是否已知存在病痛；
- 2) 因精神錯亂或自我毀傷或與神經失常有關的病狀而造成的受傷；休養或療養；吸毒或酗酒；
- 3) 先天性疾病或異常；
- 4) 懷孕及分娩；
- 5) 參與任何專業或競賽運動、水上運動、冬季運動、賽車、公路汽車賽、洞穴探索、使用繩索或在嚮導帶領下攀石或攀山、跳傘、吊索跳崖或武術而直接或間接產生的受傷；
- 6) 參與非法行為而造成的受傷或感染的病痛；
- 7) 未經本公司授權及／或介入而提供的服務；
- 8) 任何引致本公司介入但並無發生的事故的需付費用；
- 9) 任何保險的保單訂明提供保障的任何開支；
- 10) 本公司的醫生認為輕微的病痛或身體受傷，受保人可以在當地獲得足夠的治療，而且不會妨礙其繼續旅程或工作；
- 11) 在本公司的醫生認為受保人的身體狀況穩定，能夠以一般乘客身份乘坐交通工具，且毋需警務護送下，受保人返回原居所產生的開支，惟本公司醫生認為必需者除外；
- 12) 法律或商用交通工具規定須予隔離或分隔的傳染病；
- 13) 受保人參與任何形式的航空飛行，但購票乘搭固定班次航機或按特定航線飛行的持牌飛機則不在此限；
- 14) 受保人自願參與任何武裝衝突（不論為平民或軍事衝突）、罷工、暴動或造反；
- 15) 受保人受到核反應直接或間接造成的影響。

第IV部分：責任限制

- 1). 就本章則及條款項下，所有提供受保人服務的服務提供者(包括但不限於緊急援助服務商、醫生和醫院)（「服務提供者」）並非本公司的僱員、代理或員工，故其須以獨立身份承擔個別行為責任，而受保人並沒有就任何有關服務提供者提供的服務對本公司擁有追索權。
- 2) 本公司不對任何因服務提供者提供的意見、服務或其行為、疏忽，無論如何產生，所產生或導致的損失或損害承擔責任。
- 3) 本公司及服務提供者無須對任何因天災或其控制範圍以外的情況包括但不限於任何行政、政治或政府阻撓、罷工、工業行動、暴動、內亂，或任何類型的政局不安（包括但不限於戰爭、恐怖主義、起義）、惡劣天氣環境、航班程況或任何其他情況導致未能或延遲提供「24小時全球緊急援助」服務而承擔責任。
- 4) 本公司無須就本章則及條款或因提供「24小時全球緊急援助」服務對任何直接、間接或衍生損失、損害、成本、收費或支出承擔責任。
- 5) 本公司可取消這項「24小時全球緊急援助」服務，惟須按本公司記錄的最新地址，向保單持有人或受保人預先發出30日通知。
- 6) 受保人使用「24小時全球緊急援助」服務乃屬自願。本公司對就使用有關服務而招致的任何損失或責任概不負責。

第V部分：受保人的一般義務

- 1) 受保人有責任採取合理的努力減低緊急事故的影響；
- 2) 受保人須與本公司合作，讓本公司向有關各方取得所有文件和收據，並協助本公司遵照必需的正式手續，費用由受保人支付；
- 3) 若本公司為受保人提供援助時作出任何付款，本公司將有權取代受保人，向任何須就有關援助承擔法律責任的第三方，以及須為緊急援助事故作出賠償的任何其他保險或援助計劃索取付款，最高為本公司已支付的金額。

Terms and Conditions for Credit Facilities Services

Policy number:

Policy Holder:

Policy Effective Date:

Type of the Certified Plan: "Flexi Plan"

Name of the Certified Plan: Blue Cross Love Yourself VHIS Plan

The other services described in the following additions are incorporated in this Policy as from the above "Policy Effective Date":

Credit Facilities Services may be offered to the Insured Person subject to the final approval of the Company.

1. Healthcare card

The usage of the healthcare card (if applicable) should at all times be subject to the terms and conditions for using the healthcare card prescribed by the Company. Such terms and conditions shall form part of this Policy and the Company may amend such terms and conditions from time to time. For an updated version of such terms and conditions, please refer to the "Blue Cross Healthcare Card – User Guide" on the Company's website at <http://www.bluecross.com.hk>.

The Policy Holder and the Insured Person shall also be liable to the Company for any amount incurred as a result of the use of an unreturned, lost or stolen healthcare card. A handling fee will be charged for the replacement of the healthcare card.

2. Direct billing and settlement

An arrangement for direct billing and settlement of medical expenses may be made between the Company and designated healthcare services providers up to the maximum benefit limit of corresponding Medical Services of the Insured Person as specified in the Benefit Schedule. The Policy Holder and the Insured Person are liable for any ineligible expenses which are not covered by this Policy or any expenses exceeding the maximum benefit limit, which have been charged to the Credit Facilities Services. The Policy Holder and the Insured Person shall be liable to reimburse the Company immediately for all ineligible or excessive expenses incurred upon written demand. An interest will be charged at the prevailing interest rate on any amount that remains overdue for more than 30 days. For an updated version of such procedures, please refer to the "No Hospital Bills To Pay Service" on the Company's website at <http://www.bluecross.com.hk>.

The Company reserves the right to withhold payment of any claim if there is any outstanding charge back amount under this Policy.

The Company may withdraw or suspend the Credit Facilities Services anytime upon written notice. All matters and disputes in relation to the Credit Facilities Services will be subject to the final decision of the Company.

(These services/benefits do not form part of the VHIS certified plan.)

Definitions

Terms defined below and any other terms defined in this terms and conditions for Credit Facilities Services shall only be applicable to this terms and conditions for Credit Facilities Services and shall have the same meaning wherever used within this terms and conditions for Credit Facilities Services unless the context otherwise requires.

“Credit Facilities Services” shall mean the credit facilities services offered by the Company and more particularly set out in these terms and conditions for Credit Facilities Services.

Authorised signature
Policy Issuance Date:

(These services/benefits do not form part of the VHIS certified plan.)

Terms and Conditions for Second Medical Opinion

Policy number:

Policy Holder:

Policy Effective Date:

Type of the Certified Plan: "Flexi Plan"

Name of the Certified Plan: Blue Cross Love Yourself VHIS Plan

The other services described in the following additions are incorporated in this Policy as from the above "Policy Effective Date":

Second Medical Opinion may be offered to the Insured Person subject to the final approval of the Company.

If, upon medical consultation, an Insured Person is suspected of suffering from or has been diagnosed by a Registered Medical Practitioner with any medical conditions as defined below ("**Qualifying Medical Conditions**"), upon the request of the Insured Person, a Second Medical Opinion service will be provided by MediGuide International, LLC ("**MediGuide**"), or other service provider appointed by the Company from time to time.

For the avoidance of doubt, Qualifying Medical Conditions shall mean any Disabilities except that:

- a) the Insured Person has not been given an official diagnosis by his attending Registered Medical Practitioner in respect of such Disability;
- b) the Insured Person has not been evaluated by his attending Registered Medical Practitioner in respect of such Disability within the last 12 months prior to the date of the Insured Person's request for SMO service; or
- c) in the opinion of MediGuide or other service provider appointed by the Company from time to time:-
 - (i) such Disability is acute and life-threatening; or
 - (ii) physical evaluation is required for such Disability such as mental illnesses.

Procedure: The Insured Person or his representative(s) shall contact MediGuide's local representative by calling (852) 8101-3682 anytime to open a medical second opinion case.

The party making such call will be required to provide the "Policy Number" as stated in the Policy Schedule and the name of the Insured Person to MediGuide. After validation of coverage eligibility, the SMO service will be arranged by MediGuide.

Provision of the required documents, medical proof and information in respect of the Insured Person to MediGuide shall be a condition precedent to process the request. After MediGuide receives all the necessary information, it will suggest 3 world leading medical centres for provision of the SMO service and the Insured Person may choose 1 of them for evaluation of the diagnosis and recommendation of the most appropriate treatment. The selected medical centre will reply to the Insured Person with a written medical report

(These services/benefits do not form part of the VHIS certified plan.)

within 10 business days from receipt of the required documents, medical proof and information of the Insured Person by the selected medical centre.

Limitations to Liabilities

1. All service providers rendering services to the Insured Person under these terms and conditions for Second Medical Opinion are not employees, agents or servants of the Company. Accordingly, the service providers shall be responsible for their own acts, and the Insured Person shall not have any recourse or claim against the Company in connection with any services rendered by the service providers.
2. The Company assumes no liability in any manner and shall not be liable for any loss arising out of or howsoever caused by any advice given or services rendered by or any acts or omissions of any service providers.
3. The Company shall not be held responsible for any failure or delay to provide the SMO service on the part of the service provider if such failure or delay is caused by or contributed to by acts of God, or any circumstances and conditions beyond their control, including but not limited to, any administrative, political or government impediment, strike, industrial action, riot, civil commotion, or any form of political unrest (including but not limited to war, terrorism, insurrection), adverse weather conditions, flight conditions or situations where the provision of the SMO service is prohibited or delayed by local laws, regulators or regulatory agencies.
4. Any request for the use of the SMO service is made of the Insured Person's own accord. The Insured Person shall be solely responsible for all costs incurred in receiving any treatment as recommended by the service provider. A recommendation of treatment by the service provider does not imply or represent consent on the part of the Company to reimburse or be held liable for any expenses in relation to such treatment. In no event shall the Company be liable under these terms and conditions for Second Medical Opinion for any incidental, special, consequential or indirect loss, damages, costs, charges, fees or expenses arising from the provision of the SMO service.

Definitions

Terms defined below and any other terms defined in these terms and conditions for Second Medical Opinion shall only be applicable to these terms and conditions for Second Medical Opinion and shall have the same meaning wherever used within these terms and conditions for Second Medical Opinion unless the context otherwise requires.

“Second Medical Opinion” or “SMO”

shall mean the second medical opinion service offered by the Company and more particularly set out in these terms and conditions for Second Medical Opinion.

Authorised signature
Policy Issuance Date:

(These services/benefits do not form part of the VHIS certified plan.)

Terms and Conditions for Health & Wellness Benefit

Policy number:

Policy Holder:

Policy Effective Date:

Type of the Certified Plan: "Flexi Plan"

Name of the Certified Plan: Blue Cross Love Yourself VHIS Plan

Notwithstanding anything to the contrary contained in this Policy, whereas the Company has agreed to offer the Health & Wellness Benefit described in this Policy, the terms and conditions of these Terms and Conditions for Health & Wellness Benefit are incorporated in this Policy as from the above "Policy Effective Date":

The amount of expenses payable under these Terms and Conditions for Health & Wellness Benefit shall be subject to the amount stated below and the amount of expenses payable shall not exceed the actual costs incurred.

If this Policy has been in force for three (3) consecutive Policy Years from the Policy Effective Date; and if the Insured Person incurred expenses of the Wellness Activity in the Policy Year after the third Policy Year, the Company shall, upon receiving satisfactory proof, reimburse the actual expenses for such Wellness Activity once up to a maximum limit of HKD1,500.

For the avoidance of doubt, the expenses shall be reimbursed only once every three (3) consecutive Policy Years, and the expenses of the Wellness Activity must be incurred within the immediately following Policy Year. If no claim has been made for reimbursement in accordance with the Terms and Conditions for Health & Wellness Benefit, any unused benefit shall be forfeited and cannot be carried forward or cashed out.

For the purpose of these Terms and Conditions for Health & Wellness Benefit, a Wellness Activity shall mean any of the following activities:

- (a) Booking of travel arrangements (including sea, land or air transportation, accommodation, sightseeing tours and visa fees);
- (b) Purchase of travel insurance or medical insurance policies underwritten by the Company;
- (c) Purchase of fitness-related equipment, subscription of fitness-related courses and gym membership;
- (d) Enrollment into wellness course / training or workshops regarding mental health and wellbeing (including preventive mental health); or
- (e) Vaccination / health screening at the service providers as may be designated by the Company from time to time.

For item (b) above, the "insured person" covered under the said travel insurance or medical insurance policy must be the same as the Insured Person of this Policy.

The Insured Person shall submit the claim for reimbursement to the Company within ninety (90) days from the date of payment of the expense and provide a proof of such Wellness Activity (i.e. original receipt with breakdown of items / payment certificate / payment record showing the Insured Person's name) to the satisfaction of the Company.

In addition, the Company may require the Insured Person to provide any other relevant information to the satisfaction of the Company.

Authorised signature

Policy Issuance Date:

(These services/benefits do not form part of the VHIS certified plan.)

Terms and Conditions for Optional Outpatient Benefits

Policy number:

Policy Holder:

Policy Effective Date:

Type of the Certified Plan: "Flexi Plan"

Name of the Certified Plan: Blue Cross Love Yourself VHIS Plan

Notwithstanding anything to the contrary contained in this Policy, whereas the Company has agreed to provide the benefits described in this Policy, the terms and conditions of these Terms and Conditions for Optional Outpatient Benefits are incorporated in this Policy as from the above "Policy Effective Date":

The amount of expenses payable under these Terms and Conditions for Optional Outpatient Benefits shall be subject to the limits as stated in the Benefit Schedule – Optional Outpatient Benefits (Standard and Superior) and the amount of expenses payable shall not exceed the actual costs for services provided, if applicable.

The terms of these Terms and Conditions for Optional Outpatient Benefits are available only if the Policy Holder or Insured Person has opted for these benefits under the Policy.

If during the period of time while these benefits are in force, the Insured Person, as a result of a Disability, is treated in a clinic or the outpatient department of a Hospital as an outpatient or day patient, Eligible Expenses shall be payable by the Company in respect of the following:

1. **General practitioner's consultation** – charges for the consultation rendered by a Registered Medical Practitioner and charges for medicine dispensed at the clinic or Hospital where the medical consultation takes place.
2. **Chinese medicine practitioner treatment** – charges for the consultation rendered by a Chinese Medicine Practitioner for Chinese medicine treatment, including general practice, bone-setting and acupuncture and charges for medicine dispensed at the clinic or Hospital where the medical consultation takes place.
3. **Specialist's consultation** – charges for the consultation rendered by a Specialist upon the written recommendation of a Registered Medical Practitioner and charges for medicine dispensed at the clinic or Hospital where the medical consultation takes place.
4. **Diagnostic X-rays and laboratory tests** – charges for X-rays; ultrasounds; advanced imaging such as magnetic resonance imaging ("MRI" scan), computed tomography ("CT" scan), positron emission tomography ("PET" scan); electrocardiogram and laboratory tests upon the written recommendation of a Registered Medical Practitioner for diagnostic purposes.
5. **Physiotherapy services** – charges for the services rendered by a Physiotherapist.
6. **Chiropractic services** – charges for the services rendered by a Chiropractor.
7. **Psychiatric treatment (including medication)** – (i) charges for psychiatric-related consultation, psychiatric treatment or acupuncture caused by psychiatric-related condition rendered by a Registered Medical Practitioner or Chinese Medicine Practitioner and (ii) charges for medicine dispensed at the clinic or Hospital where such psychiatric-related treatment takes place.

If the expenses incurred under this benefit item (Psychiatric treatment (including medication)) are also covered under other benefit items of the Terms and Conditions for Optional Outpatient Benefit, the expenses shall be exclusively paid under this benefit item and no benefit shall be payable under other benefit items of the Terms and Conditions for Optional Outpatient Benefit. Where a Medically Necessary treatment or service (including (i) diagnostic imaging and laboratory tests recommended by a Registered Medical Practitioner and (ii) psychological consultation rendered by a Qualified Clinical Psychologist upon the referral of a Specialist in psychiatry) is solely for the purpose of psychiatric-related

(These services/benefits do not form part of the VHIS certified plan.)

consultation, the Eligible Expenses for such Medically Necessary treatment or service shall only be payable under this benefit item.

For the avoidance of doubt, psychiatric-related consultation rendered by a (i) Qualified Clinical Psychologist upon the written referral of a Specialist in psychiatry or (ii) Specialist in psychiatry upon the written referral of a Registered Medical Practitioner shall fall within this benefit item.

Definitions

Terms defined below and any other terms defined in these Terms and Conditions for Optional Outpatient Benefits shall only be applicable to these Terms and Conditions for Optional Outpatient Benefits and shall have the same meaning wherever used within these Terms and Conditions for Optional Outpatient Benefits unless the context otherwise requires.

“Chinese Medicine Practitioner”	shall mean a Chinese medicine practitioner who is a) duly registered with the Chinese Medicine Council of Hong Kong pursuant to the Chinese Medicine Ordinance (Cap. 549 of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for practising Chinese medicine in the locality where the treatment is provided to an Insured Person, but in no circumstance shall include the Insured Person, the Policy Holder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Policy Holder and/or the Insured Person(s).
“Chiropractor”	shall mean a person who is a) duly registered with the Chiropractors Council pursuant to the Chiropractors Registration Ordinance (Cap. 428 of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for practising chiropractic in the locality where the treatment is provided to an Insured Person, but in no circumstance shall include the Insured Person, the Policy Holder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Policy Holder and/or the Insured Person(s).
“Immediate Family Member”	shall mean a person’s spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law.
“Physiotherapist”	shall mean a person who is a) duly registered with the Supplementary Medical Professions Council of Hong Kong pursuant to the Supplementary Medical Professions Ordinance (Cap. 359 of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for practising physiotherapy in the locality where the treatment is provided to an Insured Person, but in no circumstance shall include the Insured Person, the Policyholder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Policy Holder and/or the Insured Person(s).

**“Qualified Clinical
Psychologist”**

shall mean a person who a) possesses the professional qualification to practise as a clinical psychologist in the locality where the treatment is provided; and b) holds a post-graduate degree in clinical psychology from a regionally accredited graduate or professional school but in no circumstance shall include the Insured Person, the Policy Holder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Policy Holder and/or Insured Person(s).

Authorised signature
Policy Issuance Date:

Terms and Conditions for Optional Dental Benefits

Policy number:

Policy Holder:

Policy Effective Date:

Type of the Certified Plan: "Flexi Plan"

Name of the Certified Plan: Blue Cross Love Yourself VHIS Plan

Notwithstanding anything to the contrary contained in this Policy, whereas the Company has agreed to provide the benefits described in this Policy, the terms and conditions of these Terms and Conditions for Optional Dental Benefits are incorporated in this Policy as from the above "Policy Effective Date":

The amount of expenses payable under these Terms and Conditions for Optional Dental Benefits shall be subject to the limits as stated in the Benefit Schedule – Optional Dental Benefits (Plan A and B) and the amount of expenses payable shall not exceed the actual costs for services provided, if applicable. The terms of these Terms and Conditions for Optional Dental Benefits are available only if the Policy Holder or Insured Person has opted for these benefits under the Policy.

If during the period of time while these benefits are in force, the Insured Person, as a result of a Dental Condition or Injury, is treated in an approved dental facility, Eligible Expenses shall be payable in respect of the following:

1. **Oral examination and scale & polish** – if an Insured Person receives an oral examination or scaling and polishing performed by a Dentist in an approved dental facility, the Company shall reimburse the Reasonable and Customary charges incurred.
2. **Dental Treatments** – if an Insured Person, as a result of a Dental Condition or an Injury, receives any of the following treatments or services performed by a Dentist in an approved dental facility, Eligible Expenses in respect of the following shall be payable by the Company:
 - (a) X-rays required prior to performance of dental service;
 - (b) Medication for dental treatments as prescribed by a Dentist;
 - (c) Abscesses;
 - (d) Fillings;
 - (e) Extractions;
 - (f) Pins for cusp restoration;
 - (g) Dentures (as a result of an Accident only);
 - (h) Crowns and bridges (as a result of an Accident only); and
 - (i) Palliation of acute dental pain.

In the first Policy Year in which these Terms and Conditions for Optional Dental Benefits are incorporated in this Policy, the benefits under section 2 (a) to (i) of these Terms and Conditions for Optional Dental Benefits shall not be payable during a waiting period of ninety (90) days from the Policy Effective Date. For the avoidance of doubt, the benefits payable under section 2 (a) to (i) of these Terms and Conditions for Optional Dental Benefits only take effect after the expiration of the said waiting period.

For the avoidance of doubt, the treatment of a Dental Condition and oral surgery (except Emergency Treatment and surgery during Confinement arising from an Accident received by an Insured Person) as well as follow up treatment of the Dental

(These services/benefits do not form part of the VHIS certified plan.)

Condition or oral surgery whether the Insured Person is an Inpatient or Day Patient shall not be payable under these Terms and Conditions for Optional Dental Benefits.

Definitions

Terms defined below and any other terms defined in these Terms and Conditions for Optional Dental Benefits shall only be applicable to these Terms and Conditions for Optional Dental Benefits and shall have the same meaning wherever used within these Terms and Conditions for Optional Dental Benefits unless the context otherwise requires.

“Dental Condition” shall mean a dental condition marked by a pathological deviation from the normal sound state.

“Dentist” shall mean a person who is a) duly registered with the Dental Council of Hong Kong pursuant to the Dentists Registration Ordinance (Cap. 156 of the Laws of Hong Kong) or in relation to jurisdictions outside of Hong Kong, a body of equivalent standing; and b) legally authorised for rendering dental treatments or services in the locality where the treatment is provided to the Insured Person, but in no circumstance shall include the Insured Person, the Policy Holder, an insurance intermediary or an employer, employee, Immediate Family Member or business partner(s) of the Policy Holder and/or the Insured Person.

“Immediate Family Member” shall mean a person’s spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law.

Authorised signature
Policy Issuance Date:

(These services/benefits do not form part of the VHIS certified plan.)

Terms and Conditions for “24-hour Worldwide Emergency Aid”

Section I: Definitions

Accident – Shall mean an unforeseen and involuntary event which causes an injury.

24-hour Worldwide Emergency Aid - shall mean the medical and emergency assistance and/or other related services as set out in Section II (*Emergency Assistance Service and Benefits*) of this terms and conditions, provided through an emergency service provider appointed by the Company.

Bodily Injury – Shall mean any unforeseen Bodily Injury caused solely and directly by violent, accidental, external and visible means, excluding Illness or disease, occurring during the period covered by the Policy.

Company – Blue Cross (Asia-Pacific) Insurance Limited

Emergency – Shall mean a serious medical situation or distress which could not be reasonably prevented and for which specific external help is required.

Insured Person – A person whose name has been included for coverage on or added by endorsement to the Policy and not removed by endorsement prior to any relevant event.

Illness – Shall mean any unforeseen illness or disease first manifested after the effective date of the Policy.

Immediate Relative – Shall mean legal spouse, children (natural or adopted), siblings, siblings-in-law, parents, parents-in-law, grandparents, grandchildren, legal guardian, stepparents or stepchildren.

Policy – Shall mean and refer to the entire Policy document between the Insured Person and the Company including Application, Proposal, Declaration or Beneficiary Designation Form submitted or made by the Insured Person, the Terms and Conditions, the Schedule of Benefits, Insurance Certificates issued hereunder and any endorsements thereto.

Place of Residence – Shall mean Hong Kong Special Administrative Region or the province of a country specially declared by the Insured Person in the application form of the Company.

Regular Passenger – Shall mean the Insured Person who is normally able to be seated in any means of transportation without stretchers for repatriation to his/her Place of Residence.

Section II: Emergency Assistance Service and Benefits

Without limiting Section III (*General Exclusions*) of this terms and conditions, if the Insured Person shall suffer serious Bodily Injury or sudden Illness outside Place of Residence while arising out of and in the course of his/her journey provided that such journey or period of expatriation is not undertaken against the advice of the physician, and/or for the purpose of obtaining or seeking any medical or surgical treatment abroad, the Insured Person or his/her personal representative may call the “24-hour Worldwide Emergency Aid” hotline for the following services on condition that the Insured Person shall not be entitled to the reimbursement of any expenses incurred or paid by him:

1. Medical Attention Telephone Medical Advice, Evaluation and Referral Appointment

When medical advice is needed, the Insured Person may call the “24-hour Worldwide Emergency Aid” hotline for medical advice and evaluation from the attending physician. However, it shall be stressed that telephone conversation cannot establish a diagnosis and shall be considered as an advice only. If medically necessary, the Insured Person shall be referred to another physician or to a medical specialist for personal assessment and the Company will assist the Insured Person in making the medical appointment, if available locally. All physician's fees and related charges shall be borne entirely and directly by the Insured Person.

2. Medical Evacuation

Should the Insured Person suffer from Bodily Injury or sudden Illness in which the Company's medical team and the attending physician recommend hospitalization in a or another medical facility where the Insured Person can be suitably treated, the Company will arrange and pay for the transfer of the Insured Person into one of the nearest hospital and if necessary on medical grounds:

- a) The transfer of the Insured Person with necessary medical supervision by any means (including but not limited to air ambulance, scheduled commercial flight and road ambulance) to a hospital more appropriately equipped for the particular Bodily Injury or Illness, or
- b) The direct repatriation, including road ambulance transfers to and from the airports, of the Insured Person with necessary medical supervision by scheduled airline to an appropriate hospital or other health care facility near his permanent residence, if his medical condition permits such repatriation. The medical team and attending physician will determine the necessary arrangements according to the circumstances.

The Company retains the absolute right to decide the place to which the Insured Person shall be evacuated and the means or method by which such evacuation will be carried out having regard to all the assessed facts and circumstances of which the Company is aware at the relevant time.

3. Repatriation After Treatment

When the medical condition of the Insured Person after local treatment will not prevent his/her medically supervised repatriation as a Regular Passenger, according to the medical opinion of both the attending physician and the Company's medical team, the Company will organize and pay for the repatriation of the Insured Person to his/her Place of Residence by scheduled airline flight (on economy class basis) or any other appropriate means of transportation (on economy class basis), including any supplementary transportation to and from the airport. Any decision on the repatriation of the Insured Person who is under constant medical supervision shall be made jointly and exclusively by both the attending physician and the Company's medical team.

4. Repatriation of Mortal Remains / Ashes

Upon the death of an Insured Person, the Company will arrange and pay for the repatriation of the Insured Person's body or ashes to the Insured Person's Place of Residence.

5. Deposit Guaranteeing of Hospital Admission

In the event of the Insured Person suffering from Bodily Injury or sudden Illness resulting in hospital confinement for Emergency treatment, the Company will guarantee or provide hospital admission deposit up to HKD 40,000, provided that such confinement is duly approved by both the attending physician and the Company's medical team and the Insured Person is without means of payment of the required hospital admission deposit.

6. Compassionate Visit

In the event of the Insured Person suffering from serious Bodily Injury or sudden Illness resulting in hospital confinement for more than 3 (three) consecutive days, or the Insured Person's death, outside his/her Place of Residence, the Company will arrange and pay for the travelling costs (one way economy fare basis) for two Immediate Relatives of the Insured Person to travel from the Insured Person's Place of Residence to be with the Insured Person, up to a maximum of HKD 40,000 per Assistance Event.

7. Return of Unattended Dependent Child(ren) to Place of Residence

If any of the Insured Person travelling dependent child(ren) under 19 years of age is left unattended by reason of the Insured Person's Bodily Injury or sudden Illness resulting in hospital confinement outside his/her Place of Residence, the Company will organize and pay up to HKD 40,000 for the cost of a scheduled airline ticket (on economy fare basis) and any hotel accommodation if required whilst waiting for the scheduled flight for such child(ren) to return to his/her home in the Insured Person's Place of Residence, including any supplementary cost of transportation to and from the airport, if the original ticket is not valid for the return, provided that the Insured Person shall surrender any unused portion of the return ticket to the Company. If necessary, the Company will also hire and pay for a qualified attendant to accompany any such dependent child(ren) for return journey.

8. Hospital Deposit Guarantee in China

If the Insured Person suffers from Bodily Injury or sudden Illness and needs to be hospitalized in China, the Insured Person may contact the Company. The Company will refer the Insured Person to the nearest hospital under the Company's China Hospital Network, and will provide guarantee for the required hospital admission deposit to the hospital.

Under all circumstances the Insured Person shall fully and directly settle the medical expenses including the hospital admission deposit guaranteed by the Company prior to or upon discharge of the Insured Person from the hospital.

9. Legal Assistance

In case the Insured Person is involved in a civil litigation following an Accident, the Company will:

- a) Provide for the defence of the Insured Person in legal proceedings against him/her for civil liability to Laws in force in the country, and
- b) Conduct proceedings in order to obtain an indemnity from an identified third party on behalf of the Insured Person following a personal injury, and/or damages to his/her personal belongings provided if the extent of such damage is estimated to be in excess of HKD 5,000.

In such cases, the counsel and/or lawyer appointed by the Company shall act in a legal capacity of the Insured Person without any recourse to, responsibility of, or indemnification by the Company by reason of its appointment of counsel and/or lawyer. The Company will pay for the counsel and/or lawyer's fee, up to a maximum limit of HKD 40,000.

The Insured Person shall not make any offer or promise of payment or admit of fault to any party without the prior approval of the Company. The Insured Person must cooperate with the Company and do nothing to prejudice his/her rights.

10. Bail Bond Assistance

In the event the Insured Person requires legal assistance due to detention, arrest or imprisonment while travelling outside his/her Place of Residence, the Company will provide the name, telephone number, and if requested and if available, opening hours of legal practitioners or lawyers firms worldwide. The Company will also advance the bail bond up to a maximum limit of HKD40,000 upon request and if appropriate. The provision of financial guarantee to the Insured Person will be subject to the Company first securing payment from the Insured Person through his/her representative or family members.

11. Other Assistance

- a) Upon request from a local attending physician, the Company will, while possible and legally permissible, dispatch any essential medicine and/or medical equipment required for the treatment of the Insured Person, if not locally available. The Insured Person shall bear the cost of the items dispatched and the relevant transportation costs, unless these items are required for Emergency according to the opinion of the Company's medical team;
- b) The Company will monitor the Insured Person's medical condition if the Insured Person is hospitalized outside his/her Place of Residence and will update the Insured Person's employer or family members on his/her medical condition.
- c) In the event of loss or misrouting of the Insured Person's luggage by a common carrier, the Company will liaise with the relevant entities such as but not limited to airline companies, customs officials, and will organize the dispatch of such luggage, if recovered, to such place as the Insured Person may direct.
- d) The Insured Person may contact the Company to obtain general travel information and services (eg. vaccinations requirements and needs, weather conditions, etc), before starting or during his/her journey. Before the departure or during the journey the Insured Person may also request the Company to send reminder(s), for whatsoever reasons, via short message system.
- e) The Company will assist the Insured Person in reorganizing his/her flight schedule should an Emergency oblige him/her to alter his original plan.
- f) In the event of the death of the Insured Person's Immediate Relative in his/her Place of Residence while the Insured Person is travelling overseas (excluding the case of immigration) necessitating an unexpected return to his/her Place of Residence, the Company will arrange and pay for the cost of a scheduled return airline ticket (on economy class basis) for the return of the Insured Person.
- g) The Company will arrange and pay for the additional travel expenses (on economy basis) incurred by the Insured Person, his/her Immediate Relative, or friend related to an incident requiring the Benefit of Medical Evacuation (up to HKD 7,800 limit of indemnity for any one Insured Person per assistance event)
- h) In case of loss or theft of essential documents or personal identification documents (eg. passport, entry visa, etc.), the Company will provide the Insured Person with the necessary information regarding the formalities to be fulfilled with the appropriate local authorities or entities, in order to obtain the replacement of such lost or stolen documents.
- i) In the event of the Insured Person suffering from Bodily Injury or sudden Illness resulting in hospital confinement, the Company will arrange and pay for the cost of an ordinary room accommodation in any reasonable hotel up to HKD 1,200 per day for a maximum of 5 (five) consecutive days, incurred by the Insured Person for the sole purpose of convalescence immediately following his/her discharge from the hospital, and if deemed medically necessary by both attending physician and the Company's medical team.

Section III: General Exclusions

The Company shall not be required to provide the "24-hour Worldwide Emergency Aid" services in any form or manner to the Insured Person or his/her representative with respect to Bodily Injury or sudden Illness of the Insured Person under the following conditions:

1. Pre-existing Illness or disabilities prior to the commencement of the insurance policy, regardless the Insured Person is aware of the illness or not;
2. Injuries due to insanity or self-infliction or conditions related to functional disorders of the mind; rest cure or sanatorium care; drug addiction or alcoholism;
3. Congenital abnormalities;
4. Pregnancy and maternity;
5. Injuries arising directly or indirectly as a result of participation in any professional or competitive sports, water sports, winter sports, racing, rallies, potholing, rock climbing or mountaineering normally involving the use of ropes or guides, parachuting, bungee jumping or martial arts;
6. Injuries sustained or illness contracted as a result of participation in illegal acts;
7. Services rendered without the authorization and/or intervention of the Company;
8. Costs which would have been payable if the event giving rise to the intervention of the Company had not occurred;
9. Any expense more specifically covered under any insurance policy;
10. Cases of minor Illness or Bodily Injury which in the opinion of the Company's physician can be adequately treated locally and which do not prevent the Insured Person from continuing his/her travel or work;
11. Expenses incurred where the Insured Person in the opinion of the Company's physician is physically able to return to his/her Place of Residence sitting as a normal passenger and without medical escort, unless deemed necessary by the Company's physician;
12. Contagious diseases requiring quarantine or isolation by law or the commercial carrier;
13. The Insured Person engages in any form of aerial flight except as a fare paying passenger on a regular scheduled airline or licensed charter aircraft over an established route;
14. Cases where the Insured Person takes part voluntarily in armed conflicts, whether civil or military, strikes, riots or rebellions;
15. The Insured Person suffering from the direct or indirect effects of nuclear reactions;

Section IV: Limitations to Liabilities

1. All service providers rendering services to the Insured Person under this term and conditions (including but not limited to the emergency assistance provider, physicians, and hospitals) (the "Service Providers") are not employees, agents or servants of the Company. Accordingly, the Service Providers shall be responsible for their own acts, and the Insured shall not have any recourse or claim against the Company in connection with any services rendered by the Service Providers.
2. The Company assumes no liability in any manner and shall not be liable for any loss arising out of or howsoever caused by any advice given or services rendered by or any acts or omissions of any Service Providers.
3. The Company and the Service Providers shall not be held responsible for any failure to provide the "24-hour Worldwide Emergency Aid" services and/or delays if caused by or contributed to by acts of God, or any circumstances and conditions beyond their control, including but not limited to, any administrative, political or government impediment, strike, industrial action, riot, civil commotion, or any form of political unrest (including but not limited to war, terrorism, insurrection), adverse weather conditions, flight conditions or situations where the rendering of such service is prohibited or delayed by local laws, regulators or regulatory agencies.
4. In no event shall the Company be liable under this terms and conditions or in the course of the provision of the "24-hour Worldwide Emergency Aid" services, for any incidental, special, consequential or indirect loss, damages, costs, charges, fees or expenses.
5. The Company may cancel this "24-hour Worldwide Emergency Aid" services by giving 30 days' prior notice to the Policyholder or Insured Person at the address last known to the Company.
6. The use of the "24-hour Worldwide Emergency Aid" services is of the Insured Person's own accord. The Company shall not be liable for any loss or liabilities arising from such use.

Section V: General Obligations of the Insured Person

1. The Insured Person shall be obliged to use reasonable efforts to mitigate the effects of an Emergency;
2. The Insured Person shall cooperate with the Company to enable the Company to obtain all documents and receipts from the relevant sources and assisting the Company at his/her expenses in complying with the necessary formalities;
3. In the event the Company makes any payment in connection with the provision of assistance to the Insured Person, the Company shall be subrogated to the rights of the Insured Person to obtain payments from any third party found legally responsible for the assistance, up to the amount of such payment made by the Company, and any other insurance or assistance plan which provides compensation to the emergency assistance events.

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