

PRUChoice CLINIC INSURANCE POLICY 保誠精選「診療寶」門診保障計劃保單

CONTRACT OF INSURANCE

The Member having applied for this Insurance expressed herein and made an Application and Declaration which shall be the basis of this Policy and is deemed to be incorporated herein and having paid the premium or agreed to pay the premium as consideration for this Insurance.

Prudential General Insurance Hong Kong Limited ("the Company") will subject to the terms conditions and exceptions contained herein or endorsed hereon provide Clinical Services to the Member during the Period of Insurance provided always that the due observance and fulfillment by the Member of all the terms conditions and exceptions contained herein or endorsed hereon shall be a condition precedent to any liability on the part of the Company under this Policy.

GENERAL EXCEPTIONS

No payment will be made under this Policy for the following items treatments conditions activities sicknesses and their related or consequential medical expenses:

- Charges in respect of cosmetic surgery or treatment for cosmetic purpose such as consultation for acne vulgaris weight problem hair loss etc. dental treatment or oro-surgical care treatment correction of vision or eye refraction error eye test (except where specifically provided and included in accordance with the Certificate of Insurance) or fitting of glasses.
- Treatment arising from congenital abnormalities and complications.
- Expenses directly or indirectly arising from Human Immunodeficiency Virus (HIV) related disability including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutation derivations or variations thereof which proceeds from HIV infection (occurring prior to the effective date of this Policy).
- Pregnancy and all matters related to pregnancy childbirth abortion or miscarriage treatment arising from infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy charges relating to birth control or sterilization of either sex.
- Routine or general check ups or routine blood tests health examinations pap smears inoculation medication or vaccination for immunization (except tetanus due to Injury) or quarantine purposes.
- Treatment directly or indirectly arising from self-inflicted injuries whether sane or insane psychico-geriatric or psychiatric condition including but not limited to psychoses neuroses depression anxiety anorexia nervosa schizophrenia behavioural disorders etc..
- Charges for the procurement of use of special braces appliances spectacles hearing aids wheelchairs crutches or other equipment.
- Illness or Injury directly or indirectly resulting from or consequent upon:-
 - Drug addiction alcoholism venereal disease sexually transmitted diseases or willful misuse of drugs or alcohol attempted suicide or participating in an illegal activity.
 - Accidents whilst engaged in sports or games in a professional capacity or on a competitive basis racing (other than on foot) motor rallies and competitions mountaineering (reasonably requiring the use of ropes or guides) gliding hang gliding sky-diving parachuting aviation (other than as a fare-paying passenger in a duly certified multi-engined passenger-carrying aircraft flown in the course of licensed operations for the transportation of passengers by air by a properly-licensed crew) and any other hazardous activities or pursuits.
 - War or any act of war declared or undeclared invasion act of foreign enemies hostilities (whether war be declared or not) civil war rebellion revolution insurrection or military or usurped power or terrorist act.
- Treatment arising from sexual dysfunction including but not limited to impotence erectile dysfunction premature ejaculation regardless of cause.
- Dental treatment except emergency consultation arising from Accident from a designated dentist of the Medical Network (follow up treatment resulting from such Accident shall not be covered).

- Advanced imaging including computerized axial tomography scan magnetic resonance imaging scan investigations involving radioactive substance X-ray using contrast media such as barium meal and intravenous pyelogram.
- Long term medication for any Illness or Injury that persists or requires treatment for more than twenty-seven (27) days including anti-inflammatory medication for rheumatic arthritis and anti-hypertensive medication for hypertension.
- Medical expenses for chronic illness such as asthma tumour (benign or malignancy) and chronic hepatitis.
- Tonics appetite stimulants vitamins hormonal supplement unless recommended by the Medical Network.
- Any treatment arising during the Policy Waiting Period.
- Charges for medication other than Basic Medication such as anti-viral drugs antituberculosis medication and expensive medications.
- Notwithstanding any provision to the contrary within this Insurance or any endorsement thereto it is agreed that the Company shall not be deemed to provide cover and the Company shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover payment of such claim or provision of such benefit would expose the Company to any sanction prohibition or restriction under United Nations resolutions or the trade or economic sanctions laws or regulations of the European Union United Kingdom or United States of America.

DEFINITIONS

- 'Accident': shall mean an unforeseen event of violent accidental external and visible nature which shall be the sole cause of bodily injury.
- 'Basic Medication': shall mean medications commonly prescribed by a Registered Medical Practitioner for symptomatic relief and treatment of common illnesses.
- 'Clinical Services': shall mean the Medically Necessary primary health care services as described by and limited to the Table of Coverage contained in this Policy and provided by the Medical Network.
- 'Co-payment': shall mean an amount the Member is required to pay to Network Provider for certain Clinical Services in accordance with the Table of Coverage.
- 'General Practitioner': shall mean Registered Medical Practitioner who is not a Specialist.
- 'Illness': shall mean any unforeseen illness sickness or disease or any illness sickness disease with its signs or symptoms first manifested during the Period of Insurance.
- 'Injury': shall mean any unforeseen bodily damage to the Member caused solely by an Accident.
- 'Medically Necessary': shall mean the necessity to have Clinical Services which is:
 - consistent with the diagnosis and customary medical treatment for the condition and
 - provided in the most cost efficient manner and type of setting required for the covered Illness and Injury and
 - the most expedient and effective treatment to meet the basic health needs of the Member.The above terms and conditions for 'Medically Necessary' are not applicable to optional coverage for eye test.
- 'Medical Network': shall mean a group of Registered Medical Practitioners Chinese Herbalists Physiotherapists and centres operated in the name of a Network Provider that has entered into an agreement with the Company to provide the Clinical Services in accordance with the Table of Coverage.
- 'Member': shall mean the insured who is covered under the Policy
- 'Network Provider': shall mean a clinical service professional or facility as specified in the Membership Card that has entered into or is governed by

a participation agreement with the Medical Network to provide the Clinical Services to the Member.

12. 'Policy': shall mean all terms conditions and exceptions contained herein or endorsed hereon including the Certificate of Insurance the Table of Coverage the Minor Operation List any Endorsements and Additions / Amendments issued by the Company.
13. 'Policy Renewal Date': shall mean the day immediately following the last day of the Policy year shown on Certificate of Insurance.
14. 'Policy Review Period': shall mean the period of fourteen (14) days immediately following the last day of the Policy Waiting Period.
15. 'Policy Waiting Period': shall mean the fourteen (14) days' period starting from the date the Company receives the Application Form together with payment of Premium. Should any new optional coverage be applied at renewal of this Policy, Policy Waiting Period of each new optional coverage will be counted afresh.
16. 'Referral Letter': shall mean a written form completed by the Registered Medical Practitioner of the Medical Network requesting Specialist's services for the Member. This form is valid for six (6) months from its issue date. The Member is required to provide this form to the Medical Network for Clinical Services from the Specialist physiotherapy centre and standard diagnostic X-ray and laboratory centre (except Gynaecology Specialists).
17. 'Registered Medical Practitioner': shall mean a medical practitioner (other than the Member himself/herself immediate family member business partner employer or employee and insurance intermediaries of the Member unless prior approval from the Company has been obtained in writing) registered or otherwise licensed as such under the laws of territory in which treatment is received to render medical and surgical services who has qualifications at least equivalent to those of a medical practitioner registered pursuant to the Medical Registration Ordinance of Hong Kong.
18. 'Specialist': shall mean a Registered Medical Practitioner (other than the Member himself/ herself immediate family member business partner employer or employee and insurance intermediaries of the Member unless prior approval from the Company has been obtained in writing) registered or otherwise licensed as such under the laws of the territory in which treatment is received who holds or has held consultant appointment or appointment of equivalent senior status in a hospital or a physiotherapist who is registered or licensed as such under the laws of the territory in which treatment is received.

CONDITIONS

Interpretation

This Policy and the Certificate of Insurance shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Certificate of Insurance shall bear such meaning wherever it may appear. This Policy shall be governed by and construed in accordance with the Laws of Hong Kong Special Administrative Region.

Registration

Member at the effective date of this Policy must be over the fourteen (14) days of birth and below the age of sixty-one (61) years. No person is allowed to enter into more than one PRUChoice Clinic Insurance.

Renewal

1. This Policy shall be valid for a period of one (1) year and may be renewed yearly up to the age of sixty-five (65) at the discretion of the Company. The Member must give ten (10) days' written notice to the Company before Policy Renewal Date to discontinue this Policy.
2. The Company may alter the Table of Coverage premium and the terms and conditions of this Policy from time to time.
3. The Member shall apply for a variation of optional coverage by giving ten (10) days' written notice to the Company before the Policy Renewal Date.
4. Premium for renewal of this Policy shall be due on the Policy Renewal Date. Payment of Premium must be made together with the renewal instruction, unless the Payment Method selected is by credit card.
5. If the Payment Method selected is by credit card the Policy will be renewed automatically on a yearly basis upon the successful premium collection for its renewal and subject to the normal underwriting requirements of the Company unless written notice of cancellation has been received by the Company before corresponding Collection Date. If the Payment Method is yearly by credit card premium for the renewal of the coming year will be collected on the Collection Date of renewal from the Member's nominated account automatically.

Termination

1. If the Company on or before the Policy Renewal Date does not receive payment of premium from the Member the Company shall terminate this Policy. Membership Card ceases to be valid immediately upon termination of this Policy and the Member undertakes to return the Membership Card to the Company within five (5) days. Should the Member use the Membership Card to obtain Clinical Services after such termination the Member shall be liable to reimburse the Company and/or the Network Provider in full for the Clinical Services so received whether or not the Membership Card shall have been subsequently returned to the Company.
2. This Policy shall automatically cease on the expiry date or on the date of death of the Member whichever is the earlier.

Premium

1. This Policy shall not commence or continue to be in force until the premium payable under this Policy is actually received in full by the Company.
2. If the Payment Method selected is by credit card premium of this Policy shall be paid from the Member's nominated account in accordance with the Collection Date as stated in the Certificate of Insurance. The Company reserves the right to change the Collection Date without prior notice.
If the Payment Method is yearly by credit card the Member may request to change the nominated account from which premium has been collected by completing and returning a new Payment Details Amendment Form to the Company before the Policy expiry date. Provided that the setup of the new nominated account is confirmed the Company will start the premium collection from the account on the Collection Date of upcoming year.
3. Premium paid is non-refundable upon termination regardless of the usage of the benefit unless termination notice is received within the Policy Review Period in accordance with the Policy Waiting Period and Policy Review Period condition.

Policy Waiting Period and Policy Review Period

This Policy is subject to a Policy Waiting Period of fourteen (14) days starting from the date the Company receives the Application Form with payment of premium. Thereafter another fourteen (14) days of Policy Review Period is available for review of the coverage of this Policy. Before the end of the Policy Review Period the Member is allowed to cancel this Policy. Premium will be fully refunded provided that the Policy the Certificate of Insurance and Membership Card are returned to and received by the Company together with a written termination notice before the end of the Policy Review Period and the Member has not received any services from the Medical Network.

Clinical Services

1. This Clinical Services are provided by the Network Providers. The Network Provider is independent from the Company and shall provide the Clinical Services to the Member in their own professional capacity and competence. The Company reserves the rights to appoint new Network Providers for the Clinical Services covered under this Policy without prior notice. All liabilities arising from the Clinical Services and their availability are fully borne by the Network Providers.
2. The Network Doctor List may be updated from time to time. The Company does not guarantee the provision of Clinical Services of a particular clinic or centre.
3. The Medical Network reserves the right for making extra charges on the medical services that is not covered under this Policy. The Member agrees to settle these extra charges with the Company and/or the Network Provider.
4. The Membership Card must be presented at the Medical Network for Clinical Services. Any expenses incurred and paid directly by the Member for Clinical Services cannot be reimbursed from the Company and the Medical Network.
5. A Referral Letter by Registered Medical Practitioner of the Medical Network is required for all Specialist's treatments (except Gynaecology) and the letter is valid for six (6) months from its issue date.
6. In case of any discrepancy or conflict of opinions relating to the signs or symptoms of an Illness or Injury and their manifestation between a Registered Medical Practitioner and the Member the Company shall adopt the professional opinion from the Registered Medical Practitioner appointed by the Company.

Assignment

The Membership Card is the property of the Company and is not transferable. The Member should be responsible for the proper use of the Membership Card.

Replacement

The Member must report to the Company in two (2) working days in writing for the loss of or damage to the Membership Card or any change in personal information on the Membership Card. A handling fee as described in Appendix A shall be charged for each replacement.

Arbitration

All differences arising out of this Policy shall be referred to the decision of an Arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single Arbitrator to the decision of two Arbitrators one to be appointed by each of the parties in writing or in case the Arbitrators do not agree of an Umpire appointed by the Arbitrators in writing before entering upon the reference and the making of the award shall be a condition precedent to any liability of the Company or any right of action against the Company in respect of any claim.

Third Party Right

A person or entity who 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 of this Policy.

Prevailing Provision

The terms and conditions of this Policy are set out in both English and Chinese. In the event that conflicts or inconsistencies arise between the English and Chinese versions the English version shall prevail.

Appendix A – Table of Coverage

	Co-payment per visit HK\$	Maximum number of visits*** per year
I. Basic Coverage		
General Practitioner Consultation with 3-day medication	30	Unlimited
Specialist Consultation with 4-day medication*	60	15 visits
Minor Operations performed in clinic** (Refers to Appendix B)	0	Unlimited but subject to HK\$2,000 per year
X-ray and Laboratory Test *	0	Unlimited but subject to HK\$2,000 per year
II. Optional Coverage (Applicable only if the Certificate of Insurance shows that this section had been selected.)		
1. Chinese Herbalist Consultation with 2-day medication (including stress management)	30	10
2. Eye Test		
(a) Glaucoma test		
(b) Cataract and fundus examination		
(c) Yellow spot macula test	0	1
(d) Vision test for distant vision and near vision		
(e) Colour blindness test		

* Referral Letter is required.

** Pre-approval by the Medical Network is required.

*** Each item in the Table of Coverage is limited to a single visit per day.

Handling fee for Membership Card replacement: HK\$100

Appendix B - Minor Operation List

Subject to the provision of a Referral Letter the following minor operation can be performed in the designated clinic of the Medical Network.

Classifications	Operations
I. GI Tract	<ul style="list-style-type: none"> Gastroscopy (except bleeding)
II. Nose	<ul style="list-style-type: none"> Antral lavage – bilateral Antral lavage – unilateral Cauterisation of nose (electrocautery) for nose bleeding Rhinoscopy with or without simple removal of foreign body
III. Ear	<ul style="list-style-type: none"> Aural toilet Otoscopy with or without simple removal of foreign body
IV. Larynx and Pharynx	<ul style="list-style-type: none"> Direct laryngoscopy or micro-laryngoscopy with or without removal of foreign body
V. Skin	<ul style="list-style-type: none"> Cauterisation of wart/carbon dioxide snow application/liquid nitrogen application if wart Excision of sebaceous cyst/simple tumour Aspiration of abscess cyst Excision of corn/wart Incision & drainage or simple removal of foreign body Simple suture of laceration Simple excision of ingrowing nail
VI. Ophthalmic	<ul style="list-style-type: none"> Removal of foreign body from conjunctiva cornea Excision of chalazion Naso-lacrimal duct probing for obstruction one or both ducts

保險合約

會員已就申請本文所述的保險，填報申請書及作出聲明，此等會構成本合約基礎，及被視為本保單的一部分，會員亦已支付或同意支付保費，作為受保的代價。

在這前提下，保誠財險有限公司（以下簡稱「本公司」）將依據本文所載或本文所附加的條款、條件及不保事項的限制，在保險期間向會員提供門診服務，惟會員須要遵守及履行本文所載或所附加的所有條款、條件及不保事項，將成為本公司承擔本保單任何責任的先決條件。

一般不保事項

本保單並不保障以下項目、治療、情況、活動、疾病及相關或連帶的醫療費用：

1. 任何以美容為目的的整容手術或治療，例如就粉刺、體重問題、脫髮等問題的診視、牙科治療或口腔外科治療、視力矯正或視力折射誤差之治療、視力檢查（根據保單證書另有特別提供及包含則除外）或所配戴眼鏡的有關費用。
2. 先天性殘疾及其併發症所引致的治療。
3. 就與人體免疫力缺乏病毒有關的傷病直接或間接產生的開支，當中包括後天免疫力缺乏症（愛滋病）及/或因人體免疫力缺乏之病毒感染（在本保單生效前已經存在的情況）而導致的任何病變、發展或變異情況。
4. 懷孕及任何與因不育引致的懷孕、分娩、墮胎或流產治療有關的所有事項，包括體外受孕或任何其他人工受孕方法，或與控制生育或女性絕育有關的費用。
5. 例行或一般身體檢查或例行驗血、健康檢查、柏氏子宮頸細胞塗片檢查、為免疫（因受傷而需注射破傷風針除外）或檢疫而接種疫苗、藥物治療或預防注射。
6. 由自己造成的身體受傷而直接或間接引致的治療，不論是否因神智正常或精神錯亂、老年精神病或心理精神疾病，包括但不限於精神病、神經官能病、抑鬱、焦慮、神經性厭食、精神分裂、行為失常等。
7. 促使使用特別支架、器械、眼鏡、助聽器、輪椅、拐杖或其他器材的費用。
8. 因下列情況直接或間接產生或引致的疾病或傷患：
 - a) 吸毒、酗酒、性病、性傳染病、蓄意濫用藥物或酒精、意圖自殺或參與非法活動。
 - b) 當以專業運動形式或競爭情況下參與運動或比賽、競賽（並非以雙腿進行）、賽車、攀山活動（合理地須輔以繩索或由嚮導帶領）、滑翔、懸掛式滑翔、高空跳傘、跳降傘、飛行活動（以持票乘客身份，乘坐在為運送乘客的已領牌的飛行並由獲註冊及由合資格領牌人員操控的多引擎客機則除外）及任何其他危險活動或追捕時所發生的意外。
 - c) 戰爭或任何不論是否已宣戰的戰爭行為、外敵入侵行動、外國敵對行動（無論是否已宣戰）、內戰、暴動、革命、叛亂、軍事或篡權行動或恐怖主義活動。
9. 不論任何原因導致而由不正常性機能引起的治療，包括但不限於陽萎、不舉及早洩。
10. 牙科治療，但由醫療網絡中指定的牙科醫生因意外引致的身體傷害而提供的緊急診視則除外（惟由於該意外引致的跟進治療不在受保範圍內）。
11. 先進類型之造影，包括電腦軸向斷層掃描、磁力共振造影掃描、涉及放射性物質的檢查、需使用例如銀餐的造影劑所進行之X光及靜脈腎盂造影。
12. 就任何疾病或傷患而持續或需要連續治療達二十七(27)天以上的長期性藥物治療，包括使用於風濕性關節炎的消炎藥物及使用於高血壓情況的抗高血壓藥物。
13. 治療慢性疾病，例如哮喘、腫瘤（良性或惡性）等，及慢性肝炎的醫療費用。
14. 補藥、刺激食慾劑、維他命、賀爾蒙補充物品，由醫療網絡醫生推薦則除外。
15. 於保單等候期內進行的治療。
16. 基本藥物以外的藥物費用，例如抗病毒藥物、抗肺癆藥物及昂貴藥物。
17. 儘管在保單或批單對任何所述的條款構成相反之部份，藉此同意倘若承保、支付任何賠償或提供任何保障將使本公司面臨任何聯合國決議下的制裁、禁止或限制，或使本公司面臨歐洲聯盟、英國或美國法律、法規、貿易或經濟制裁，本公司則不得被視作提供保障，且本公司亦無需就該項承擔及支付任何賠償或提供任何保障的責任。

定義

1. 「意外」指具有暴力、意外、外來及可見性性質的不能預見的事件，而該事件乃引致身體傷害的唯一原因。
2. 「基本藥物」指註冊醫生為緩解症狀及治療普通疾病而普遍開出的藥物。
3. 「門診服務」指本保單的保障一覽表所列出由醫療網絡提供符合醫療必須的基層醫療服務。惟僅限於本保單中保障一覽表所涵蓋範圍。
4. 「自付費用」指根據保障一覽表，會員須就有關門診服務向網絡供應商支付的款項。
5. 「普通科醫生」指並非專科醫生的註冊醫生。
6. 「疾病」指不可預見的不適或疾病或在本保險期內首度出現症狀或徵兆的不適或疾病。
7. 「傷患」指會員完全因意外而引致不能預見的身體傷害。
8. 「醫療必須」指有接受門診服務的必要，有關服務須：
 - i. 符合病情的診斷及就有關情況給予慣常的治療；及
 - ii. 以最符合成本效益及為受保疾病或傷患所需要的方式下提供；及
 - iii. 為符合會員基本健康需要的最適當及最有效的治療方法。上述「醫療必須」的條款及條件不適用於視力測試附加保障。
9. 「醫療網絡」指以網絡供應商名義運作，並與本公司簽訂協議以根據保障一覽表提供門診服務的註冊醫生、中醫、物理治療師及中心。
10. 「會員」指本保單下的受保人。
11. 「網絡供應商」指會員上列載的提供門診服務的專家或設備，而該等向保障會員提供的門診服務的專家或設備已與醫療網絡簽訂參與協議或受此協議所規管。
12. 「保單」指本文所載或其他附加的所有條款、條件及不保事項，包括保單證書、保障一覽表、小型外科手術表、任何背書及本公司發出的新增/修訂本。
13. 「續保日期」指保單證書上所示保單年度最後一日的翌日。
14. 「保單審候期」指保單等候期最後一日隨後一天起計的十四（14）日。
15. 「保單等候期」指由本公司收訖到申請表及保費當日起計的十四（14）日。倘若於本保單續保時申請新增附加保障，有關每一新增的附加保障的等候期須重新計算。
16. 「轉介信」指由醫療網絡的註冊醫生填寫，以要求專科醫生為會員提供服務的書面表格。該表格有效期自該轉介信簽發日起計為期六（6）個月。會員在接受專科醫生、物理治療中心及標準的X光診斷和化驗中心（婦科專科醫生除外）的門診服務時，須向醫療網絡提供該表格。
17. 「註冊醫生」指依照接受治療區域之法例註冊，或領有執業證明提供醫療及手術服務之醫生（除非已獲得本公司之書面批准，否則不包括會員本人、會員的家人、合伙人、僱主或僱員及保險代理人），其最低資歷相當於香港醫生註冊條例的註冊醫生。
18. 「專科醫生」指依照接受治療區域之法例正式註冊，或領有執業證明的註冊醫生（除非已獲得本公司之書面批准，否則不包括會員本人、會員的家人、合伙人、僱主或僱員及保險代理人），而該註冊醫生過去曾或現時仍在醫院擔任顧問醫生職位，或類似更高職位；或指物理治療師，而該人士依照接受治療區域之法例正式註冊，或領有執業證明。

保單條款

詮釋

本保單及保單證書須作為一份合約一併閱讀，在本保單及保單證書中任何部份所附加特別意義的字眼或詞句，於每次出現時應附帶該意義。本保單受香港特別行政區之法例管轄並據該法例解釋。

登記

在本保單生效日時，會員必須為出生十四（14）天以上及六十一（61）歲以下的人士。任何人士不得簽訂多於一份的**保誠精選「診療寶」**門診保障計劃。

續保保單

- 本保單有效期為一（1）年，並可每年續保至六十五（65）歲，惟續保與否將由本公司酌情決定。若要終止本保單，會員須在續保生效日期十（10）日前向本公司作出書面通知。
- 本公司有權不時修改保障一覽表、保費表和本保單的條款及條件。
- 若要申請更改附加保障，會員應在續保日期十（10）日前向本公司作出書面通知。
- 本保單續保費應在續保日期到期支付。保費須與繳交續保指示一併遞交，除非選擇以信用卡為付款方式。
- 如選擇以信用卡作為付款方式，在本公司標準核保的檢驗下，保單將於成功收取續保費後每年自動續保，除非本公司於有關收款日期前收到終止保單的書面通知。
如付款方式為按年以信用卡支付，來年的續保保費將按續保文件上所列明的收款日期由會員指定的賬戶中自動扣取。

終止保單

- 若本公司在續保日或之前未能收到會員的保費付款，本公司將終止本保單。會員咭將於本保單終止時立即失效，且會員承諾必須於本保單終止後五（5）天內將會員咭退還至本公司。
倘若會員在本保單終止後仍使用會員咭獲取門診服務，不論會員咭後是否退還予本公司，會員則須就所獲得的門診服務全額償付本公司及/或其網絡供應商。
- 本保單將於到期日或會員身故之日自動終止，以較早日為準。

保費

- 在本公司收訖本保單的全額保費之前，本保單將不會生效或繼續有效。
- 如選擇以信用卡作為付款方式，本保單的保費將根據保單證書所示的收款日期從會員的指定戶口中扣取。本公司保留更改收款日期之權利而毋須事先給予通知。
如付款方式為按年以信用卡付款，會員可要求更改其繳付保費的指定信用卡賬戶，方法為填妥更改付款資料申請表，並於保單屆滿日期前交回本公司。在確認已設立新的指定戶口後，本公司將於下一年度的收款日期從該戶口中收取保費。
- 根據保單等候期及審候期的條件規定，除非本公司在保單審候期間收到終止通知，否則不論保障使用情況如何，已繳付的保費一概不會因保單終止而予退還。

保單等候期及保單審候期

由本公司收訖保單申請書及保費起計，本保單設有十四（14）天的保單等候期。隨後亦設有十四（14）天的保單審候期以供會員檢閱保單保障。在保單審候期完結前，會員可以取消保單。但會員並未使用醫療網絡所提供的任何服務，並在保單審候期完結前將保單、保單證書及會員咭連同終止保單通知以書面形式交回本公司，本公司收妥後將全數退回所繳保費。

門診服務

- 本保單門診服務由網絡供應商提供。網絡供應商為獨立於本公司機構，將以其專業身份及能力為會員提供門診服務。本公司有權轉換新的網絡供應商提供本保單門診服務而不出事先通知。所有因提供此門診服務及有關服務能提供與否而引致的任何責任全部由指定網絡供應商負責。
- 網絡醫生名單將會不時更新。本公司並不保證某一特定的診所或中心能否提供門診服務與否。
- 倘有關的醫療服務門診服務並不在本保障範圍內，醫療網絡有權就該等服務收取額外費用。會員同意支付本公司及/或網絡供應商此等額外費用。
- 凡到醫療網絡任何網絡診所/中心接受門診服務時，必須出示會員咭。本公司及醫療網絡均不會付還任何由會員在接受門診服務時直接支付及引致的費用。
- 如需接受專科醫生治療（婦科除外）時，必須提供醫療網絡的註冊醫生的轉介信，而該轉介信的有效日期自其簽發日起計為期六（6）個月。
- 若註冊醫生與會員之間就疾病或傷患的症狀或病症的意見或其表現有任何異議或爭議，本公司將採納由本公司指定的註冊醫生之專業意見。

轉讓

會員咭為本公司的財產，不得轉讓予他人。會員有責任妥善使用會員咭。

補領/更換

若遺失或損毀會員咭，或需要更改會員咭上的個人資料，會員須在兩（2）個工作日內以書面形式通知本公司。每次補領或更換會員咭的手續費載於附錄A。

仲裁

所有本保單產生的一切歧，將轉予一名由爭議雙方以書面委任的仲裁員裁決。如未能就委任一位仲裁員達成協議，則由雙方各以書面委任一位仲裁員進行裁決，如雙方仲裁員未能達成一致意見，則交由仲裁員以書面所委任的一名公斷人作出裁決。由仲裁而作出的裁決，將成為本公司須負上任何責任及就索償對本公司行使權利採取行動的先決條件。

第三方權利

任何不是本保單某一方的人士或實體，不能根據《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。

佔優

本保單條款內容以中文及英文載錄。倘若中文內容及英文內容互有衝突或不一致之處，均以英文內容為準。

附錄A – 保障一覽表

	自付費用（每次）	港幣每年最高診症次數***
I. 基本保障		
普通科醫生診症及3天處方藥物	30	無限次
專科醫生診症及4天處方藥物*	60	15次
於診所內進行的小型外科手術**（參見附錄B）	0	無上限，但每年最高金額為港幣2,000元
X光及化驗測試*	0	無上限，但每年最高金額為港幣2,000元
II. 附加保障（僅在保單證書顯示已選擇本保障時適用）		
1. 中醫診症及2天處方藥物（包括工作壓力中醫治療）	30	10
2. 視力測試		
(a) 青光眼測驗		
(b) 白內障及眼底檢查		
(c) 黃斑點測驗	0	1
(d) 視力測驗（遠視及近視）		
(e) 色盲測驗		

*須提供轉介信。

**須由醫療網絡預先批核。

***保障一覽表中的各個項目每天僅限診症一次。

補領或更換會員咭，每次手續費為港幣100元

附錄B – 小型外科手術表

於提供轉介信後，以下之小型外科手術可在醫療網絡的指定診所內進行。

類別	外科手術
I. 胃腸道	<ul style="list-style-type: none">• 胃鏡檢查（出血除外）
II. 鼻	<ul style="list-style-type: none">• 鼻竇灌洗 – 兩側• 鼻竇灌洗 – 單側• 因鼻出血而進行之燒烙術（電烙術）• 鼻鏡檢查（不論是否包括簡單清除異物）
III. 耳	<ul style="list-style-type: none">• 耳道清潔• 耳鏡檢查（不論是否包括簡單清除異物）
IV. 咽喉	<ul style="list-style-type: none">• 直接喉鏡或顯微喉鏡檢查（不論是否包括清除異物）
V. 皮膚	<ul style="list-style-type: none">• 肉疣燒烙術 / 乾冰使用 / 液氮使用（就肉疣而言）• 粉瘤 / 單純瘤切除術• 膿腫吸引術• 雞眼 / 肉疣切除術• 切開及引流或簡單清除異物• 傷口簡單縫合術• 嵌甲簡單切除術
VI. 眼	<ul style="list-style-type: none">• 結膜、角膜異物清除術• 瞼板腺囊腫切除術• 治療一側或兩側鼻淚管堵塞的鼻淚管探通術

SPECIMEN