Blue Cross 藍十字
An AIA Company 友邦保險成員公司

僱員醫療保障計劃
Employee Medical Care Plan



專為中小企而設
Exclusively for SME

2026年11月生效
With effect from Nov 2026

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

藍十字（亞太）保險有限公司（「藍十字」）乃友邦保險控股有限公司之子公司，於香港經營保險業務逾50年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。藍十字通過龐大的分銷渠道銷售其產品，包括友邦香港營業團隊、網上平台、直銷渠道、銀行網絡、保險代理和經紀，以及旅行社代理。

藍十字在2025年獲標普全球評級分別授予財務實力評級A+（展望穩定）及發行人信用評級A+（展望穩定）。

Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") is a subsidiary of AIA Group Limited. With over 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel, and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross distributes its products through various channels, including AIA agency force, online platform, direct sales, bank network, insurance agents and brokers, as well as travel agencies.

In 2025, Blue Cross was assigned financial strength rating of A+ (stable outlook) and issuer credit rating of A+ (stable outlook) by S&P Global Ratings.

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

在此小冊子內，「藍十字」、「本公司」或「我們」是指藍十字（亞太）保險有限公司。

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

In this brochure, "Blue Cross", "the Company", "we", "our", or "us" refers to Blue Cross (Asia-Pacific) Insurance Limited.

僱員醫療保障計劃
Employee Medical Care Plan

醫療保障是僱員福利的重要一環。廣泛的醫療保障有助企業吸引及留住人才、維持團隊穩定性及提升生產力，協助營造正面、關懷員工的公司文化。

藍十字深明中小企的需要，精心設計**僱員醫療保障計劃**（「本計劃」），令作為僱主的您與僱員雙贏。您只需透過相宜保費，即可投保具成本效益與靈活兼備的醫療計劃，為僱員及其家屬[Ø]提供廣泛的醫療保障，使僱員可以安心拼搏，推動公司進一步發展業務。

Medical protection is a key component of employee benefits. Extensive medical protection can help attract and retain high-calibre employees, maintain manpower stability, enhance productivity and create a positive, caring company culture.

Blue Cross fully understands the needs of small and medium enterprises and thus we have tailored **Employee Medical Care Plan** (the "Plan"), a cost-effective and flexible medical plan that benefits you as the employer and your employees as well. At a modest premium, you can offer your employees and their dependants[Ø] an extensive medical coverage, allowing employees to work worry-free, thereby fostering further development of the company.

計劃特點

投保容易

- 中小企少至3名僱員，亦可投保
- 如受保僱員人數達5人或以上，毋須提交「個人健康記錄」表格
- 投保年齡範圍廣，由12日至70歲均可投保
- 每年續保，保障至76歲

廣泛而靈活的醫療保障

- 本計劃提供多方面的醫療保障：
  - 基本保障：「基本住院及手術保障」
  - 3個附加保障：「附加額外醫療保障」、「附加門診保障」及「附加牙科保障」
- 配合僱主的預算及需要：
  可按僱員職級、病房級別及賠償百分比，靈活組合住院及門診保障
- 全球保障：
  適用於所有成員（包括僱員及其家屬[Ø]）

輕鬆使用龐大、卓越的門診醫療網絡

- 可於香港及澳門約3,000個指定服務點使用電子醫療卡，涵蓋多個醫療範疇，方便快捷
- 於指定網絡診所接受治療，如選擇賠償額80%的門診保障計劃，每次診症只須自付HK$30；如選擇賠償額100%的計劃，則毋須自付費
- 「免付賬醫療服務」：
  適用於「普通科醫生診症」、「中醫治療」、「專科醫生診症」及「物理治療」
- 免書面轉介：
  適用於「專科醫生診症」

[Ø] 指僱員的配偶和子女。

Plan Highlights

Easy Enrolment

- SMEs with as few as 3 employees can enrol
- Personal Health Record Form is not required if the number of insured employees reaches 5 or above
- Broad enrolment age from 12 days to age 70
- Annual renewal with coverage until age 76

Extensive and Flexible Medical Benefits

- The Plan offers well-rounded medical protection:
  - Core benefits: Basic Hospital and Surgical Benefits
  - 3 optional benefits: Optional Supplementary Medical Benefits, Optional Outpatient Benefits, and Optional Dental Benefits
- Meeting employers' budgets and needs:
  Flexible combinations of inpatient and outpatient benefits, with options of ward class and reimbursement percentage for different grades of employees
- Worldwide coverage:
  For all members (including employees and their dependants[Ø])

Easy Access to Extensive High-quality Outpatient Medical Network

- Electronic medical card offers extra convenience at about 3,000 designated service points from different medical disciplines in Hong Kong and Macau
- Each consultation at a designated network clinic is only subject to a co-payment of HK$30 under the 80% reimbursement option, while no co-payment is required under the 100% reimbursement option
- Credit Facilities Services:
  Available for General Practitioner's Consultation, Chinese Medicine Practitioner Treatment, Specialist's Consultations, and Physiotherapy
- Referral letter not required:
  Applicable to Specialist's Consultation

[Ø] Referring to the employee's spouse and child(ren).

計劃特點

海外意外增值醫療保障
一旦於海外因意外受傷而需入院接受治療，「基本住院及手術保障」 指定保障項目的最高賠償額將增加100%。

精神科治療
本計劃賠償在香港境內住院接受精神科治療所繳付的符合索償資格的費用，每保單年度最高可獲HK$30,000賠償。

指定內地醫院外科手術現金津貼
(市場首創*)
假如受保人在位於中國內地的指定醫院[1]留院，並於該次住院期間接受外科手術而招致符合索償資格的費用，本計劃將就每次留院支付「指定內地醫院外科手術現金津貼」。

中國內地醫療網絡[2]
我們的醫療網絡已擴展至指定中國內地網絡醫院，涵蓋日間手術、住院及癌症治療。只需致電專線，即可預約診症，而指定中國內地網絡醫院亦會全程協助後續安排，包括治療準備及優先辦理入院等。上述醫院亦會提供行政支援，協助受保人申請「預先評估服務」及「免找數服務」。

預先評估服務
只需在接受手術或治療前最少7個工作天透過網上提供所需資料，我們即按保單保障範圍估算可賠償金額[3]，讓受保人在財務上更有預算，安心接受手術或治療。

免找數服務[4]
如有需要，受保人可於入住我們在香港、澳門及中國內地指定網絡醫院前向我們申請「免找數服務」。申請一經批核，我們將直接為其支付住院費用，令入院時既毋須繳付費用，出院後亦毋須申請索償。

藍十字護理支援服務[5]
本服務是一項創新服務模式，整合醫療支援服務，聯繫香港及大灣區頂尖醫療機構，提供由診斷、治療、手術以至復康的一站式支援。專屬「健康管家」會協助預約安排、行政協調及護理銜接，全程支援客戶作出更明智的醫療決策，提升治療成效及醫療體驗。

本服務現除了協助客戶管理肌肉骨骼（MSK）疾病的治療歷程之外，亦將陸續涵蓋其他病況，詳情請瀏覽藍十字網站。

* 截至2026年8月，在香港主要保險公司的團體醫療保險套裝計劃中，這項保障項目屬市場首創。

Plan Highlights

Top-up Overseas Accidental Medical Expenses Benefits
In the event of accidental injury requiring hospitalisation overseas, the maximum benefit limit of the designated benefit items under Basic Hospital and Surgical Benefits will be increased by 100%.

Psychiatric Treatments
The Plan covers the eligible expenses up to HK$30,000 per policy year charged for psychiatric treatments received during confinement in Hong Kong.

Designated Mainland Hospitals Surgical Cash Allowance
(Market-first*)
The Plan provides a Designated Mainland Hospitals Surgical Cash Allowance, payable per confinement if the insured is confined in a designated hospital in Chinese Mainland[1] and receives surgical procedure during the same confinement with eligible expenses incurred.

Chinese Mainland Healthcare Network[2]
We have extended our healthcare network to designated Chinese Mainland network hospitals, covering day-case and hospitalisation procedure, and cancer care. Simply call the dedicated hotline to make appointments, and the designated Chinese Mainland network hospitals will assist with follow-up arrangements like treatment preparation, priority check-in and more. These hospitals can also provide administrative support in the insured's application for "Pre-assessment Service" and "Cashless Service".

Pre-assessment Service
Simply provide the required information online at least 7 working days before receiving the medical procedure or treatment. We will provide an estimate of the eligible claim reimbursement amount[3] based on the policy coverage, allowing the insured to plan his/her budget in advance and undergo the medical procedure or treatment with peace of mind.

Cashless Service[4]
If necessary, the insured can apply for our "Cashless Service" before admission to our designated hospitals in Hong Kong, Macau and Chinese Mainland. If the application is approved, we will settle his/her hospital bill directly with no prepayment upon admission and no claims upon discharge.

Blue Cross Care Pathways[5]
This service is an innovative, integrated healthcare support service. By connecting leading healthcare providers across Hong Kong and the Greater Bay Area, it offers coordinated support from diagnosis and treatment to surgery and rehabilitation. A dedicated Health Concierge provides personalised assistance with appointments, administrative coordination and care navigation, helping customers make informed healthcare decisions while enhancing treatment outcomes and overall experience.

In addition to supporting customers in managing their musculoskeletal (MSK) treatment journey currently, this service will expand to cover other medical conditions over time. Please visit Blue Cross website for details.

* As of Aug 2026, this benefit feature is market-first among group medical package plans offered by major insurance companies in Hong Kong.

24小時全球緊急援助服務

我們的「24小時全球緊急援助服務」全天候運作。不論何時何地，只要受保人於外地需要醫療及緊急支援及/或服務，我們指定的服務供應商將提供熱線協助，包括但不限於醫療撤離、出院後返回原居地、入院按金保證及法律援助服務，讓受保人安枕無憂。

中國內地緊急醫療支援服務

如於中國內地遭遇突發緊急事故，需要入院接受治療，受保人只需隨時致電熱線，便可從龐大的網絡選擇醫院及醫療單位接受治療，毋須繳付入院保證金。

「Blue Cross HK」手機應用程式

下載「Blue Cross HK」手機應用程式並登入 BlueCross+，即可享用一站式數碼醫療保險服務。受保人可以快捷搜尋附近網絡醫生、憑電子醫療卡快速完成指定網絡診所的門診登記，亦可隨時隨地遞交索償、查閱索償申請狀況、索償記錄及保單資料。

24-Hour Worldwide Emergency Aid Service

Our "24-Hour Worldwide Emergency Aid Service" operates round-the-clock. Whenever and wherever the insured needs medical and emergency assistance and/or services while abroad, our designated service provider will provide a hotline for services including but not limited to medical evacuation, repatriation after treatment, hospital admission deposit guarantee and legal assistance service, providing the insured with peace of mind.

Emergency Medical Assistance in Chinese Mainland Service

In case of emergency requiring hospitalisation in Chinese Mainland, the insured can simply call our hotline and he/she will be able to access an extensive network of hospitals and medical units without paying any deposits.

"Blue Cross HK" Mobile App

Download the "Blue Cross HK" mobile app and log in to BlueCross+ to enjoy one-stop digital medical insurance services. As insured members, they can easily search for network doctors nearby, and enjoy speedy registration at designated network clinics with electronic medical card. Plus, they can submit claims, and keep track of their claim status, claim history and policy details round-the-clock.

Blue Cross HK App

升級保障

「摯安心精選」醫療保險計劃[6]

「摯安心精選」醫療保險計劃為個人醫療保險計劃，特別為受保於藍十字團體醫療保險計劃的僱員及其配偶和子女而設，不但為僱員加強現職醫療保障，即使將來轉工或退休，僱員及摯愛親人的醫療保障皆會維持不變。

計劃特點：

- 提供4大保障，包括：
  「基本住院及手術保障」[§]、「附加額外醫療保障」[§]、「附加門診保障」[‡]及「附加牙科保障」[‡]
- 承保已存在的狀況
- 每年續保，保障至100歲
- 全球醫療保障
- 24小時全球緊急援助服務

[§] 除指定情況外，毋須核保。詳情請參閱「摯安心精選」醫療保險計劃產品小冊子的「注釋」一節。
[‡] 毋須核保。

Enhanced Protection

Caring Medical Protection Plus[6]

Caring Medical Protection Plus is an individual medical insurance plan specifically designed for employees insured under Blue Cross group medical insurance policy, and their spouse and child(ren). Not only will it enhance the medical cover currently enjoyed by the employee, but also it will continue the medical protection for the employee and his/her loved ones even if he/she changes jobs or retire.

Plan Highlights:

- Offer 4 major benefits:
  Basic Hospital and Surgical Benefits[§], Optional Supplementary Medical Benefit[§], Optional Outpatient Benefits[‡], and Optional Dental Benefits[‡]
- Cover pre-existing conditions
- Annual renewal with coverage until age 100
- Worldwide medical coverage
- 24-Hour Worldwide Emergency Aid Service

[§] Underwriting not required, except under certain specified circumstances. Please refer to the Remarks section of the Caring Medical Protection Plus product brochure for details.
[‡] Underwriting not required.

保障利益表 Benefits Schedule

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

本保障支付100%符合索償資格的費用，每宗傷病最高賠償額如下：
The benefits cover 100% of eligible expenses up to the following maximum benefit limit per disability:

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit per Disability (HK$)				
計劃級別 Plan Level	HS1	HS2	HS3	HS4	HS5
可享有的病房級別 Entitled Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward	普通房 Ward	普通房 Ward
1. 病房費用 Room and Board 最長182天，每天限額 Max. 182 days, limit per day	2,500	1,650	900	660	500
2. 醫院雜項費用 Miscellaneous Hospital Charges (包括在門診進行的電腦掃瞄、磁力共振造影及正電子掃瞄) (including CT scan, MRI and PET scan performed at an outpatient setting)	30,000	20,000	13,000	10,500	5,500
3. 外科醫生費用 Surgeon's Fees					
■ 複雜手術 Complex	112,000	96,000	64,000	57,000	42,000
■ 大型手術 Major	56,000	48,000	32,000	28,500	21,000
■ 中型手術 Intermediate	28,000	24,000	16,000	14,250	10,500
■ 小型手術 Minor	11,200	9,600	6,400	5,700	4,200
4. 麻醉科醫生費用 Anaesthetist's Fees					
■ 複雜手術 Complex	33,600	28,800	19,200	17,100	12,600
■ 大型手術 Major	16,800	14,400	9,600	8,550	6,300
■ 中型手術 Intermediate	8,400	7,200	4,800	4,275	3,150
■ 小型手術 Minor	3,360	2,880	1,920	1,710	1,260
5. 手術室費用 Operating Theatre Charges					
■ 複雜手術 Complex	33,600	28,800	19,200	17,100	12,600
■ 大型手術 Major	16,800	14,400	9,600	8,550	6,300
■ 中型手術 Intermediate	8,400	7,200	4,800	4,275	3,150
■ 小型手術 Minor	3,360	2,880	1,920	1,710	1,260
6. 醫生巡房費用 Physician's Hospital Visits 最長182天，每天限額 Max. 182 days, limit per day	2,500	1,650	900	660	500
7. 專科醫生費用 Specialist's Fees 需具書面轉介 Referral letter is required	10,000	7,500	5,000	3,000	1,000
8. 深切治療費用 Charges for Intensive Care 最長30天，每天限額 Max. 30 days, limit per day	5,000	5,000	3,000	3,000	2,000
9. 註冊私家看護費用 Registered Private Nurse's Fees 最長45天，每天限額 Max. 45 days, limit per day	2,500	1,650	900	660	500
10. 海外意外增值醫療保障 (不包括中國內地、香港及澳門) Top-up Overseas Accidental Medical Expenses Benefits (exclude Chinese Mainland, Hong Kong and Macau)	以上「基本住院及手術保障」增加100% Increase by 100% of the above Basic Hospital and Surgical Benefits				

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit per Disability (HK$)				
計劃級別 Plan Level	HS1	HS2	HS3	HS4	HS5
可享有的病房級別 Entitled Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward	普通房 Ward	普通房 Ward
11. 每天住院現金津貼（僅適用於合格公立醫院普通房留院） Daily Hospital Cash Allowance (For Confinement in Ward of Eligible Public Hospital Only) 最長182天，每天限額 Max. 182 days, limit per day	1,250	825	450	330	250
12. 門診手術現金津貼[7] Outpatient Surgery Cash Allowance[7] 每宗日症手術療程 Per day case surgical procedure	2,500	1,650	900	660	500
13. 第二索償津貼[8] Second Claim Incentive[8] 最長182天，每天限額 Max. 182 days, limit per day	2,500	1,650	900	660	500
14. 指定內地醫院外科手術現金津貼 Designated Mainland Hospitals Surgical Cash Allowance 每次留院 Per confinement	800				
15. 精神科治療 Psychiatric Treatments 每保單年度限額 Limit per policy year	30,000				
16. 24小時全球緊急援助服務 24-Hour Worldwide Emergency Aid Service	不設上限 Unlimited				
17. 中國內地緊急醫療支援服務 Emergency Medical Assistance in Chinese Mainland Service	伸延保障 Extended Benefit				

保障利益表 Benefits Schedule

2. 附加額外醫療保障 Optional Supplementary Medical Benefits

必須與「基本住院及手術保障」(相同計劃級別及其相應可享有的病房級別)一併投保
Must be enrolled together with Basic Hospital and Surgical Benefits (with the same plan level and corresponding entitled level of accommodation)

本保障支付超出「基本住院及手術保障」(相應可享有的病房級別)之指定保障項目[9]最高保障額以外的符合索償資格的費用的80%,每宗傷病最高賠償額如下。藍十字將會賠償80%的符合索償資格的費用,而受保人將要承擔剩餘20%的金額。

The benefits cover 80% of eligible expenses payable in excess of the maximum benefit limit of the designated benefit items[9] under Basic Hospital and Surgical Benefits (with the corresponding entitled level of accommodation), up to the following maximum benefit limit per disability. Blue Cross will reimburse 80% of the eligible expenses incurred and the insured will have to bear the remaining 20%.

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit per Disability (HK$)				
計劃級別 Plan Level	MM1	MM2	MM3	MM4	MM5
可享有的病房級別 Entitled Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward	普通房 Ward	普通房 Ward
賠償百分比 Reimbursement Percentage	80%				
每宗傷病綜合最高賠償額 Overall Maximum Benefit Limit per Disability	150,000	100,000	70,000	60,000	50,000

如受保人實際入住之病房級別高於可享有級別,可獲賠償金額將採用下列賠償基準計算:
If the insured is confined in a room of a class higher than the insured's entitled level of accommodation, the eligible expenses will be calculated based on the scale of reimbursement below:

可享有的病房級別 Entitled Level of Accommodation	實際入住的病房級別 Actual Level of Accommodation	賠償百分比△ Reimbursement Percentage△
普通房 Ward	半私家房 Semi-private	50%
普通房 Ward	私家房 Private	25%
普通房 Ward	豪華房 Deluxe	12.5%
半私家房 Semi-private	私家房 Private	50%
半私家房 Semi-private	豪華房 Deluxe	25%
私家房 Private	豪華房 Deluxe	50%

△ 只適用於「附加額外醫療保障」。
Only applicable to Optional Supplementary Medical Benefits.

3. 附加門診保障 Optional Outpatient Benefits

必須與「基本住院及手術保障」一併投保 Must be enrolled together with Basic Hospital and Surgical Benefits

「附加門診保障」設有2個賠償計劃，分別是符合索償資格的費用的80%或100%。受保人可選擇於任何診所接受治療。受限於最高賠償額，當80%賠償百分比適用時，藍十字將會賠償80%的符合索償資格的費用，而受保人將要承擔剩餘20%的金額；而在100%賠償百分比下，藍十字將全數支付符合索償資格的費用。

受保人將獲發電子醫療卡，可於任何指定網絡診所接受「普通科醫生診症」、「中醫治療」、「專科醫生診症」或「物理治療」。如選擇賠償費用80%的計劃，每次於網絡診所診症須自付HK$30；如選擇賠償費用100%的計劃，則毋須自付費用。

The benefits offer 2 reimbursement options – 80% or 100% of eligible expenses. The insured may visit any clinic of their own choice. Subject to the maximum benefit limit, when the 80% reimbursement percentage option applies, Blue Cross will reimburse 80% of the eligible expenses incurred, and the insured will have to bear the remaining 20%; while the full amount of the eligible expenses incurred will be paid by Blue Cross under the 100% reimbursement percentage option.

The insured will be issued with an electronic medical card which entitles the insured to use it at any designated network clinic for General Practitioner's Consultation, Chinese Medicine Practitioner Treatment, Specialist's Consultation or Physiotherapy. Each consultation at a network clinic is subject to a co-payment of HK$30 under the 80% reimbursement option; while no co-payment is required for the 100% reimbursement option.

保障項目 Benefit Items	HK$								
計劃級別 Plan Level	OP1C	OP1N	OP2C	OP2N	OP3C	OP3N	OP4C	OP4N	OP5C
賠償百分比 Reimbursement Percentage	80%	100%	80%	100%	80%	100%	80%	100%	80%
1. 普通科醫生診症▲ General Practitioner's Consultation▲ 每天1次，每次限額 1 visit per day, limit per visit	330		260		200		160		140
網絡醫生自付費 Network Doctor Co-payment	30	0	30	0	30	0	30	0	30
2. 中醫治療（全科、跌打及針灸）▲ Chinese Medicine Practitioner Treatment (General practice, bone-setting and acupuncture)▲ 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	280		220		170		140		120
網絡醫生自付費 Network Doctor Co-payment	30	0	30	0	30	0	30	0	30
3. 專科醫生診症 Specialist's Consultation 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	650		520		380		300		260
網絡醫生自付費 Network Doctor Co-payment	30	0	30	0	30	0	30	0	30
4. X光診斷及化驗 Diagnostic X-rays and Laboratory Tests 需具書面轉介 Referral letter is required 每保單年度限額 Limit per policy year	2,200		1,700		1,200		1,000		700
5. 物理治療及脊椎治療服務 Physiotherapy and Chiropractic Services 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	330		260		200		160		140
網絡醫生自付費，適用於物理治療 Network Doctor Co-payment for Physiotherapy	30	0	30	0	30	0	30	0	30
6. 處方藥物 Prescribed Medicines and Drugs 於醫院或診所以外註冊藥房購買，且需具處方信件 Procured from outside pharmacy, and prescription letter is required 每保單年度限額 Limit per policy year	2,500		2,000		1,500		1,000		500
7. 接種疫苗或常規健康檢查▲ Vaccination or Routine Checkup▲ 每保單年度1次，每次限額 1 visit per policy year, limit per visit	330		260		200		160		140

▲ 「普通科醫生診症」、「中醫治療」及「接種疫苗或常規健康檢查」每保單年度合共最多30次。
Max. 30 visits per policy year for General Practitioner's Consultation, Chinese Medicine Practitioner Treatment, and Vaccination or Routine Checkup.

保障利益表 Benefits Schedule

4. 附加牙科保障 Optional Dental Benefits

必須與「附加門診保障」一併投保 Must be enrolled together with Optional Outpatient Benefits

「附加牙科保障」設有2個賠償計劃，分別是符合索償資格的費用的80%或100%。受限於最高賠償額，當80%賠償百分比適用時，藍十字將會賠償80%的符合索償資格的費用，而受保人將要承擔剩餘20%的金額；而在100%賠償百分比下，藍十字將全數支付符合索償資格的費用。

The benefits offer 2 reimbursement options – 80% or 100% of eligible expenses. Subject to the maximum benefit limit, when the 80% reimbursement percentage option applies, Blue Cross will reimburse 80% of the eligible expenses incurred, and the insured will have to bear the remaining 20%; while the full amount of the eligible expenses incurred will be paid by Blue Cross under the 100% reimbursement percentage option.

保障項目 Benefit Items	HK$					
計劃級別 Plan Level	D1C	D1N	D2C	D2N	D3C	D3N
賠償百分比 Reimbursement Percentage	80%	100%	80%	100%	80%	100%
1. 口腔檢查及洗牙 Oral Examination and Scale & Polish	每保單年度 2 次 2 visits per policy year				每保單年度 1 次 1 visit per policy year	
2. 牙科治療 Dental Treatments	涵蓋由以下引致的符合索償資格的費用： Cover eligible expenses incurred by: a. 牙齒服務前所需的X光檢查 X-rays examination required prior to performance of dental services b. 牙齒治療所需之藥物（須由牙醫處方） Neccessary medication for dental treatments as prescribed by a dentist c. 膿瘡 Abscesses d. 補牙 Fillings e. 脱牙 Extractions f. 修復齒尖的牙冠釘 Pins for cusp restoration g. 假牙（必須因意外引致） Dentures (as a result of an accident only) h. 齒冠與齒橋（必須因意外引致），及 Crowns and bridges (as a result of an accident only), and i. 減輕急性牙痛 Palliation of acute dental pain					
每保單年度綜合最高賠償額 Overall Maximum Benefit Limit per Policy Year	3,000	3,000	2,000	2,000	1,000	1,000

保費表 Premium Table (HK$)

每年保費△△ Annual Premium△△

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

僱員／家屬Ø年齡## Employee/ DependantØ Age##		HS1 私家房 Private	HS2 半私家房 Semi-private	HS3 普通房 Ward	HS4 普通房 Ward	HS5 普通房 Ward
僱員／配偶 Employee/ Spouse	65歲或以下 Age 65 or below	7,766	4,421	2,511	1,845	1,108
	66歲至70歲 Age 66 to 70	15,531	8,842	5,023	3,689	2,217
	71歲至75歲^ Age 71 to 75^	23,297	13,262	7,534	5,534	3,325
子女** Child**	12日至25歲 12 days to age 25	6,212	3,537	2,010	1,475	888

2. 附加額外醫療保障 Optional Supplementary Medical Benefits

僱員／家屬Ø年齡## Employee/ DependantØ Age##		MM1 私家房 Private	MM2 半私家房 Semi-private	MM3 普通房 Ward	MM4 普通房 Ward	MM5 普通房 Ward
僱員／配偶 Employee/ Spouse	65歲或以下 Age 65 or below	2,720	1,627	970	726	542
	66歲至70歲 Age 66 to 70	5,440	3,254	1,939	1,452	1,084
	71歲至75歲^ Age 71 to 75^	8,160	4,881	2,909	2,178	1,626
子女** Child**	12日至25歲 12 days to age 25	2,177	1,301	776	580	433

3. 附加門診保障 Optional Outpatient Benefits

僱員／家屬Ø年齡## Employee/ DependantØ Age##		OP1C	OP1N	OP2C	OP2N	OP3C	OP3N	OP4C	OP4N	OP5C
		賠償百分比 Reimbursement Percentage								
		80%	100%	80%	100%	80%	100%	80%	100%	80%
僱員／配偶 Employee/ Spouse	65歲或以下 Age 65 or below	4,191	5,449	2,970	3,862	2,303	2,996	1,853	2,409	1,788
	66歲至70歲 Age 66 to 70	8,383	10,898	5,941	7,723	4,606	5,991	3,706	4,818	3,576
	71歲至75歲^ Age 71 to 75^	12,574	16,346	8,911	11,585	6,909	8,987	5,559	7,227	5,364
子女** Child**	12日至25歲 12 days to age 25	6,287	8,171	4,457	5,794	3,456	4,493	2,780	3,612	2,682

4. 附加牙科保障 Optional Dental Benefits

僱員／家屬Ø年齡## Employee/ DependantØ Age##		D1C	D1N	D2C	D2N	D3C	D3N
		賠償百分比 Reimbursement Percentage					
		80%	100%	80%	100%	80%	100%
僱員／配偶 Employee/ Spouse	70歲或以下 Age 70 or below	1,291	1,643	960	1,213	529	684
	71歲至75歲^ Age 71 to 75^						
子女** Child**	12日至25歲 12 days to age 25						

△△ 100%全數保費須由保單持有人支付。100% of the full premium should be paid by the policyholder.

Ø 指僱員的配偶和子女。Referring to the employee's spouse and child(ren).

年齡以最近生日日期計算。如受保人下一個生日是在投保日期起計6個月之內，保費率將以下一個生日年齡計算，否則以受保人目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。Age refers to the nearest birthday. If the insured's next birthday falls within the coming 6 months from the enrolment date, the premium rate will be charged according to the insured's next age attained. Otherwise, it will be charged based on the insured's current age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.

** 申請公司需根據保單條款及細則中「兒童」的釋義，核實其參加資格。The applicant needs to verify the eligibility for enrolment in accordance with the definition of "Child" as stated in the Policy Terms and Conditions.

^ 只適用於續保。Applicable to renewal only.

- 藍十字保留在續保時調整保費率和保費，例如因索賠歷史記錄，以及更改條款及細則的權利。Blue Cross reserves the right to adjust the premium rate and the subsequent renewal premium upon policy renewal due to, for example, claim history, and revise the terms and conditions of the policy.
- 保險業監管局將按照法例透過保險公司向保單持有人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料，請瀏覽藍十字網頁 http://bluecross.com.hk/document/general/levy_collection。 The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.

計劃摘要 Plan Summary

產品名稱 Product Name	僱員醫療保障計劃 Employee Medical Care Plan
產品性質 Product Nature	醫療保障保險計劃（實報實銷） Medical protection insurance plan (Reimbursement)
受保人資格 Eligibility of the Insured	僱員及其家屬Ø Employees and their dependantsØ
受保期 Period of Insurance	1年 1 Year
投保年齡 Enrolment Age	12日至70歲 12 days to age 70
保單續保 Policy Renewal	每年續保，保障至76歲 Annual renewal with coverage until age 76
保單貨幣 Policy Currency	港元 HK$
主要保障 Core Benefits	基本住院及手術保障 Basic Hospital and Surgical Benefits
基本住院及手術保障的計劃級別 Plan Level for Basic Hospital and Surgical Benefits	■ HS1 – 私家房 Private / ■ HS2 – 半私家房 Semi-private / ■ HS3 – 普通房 Ward / ■ HS4 – 普通房 Ward / ■ HS5 – 普通房 Ward
附加保障 Optional Benefits	■ 附加額外醫療保障 ■ 附加門診保障 ■ 附加牙科保障 ■ Optional Supplementary Medical Benefits ■ Optional Outpatient Benefits ■ Optional Dental Benefits
保障地域範圍 Territorial Scope of Cover	全球^^ Worldwide^^
繳費模式 Payment Mode	年繳 Annual

Ø 指僱員的配偶和子女。
Referring to the employee's spouse and child(ren).

^^ 以下保障項目除外：
(i) 「海外意外增值醫療保障」（不包括中國內地、香港及澳門）；
(ii)「每天住院現金津貼」（僅適用於合格公立醫院普通房留院）及「精神科治療」只在香港提供；及
(iii)「指定內地醫院外科手術現金津貼」。

Except for the following benefit items:
(i) Top-up Overseas Accidental Medical Expenses Benefits (exclude Chinese Mainland, Hong Kong and Macau);
(ii) Daily Hospital Cash Allowance (For Confinement in Ward of Eligible Public Hospital Only) and Psychiatric Treatments, which are provided in Hong Kong only; and
(iii) Designated Mainland Hospitals Surgical Cash Allowance.

申請清單 Application Checklist

投保書 Application Form	✓
計劃參加表格 Enrolment Form	✓
商業登記證 Business Registration Certificate	✓
最少參與僱員人數 Minimum Number of Employees	3
個人健康記錄表格（如適用） Personal Health Record Form (if applicable)	如受保僱員人數達5人或以上，毋須提交表格 Submission of the form is not required if the number of insured employees is 5 or above
申請門診「免付賬醫療服務」 Application for Outpatient Credit Facilities Services	填妥投保書，並於申請「免付賬醫療服務」一欄選擇「是」 Complete the Application Form and tick "Yes" on application for Credit Facilities Services

注釋 Remarks

1. 有關指定中國內地醫院名單，請登入藍十字的客戶平台或「Blue Cross HK」手機應用程式 BlueCross+ 查閱。

   For the list of designated Chinese Mainland hospitals, please log in to BlueCross+ via Blue Cross' customer portal or "Blue Cross HK" mobile app.

2. 有關中國內地醫療網絡詳情及指定中國內地網絡醫院名單，請登入藍十字的客戶平台或「Blue Cross HK」手機應用程式 BlueCross+ 查閱。

   For details of Chinese Mainland Healthcare Network and the list of designated Chinese Mainland network hospitals, please log in to BlueCross+ via Blue Cross' customer portal or "Blue Cross HK" mobile app.

3. 可賠償金額之估算只供參考之用，實際賠償金額以藍十字最終理賠決定為準。所有保障項目只會在符合保單條款及細則及所有不保事項的情況下支付。

   Assessment of the estimated eligible claim reimbursement amounts is for reference only. The actual eligible claim amount will be subject to the final claim decision of Blue Cross. All benefits will be payable subject to the terms and conditions of the policy and the full list of policy exclusions.

4. 「免找數服務」為藍十字提供的「免付賬醫療服務」的其中一項服務。詳情請參閱相關之條款及細則。受保人如入住指定香港及澳門網絡醫院，需於入院前最少 7 個工作天填妥及向藍十字交回「預先評估表格」以進行申請及審批。受保人如入住指定中國內地網絡醫院，指定中國內地網絡醫院會提供行政支援，協助受保人申請「免找數服務」。藍十字有權拒絕發出「住院付款保證書」或加設住院掛賬限額。藍十字可隨時發出書面通知以終止或暫停任何「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。藍十字承保的責任只限於符合本計劃規定的符合索償資格的費用，任何超出保單承保範圍的醫療費用須由保單持有人/受保人承擔。藍十字並會向保單持有人/受保人收取一切已代受保人繳付但不屬保單承保範圍的醫療費用（如有）。有關我們在香港、澳門及中國內地指定網絡醫院的名單，請透過藍十字網站或「Blue Cross HK」手機應用程式登入BlueCross+ 查閱。

   "Cashless Service" is one of the Credit Facilities Services provided by Blue Cross. Please refer to the relevant terms and conditions for details. For admission to designated Hong Kong and Macau network hospitals, the insured is required to complete and submit to Blue Cross the Pre-assessment Form for application and approval at least 7 working days prior to admission. For admission to designated Chinese Mainland network hospitals, the designated Chinese Mainland network hospitals can provide administrative support to the insured in applying for the "Cashless Service". Blue Cross reserves the right to not issue the Letter of Guarantee (LOG) or issue the LOG with a particular limit. Blue Cross may withdraw or suspend any Credit Facilities Services anytime by giving a written notice. All matters and disputes in relation to the Credit Facilities Services will be subject to the final decision of Blue Cross. The liability of Blue Cross under the policy is limited to indemnify the insured for the eligible medical expenses payable in accordance with the plan. Any medical expenses that fall outside policy coverage shall be borne by the policyholder/the insured. Blue Cross shall also recover from the policyholder/the insured the medical expenses settled on behalf of the insured which fall outside policy coverage (if any). For the list of our designated Hong Kong, Macau and Chinese Mainland network hospitals, please log in to BlueCross+ via Blue Cross website or "Blue Cross HK" mobile app.

5. 「藍十字護理支援服務」為增值服務，並不構成本計劃的合約條款及保障內容，亦不屬保證提供。藍十字保留隨時修改、暫停或終止（全部或部分）本服務，及/或更改服務提供者、服務範圍或條款的權利而毋須事先通知。

   「健康管家」僅提供行政協調及一般資訊。「健康管家」及相關協調服務可不時由藍十字及/或其委任的第三方服務提供者提供。醫療及健康護理服務（包括診斷、治療及臨床決定）的提供者均為獨立第三方醫療服務提供者，藍十字概不就任何第三方醫療服務提供者或第三方服務提供者在提供任何第三方服務（包括但不限於診斷、治療及醫療與健康護理服務）時的任何行為、不作為或疏忽承擔任何責任或法律責任。

   「藍十字護理支援服務」（包括任何「健康管家」及相關協調服務）並不構成任何醫療建議、診斷、治療或推薦。

   請瀏覽藍十字網站以了解詳情。

   Blue Cross Care Pathways is a value-added service and does not form part of the contractual terms and benefits of the plan and is non-guaranteed. Blue Cross reserves the right to amend, suspend or terminate (in whole or in part) the service, and/or change service providers, scope or terms at any time without prior notice.

   The Health Concierge provides administrative coordination and general information only. The Health Concierge and its related coordination support may be provided by Blue Cross and/or by appointed third-party service providers from time to time. Medical and healthcare services (including diagnosis, treatment and clinical decisions) are provided solely by independent third-party healthcare providers, and Blue Cross shall not be responsible or liable for any act, omission or negligence of any third-party healthcare providers or third-party service providers in connection with any third-party services (including but not limited to any diagnosis, treatment and medical and healthcare services).

   Blue Cross Care Pathways (including any Health Concierge support and related coordination support) does not constitute medical advice, diagnosis, treatment or recommendation.

   For details, please visit Blue Cross website.

注釋 Remarks

6. 有關「摯安心精選」醫療保險計劃之詳情，請參閱相關產品小冊子及保單。

   For details of Caring Medical Protection Plus, please refer to the respective product brochure and policy.

7. 只適用於以下指定日症手術療程：食道胃十二指腸內窺鏡檢查、結腸鏡檢查、膀胱鏡檢查、關節鏡檢查、陰道鏡檢查、支氣管鏡檢查、視網膜脱落的修補手術及宮腔鏡檢查。

   Only applicable to the following day case surgical procedures: oesophagogastroduodenoscopy, colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, repair of retinal detachment and hysteroscopy.

8. 如受保人同時受保於另一間保險公司，並選擇先向該保險公司索償醫療保障（不論受保人是受保於個人或團體保單），藍十字將支付此保障。

   Blue Cross will pay this benefit when the insured is covered by another insurance company which is the first payer of the medical benefits regardless of whether the insured is covered by an individual or group policy.

9. 指定保障項目包括「病房費用」、「醫院雜項費用」、「外科醫生費用」、「麻醉科醫生費用」、「手術室費用」、「醫生巡房費用」、「專科醫生費用」、「深切治療費用」、「註冊私家看護費用」及「海外意外增值醫療保障」。

   The designated benefit items shall mean Room and Board, Miscellaneous Hospital Charges, Surgeon's Fees, Anaesthetist's Fees, Operating Theatre Charges, Physician's Hospital Visits, Specialist's Fees, Charges for Intensive Care, Registered Private Nurse's Fees, and Top-up Overseas Accidental Medical Expenses Benefits.

重要資料 Important Information

1. *此小冊子並不包含保單的完整條款，並非及不構成保險契約的一部分，是為提供本產品主要特點概覽而設。本計劃的精確條款及條件列載於保單契約。有關此計劃條款的定義、契約條款及條件之完整敘述，請參閱保單契約。*此小冊子應與可能包括本產品附加資料及重要考慮因素有關的市場推廣資料（如有）一併閱覽。此外，請詳閱相關的產品資料，並在需要時諮詢獨立的專業意見。

   This brochure does not contain the full terms and conditions of the policy. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover. This brochure should be read along with other relevant marketing materials (if any), which may include additional information and important considerations about this product. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.

2. 此小冊子僅在香港派發。派發此小冊子並不構成亦不應被詮釋為在香港境外出售、游說顧客購買或提供任何保險產品。

   This brochure is for distribution in Hong Kong only. The distribution of this brochure is not and shall not be construed as an offer to sell or a solicitation to buy or a provision of any insurance product outside Hong Kong.

3. 「僱員醫療保障計劃」由香港獲授權之保險商 — 藍十字（亞太）保險有限公司承保。

   Employee Medical Care Plan is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.

4. 藍十字（亞太）保險有限公司乃友邦保險控股有限公司之子公司，與 Blue Cross and Blue Shield Association 及其任何關聯公司或持牌人並無任何關聯。

   Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of AIA Group Limited. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.

主要產品風險
Key Product Risks

1. 您須為此計劃繳付保費。若您於保費到期日後30日內仍未繳交保費，保單將會於保費到期日當天失效，同時受保人也會失去保障。

   You need to pay the premium for the plan. If you do not pay the premium within 30 days of the premium due date, the policy will lapse from the premium due date and the insured will lose the cover.

2. 除非獲我們續保，否則保單的保障將於受保期到期時終結。

   Unless the policy is renewed by us, the benefits under the policy shall be terminated at the expiry of the period of insurance.

3. 此計劃由我們承保，因此您受我們的信貸風險所影響。若我們無法按保單下的承諾履行我們的財務責任，受保人可能損失其保障，而您亦可能損失保單年度餘下已繳的保費。

   We underwrite the plan and you are subject to our credit risk. If we are unable to meet our financial obligations under the policy, the insureds may lose the cover and you may also lose the remaining premium paid for that policy year.

4. 通脹會導致未來醫療費用增加。因此，本計劃的賠償金額以及未來保費都有可能受調整，以反映通脹。

   Future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium of the plan may be adjusted to reflect the inflation.

主要不保事項
Major Exclusions

1. 根據任何法例、醫療計劃或其他保單，可向任何政府、公司、其他保險公司或任何第三者追討的任何損失、支出或費用。

   Where any loss, costs or expenses is recoverable under any law, medical program, or other insurance policy provided by any government, company, other insurers or any other third party.

2. 並非屬醫療必要的治療或測試，或並非經註冊醫生處方購買的藥物。

   Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a Registered Medical Practitioner.

3. 純粹因接受一般身體檢查、復康、休養、療養或專職醫療服務，包括但不限於物理治療、職業治療及言語治療，而住院。

   Confinement solely for the purpose of general checkup, rehabilitation, rest cures, sanitaria care or allied health service, including but not limited to physiotherapy, occupational therapy and speech therapy.

4. 任何先天性疾患（疝氣、斜視或包皮開口狹窄除外）或成長障礙狀況或相類似疾病的相關治療。

   Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.

5. 已存在的狀況，即指受保人已知悉或按合理情況下應知悉已出現病徵或症狀的傷病，或在適用於受保人生效日期前90天內曾接受醫療或手術護理或治療的傷病，該定義在受保人已受保於保單不少於365天後釋除。

   Pre-existing Conditions, which shall mean any disability which presented signs or symptoms of which the insured was aware or should reasonably have been aware or for which the insured received medical or surgical care or treatment within 90 days immediately preceding the Insured Effective Date, unless the insured has been covered under the policy for not less than 365 days.

6. 直接或間接因後天免疫力缺乏症病毒（「HIV 病毒」）及其有關的傷病而引致的費用，包括愛滋病及/或因愛滋病而引發的任何突變、衍生或變異，純因為受保人於受保人生效日期前感染 HIV 病毒所引致。就本不保事項而言，所有於受保人生效日期後 5 年內出現與 HIV 病毒有關的傷病，將推定為受保人於受保人生效日期前已感染 HIV 病毒所引致。

   Expenses directly or indirectly arising from Human Immunodeficiency Virus ("HIV") and its related Disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof, consequential upon an HIV infection occurring before the Insured Effective Date. For the purposes of this exclusion, any HIV related Disability emerging within 5 years after the Insured Effective Date will be conclusively presumed to proceed from an HIV infection occurring prior to the Insured Effective Date.

7. 直接或間接由於或因為以下事項所引致的治療或傷病：濫用藥物或酒精、自我毀傷或企圖自殺、不法活動、飲用超過規定水平的酒精或服用超過規定水平的藥物後駕駛或操控機器，或經由性接觸傳染的疾病或其後遺症。

   Treatment or Disability directly or indirectly arising from or consequent upon: the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving or maneuvering machines whilst exceeding the prescribed alcohol and drug limit, or venereal and sexually transmitted disease or its sequelae.

8. 以美容或整形為目的之任何服務費用；除非於保障利益條款C部分第7項（接種疫苗或常規健康檢查）中另有規定，與以下相關的費用，但不限於聽力測試、例行及/或篩查血液測試、一般身體檢查、預防性治療、接種疫苗或防疫注射、頭髮重金屬元素分析、服食燕窩、靈芝、人蔘及其他中醫專用補藥、健康補充品（除非獲本公司批准）、非處方藥物；為矯正視力或屈光不正而引致之費用，包括但不限於眼部屈光治療、視力測試、驗配眼鏡或鏡片，以及任何相關手術程序及服務。

   Any charges in respect of services for beautification or cosmetic purposes; except as otherwise provided in Section C.7 (Vaccination or Routine Checkup) of the Benefits Provisions, expenses in relation to but not limited to hearing tests, routine and/or screening blood tests, general check-ups, vaccinations or inoculations, prophylaxis treatment, Hair Mineral Analysis (HMA), bird's nest, lingzhi, ginseng and other specialised Chinese tonic medicine, health supplements (unless approved by the Company), over-the-counter drugs; charges for correcting visual acuity or refractive errors including but not limited to eye refractive therapy, visual tests, fitting of spectacles or lens and any related operational procedures and services.

9. 除非於保障利益條款D部分（附加牙科保障）中另有規定，牙科治療及口腔外科手術（因意外而需在住院期間接受的緊急治療及手術除外）；為跟進該牙科治療及口腔外科手術而於出院後或於門診牙科設施進行的覆診治療或口腔外科手術。

   Except as otherwise provided in Section D (Optional Dental Benefits) of the Benefits Provisions, dental treatment and oral surgery (except emergency treatment and surgery arising from an Accident received by the insured during Confinement); follow up dental treatment or oral surgery after inpatient stay or at outpatient dental facility.

10. 與產科及其併發症有關的檢查、治療、外科程序及諮詢服務，包括驗孕或其後的分娩、墮胎或流產；節育或恢復生育；兩性結紮或變性；不育治療，包括體外受孕或以任何其他人工方法導致懷孕；及性機能失調，包括但不限於任何原因導致的陽萎、不舉、早泄。

    Investigation, treatment, surgical procedure and counselling service relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; and sexual dysfunction including but not limited to impotence, erectile dysfunction, pre-mature ejaculation regardless of cause.

11. 直接或間接由任何精神或心理狀況，以及其生理及心理表現而引致的門診治療。

    Outpatient Treatment directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.

12. 未獲本公司於參照進行治療當地之普遍標準後認可的試驗性及/或新醫療技術或程序。
    Experimental, unproven and/or new medical technology or procedure not yet approved by the Company with reference to the common standard in the locality where the treatment is received.

上述所提及之不保事項只供參考。有關全部及詳細之不保事項，請參閱保單條款及細則。

The above-mentioned exclusions are for reference only. Please refer to the terms and conditions of the policy for the complete list and details of the exclusions.

保費調整及產品內容改動
Premium Adjustment and Product Features Revision

1. 保費調整
Premium Adjustment

為了持續向您提供保障，我們會每年覆核您計劃下的保費。如有需要，我們會於保單年度終結時就續保保費作出相應調整。我們在覆核時會考慮的因素包括但不限於：

- 此計劃下所有保單的理賠成本及來年的預期理賠支出（反映醫療趨勢、醫療成本通脹和產品內容改動所帶來的影響）
- 與保單直接有關的支出及分配至此產品的間接開支
- 受保人年齡的調整、特定風險級別或風險級別的轉變

In order to provide you with continuous protection, we will annually review the premium of your plan and if necessary, the renewal premium will be adjusted at the end of the policy year. We will consider factors including but not limited to the following during the review process:

- claim costs incurred from all policies under the plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions
- expenses directly related to the policy and indirect expenses allocated to this product
- age-related adjustment of the insured, a particular risk class or change of risk class

2. 產品內容改動
Product Features Revision

我們保留不時修訂保單的保障利益架構的權利，以配合醫療科技的進步，持續為您提供保障。

We reserve the right to revise the benefit structure under the policy, so as to keep pace with the times for medical advancement and to provide you with continuous protection.

產品限制
Product Limitation

1. 我們只會根據「醫療必要」和「合理慣例」的原則，為受保人所需支付的費用及/或開支作出賠償。

「醫療必要」指需要就傷病或牙科狀況接受治療或服務，而所進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視為「醫療必要」的治療或服務必須符合以下各項：
(a) 需要中醫師、脊醫、牙醫、醫生、物理治療師或專科醫生（按情況而定）的專業知識；
(b) 與診斷一致，並對傷病治療而言屬必需；
(c) 根據專業而審慎的醫療標準提供，而並非主要為使受保人、其家庭成員、護理人員或主診醫務人員帶來方便或感到舒適而提供；及
(d) 在該情況下以最具成本效益的方式和設備提供。

「合理慣例」指就治療、服務或物料收費而言，不超過在當地由具相若水平的相關服務或物料供應者，為針對類似疾病或損傷（包括同一性別和年齡）的人士提供的相類似的治療、服務或物料所收取的收費水平，並由藍十字合理及絕對真誠地決定。「合理慣例」的收費在任何情況下均不應高於所招致的實際收費。藍十字會參照以下資料（如適用）以釐定「合理慣例」的醫療費用：
(a) 由香港政府發佈之憲報；
(b) 由保險或醫學業界進行的治療或服務費用統計及調查；
(c) 藍十字內部或業界的索償數據；
(d) 保障程度或水平；及/或
(e) 於提供治療、服務或物料當地之其他相關參考資料。

We only cover the charges and/or expenses of the insured on medically necessary and reasonable and customary basis.

"Medically Necessary" shall mean the need to have treatment or service for the purpose of treating a disability or dental condition in accordance with the generally accepted standards of medical practice and such treatment or service must:
(a) require the expertise of a Chinese Medicine Practitioner, Chiropractor, Dentist, Registered Medical Practitioner, Physiotherapist or Specialist, as the case may be;
(b) be consistent with the diagnosis and necessary for the treatment of the condition;
(c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of the insured, his family members, caretaker or attending practitioner; and
(d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.

"Reasonable and Customary" shall mean a charge for medical treatments, services or supplies which does not exceed the general level of charges being charged by the relevant service providers of similar standing in the locality where the charge is incurred for similar treatments, services or supplies to individuals with similar conditions, including the same sex and age, for a similar disease or injury, as reasonably determined by Blue Cross in utmost good faith. The "Reasonable and Customary" charges shall not in any event exceed the actual charges incurred. In determining whether an expense is "Reasonable and Customary", Blue Cross may make reference to the following (if applicable):
(a) the gazette issued by the Hong Kong Government;
(b) treatment or service fee statistics and surveys in the insurance or medical industry;
(c) Blue Cross' internal or industry claim statistics;
(d) extent or level of benefit coverage; and/or
(e) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

2. 若本計劃受保的住院、手術及/或醫療服務亦同時受保於其他團體醫療保單時（如有），本計劃的利益將於所有該等其他保單索償後方獲支付。

If any confinement, surgery and/or medical treatment covered by the plan is also covered by other group medical policy (if any), benefits under the plan will be paid only after all such group medical policies have been claimed.

3. 若受保人可因其他保險公司提供的團體醫療保障、及/或藍十字團體醫療保險計劃保單獲賠償全部或部分之費用，該費用應先從該等團體醫療保障、及/或藍十字團體醫療保險計劃保單獲得賠償。

In the event that an insured is entitled to recover all or part of the expenses from the group medical insurance plans provided by other insurance companies, and/or Blue Cross group medical insurance policy, such expenses shall firstly be reimbursed under such group medical insurance plans, and/or Blue Cross group medical insurance policy.

重要資料 Important Information

4. 醫療網絡服務由網絡醫生、網絡醫院及網絡醫療單位提供。對於網絡醫生、網絡醫院及網絡醫療單位在提供醫療網絡服務中的任何行為或疏忽，藍十字概不負責。藍十字保留修改、暫停或終止網絡醫生、網絡醫院及網絡醫療單位名單的權利，恕不另行通知。受保人接受任何醫療服務前，請先向醫生尋求獨立意見以確保身體狀況適合接受有關醫療服務。

   Medical network services are provided by network doctors, network hospitals and network medical units. Blue Cross shall not be responsible for any act or omission of network doctors, network hospitals and network medical units in the provision of medical network services. Blue Cross reserves the right to amend, suspend or terminate the list of network doctors, network hospitals and network medical units without further notice. Insureds are advised to seek independent advice from doctors before receiving any medical treatment to ensure such treatment is suitable to their health condition.

5. 「預先評估服務」為額外增值服務，並不構成本計劃的一部分。可賠償金額之估算只供參考之用，實際賠償金額以藍十字最終理賠決定為準。所有保障項目只會在符合保單條款及細則及所有不保事項的情況下支付。藍十字保留修改、暫停或終止服務的權利，恕不另行通知。

   "Pre-assessment Service" is an additional value-added service and does not form part of the plan. Assessment of the estimated eligible claim reimbursement amounts is for reference only. The actual eligible claim amount will be subject to the final claim decision of Blue Cross. All benefits will be payable subject to the terms and conditions of the policy and the full list of policy exclusions. Blue Cross reserves the right to amend, suspend or terminate the service without further notice.

6. 「免找數服務」為額外增值服務，屬於藍十字提供的「免付賬醫療服務」之一。藍十字可隨時發出書面通知以終止或暫停任何「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。

   "Cashless Service" is an additional value-added service. It is one of the Credit Facilities Services provided by Blue Cross. Blue Cross may withdraw or suspend any Credit Facilities Services anytime by giving a written notice. All matters and disputes in relation to Credit Facilities Services will be subject to the final decision of Blue Cross.

7. 「藍十字護理支援服務」為增值服務，並不構成本計劃的合約條款及保障內容，亦不屬保證提供。藍十字保留隨時修改、暫停或終止（全部或部分）本服務，及/或更改服務提供者、服務範圍或條款的權利而毋須事先通知。

   Blue Cross Care Pathways is a value-added service and does not form part of the contractual terms and benefits of the plan and is non-guaranteed. Blue Cross reserves the right to amend, suspend or terminate (in whole or in part) the service, and/or change service providers, scope or terms at any time without prior notice.

8. 「24小時全球緊急援助服務」下的所有服務只在原居地以外的旅程中提供。服務由第三方公司提供。藍十字概不負責或承擔他們的醫療建議、意見、服務或治療的任何行為、疏忽或遺漏的責任。藍十字保留修改、暫停或終止服務的權利，恕不另行通知。「24小時全球緊急援助服務」為額外增值服務，並不構成本計劃的一部分。

   All services under "24-Hour Worldwide Emergency Aid Service" are covered during a journey outside of the place of residence only. The services are provided by third party service provider(s). Blue Cross shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. Blue Cross reserves the right to amend, suspend or terminate the service without further notice. Services under "24-Hour Worldwide Emergency Aid Service" are additional value-added services and do not form part of the plan.

9. 如您欲在保單生效後更改保障或保障範圍，有關申請須經藍十字批准。

   就「基本住院及手術保障」及「附加額外醫療保障」而言，若受保人於提升保障前已患上任何一種傷病，受保人就該傷病可獲得的保障應以受保人開始患上該傷病時所生效之保障級別為準。在保障獲提升365天後，如受保人需就保障提升前已患上的傷病接受治療，受保人可享有提升後之保障。然而，若受保人於保障提升生效當天仍然住院（「當前之住院」），保障提升將不適用於當前之住院，並只會在受保人出院後才正式生效。

   If you would like to change the benefits or coverage after policy inception, such a request shall be subject to Blue Cross' approval.

   In respect of Basic Hospital and Surgical Benefits and Optional Supplementary Medical Benefits, if an insured is afflicted with a disability prior to the benefit upgrade, the insured shall only be entitled to the benefit level in force at the time when the disability commences. However, if the benefit upgrade has been in force for 365 days when the insured receives medical treatment for a disability that precedes the benefit upgrade, the insured shall be entitled to the benefit level after the benefit upgrade. Nevertheless, if the insured is confined in a hospital at the time when the benefit upgrade first takes effect (the "Current Confinement"), the benefit upgrade will have no application to the Current Confinement and will only take effect after the insured is discharged from the Current Confinement.

索償過程
Claim Process

如受保人需要申請任何索償，必須於接受門診或出院後90天內提交指定表格，或如適用，經藍十字網站或「Blue Cross HK」手機應用程式內之電子索償平台提交，並一併交回所有所需文件的正本。

If an insured wishes to make a claim, he/she must send us the prescribed form, or submit the claim via e-claim platform at Blue Cross website or "Blue Cross HK" Mobile App, together with all necessary original documents, within 90 days after clinic visit or discharge from confinement.

取消保單權利
Cancellation Right

保單持有人可以向藍十字發出不少於30天的書面通知以取消保單。如於首個受保期內符合以下條件：a) 無任何索償；b) 無尚未繳付之每年保費；及c) 已向藍十字退還所有醫療卡（如有）及優惠券（如有），保單持有人可獲無息退還部分已繳保費。獲退還之保費金額將按照下表計算：

保單生效期 （由首個受保期之生效日期起計）		獲退還之保費	
不多於	2 個月	每年保費之	75%
	4 個月		55%
	6 個月		35%
	8 個月		15%
8 個月以上		無	

在首個受保期的第8個月後，保單持有人將不獲退還任何保費。

儘管有任何其他規定，藍十字將在應退還之保費內扣除保單下尚未償還之任何欠款。

若保單持有人於首個受保期完結並續保後取消保單，將不獲退還任何保費。

藍十字可因任何受保人未能遵從保單的任何要求而取消其保障。在該情況下，保單持有人可獲按比例退還該受保人剩餘保單期間的保費。然而，就保單之其他受保人而言，保單於餘下之保單期間仍然繼續生效。

The policyholder may cancel the policy by giving not less than 30 days' prior written notice to Blue Cross. The policyholder may be entitled to a refund of part of the premium paid without interest during the first period of insurance if the following conditions are fulfilled: a) no claims have been made; b) there is no outstanding annual premium under the policy; and c) all healthcare cards (if any) and coupons (if any) are returned to Blue Cross. The premium will be refunded in accordance with the table below:

Period Covered from the Effective Date of the First Period of Insurance		Premium to be Refunded	
Not exceeding	2 months	75%	of the annual premium
	4 months	55%	
	6 months	35%	
	8 months	15%	
Over 8 months		Nil	

No premium will be refunded to the policyholder after the end of the 8th month of the first period of insurance.

Notwithstanding anything to the contrary, any indebtedness which may be owing under the policy shall be deducted from the premium to be refunded.

If cancellation shall take place after the policy has been renewed upon the expiry of the first period of insurance, no premium will be refunded to the policyholder.

Blue Cross may cease to provide cover to any insured if any requirement under the policy has not been complied with and in such event, Blue Cross may refund the premium to the policyholder on a pro-rata basis for the unexpired policy period of that insured. However, the policy shall remain effective for the remainder of the policy period in respect of other insured(s).

Blue Cross 藍十字
An AIA Company 友邦保險成員公司

Blue Cross HK App

www.bluecross.com.hk

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

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