ZURICH

HealthAngel Medical Insurance Plan

Please read this policy carefully upon receipt and promptly request for any necessary amendments.

This policy together with the enclosed *schedule* and any endorsements and attachments subsequently issued should be read as if they are one document and form the contract between *you* and *us*, and no variations shall be admitted except those acknowledged in writing by *us*. The enrollment form and declaration which *you* completed and provided to *us*, either verbal (if recorded by *us* or by *our* appointed authorized agent) or written are the basis of this contract.

We agree, in consideration of your payment of the premium and in reliance upon the statements, warranties or declarations and subject to the terms and conditions of this policy and the attached *schedule*, we will insure the *insured person(s)* under those sections shown in the *schedule* during any *period of insurance* to pay the benefits defined to the *insured person(s)* who sustain(s) *injury* or *sickness* or incurs charges within the scope of coverage provided hereinafter.

We will insure the *insured person(s)* under those sections shown in the *schedule* during any *period of insurance* for which *we* have accepted *your* premium, provided that all of the terms and conditions of this policy are complied with.

This policy is an annual medical insurance policy which will be renewed subject to subsequent premium payments and our acceptance. *You* are required to settle the annual premium for the concurrent *policy year*.

This policy is a legal document and should be kept in a safe place

PART 1 - DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help *you* identify these words in this policy, *we* have printed them in italics throughout. Words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

Accident / Accidental
A sudden and unforeseen event that happens unexpectedly and causes *injury* to the *insured person* during the *period of insurance.*

Age / Aged
Age at last birthday**.**

Anaesthetist
legally registered under the Specialist Register of Anaesthesiology of the Medical Council of *Hong Kong* or the equivalent. In the event of *emergency treatment* or surgical operation received outside *Hong Kong*, it shall mean a *medical practitioner* who can legally practise anaesthesiology and to render medical and surgical services in accordance with the equivalent specialty law in the geographical area of his/her practice.

Annual Limit
The maximum aggregate amount of benefits payable for an *insured person* under this policy in any one *policy year* shown in the *schedule.*

Asia
Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland China, *Hong Kong*, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.

Civil War
An internecine *war* or a *war* carried on between or among opposing citizens of the same country or nation.

Computer Virus
A set of corrupting, harmful or otherwise unauthorized instructions or code including a set of maliciously introduced unauthorized instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. Computer virus includes but is not limited to "Trojan Horses", "worms" and "time or logic bombs".

Congenital Abnormalities
Medical abnormalities existing at the time of birth or neo-natal physical abnormalities diagnosed before the *insured person* attains the *age* of twelve (12).

Cyber Act
Any unauthorized, malicious or criminal acts, regardless of time and place, involving access to, processing, use or operation of any computer system, computer software programme, malicious code, *computer virus* or process or any other electronic system.

Day Patient
A patient who is admitted to a day patient unit of a *hospital* or as an *outpatient* for the purpose of undergoing a surgical procedure, but does not require an overnight stay.

Deductible
The deductible amount as stated in the *schedule* which is the portion of expenses for which the *insured person* is liable for each and every claim made under Section 1 to Section 5 of Part 3 –Benefits of the policy. *We* shall reimburse the hospitalization and surgical benefits of a covered *injury* or *sickness* after deducting the deductible as specified in the *schedule*, if applicable. The deductible is on a per *policy year* basis, and *our* liability to reimburse the remaining balance of the medical expense of a covered *injury* or *sickness* if such medical expenses exceed the specified deductible. In case the *insured person* has made a claim reimbursement from other policy(ies) for a covered *injury* or *sickness*, the deductible will be reduced by the paid amount of the other policy(ies) and *we* are liable to reimburse the unpaid balance of such eligible covered charge of the same *injury* or *sickness* after the applied deductible.

Disability / Disabilities
A *injury* or *sickness*.
All *injuries* sustained in any one (1) *accident* shall be considered one (1) disability. All *sickness* exist simultaneously which are due to the same or related causes including any and all complications therefrom shall be considered as one (1) disability as well.
If a disability is due to causes which are the same or related to the causesof a prior disability including complications arising therefrom, the disability shall be considered a continuation of the prior disability and not a separate disability except that after ninety (90) days following the latest discharge from *hospital* or prior curative treatment/surgical operation or the last consultation or the latest date receiving medical *treatment* or prescribed drugs or special diet for the condition and no further *treatment* for the said disability is required, any subsequent disability from the same cause shall be considered a separate disability.

Emergency
A sudden, serious and unforeseen *injury* or *sickness* that requires immediate medical *treatment*, which without *treatment* commencing within forty-eight (48) hours of the emergency event could result in death or permanent impairment of an *insured person's* health.

Geographical Area
Either one of the followings:
(a) *Asia*; or
(b) Worldwide excluding *North America*
which shown in the *schedule* under "Plan"

Hong Kong
The Hong Kong Special Administrative Region of the People's Republic of China.

Hospital
An institution which:

(i) is licensed in accordance with the applicable laws of the jurisdiction in which it is located,
(ii) is primarily engaged in providing, for compensation from its patients, diagnostic, medical and surgical facilities for the care and *treatment* of injured or sick person,
(iii) has staff of one (1) or more *medical practitioner* available at all times,
(iv) has 24 hour-a-day nursing service by registered graduate nurses under the permanent supervision of the *medical practitioner* in charge;
(v) maintains well-equipped *inpatient* facilities, and
(vi) maintains a daily medical record for each of its patients.

Hospital does not include any institution which is primarily a clinic, a nature care clinic, a health hydro, a rest or convalescent facility, a place for custodial care, a facility for the elderly or alcoholics or drug addicts or

for *treatment* of mental disorders, or a nursing home, or similar establishment.

Hospital Confinement / Confinement / Confine

The *insured person* is admitted to a *hospital* as an *inpatient* as a result of *injury* or *sickness* with *medically necessity* upon the recommendation of a registered *medical practitioner* with *medically necessity* upon the recommendation of a registered *medical practitioner* and continuously stays in the *hospital* prior to his/her discharge from the *hospital*. *Hospital* confinement will be evidenced by a daily room and board charge issued by the *hospital*.

Immediate Family Member

Your or the *insured person's* spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild, or legal guardian.

Injury/Injuries

Bodily injury sustained in an *accident* directly and independently of all other causes and it must be caused by violent external and visible means.

Inpatient

A patient in a *hospital* who occupies a bed and will be evidenced by a daily room and board charge issued by a *hospital*.

Insured Person

The person shown in the *schedule as* "Insured Name" who is the insured person of this policy.

Intensive Care Unit

A part of a *hospital* which is designated as an intensive care unit by the *hospital* providing one-to-one nursing care, in which patients undergo specialized resuscitation, monitoring and *treatment* procedures. The part or unit must be staffed twenty-four (24) hours a day with highly trained nurses, technicians and *medical practitioners*, and be equipped with resuscitative equipment and monitoring devices that allow continuous assessment of vital body functions such as heart rate, blood pressure and blood chemistry.

Medically Necessary / Medical necessity

The necessity to have a *treatment* or medical service of the *injury* or *sickness* involved which are widely accepted by *medical practitioners* as effective, appropriate and essential based upon recognized standards of the health care specialty involved and which are:

(i) consistent with the diagnosis and is the customary medical *treatment* for the condition; and
(ii) in accordance with standards of good and prudent medical practice; and
(iii) not furnished primarily for the convenience of *medical practitioner* or any other medical service providers; and
(iv) furnished at the most appropriate level sufficient to safely and adequately treat the *insured person's disability* and are performed in the least costly setting required for *treatment* of a covered *disability*; and
(v) is not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy without medical *treatment*, medication or surgery.

Note: (i)–(iv) apply to all circumstances, whereas (v) applies to *day patient* case or *hospital confinement* only.

For the avoidance of doubt, experimental, screening and preventive services or supplies are not considered as "Medically Necessary/Medical necessity".

Medical Practitioner / Physician

A person other than the *insured person* or *immediate famil member*, qualified by degree in western medicine who is licensed, registered and legally authorized in the geographical area of his/her practice to render medical and surgical services.

North America

United States of America and Canada.

Outpatient

An *insured person* who receives medical services and medicines in connection with *treatment* for a covered *injury* or *sickness* given in the clinic or office of a registered *medical practitioner* or a *specialist*, outpatient department or emergency treatment room of a *hospital*.

Overall Lifetime Limit

The maximum aggregate amount of benefits payable for an *insured person* under all "HealthAngel Medical Insurance Plan" policies during his/her lifetime, whether or not still in force, terminated or expired. Such overall lifetime limit as stated in the *schedule*.

Period of Insurance

The period of time as stated in the *schedule* during which this policy is effective and *we* have accepted *your* premium.

Physiotherapist

A qualified physiotherapist other than the *insured person* or *immediate family member*, legally registered or licensed and legally authorized in the geographical area of his/her practice and is deemed to be a *specialist* only for services provided as a result of a referral from a registered *medical practitioner*.

Policy Anniversary

The anniversary of the *policy effective date* as stated in the *schedule*.

Policy Effective Date

The effective date of the policy as stated in the *schedule*, or the latest date of renewal, whichever is the later, provided that the premium has been paid.

Policy Inception Date

It shall mean:

(i) the first effective date of this policy as stated in the *schedule* upon application of this policy, and for the avoidance of doubt does not include any date of renewal; or
(ii) policy reinstatement date,

whichever is the later.

Policy Year

Each continuous twelve (12) month *period of insurance* under this policy, the first of which starts on the first effective date of this policy and thereafter on the same date in each consecutive year.

Pre-existing Condition

Any *injury*, *sickness* or condition and/or directly related conditions for which the *insured person* showed symptoms or has received medical consultation, diagnosis, *treatment* or advice by a *medical practitioner* or took prescribed drugs or medicine for a period of time during which the *insured person* was aware of or could reasonably be expected to be aware of prior to the *policy effective date* or the date of reinstatement or *upgrade effective date*, whichever is later, unless such conditions have been fully disclosed on the application form and accepted by *us* in writing and the policy document does not expressly exclude *treatment* relating to such pre-existing condition.

Public Hospital

A public hospital in *Hong Kong* as defined by the Hospital Authority of *Hong Kong*, which also meets the definition of *hospital.*

Qualified Nurse

A qualified nurse means registered nurse or graduate nurse, other than *you*, the *insured person*, or *immediate family member*, legally authorized to render nursing services by the government of the geographical area of his/her practice.

Reasonable and Customary Charges

In relation to a fee, a charge or an expense, means any fee or expense which:

(i) is charged for *treatment*, supplies or medical services that are *medically necessary* and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a registered *medical practitioner;*
(ii) does not exceed the usual level of charges for similar *treatment*, supplies or medical services in the locality where the expense is incurred; and
(iii) does not include charges that would not have been made if no insurance existed.

We reserve the right to determine whether any particular *hospital*/medical charge is a reasonable and customary charge with reference including but not limited to any relevant publication or information made available, such as *schedule* of fees, by the government, relevant authorities and recognized medical association in the locality. *We* also reserve the right to adjust any or all benefits payable in relation to any *hospital*/medical charges which is not a reasonable and customary charge based on the above mentioned reference.

Reasonable and Customary Hospital Confinement

A *confinement*, the admission and length of which, andmedical services and *treatment* received during which, are in accordance with generally accepted professional standards of medical practice, and do not exceed the usual standard for the *treatment* of similar *injury* or *sickness* at the location where such *confinement* is made.

Relevant Documents

Relevant documents include *schedule*, enrollment form, declaration, riders, endorsements, attachments and amendments (regardless verbally or in written format).

Schedule

The schedule attached to and incorporated to this policy of insurance.

Sickness/Disease

A physical condition marked by a pathological deviation from the normal healthy state during the *period of insurance.*

Specialist

A *medical practitioner* other than the *insured person*, or *immediate family member*, who can legally practise specialist care and to render medical and

surgical services in accordance with the applicable specialty law in the geographical area of his/her practice.

Standard Semi-private Room
A basic single or standard double occupancy room with shared bathroom/shower room, in a *hospital*.

Specified Three Highs Conditions
Means the first diagnosis of one or more of the following (a) to (c):

(a) **diabetes mellitus**
whereas the diagnosis must be based on any one of the following:
- (i) HbA1C equals or greater than 6.5%. The test should be performed in a laboratory using a method that is National Glycohemoglobin Standardization Program certified and standardized to the Diabetes Control and Complications Trial assay, or
- (ii) Fasting Plasma Glucose equals or greater than 126 mg/dL (7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 hours, or
- (iii) Two-hour Plasma Glucose equals or greater than 200 mg/dL (11.1 mmol/L) during a standard Oral Glucose Tolerance Test. The Oral Glucose Tolerance test should be performed as described by the World Health Organization (WHO), using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water, or
- (iv) In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose equals or greater than 200 mg/dL (11.1 mmol/L).

(b) **essential hypertension**
whereas the diagnosis must be based on the following:
Unequivocal diagnosis by a registered and qualified medical practitioner, supported by systolic blood pressure reading of equal to or greater than 140mmHg and diastolic blood pressure reading of equals to or greater than 90 mmgHg, in more than one occasion, necessitating long term medical intervention/treatment.

(c) **Dyslipidaemia**
whereas the diagnosis must be based on any one of the following:
Unequivocal diagnosis by a registered and qualified medical practitioner, based on accepted prevailing standards and guidelines supported by abnormal fasting lipid profile with high LDL-C necessitating long term medical intervention/treatment.

Terrorism
An act of terrorism includes any act, preparation or threat of action including the intention to influence any government de jure or de facto of any nation or any political division thereof and/or to intimidate the public or any section of the public of any nation, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s) de jure or de facto committed for political, religious, ideological, or similar purposes, and which
- (i) involves violence against one (1) or more persons;
- (ii) involves damage to property;
- (iii) endangers life other than that of the person committing the action;
- (iv) creates a risk to the health or safety of the public or a section of the public; or
- (v) is designed to interfere with or disrupt an electronic system

Traditional Chinese Medicine Practitioner / Bonesetter Acupuncturist
A Chinese medicine practitioner registered as a herbalist or an acupuncturist with the Chinese Medicine Council of *Hong Kong* according to the Chinese Medicine Ordinance, Chapter 549 of the Laws of *Hong Kong* and is legally qualified to practise Chinese medicine in *Hong Kong* other than *you*, the *insured person*, or *immediate family member.*

Treatment
Surgical or medical procedures undertaken by the registered *medical practitioner*, the sole purpose of which is the cure or relief of *injury, sickness* or *disease*.

Upgrade
An increase in the level of benefit and/or plan level.

Upgrade Effective Date
00:00 *Hong Kong* Time on the date *we* agree to provide an *upgrade* of *your* policy and such date is shown on *your* policy *schedule* or endorsement issued by *us*, recording that *upgrade*.

Usual Country of Residence
The country in which the *insured person* works or lives for the majority of the year. For *insured persons* who travel for a majority of the year, it means the country in which the *insured person* maintains his/her primary residence or in which the *insured person's* last fixed residence was located, provided that he/she will not consecutively stay in a country other than the usual country of residence over one hundred and twenty (120) days.

Waiting Period
For any *sickness*, *disease* or condition (other than *Specific Three Highs Conditions* and/ or *Listed Designated Complications)*, thirty (30) days from the effective date of this policy, or the *upgrade effective date*, or the effective date of any endorsement or extension of cover which is subsequently added (applicable to the extension only), or last reinstatement date, whichever is later. During such period, no benefit for both *inpatient* and *outpatient* will be payable for any *sickness*, *disease* or condition sustained by the *insured person* with the signs or symptoms first manifested or occurred within such waiting period. For any *Specific Three Highs Conditions* and/or *Listed Designated Complications*, ninety (90) days from the effective date of this policy, or the *upgrade effective date*, or the effective date of any endorsement or extension of cover which is subsequently added (applicable to the extension only), or last reinstatement date, whichever is later. During such period, no benefit for both *inpatient* and *outpatient* will be payable for any *Specific Three Highs Conditions* and/or *Listed Designated Complications* sustained by the *insured person* with the signs or symptoms first manifested or occurred within such waiting period. For the avoidance of doubt, waiting period is not applicable to a claim arising out of *accidental injury*.

War
A contest by force between two (2) or more nations, carried on for any purpose; or armed conflict of sovereign powers; or declared or undeclared and open hostilities; or the state of nations among whom there is (i) an interruption of peaceful relations and (ii) a general contention by force, both authorized by the sovereign.

We / Us / Our
Zurich Insurance Company Ltd.

You / Your/ Yours
The Insured shown in the *schedule* who is the owner of this policy.

Definitions of "Listed Designated Complications"

Listed Designated Complications	Definitions
Stroke	A cerebrovascular incident resulting in irreversible death of brain cells due to infarction of brain tissue, haemorrhage or embolisation from an extra-cranial source. This diagnosis must be supported by all of the following conditions: (i) Evidence of permanent neurological damage confirmed by a *specialist* in neurology at least ninety (90) days after the event; and (ii) Findings on Magnetic Resonance Imaging (MRI), Computerised Tomography (CT), or other reliable imaging techniques consistent with the *diagnosis* of a new stroke. The following are excluded: (i) Transient Ischaemic Attacks; (ii) Brain damage due to an *accident* or *injury*, infection, vasculitis, and inflammatory disease; (iii) Vascular disease affecting the eye including infarction of the optic nerve or retina; (iv) Ischaemic disorders of the vestibular system; (v) Asymptomatic silent stroke found on imaging; or (vi) Lacunar infarction.
Minimally invasive surgery for Coronary Artery Diseases including Angioplasty	The actual undergoing of balloon angioplasty, atherectomy or laser treatment to correct narrowings (defined as being greater than 50% stenosis in two (2) or more major coronary arteries; or being greater than 75% stenosis in one (1) major coronary artery). The *treatment* must be considered *medically necessary* by a *specialist* either to relieve exercise limiting symptomatology which is not responding adequately to medical

Listed Designated Complications	Definitions
	therapy or in order to achieve a prognostic benefit. In order to qualify for a benefit under this illness, there must be: (i) History of symptoms which are sufficiently severe to indicate that the *insured person*'s future level of exercise tolerance would be restricted, depite medications, to a minimal level without percutaneous intervention; and (ii) Medical evidence including all of the following: a) Report from attending *specialist*; and b) Evidence of significant and relevant ECG changes (ST segment depression of two (2) millimeters or more); and c) Angiographic evidence to confirm the location and agree of stenosis in major coronary artery.
Coronary artery bypass surgery (CABG)	The actual undergoing of sternotomy and surgery to correct the narrowing or blockage of one (1) or more coronary arteries with bypass grafts. Angiographic evidence of significant coronary artery obstruction must be provided and the procedure must be considered *medically necessary* by a *specialist* in cardiology. Angioplasty and all other intra arterial, catheter based techniques or laser procedures are excluded from this definition.
Acute Myocardial Infarction	A definite first occurrence diagnosis of the death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction: (i) Typical clinical symptoms of myocardial infarction (for example, characteristic chest pain); (ii) New characteristic electrocardiographic changes indicating myocardial infarction; and (iii) The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher: a) Troponin T greater than 1.0 ng/ml b) AccuTnI greater than 0.5 ng/ml or equivalent threshold with other Troponin I methods. The evidence must show a definite acute myocardial infarction. Other acute coronary syndromes including but not limited to angina are excluded. The diagnosis must be confirmed by a *specialist* in cardiology.
Kidney Transplant	A definite diagnosis of the irreversible failure of kidneys. The *insured person* as a recipient must actually undergo a transplant of kidney. The transplant must be *medically necessary* and based on objective confirmation of organ failure made by a *specialist*. Other than the above, the transplantation of any other organs, part of an organ, tissues or cells, stem cell transplants and islet cell transplants are excluded.
Chronic and Irreversible Renal Failure	A definite diagnosis of chronic and irreversible failure of both kidneys to function, as a result of which regular haemodialysis, peritoneal dialysis or renal transplantation is indicated. The diagnosis must be confirmed by a *specialist* and supported by relevant medical tests report.
Amputation of limbs	The actual undergoing of amputation of either upper or lower limbs, due to vascular complication of *diabetes mellitus*, *essential hypertension* or *dyslipidaemia*. Amputation caused by trauma and *accident* is specifically excluded. It must be *medically necessary* and based on objective confirmation and prescribed by a *specialist*.

PART 2 - TABLE OF BENEFITS

Plans and sections contained hereunder are only applicable if they are shown as being operative in the *schedule*.

Benefit Table:

	Maximum Limit per *insured person* (HKD)	
***Overall Lifetime Limit* (Except specified otherwise, applicable for Section 1-5 & Section 7)**	**30,000,000**	
***Annual Limit* (per *policy year*) (Except specified otherwise, applicable for Section 1-5 & Section 7)**	**8,000,000**	
Coverages	**Maximum Limit per *insured person* (HKD)**	
Restricted Accommodation Room Type	***Standard Semi-private Room***	
Geographical Area	**Worldwide excluding *North America/Asia***	
Plan	**Supreme Plan**	**Basic Plan**
Section 1 – *Hospital Confinement* Cover		
1.1 Room & Board Benefit	Full cover	Full cover
1.2 *Intensive Care Unit* Charges	Full cover	Full cover
1.3 *Medical Practitioner's* Visit	Full cover	Full cover
1.4 In-hospital *Specialist* Consultation Fees	Full cover	Full cover
1.5 Hospital Special Services Charges	Full cover	Full cover
1.6 In-hospital Private Nurse		
Maximum no. of days (per *policy year)*	30 days	30 days
Maximum limit per day	Full cover	Full cover
1.7 Accompanying Bed Benefit (for *insured person aged* below 18)	Full cover	Full cover
1.8 Hospital Cash Benefit (for ward *confinement* in *public hospital*)	As specified	As specified
Maximum no. of days (per *policy year)*	30 days	30 days
Maximum limit per day	1,600	1,600
Section 2 - Surgical Cover		
2.1 Surgical Charges	Full cover	Full cover
2.2 *Anaesthetist's* Fee	Full cover	Full cover
2.3 Operating Theatre Charges	Full cover	Full cover
2.4 *Day Patient* Surgery	Full cover	Full cover
2.5 Medical Appliances Benefit		
a) Specific medical aids	Full cover	Full cover
b) Other medical aids Maximum limit (per *policy year)*	80,000	80,000

Coverages	**Maximum Limit per *insured person* (HKD)**	
Plan	**30,000,000**	**Basic Plan**
Section 3 – Pre-Hospitalization and Post *Confinement* Cover		
3.1 Pre-Hospitalization *Outpatient* Consultation Maximum no. of visit (within 30 days prior to hospitalization)	1 consultation visit	1 consultation visit
3.2 Post *Confinement Outpatient* & Therapy Expenses (within 60 days after discharge from *confinement*)	As specified	As specified
Maximum limit (per *policy year)*	10,000	10,000
Maximum limit per visit per day	1,600	1,600
3.3 Post *Confinement* Home Nursing Expenses (within 60 days after discharge from *confinement*)	As specified	As specified
Maximum no. of day (per *policy year)*	30 days	30 days
Maximum limit per visit per day	1,600	1,600
Section 4 – Cancer Therapy & Kidney Dialysis Cover		
4.1 Chemotherapy, Radiotherapy and Target Therapy for Cancer	Full cover	Full cover
4.2 Kidney Dialysis	Full cover	Full cover
Section 5 – Extended Benefits		
5.1 *Emergency Outpatient Treatment* for *Accident* Maximum limit (per *accident*)	2,000	2,000
5.2 *Accidental* Dental *Treatment* Maximum limit (per *accident*)	2,000	2,000
5.3 AIDS / HIV *Treatment* Maximum limit (per life)	500,000	500,000
5.4 Hospice Care Benefit Maximum limit (per life)	80,000	80,000
Section 6 – Zurich Emergency Assistance		
6.1 Arrangement of Limousine Service (Applicable in *Hong Kong)*	Full cover	Full cover
6.2 Telephone Medical Advice (Applicable outside *Hong Kong*)	Included	Included
6.3 Medical Service Provider Referral (Applicable outside *Hong Kong*)	Included	Included
6.4 Arrangement of Hospital Admission Deposit (Applicable outside *Hong Kong*)	Up to USD15,000	Up to USD15,000
6.5 Overseas *Emergency* Medical Evacuation or Repatriation	Actual cost	Actual cost
Section 7 – Three Highs Benefits		
7.1 Medical Expenses Benefit for *Treatment* of *Specified Three Highs Conditions* Maximum limit (per *policy year*)	5,500	Not applicable
7.2 Alternative Treatment and Palliative Care (after *Listed Designated Complication)* Maximum limit (per event)	10,000	Not applicable
7.3 Home Modification & Mobility Aids (after *Listed Designated Complications)* Maximum limit (per life)	15,000	Not applicable
Section 8 – Free Annual Medical CheckUp		
8.1 Annual Health Screening for *Specified Three Highs Conditions*	Once *per policy year* at designated medical centres	Not applicable
8.2 Annual foot or eye exam (after diagnosed of *diabetes mellitus)*	Once *per policy year* at designated medical centres	Not applicable
Section 9 – Voluntary *Deductible (Applicable for Section 1 –5 only)*		

Voluntary *Deductible* Options	30,000,000			Basic Plan		
	0	38,000	88,000	0	38,000	88,000

Limitation of Claims:

Plan's restricted accommodation room types	***Accommodation room types* during *confinement***	**Reimbursement percentage for eligible benefits as shown in table of benefits**
Standard Semi-private Room	*Standard Semi-private Room*	100%
Standard Semi-private Room	Standard Private Room	50%
Standard Semi-private Room	Suite, Deluxe Room, Executive Room, VIP or equivalent or any room charge that is higher than a standard private room	0%

For claims concerning *hospital confinement*, the benefits payable for Sections 1 – 5 as shown in the above Table of Benefits are subject to corresponding reimbursement percentages of the selected room types as listed above. In the event that the *hospital confinement* is for a room type higher than the *Standard Semi-Private Room*, regardless of voluntarily or involuntarily, the reimbursement percentage shall be adjusted downward to 50% of the Eligible Benefits.

In any circumstances, no benefit shall be payable for Sections 1 – 5 for any *insured person confined* in a Suite, Deluxe Room, Executive Room, VIP or equivalent or any room charge that is higher than a standard private room. In case of dispute, *we* shall have the sole discretion in determining the classification of any room for the purpose of determining the amount of benefits payable. For the purpose of *our* determination, *we* will take into account the room type classification as adopted by the *hospital* where the *insured person* was *confined*.

PART 3 – BENEFITS

Subject to the full terms and conditions of this policy, if the *insured person* sustains *injury* or suffers *sickness* during the *period of insurance,* and he/she *confines* in a *hospital* for *medically necessary treatment* and/or undergoes surgery, or he/ she seeks medical *treatment* as covered on the recommendation of a registered *medical practitioner*, upon receipt of proof acceptable to *us*, *we* will reimburse the covered *reasonable and customary charges* incurred and pay for the applicable benefits up to the Maximum Limit shown in the *schedule*.
In no event shall the aggregate benefits payable exceed the *Annual Limit* or sub-limit(s) per *policy year* and the *Overall Lifetime Limit* as stated under the plan selected in Part 2 – Table of Benefits.

Section 1 – Hospital Confinement Cover

If the *insured person* sustains *injury* or suffers *sickness* during the *period of insurance and confines* in a *hospital* for *medically necesssary treatment*, *we* shall reimburse the actual *reasonable and customary* charges incurred under the following categories.

1.1 Room and Board Benefit
We shall reimburse the actual *reasonable and customary* charges incurred for room and board during the *hospital confinement* of the *insured person.*

1.2 *Intensive Care Unit* Charges
We shall reimburse the actual *reasonable and customary* charges incurred for an *intensive care unit* during the period the *insured person* is *confined* in an *intensive care unit* of a *hospital*.
This benefit is payable in lieu of any Room and Board Benefit under Section 1.1 of this policy for any one (1) day of *confinement*.

1.3 In-*hospital Medical Practitioner's* Visit
We shall reimburse the actual *reasonable and customary charges* of the attending *medical practitioner* incurred for visiting the *insured person* during *hospital confinement* but in no event shall the benefit payable exceed the daily rate of the *medical practitioner's* fee during any one twenty-four (24) hour period.

1.4 In-*hospital Specialist* Consultation Fees
We shall reimburse the actual *reasonable and customary charges* of a *specialist* to whom the *insured person* has been referred for consultation by the attending registered *medical practitioner* in writing during *hospital confinement.*

1.5 *Hospital* Special Services Charges
We shall reimburse the actual *reasonable and customary charges* charged by the *hospital* for miscellaneous medical services rendered to the *insured person* during *hospital confinement in respect of:*
(i) western medication prescribed by the attending *medical practitioner* and consumed during the *confinement*;
(ii) dressings, ordinary splints and plaster casts but excluding special braces and artificial limbs, appliances, equipment and instruments and other hardware used in an operation;
(iii) physiotherapy during the *confinement* as recommended by the attending *medical practitioner*; or
(iv) oxygen and its administration;
(v) x-rays, electrocardiograms and other laboratory examinations and tests and diagnostic procedures, the immediate purpose of which is the cure of *disability* as a result of *medical necessity*; or
(vi) intravenous infusions and injection and solutions;
(vii) blood transfusion, blood or plasma and their administration;
(viii) ambulance service to or from the *hospital*.

1.6 In-*hospital* Private Nurse
We shall reimburse the actual *reasonable and customary charges* of a licensed and *qualified nurse* incurred for providing nursing care to the *insured person* during *hospital confinement* provided that the *insured person* (i) has undergone a surgery during the *confinement* or (ii) is admitted and discharged from the *intensive care unit* during the *confinement.* This benefit must be prescribed by the attending registered *medical practitioner* in writing stating that a nursing service is required for medical reason during the *confinement.*
In no event shall the benefit payable for more than one (1) licensed and *qualified nurse* during any one twenty-four (24) hour period.

1.7 Accompanying Bed Benefit (Parent Accommodation)
Where the *insured person* is under sixteen (16) years old, *we* shall reimburse the actual *reasonable and customary charges* of one (1) extra bed for one (1) of the *insured person's* parents accompanying the *insured person* in the *hospital* during *confinement,* provided that benefits are payable under Section 1.1 – Room and Board in respect of the same *confinement*.

1.8 Hospital Cash for *Confinement in Public Hospital*
We shall pay the Hospital Cash Benefit for each day of *confinement* if the *insured person* is *confined* in the general ward of a *public hospital*.

Special Conditions applicable to Section 1:
a. No benefit will be payable in respect of any day in which the *insured person* has taken any home leave from the *hospital*.
b. In the event that the *insured person* is *confined* in the *hospital* for surgical operation or *treatment* of more than one (1) *disability*, all *disabilities* during the same *confinement* shall be considered as one (1) *disability* and the most *we* will pay for any one (1) day for such same *confinement* is the Maximum Limit as shown under the selected plan in Part 2 – Table of Benefits.
c. Benefits under Section 1.3, 1.4, 1.5, 1.6 and 1.7 will only be paid if Section 1.1 is payable.

Section 2 – Surgical Cover

If the *insured person* sustains *injury* or suffers *sickness* during the *period of insurance* and undergoes *medically necessary* operation or surgical procedure, *we* shall reimburse the actual *reasonable and customary* charges incurred under the following categories.

2.1 Surgical Charges
We shall reimburse the actual *reasonable and customary charges* of a registered *medical practitioner* incurred for an operation or procedure performed on the *insured person* during the *confinement* in respect of *injury or sickness* sustained during the *period of insurance.*

2.2 *Anaesthetist's* Fee
We shall reimburse the actual *reasonable and customary charges* of an *anaesthetist* incurred for an operation or procedure performed on the *insured person* during the *confinement* in respect of *injury or sickness* sustained during the *period of insurance.*

2.3 Operating Theatre Fee
We shall reimburse the actual *reasonable and customary charges* of an operating theatre used by a registered *medical practitioner* for an operation or procedure performed on the *insured person* during the *confinement* in respect of *injury or sickness* sustained during the *period of insurance.*

2.4 *Day Patient* Surgery
We shall reimburse the actual *reasonable and customary charges* of the attending *medical practitioner* incurred for the consultation cost incurred on the date of operation or procedure, and operation or procedure including operating theatre charges, *anaesthetist* charges, medication charges, cost of oxygen and equipments used for the surgery charged for an operation or procedure performed at the day or *outpatient* department of a *hospital* or a registered clinic on the *insured person* in respect of *injury or sickness* sustained during the *period of insurance*.
This benefit item 2.4 is only payable where the *insured person* undergoes *treatment* without *hospital confinement*.

2.5 Medical Appliances Benefit

a. Specific medical aids
We shall reimburse the actual *reasonable and customary* charges for the following medical appliances implanted into the *insured person's* body in a *medically necessary* operation or replacement procedure in respect of *injury or sickness* sustained during the *period of insurance*:
(i) pace maker;
(ii) stents for Percutaneous Transluminal Coronary Angioplasty;
(iii) intraocular lens;
(iv) artificial cardiac valve;
(v) metallic or artificial joints for joint replacement;
(vi) prosthetic ligaments for replacement or implantation between bones; and
(vii) prosthetic intervertebral disc.

b. Other medical aids not under item 2.5A
We shall reimburse the actual *reasonable and customary* charges for any other prosthetic device or medical aids not listed in item 2.5a that is to be used or implanted into the *insured person's* body or formed a part for replacement of any other body organ of the *insured person* in a *medically necessary* operation or replacement procedure.

Special Conditions applicable to Section 2.5:
a. Benefit under Section 2.5 will only be paid if *insured person* is eligible for the claims under Section 2.1 to 2.4 in respect of the same operation or replacement procedure.

Section 3 – Pre-Hospitalization and Post *Confinement* Cover

Prior to or following the *insured person's* discharge from a covered *confinement*, *we* shall reimburse the actual *reasonable and customary* charges incurred under the following categories.

3.1 Pre-hospitalization *Outpatient* Consultation

We shall reimburse the actual *reasonable and customary charges* of the attending *medical practitioner* and the associated prescribed diagnostic tests and essential medications incurred by the *insured person* for *one (1)* pre-hospitalization consultation visit on an *outpatient* basis that are directly relating to and received within thirty (30) days preceding his/her *hospital confinement* as a result of the same covered *injury* or *sickness*. Benefit item 3.1 will also be paid if the *insured person* is eligible for the claims under Section 2.4 in respect of the same operation or replacement procedure, provided that the above covered must be received within thirty (30) days preceding the date of his/her surgery or procedure.

3.2 Post Confinement *Outpatient & Therapy Expenses* Benefit

We shall reimburse the actual *reasonable and customary charges* for the consultation and necessary wound care and follow up *treatment* incurred by the *insured person* on an *outpatient* basis that are directly relating to and received within sixty (60) days after discharge from his/her *hospital confinement* as a result of the same covered *injury* or *sickness*.

This benefit must be prescribed and recommended by the attending registered *medical practitioner* and is limited to:

(i) Consultation fee charged by General *medical practitioner*
(ii) Consultation fee charged by *Specialist*
(iii) Fee charged by chiropractor;
(iv) Fee charged by *acupuncturist;*
(v) Fee charged by homeopatist;
(vi) Fee charged by osteopathist;
(vii) Physiotherapy charges;
(viii) Occupational therapy charges;
(ix) Speech and hearing therapy charges;
(x) Consultation fee and charges of traditional Chinese medicine and Chinese herbs charged by *traditional Chinese medicine practitioner/bonesetter;* and
(xi) Consultation fee charged by dietician.

Provided that all the above services must be prescribed by registered and licensed party(ies) who is/are qualified, registered and legally authorized in the geographical area of his/her practice to render the following service: medical/chiropractic/ herbalist/acupuncture/dietician consultation services/assessment and treatment service on physical disability by means of cryotherapy, heat therapy, electrotherapy, manual therapy, traction, exercise therapy, hydrotherapy and acupuncture.The number of these post *confinement outpatient* and therapy visits shall be limited to one (1) visit per day.

Benefit item 3.2 will also be paid if the *insured person* is eligible for the claims under Section 2.4 in respect of the same operation or replacement procedure, provided that the above covered service must be received within sixty (60) days after the date of his/her surgery or procedure.

3.3 Post *Confinement* Home Nursing Expenses

We shall reimburse the actual *reasonable and customary charges* of a licensed and *qualified nurse* incurred for nursing care of the *insured person* at his/her primary residence at *usual country of residence* (not being a nursing or convalescent home) on a daily basis that is directly relating to and as a result of the same covered *injury* or *sickness,* provided that the *insured person* (i) has undergone a surgery during the *confinement* or (ii) is admitted and discharged from the *intensive care unit* during the *confinement.* This benefit must be prescribed by the attending registered *medical practitioner* in writing stating a nursing service is required for medical reason and is actually received within sixty (60) days after discharge from his/her *hospital confinement* as a result of the same covered *injury* or *sickness.*

In no event shall the benefit payable for more than one (1) licensed and *qualified nurse* during any one twenty-four (24) hour period.

Section 4 – Cancer Therapy & Kidney Dialysis Cover

4.1 Chemotherapy, Radiotherapy and Target Therapy for Cancer

We shall reimburse the actual *reasonable and customary charges* incurred in a *hospital* or as *outpatient* for the *insured person's medically necessary treatment* of cancer chemotherapy and radiotherapy, including the cost of targeted cancer therapy, that are incurred for the *treatment* of one (1) or more malignant tumors which is first diagnosed during the *period of insurance.* All such charges, including follow-up consultations and/or *treatments* as recommended in writing by the attending registered *medical practitioner* of the *insured person* concerning such chemotherapy, radiotherapy *treatments* is covered.

4.2 Kidney Dialysis

We shall reimburse the actual *reasonable and customary charges* incurred for the *insured person's* regular haemodialysis or peritoneal dialysis in a *hospital* or as *outpatient* if the *insured person* is first diagnosed of chronic and irreversible kidney failure causing the need of haemodialysis or peritoneal dialysis during the *period of insurance*. All such charges incurred as recommended in writing by the attending registered *medical practitioner* of the *insured person* concerning for such regular haemodialysis or peritoneal dialysis is covered.

Section 5 – Extended Benefits

We shall reimburse the actual *reasonable and customary charges* incurred for *treatments* and/or services which are *medically necessary* under the following categories.

5.1 Emergency outpatient treatment for accident

We shall reimburse the actual *reasonable and customary charges* incurred in *hospital* or clinic of *hospital* for an *outpatient* consultation and *treatment* of an e*mergency injury* of the *insured person* that arises from an *accident which is* solely and independently from any causes other than *sickness* directly resulting from medical or surgical treatment rendered necessary by *accident,* provided such *treatment* is performed within forty-eight (48) hours of the occurrence of the *accident.*

5.2 Accidental* Dental *Treatment

We shall reimburse the actual *reasonable and customary charges* incurred in *hospital* or dental clinic of *hospital* for the *treatment* of sound natural teeth of the *insured person* that arises solely from an *accident which is* solely and independently from any causes other than *sickness* directly resulting from medical or surgical treatment rendered necessary by *accident. Treatment* includes consultation, staunch bleeding, tooth extraction and x-ray, provided such *treatment* is performed within two (2) weeks of the *accident*.

Notwithstanding the foregoing, this benefit shall not cover any restorative or remedial work, the use of any precious metals, orthodontic *treatment* of any kind, or dental surgery performed in a *hospital* unless dental surgery is the only *treatment* available to alleviate the pain. It shall not cover any *treatment* for: (i) *injury* caused by eating or drinking; (ii) damage caused by normal wear and tear; or (iii) damage caused by tooth brushing or any other oral hygiene procedure.

5.3 AIDS/HIV Treatment

We shall reimburse the actual *reasonable and customary charges* incurred for *medically necessary treatment* of the *insured person* during *hospital confinement* for any HIV infection related illness including Acquired Immune Deficiency Syndrome (AIDS).

This benefit is only payable if the signs or symptoms of such *sickness* first occur after the policy has been effective for five (5) consecutive *policy years*. This benefit is only payable once during any *period of insurance.*

This benefit is payable in lieu of all other benefits provided by this policy in respect of such *confinement*.

5.4 Hospice Care Benefit

We shall reimburse the actual *reasonable and customary charges* incurred during the stay in hospice for the *medically necessary treatment* of the *insured person* on care and nursing service after discharge from *hospital confinement* as a result of any life threatening critical or serious *sickness* first diagnosed during the *period of insurance* and is expected to result in the death of the *insured person* within three hundred and sixty five (365) days.

This benefit is only payable if the signs or symptoms of such life threatening critical or serious *sickness* first occur after the policy has been effective for two (2) consecutive *policy years* and must be prescribed by the attending registered *medical practitioner* in writing stating a hospice service is required for medical reason.

This benefit is only payable once during any *period of insurance* and is payable in lieu of all other benefits provided by this policy in respect of such stay, care and nursing service.

Section 6 – Zurich Emergency Assistance

The service provider of Zurich Emergency Assistance under this Section 6 is an independent service provider providing services to the *insured person* upon his/her request. Independent service provider is solely responsible for those services. *We* or any of *our* affiliates, agents, or employees of any of them have no responsibility or liability in respect of any act, default, negligence, error or omission of the relevant service provider or any of its employees, agents or representatives.

6.1 Arrangement of Limousine Service in *Hong Kong*

Upon the request of the *insured person*, *we* shall arrange for limousine service for the *insured person* who is hospitalized in *Hong Kong* for a period in excess of seven (7) consecutive days. The limousine service shall be a single trip from the *hospital* to the *insured person's* place of residence in *Hong Kong.* Any expenses incurred for arrangement of limousine service in *Hong Kong* shall be borne by *the insured person*.

6.2 Overseas Telephone Medical Advice

Upon the request of the *insured person*, *we* shall arrange for the provision of medical advice to the *insured person* over the telephone when traveling outside *Hong Kong,* to assist in stabilizing his/her medical condition. Such advice shall not be construed as a diagnosis and a *medical practitioner* may be referred if necessary. However, *our* nominated service provider shall exercise due care and diligence in arranging the provision of such service.

6.3 Overseas Medical Service Provider Referral

We shall provide to the *insured person* upon request, the name, address, telephone number and, if available, office hours of *medical practitioners*, *hospitals*, clinics, dentists and dental clinics worldwide (collectively, "medical service providers").

We shall not be responsible for providing medical diagnosis or *treatment*. Although *we* shall make such referrals, *we* cannot guarantee the quality of the medical service providers and the final selection of a medical service provider shall be the decision of the *insured person*. *We*, however, shall exercise due care and diligence in selecting the medical service providers.

All consultation fees and related charges shall be borne entirely and directly by the *insured person*

6.4 Overseas Guarantee of *Hospital* Admission Deposit

If the *insured person* is required to be hospitalized in a *hospital* approved by *us* whilst travelling outside *Hong Kong*, *we* will pay directly to the *hospital* the admission guarantee required by the *hospital*, up to a maximum of USD15,000. Any additional administrative fee payable to the service provider shall be borne by the *insured person*.

If *we* have paid any amount under this item and the hospitalization is not covered by this policy, *you* shall repay the amount in full to *us* forthwith.

6.5 Overseas *Emergency* Medical Evacuation or Repatriation

We shall arrange and pay for the actual cost of transportation, medical services and medical supplies necessarily and unavoidably incurred as a result of an *emergency* medical evacuation or repatriation of the *insured person* who leaves *Hong Kong* not exceeding one hundred and twenty (120) days. The timing, means (on economy class) and final destination of evacuation will be solely decided by Zurich Emergency Assistance and will be based entirely upon such being *medically necessary.*

In respect to Benefits 6.1-6.5 under this Section 6, any hospitalization expenses or medical expenses charged to *the insured person* by a third party are to be borne by *the insured person* unless they are covered by this policy.

Zurich Emergency Assistance is rendered by the service provider nominated by Zurich Insurance Company Ltd. Please call *our* 24-hour *emergency* hotline in *Hong Kong* at +852 2886 3977 for assistance.

Section 7 – *Specified Three Highs Conditions* Cover

7.1 **Medical Expenses Benefit for *Treatment* of *Specified Three Highs Conditions***

We shall reimburse the actual *reasonable and customary charges* incurred as *outpatient* for the *insured person's treatment* of *Specified Three Highs Conditions* which is first diagnosed during the *period of insurance.*

This benefit must be prescribed and recommended by the attending registered *medical practitioner* in writing and the following covered charges incurred must be *medically necessary and* solely received for the *treatment* of or monitoring the progress of *Specified Three Highs Conditions*:

(i) Consultation fee charged by General *medical practitioner;*
(ii) Consultation fee charged by *Specialist;*
(iii) Consultation fee charged for the care and services administered by a licensed and qualified diabetes nurse at *day* or *outpatient* department of a *hospital* or a registered clinic;
(iv) Charges incurred on medicine prescribed;
(v) Charges of laboratory tests, imaging procedures or screening test undertaken.

7.2 **Alternative Treatment and Palliative Care for *Listed Designated Complications***

We shall reimburse the actual *reasonable and customary charges* incurred for consultation and necessary wound care and follow up *treatment* charges on an *outpatient* basis after the *insured person is* discharged from *hospital confinement* having undergone any kind of surgery/treatment as defined in the *Listed Designated Complications.*

The *treatment* must be prescribed and recommended by the attending registered *medical practitioner* and received within one (1) year after discharge from the initial *hospital confinement* as a result of a *Listed Designated Complication* event as defined.

Covered *treatments* are limited to:

(i) Consultation fee charged by chiropractor;
(ii) Fee charged by *acupuncturist;*
(iii) Fee charged by homeopatist;
(iv) Fee charged by osteopathist;
(v) Physiotherapy charges;
(vi) Occupational therapy charges;
(vii) Speech and Hearing therapy charges;
(viii) Consultation fee and charges of traditional Chinese medicine and Chinese herbs charged by *traditional Chinese medicine practitioner/bonesetter;*
(ix) Consultation fee charged by dietician;
(x) Acupressure charges;
(xi) Tui Nai charges;
(xii) Hypnotism charges;
(xiii) Rolfing charges;
(xiv) Massage therapy charges; and
(xv) Aromatherapy charges.

Provided that all the above services must be prescribed by registered and licensed party(ies) who is/are qualified, registered and legally authorized in the geographical area of his/her practice to render the following service: medical/chiropractic/ herbalist/acupuncture/dietician consultation services/assessment and treatment service on physical disability by means of cryotherapy, heat therapy, electrotherapy, manual therapy, traction, exercise therapy , hydrotherapy and acupuncture.

7.3 **Home Modification & Mobility Aids due to *Listed Designated Complications***

We shall reimburse the actual *reasonable and customary charges* incurred for home modification and purchase of mobility aids if the *insured person* is proved to have mobility issue and is discharged from *hospital confinement* having undergone any kind of surgery as defined in the *Listed Designated Complications.*

Section 8 – Free Annual Medical Check Up

8.1 **Annual Health Screening for *Specified Three Highs Conditions***

If this policy is renewed after the first *policy year*, *we* will procure an annual health screening service at designated medical centres for the *insured person*. The annual health screening service is rendered by a service provider(s) nominated by *us*. *We* reserve the right to change the service provider without prior notification. *We* do not guarantee provision of services by any particular service provider and annual health screening service will be forfeited upon the expiration of the redemption period.

8.2 **Annual foot or eye examination service after diagnosed of *diabetes mellitus***

Upon the referral and recommendation by the attending registered *medical practitioner*, *we* will procure an annual foot or eye examination service specified for *diabetes mellitus* at designed medical centres for *the insured person* who is first diagnosed of *diabetes mellitus* during the period of insurance. The foot or eye examination service is rendered by a service provider(s) nominated by *us*. *We* reserve the right to change the service provider without prior notification. *We* do not guarantee provision of services by any particular service provider and annual foot or eye examination service will be forfeited upon the expiration of the redemption period.

Section 9 - Voluntary *Deductible*

For any *insured person* who voluntarily accepts a *deductible* amount as stated in the *schedule* on a per *policy year* basis , *we* shall pay the hospitalization and surgical benefits under Sections 1 – 5 for a covered *injury or sickness* after deducting the *deductible* as specified in the *schedule*.

PART 4 – GENERAL EXCLUSIONS – APPLICABLE TO ALL SECTIONS OF THE POLICY

This policy will not cover any claim arising directly or indirectly from:

1. acquisition of the organ to be used for organ transplantation and all expenses incurred by the donor, who is someone other than the *insured person*, including all costs incurred by the donor relating to organ donation;
2. air travel except as a passenger in a licensed aircraft operated by a licensed commercial air carrier, private jet or helicopter; or engaging in naval or military or armed force or services;
3. contraceptive or contraceptive devices, infertility or any other method of inducing pregnancy, sterilization of either sex; any condition resulting from childbirth, miscarriage, abortion, termination of pregnancy, pregnancy including but not limited to pregnancy test, pre-natal care as well as post-natal care and other complications arising from pregnancy;

4. any costs incurred by any *insured person* outside any *period of insurance* of this policy or for any *period of insurance* of this policy for which the appropriate premium has not been paid;
5. any expense for health or dietary supplements and all specialized Chinese herbs and/or tonic medicine such as but not limited to bird's nest, lingzhi, any kind of ginseng, American ginseng, radix ginseng silvestris, cordceps sinensis, agaricus blazei murill, sika deer antler, donkey-hide gelatin, hippocampus, antelope horn powder, placenta hominis, musk, and pearl powder, etc;
6. any *pre-existing condition* or related conditions;
7. any *treatment* including services and supplies which are not *medically necessary* and are not consistent with customary medical *treatment* or diagnosis;
8. any *treatment* or expenses incurred within the *waiting period* except those arising out of an *accidental injury;*
9. charges for non-medical services such as telephone, television, radio, telex, extra and guest meals, extra bed or similar facilities, personal items, medical report charges and the alike;
10. *congenital abnormalities* arising out of the same or resulting therefrom, including but not limited to epilepsy, strabismus, hydrocephalus, and hernia;
11. convalescence, custodial or rest care or sanitaria care, or *treatment* received in any home, health hydro, nature cure clinic, sanatorium or long term care facility;
12. cosmetic surgery or plastic surgery for purposes of beautification except as medically necessitated by an *injury* or *accident;*
13. dental work or surgery, unless procedures necessitated by damage to sound natural teeth as a result of an *injury* or *accident* occurring during the *period of insurance*. Benefit is payable purely for *emergency* condition and to alleviate the pain and in a legally registered dental clinic or *hospital* but in all circumstances shall not cover any restorative or remedial work, the use of any precious metals, orthodontic *treatment* of any kind, replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses;
14. *disease* or *sickness* arising from asbestos;
15. any *treatment* provided outside of *geographical area* unless as the result of an *emergency*.
16. experimental treatment and drugs, unproven or pioneering medical and surgery techniques;
17. refractive defects of the eyes, eye tests or fitting of glasses or surgical correction of nearsightedness;
18. general check-up, vaccination or inoculations for immunization; quarantine purposes which is not *medically necessary*; expenses relating to sleep test for sleep apnoea;
19. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the
20. combustion of nuclear fuel, or from any nuclear weapons material;
21. professional sports, or where the *insured person* would or could earn any remuneration from engaging in such sport or race or participating in any illegal acts;
22. suicide, attempted suicide, intentional self-injury, insanity or any functional disorder or psychiatric condition of the mind, including but not *confined* to psychoses, neuroses, depression of any kind, anxiety, anorexia nervosa, bulimia, gender reassignment, schizophrenia and other behavioral disorders; abuse of alcohol, drugs or other addictive substances and any costs associated from such dependency or abuse;
23. *treatment* by any person other than a registered *medical practitioner* or by any person who ordinarily resides in the *insured person's* home;
24. *treatment* for learning difficulties in child*(ren)*, such as dyslexia or behavioural problems, attention deficit, hyperactivity disorder, or development problems such as shortness of stature;
25. *treatment* of obesity, or *treatment* for the purpose of weight reduction or gain regardless of the existence of morbid or comorbid conditions, removing fat or surplus tissue;
26. venereal diseases, sexually-transmitted diseases, communicable disease requiring by law isolation or quarantine;
27. *war*, invasion, act of foreign enemy, hostilities (whether *war* be declared or not), *civil war,* rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion or any kinds of participation in any act of *terrorism*;
28. HIV (Human Immunodeficiency Virus) and/or HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and or any mutant derivative or variations thereof however caused or however named, except under the circumstance covered by Section 5.3 – AIDS / HIV *treatment* Benefit under Part 3 – Benefits; and
29. Any *disability* resulting directly or indirectly from or in respect in any *confinement* primarily for the physiotherapy or for the investigation of signs and/or symptoms with diagnostic image, laboratory investigation or other diagnostic procedures.
30. Any c*yber act* that results in *accident, disability, sickness* and/or *injury*.

PART 5 – SPECIFIC PROVISIONS

1. Limit

Benefits under Part 1 to Part 3 are payable subject to any limitations described herein and/or the Maximum Limit or sub-limit as stated in Part 2 under the Table of Benefit, and are further subject in the case of each *insured person* to:

a. the *Annual Limit*, in respect of total benefits paid (except in Section 6) in any one *policy year*;
b. the *Overall Lifetime Limit*; and
c. the *deductible*.

In no event shall the total amount of any benefits payable hereunder exceed one hundred percent (100%) of the relevant charges, costs or fees incurred after the *deductible* has been met in full, in respect of any covered *confinement*, surgery and/ or medical *treatment*.
For the purpose of applying the *Annual Limit*, *confinement* benefits under Part 3 shall be attributed to the *policy year* according to the date of *hospital* admission, not the *policy year* in which the *insured person* is discharged from *hospital*.

2. Hospital Confinement

The *confinement* must be evidenced by a daily room/room & board charged by the *hospital*. *We* shall not be liable to pay any benefit: (1) for more than one (1) daily room/room & board charge for each day of *confinement*; or (2) for any *confinement* that is not a *reasonable and customary hospital confinement.*

3.* Overseas Medical *Treatment

Except stated otherwise, all benefits are applicable to the *geographical area* of the plan as selected by *you,* and other medical expenses incurred as the result of an *accident* or *sickness* occurring in a country outside the *geographical area* which requires *emergency treatment.* However; no benefit shall be paid under the policy in respect of any claim arises at a time when the *insured person* is outside *Hong Kong* for a period exceeding one hundred and twenty (120) consecutive days.
For *emergency treatment* outside the *geographical area* of the plan as selected by *you*, the *insured person* should contact *our* 24-hour Zurich Emergency Assistance either before or as soon as possible after admission to the emergency unit of the *hospital*.
In all circumstances, elective overseas *treatment* for non-*emergency* conditions outside the *geographical area* of the plan as selected by *you* is not covered under this policy.
We reserve the right to obtain the proof of country of residence from the *insured person* to *our* satisfaction at the time of processing any claim.

4. Refusal or Acceptance of Application

We reserve the right to refuse any application without giving any reason or to accept the applicant on any special terms which *we* may require.

PART 6 – GENERAL PROVISIONS

1. Entire Contract

This policy including all the *relevant documents* will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by *our* authorized officer and evidenced by endorsement of such amendment. For avoidance of doubt, the *relevant documents* will form part of the renewed policy contract and information contained are deemed to remain true and valid as at the time of renewal unless otherwise instructed by *you.*

2. *Age* Limit and Eligibility

Unless specified otherwise:-

(i) For Supreme Plan, the *age* of the *insured person* must be between fifteen (15) days to sixty-five (65) years old (inclusive)at the *policy inception date* and this policy is renewable up to the *age* of ninety-nine (99) of an *insured person.*
(ii) For Basic Plan, the *age* of the *insured person* must be between sixty-six (66) years to seventy-five (75) years old (inclusive) at the *policy inception date* and this policy is renewable up to the *age* of ninety-nine (99) of an *insured person* to be eligible to application subject to individual underwriting and acceptance by *us.*

For both the Supreme Plan and Basic Plan, the *insured person* must be a *Hong Kong* citizen or resident in *Hong Kong* holding a valid *Hong Kong* Identity Card, with a permanent address in *Hong Kong* and live

in *Hong Kong* as a *usual country of residence.* Any *insured person* under *age* of eighteen (18) years old must hold a valid *Hong Kong* birth certificate or proof of dependent visa of a Hong Kong resident.

3. Status Change

You must take full responsibility to inform *us* forthwith of any change in respect of the information provided in the enrollment form for this policy (regardless verbally or in written format), otherwise *we* reserve the right to refuse or invalidate all claims under this policy.

4. Notice of *Claims*

Written notice must be given to *us* within thirty (30) days upon the first *treatment* of any *disability* of the *insured person* that is likely to give rise to a claim under this policy. All certificates, information and evidences required by *us* shall be furnished at the expense of the claimant or the *insured person* or the personal representative of the *insured person's* and shall be in such form and of such nature as *we* may prescribe. *We* shall be entitled to call for examination(s) by a medical referee at *our* expense. If the claimant or the *insured person* do(es) not comply with this condition, *we* shall have the sole discretion to decide not to pay any benefits under this policy.

5. Proof of Loss

Written proof of loss, including original receipts and itemized bills confirming the diagnosis in support of a claim, together with a fully completed claim form supplied by *us*, must be furnished to *us* within thirty (30) days from the completion and/or termination of the *treatment* for which the claim is being made. Failure to furnish such proof within the prescribed time shall not invalidate any claims if it was not reasonably practicable to give proof within such time, provided that such proof is furnished as soon as reasonably practicable, and in no event later than one hundred and eighty (180) days from the time such proof is required.

All certificates, information and evidence in such form and of such nature and within such time as *we* may reasonably require shall be furnished without expense to *us*.

If the supporting documents of a claim are in a language other than Chinese or English, the *insured person* must undertake to obtain certified translation of the documents in Chinese or English at the expense of the *insured person.*

6. Claims Admittance

In no case shall *we* be liable in respect of any claim submitted or reported to *us* after the expiry of twelve (12) months from the occurrence of the *injury* or *sickness* giving rise to it unless the claim has been admitted by *us* or is the subject of a pending legal action or arbitration.

7. Medical Examination

We shall have the right at *our* expense to examine the *insured person*, as appropriate, when and as often as it may reasonably require during the pendency of a claim under the policy, and also the right to perform an autopsy at *our* expense in the case of a death claim (where it is not forbidden by law).

8. Payment of *Claims*

All payment of claims for this policy shall be in *Hong Kong* dollars and are payable to *the insured person* after the receipt of due proof. Any claim for reimbursement of expenses made by an *insured person* in any foreign currency shall be converted to *Hong Kong* dollars at the official buying rate of such currency for *Hong Kong* dollars in effect in *Hong Kong* at the time payment of such expense was paid by the *insured person,* or if no such official rate exists, at the rate certified as appropriate by *our* bankers which shall be deemed to be final and binding.

All indemnities provided in this policy are payable to the *insured person* immediately after the receipt of due proof, in the event of the *insured person's* death, to the *insured person's* estate, except under Section 6 – Zurich Emergency Assistance of Part 3 – Benefits where the benefits will be paid based on actual cost directly to the service provider. *Our* liability in connection with the policy, including liability for reimbursement for medical expenses for on-going *treatment*, after-effects or related damages in connection with an *injury* or *illness* incurred or treated during the *period of insurance*, shall automatically cease upon expiry, cancellation or termination of the policy. Vice versa, upon expiry, cancellation or termination of the policy, *your* right to claim reimbursement shall cease.

9. Fraudulent Claims

If any claims under this policy made by the *insured person* or anyone acting on behalf of the *insured person* shall be, in any respect, fraudulent, including without limitation to the use of fraudulent means or devices, and the making of or omitting the making of any statement or misstatement in any form or document, *we* shall not be liable in respect of such claims under any and all circumstances whatsoever and *we* shall be entitled to terminate forthwith this policy. Such termination of insurance shall not be construed as a waiver of *our* right to pursue any rights or claims against *you* and/or the *insured person* or to report the fraud to the police.

10. Misrepresentation, Non-disclosure or Fraud

We have the right to declare this policy void as from the *policy effective date* and notify *you* that no cover shall be provided for the *insured person* in case of any of the following events :

(a) any material fact relating to the health related information of the *insured person* which may impact the risk assessment by *us* is incorrectly stated in, or omitted from the enrolment form or any statement or declaration made for or by the *insured person* in the enrolment or in any subsequent information or document submitted to *us* for the purpose of the application, including any updates of and changes to such information, failure to disclose *pre-existing conditions* or failure to act in utmost good faith. The circumstances that a fact shall be considered "material" include, but are not limited to, the situation where the disclosure of such fact would have affected *our* underwriting decision, such that *we* would have imposed premium loading, added exclusion(s), rejected the application or considered it as a pending application.

(b) any enrolment form or claim submitted is fraudulent or where a fraudulent representation is made.

In the event of (a):

(i) *we* shall refund the applicable premiums and insurance levy (if any) received after offsetting against all past claim payments and necessary expenses incurred by *us* including, but not limited to, *our* reasonable administration charge and service fees incurred in relation to this policy (if any).

(ii) if the total amount of the above offsetting items exceeds the applicable premiums received by *us*, *you* must repay such excess to *us* within fourteen (14) working days from the date *we* issue a notice to *you* requiring such payment.

In the event of (b), *we* shall have the right:

(i) not to refund the applicable premiums paid;

(ii) and to demand that all past claim payments previously paid to *you* be repaid to *us* within fourteen (14) working days from the date *we* issue a notice to *you* requiring such payment.

11. Premium Charge

(1) This policy is an annual medical policy. *You* may pay the premium to *us* on an annual or monthly basis. All premiums after the first premium are payable to *us* on or before the due date. The validity of the policy is subject to *your* settlement of the full premium for the entire *policy year* and *you* are required to settle the annual premium for the concurrent *period of insurance* when there is a claim made or service used in such *policy year*. *We* will not be liable to refund any premium paid.

(2) *We* reserve the right to revise or adjust the premium under the following circumstances:

  (a) According to *our* applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by *you* and/ or in relation to this product, and any changes in benefit) by giving thirty (30) days' advance written notice to *you*.

  (b) The premium rate should be adjusted automatically according to the attained *age* of the *insured person* at the time of renewal.

12. Grace Period

We will allow *you* thirty-one (31) days grace period for the payment of each premium after the first premium. During the grace period *we* will keep this policy in force. If after that time the premium remains unpaid, this policy will be deemed to have lapsed from the date when the unpaid premium was due.

13. Reinstatement

If *we* terminate this policy due to non-payment of premium, *we* may allow this policy to be reinstated within ninety (90) days from the lapsation date, provided that *you* provide *us* with a satisfactory written application for reinstatement including proof of insurability and subject to *our* underwriting requirement and approval. The reinstated policy shall only provide coverage to the *insured person* due to *accident* after the date of reinstatement and shall only cover *sickness* (other than *Specific Three Highs Conditions* and/or *Listed Designated Complications)* of the *insured person* which begins thirty (30) days after the date of reinstatement, or *Specific Three Highs Conditions and/or Listed Designated Complications* of the *insured person* which begins ninety (90) days after the date of Reinstatement.

14. Cancellation and Renewal

The policy shall remain in force for a period of one (1) year from the *policy effective date* and this policy will be automatically renewed at *our* discretion. *We* reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any period of insurance by giving thirty (30) days' written notice to *you*. *We* will not be obligated to reveal *our* reasons for such amendments and such renewal will not have to take place if before the *policy effective date* of any *period of insurance*, *you* have indicated to *us* that such amendments are not acceptable to *you*.

Notwithstanding the above, *we* may cancel or refuse to renew or vary the policy at any time notwithstanding any other provisions of this policy if:

(1) the *insured person* has:-
  (a) not acted in the utmost good faith or has misled *us* or any other insurer by hiding facts fraudulently or otherwise,
  (b) breached any of the terms and conditions of this policy,
  (c) ceased to live in *Hong Kong* as the *usual country of residence;*

(2) any premium due has not been paid prior to end of the grace period; or

(3) *we* terminate or discontinue the plan or any part of the plan pursuant to Condition 17 of this Part.

On cancellation, *we* shall give *you* a written notice stating when, being not less than thirty (30) days after the date of such notice, such cancellation shall become effective. The mailing of the notice as aforesaid shall be sufficient proof of notice. The effective date and hour of cancellation as stated in the notice shall be considered the termination of the policy. When this policy is terminated, the unearned portion of any premium at the time of cancellation shall be refunded to *you* provided that no claim has been made during the relevant *period of insurance* of this policy.

15. Cancellation by *You*

You may cancel this policy by giving thirty (30) days' written notice of cancellation delivered to *us*, or mailed to *our* last known address. In such event, the premium for the unexpired policy period of this policy will be refunded in accordance with the charges indicated below, but in no event less than *our* customary minimum premiums below and provided that no claim has been made during the relevant *period of insurance.*

Number of covered months in one *period of insurance*	*Our* customary minimum premiums (% of annual premium)
2 months or below	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

Notwithstanding the above, if *you* are not satisfied with this policy, *you* may within twenty-one (21) days immediately following the day of delivery of this policy, cancel the policy by returning the policy to *us* and attaching a notice signed by *you* requesting cancellation. In the event that no claim payment has been or is to be made, *we* will refund to *you* all the premiums *you* have paid without interest. In the event that a benefit payment has been made or is to be made, no refund of premium shall be made.

16. Termination of Policy

This policy shall automatically terminate on the earliest of:

(i) the *insured person* is no longer eligible for the benefits under this policy pursuant to Condition 2 – *Age* Limit and Eligibility of this Part;

(ii) cover under this policy ceases pursuant to Condition 10 – Misrepresentation, Non-disclosure or Fraud of this Part;

(iii) *you* fail to pay all premium due after expiry of the 31-day grace period in accordance with Condition 12 – Grace Period of this Part;

(iv) either party cancels this policy by giving thirty (30) days written advance notice pursuant to Condition 14 – Cancellation and Renewal or Condition 15 – Cancellation by *you* of this Part; or

(v) *our* claim payments has reached the *Overall Lifetime Limit.*

17. Termination of Plan

Under any circumstance where *we* terminate this plan, the following condition(s) shall apply:

(i) *insured person* or *you* may select to continue this policy in accordance to Condition 14 – Cancellation and Renewal under this Part; or

(ii) *insured person* or *you* may opt to transfer to another plan which *we* can offer.
Notwithstanding the above, *we* reserve the right to alter the terms and conditions, including but not limited to the premiums or benefits of this plan where *you* choose to renew this policy.

18. Change of Benefits

You may apply for change of benefits or *upgrade* by giving thirty (30) days' notice in writing before the *policy anniversary*. A health declaration with details on any *injury*, *sickness*, symptoms or conditions which are then known to exist by *you* or the *insured person* or any *treatment* or medication the *insured person* is having or will be having shall be submitted to *us*. Such application shall be subject to *our* approval and *we* reserve *our* right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions (applicable to the *upgrade* portion only) of this policy. Any change accepted by *us* shall be effective on the next policy renewal date.

If any *insured person* has showed symptoms or has received medical consultation, diagnosis, *treatment* or advice by a *medical practitioner* or took prescribed drugs or medicine prior to the said written notice is received by *us*, the limit of benefits payable in respect of such *disability(ies)* shall not exceed the limit of benefits before or after the change in benefit level, whichever is lower.

19. Change in Country of Residence

You must notify *us* in writing of any change in *your* or *insured person's usual country of residence* within the first thirty (30) days of the change. Such change shall result at *our* sole discretion, in the coverage being modified or the policy being cancelled. Changes in residence to *North America* or Western Europe, shall result in the non-renewal of the policy. If *you* fail to notify *us* of any such change and should a claim occur, *we* reserve the right to decline such claim.

20. Misstatement of *Age* or Sex

If the *insured person's age* or sex has been misstated, any premium difference would be returned or charged according to the correct *age* or sex. In the event the *insured person's age* has been misstated and if, according to the correct *age*, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then *our* liability during the period that the *insured person* is not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by this policy.

21. Other Insurance

If an *insured person* is entitled to a compensation or reimbursement of all or part of the expenses covered under any other insurance policy(ies) or from any other source(s) (such as government scheme), *we* will only be liable for the remaining balance of *your* expenses after deducting the amount recoverable from such other policies or sources. In all situations, the total amount recoverable from all relevant policies or sources shall not exceed the actual medical expense paid by the *insured person*.

22. Clerical Error

Our clerical errors shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid.

23. Legal Action

No legal action shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of claims has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless commenced within one (1) year from the expiration of the time within which proof of claims is required.

24. Subrogation

We have the right to proceed at *our* own expense in the name of the *insured person* against any third parties who may be responsible for an occurrence giving rise to a claim under this policy.

25. Alternative Dispute Resolution

In the event of a dispute arising out of this policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of *Hong Kong* and applicable at the time of dispute. If the parties are unable to settle the dispute through mediation within ninety (90) days, the parties shall refer the dispute to arbitration administered by the Hong Kong International Arbitration Centre ('HKIAC') under the HKIAC Administered Arbitration Rules in force when the Notice of Arbitration is submitted. The law of this arbitration clause shall be Hong Kong law and the seat of arbitration shall be Hong Kong. The number of arbitrators shall be one (1) and the arbitration proceedings shall be conducted in English. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if *we* deny or reject liability for any claim under this policy and the *insured person* does not commence

arbitration in the aforesaid manner within twelve (12) calendar months from the date of *our* disclaimer, the *insured person's* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under this policy.

26. Rights of Third Parties

Other than *you* or as expressly provided to the contrary, a person who is not a party to this policy has no right to enforce or to enjoy the benefit of any term of this policy. Any legislation in relation to third parties' rights in a contract shall not be applicable to this policy. Notwithstanding any terms of this policy, the consent of any third party is not required for any variation (including any release or compromise of any liability under) or termination of this policy.

27. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

28. Statement of Purpose for Collection of Personal Data

All personal data collected and held by *us* will be used in accordance with *our* privacy policy, as notified to *you* from time to time and available at this website:
https://www.zurich.com.hk/en/services/privacy.
The policyholder and/or *insured person* shall, and shall procure all other *insured persons* covered under the policy to, authorise *us* to use and transfer data (within or outside Hong Kong), including sensitive personal data as defined in the Personal Data (Privacy) Ordinance (Cap.486), Laws of *Hong Kong*, for the obligatory purposes as set out in *our* privacy policy as applicable from time to time.
When information about a third party is provided by the *insured person* to *us*, the *insured person* warrants that proper consents from the relevant data subjects have been obtained before the personal data are provided to *us*, enabling *us* to assess, process, issue and administer this policy, including without limitation, conducting any due diligence, compliance and sanction checks on such data subjects.

29. Governing Law and Jurisdiction

This policy shall be governed by and interpreted in accordance with the laws and regulations of *Hong Kong.* Subject to Condition 25 - Alternative Dispute Resolution herein, the parties agree to submit to the exclusive jurisdiction of the *Hong Kong* courts.

30. Languages

This policy is available in the Chinese and English languages. In the event of any conflict between the two versions, the English language version shall prevail.

31. Sanctions

Notwithstanding any other terms under this policy, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any *insured person* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the *insured person* would violate any applicable trade or economic sanctions law or regulation.

The above clause shall also apply for any trade or economic sanction law or regulation that the insurer deems applicable or if the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

PART 7 - CLAIMS PROCEDURE

1. For application of Cashless Arrangement Service for Hospitalization:

Cashless Arrangement Service is rendered by the service provider which is nominated by *us*, and this service is available for private hospitals in *Hong Kong* only. If *you* require such service, please make *your* application by following the procedures below:

(a) Call *our* Customer Service Hotline through +852 2903 9382 to obtain Pre-assessment Application Form.
(b) Complete Parts I & II of the Pre-assessment Application Form by *you* and *your* attending *medical practitioner* and return it to the service provider by fax +852 2802 6633 or email zurich.medical@hk.zurich.com not less than three (3) working days prior to *your* admission to the *hospital*.
(c) After receiving *your* application, the service provider will inform *you* whether *your* application is approved withinthree (3) working days. Should the pre-assessment be approved, the service provider will contact the *hospital* for direct settlement arrangement.

The assessment is based on information provided by *you* before admission. The actual reimbursement is subject to the information supplied by *your* attending *medical practitioner* and the *hospital* after *you* are discharged from the *hospital*, actual circumstances and details of the insurance coverage, exclusion clauses, terms and conditions stated in the policy and any other *relevant document.*
You will be required to authorize *us* to collect shortfall in payment on medical expenses, if any, from a credit card account designated by *you*. If hospitalization is due to illness/*injury* or *sickness* classified under an exclusion, application of this service will not be accepted.

2. For non-direct settlement claim:

Step 1: Notify *us* within 30 days from the date of *treatment* in *hospitals* or when a claim arises.
Step 2: Complete the claim form and supply *us* the following original documents as appropriate.

2.1 Hospitalization
(i) *Hospital* statement showing:
- name of the patient
- period of *confinement*
- itemized charges

(ii) Receipts of all *medical practitioner* / *specialists* / *anaesthetists*/ *physiotherapists* showing:
- name of the patient
- date of consultation
- diagnosis and/or *treatment* given
- amount charged

(iii) All associated medical reports, laboratory reports and documents
(iv) Referral letter by attending *medical practitioner* for in-hospital *specialist* consultation (if applicable)

2.2 Pre- and Post- *Confinement* cover
(i) Medical receipts showing:
- name of the patient
- date of consultation
- diagnosis and/or *treatment* given
- itemized amount charged

(ii) All associated medical reports, laboratory reports and documents
(iii) Referral letter by attending *medical practitioner* for *specialist treatment* / *physiotherapist* /chiropractor / laboratory test

2.3 Home Nursing / *outpatient* consultation, *treatment* and services covered
(i) Referral letter by attending *medical practitioner* for such consultation, *treatment* and services
(ii) Receipt(s) of such consultation, *treatment* and services showing:
- name of the patient
- period of services
- diagnosis and/or *treatment* given
- amount charged (per day/ total)
- name and chop of the *medical practitioner*, *specialist*, individuals, professionals who rendered the services or the name & chop of their organization

(iii) All associated medical reports, laboratory reports and documents

「三高保」醫療保險計劃

ZURICH 蘇黎世

請細閱本保單，如有任何修正請求，並請盡快提出。

本保單連同「附表」及嗣後發出的任何附帶批單應以整體文件形式一併閱讀，並構成「閣下」與「本公司」之間的合約。除非獲「本公司」書面同意，否則合約內容不得更改。而「閣下」的投保表格及聲明，不論以口述（若是由「本公司」或「本公司」授權之代理錄音）或書面形式提供，均會構成本合約的依據。

「本公司」現與「閣下」協議，鑒於「閣下」支付保費及信賴各陳述、保證或聲明，以及遵從本保單的條文及條款及隨附之「附表」，「本公司」將於「保險期」內以「附表」所載之保障項目承保「受保人」，如「受保人」因「疾病」或「損傷」而招致在下文所訂承保範圍內之費用，「本公司」將支付指定的保障。

「本公司」將於收訖「閣下」所繳的保費後，在「保險期」內為「受保人」提供「附表」內訂明各節的保障，惟「閣下」必須履行本保單所列出的所有條款與條件。

此乃全年醫療保險保單，將於「本公司」接受及收訖「閣下」繳交隨後的保費後而續保。「閣下」必須繳付同「保單年度」之全年保費。

此乃一份有法律效力的文件，敬請妥為保存。

第一部份 – 定義

本保單內某些詞彙具有指定含意，釋義已分別列明如下。為方便「閣下」識別有關詞彙，「本公司」特將此等詞彙全部加上引號。本保單內容用詞如有性別或單複之分，均應視為概括性的描述，並無區別。

「意外」

於「保險期」內，任何不可預見或預料並導致「受保人」蒙受身體「損傷」之突發事件。

「年齡」

上次生日的年齡。

「麻醉科醫生」

麻醉科醫生指「香港」醫務委員會以麻醉科專科登記或具其他同等資歷的「醫生」。惟「閣下」、「受保人」或「直系親屬」除外。如在

「每年最高賠償限額」

於任何一（1）個「保單年度」應付予一位「受保人」的賠償金額總和的上限，此上限於「附表」內所訂明。

「亞洲」

阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國大陸、「香港」、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、新西蘭、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克、越南。

「內戰」

相同國家的公民或民族互相對抗而發生互相攻擊的「戰爭」或「戰爭」。

「電腦病毒」

是指一組損壞的、有害的或未經授權的指令或代碼，包括一組通過程序或其他方式惡意傳播的未經授權指令或代碼，並通過電腦系統或任何性質的網絡傳播。電腦病毒包括但不限於"特洛伊木馬"、"蠕蟲"和"時間或邏輯炸彈"。

「先天性缺陷」

於出生時存在的醫學異常，或「受保人」十二（12）歲前被診斷出由初生兒發展成的身體異常。

「網絡行為」

是指在任何時間和地點所做的任何未經授權、惡意或犯罪行為。而該行為涉及進入、處理、使用或操作任何電腦系統、電腦軟體程式、惡意代碼、「電腦病毒」或流程或任何其他電子系統。

「日症病人」

是指病人為了進行手術而需要到「醫院」的日症手術部門或於「門診」進行手術，但不需要過夜的。

「每年自負額」

是指須由「受保人」在本保單內第三部份中第 1 節至第 5 節所自行負擔的醫療費用之金額，
「本公司」將支付扣除「附表」列明的自負額後的受保「損傷」或「疾病」的「住院」及手術保障費用。自負額以每「保單年度」為基礎，「本公司」只會支付超過列明的自負額之醫療費用。
若「受保人」的受保「損傷」或「疾病」已從其他保險公司取得賠償，自負額將扣減已從其他保單取得的賠償金額，並「本公司」應支付同一「損傷」或「疾病」扣除適用自負額後未獲賠償的合資格醫療費用。

「傷疾」

指一個「損傷」或「疾病」。
由同一次「意外」所引致之所有「損傷」都被視為同一傷疾。所有因為相同原因或相關原因引致的同時存在的「疾病」及所有由此發生的併發症均會被視為同一次傷疾。若傷疾是與先前傷疾的相同原因或相關原因引致，包括所有由此發生的併發症均會被視為先前傷疾的延續而不是另一傷疾，除非最近的出院日期，或最後一次「治療」性手術，或最後一次到「醫生」診所接受診斷或「治療」，或領取藥物之日期，或接受特別餐單（以較遲為準）之日期已相隔最少九十（90）天且無需再就該傷疾接受「治療」，其後的傷疾將被視為另一傷疾。

「緊急」

指四十八（48）小時內不就突發的、嚴重的、不可預見的「損傷」或「疾病」進行即時的「治療」，會引致「受保人」死亡或對「受保人」健康造成永久損害。

「保障地區」

指以下任何一種：
(a)　「亞洲」; 或
(b)　環球但不包括「北美洲」並已載於「附表」上。

「香港」

中華人民共和國香港特別行政區。

「醫院」

符合下列條件的機構：
(i)　根據所在國家或司法管轄區規定領取牌照之持牌醫院；
(ii)　主要業務為收取報酬的情況下為受傷或患病人士提供診斷、醫療護理、外科手術設備服務及「治療」；
(iii)　有一名或以上的「醫生」時刻駐院；
(iv)　在負責「醫生」監督下，駐有註冊護士每天二十四小時提供看護服務；
(v)　具有完善的「住院病人」設備；及
(vi)　保存所有病人的每日醫療記錄。
醫院並不包括主要業務為診所、照料類別的診所、自然療法診所、健康水療院、療養院或復康院、保管照料的地方、照顧長者或嗜酒者或吸毒者或治療精神病患者的機構，或護理院， 或類似的機構。

「住院」/「入住」

「受保人」必須因為「疾病」或「損傷」而遵照「醫生」建議及基於「醫療必需」下入住「醫院」及「受保人」在出院前，必須一直逗留在「醫院」內。「受保人」須出示「醫院」發出的每日房間及膳食費用單據，以作證明。

「直系親屬」

「閣下」或「受保人」的配偶、父母、配偶父母、祖/外祖父母、兒女、兄弟姊妹、孫兒女或合法監護人。

「損傷」

指直接因「意外」而導致身體所蒙受之損傷，並不涉及其他因素，身體受傷須由任何由猛烈及肉眼可見的外來因素造成。

「住院病人」

於「醫院」佔用床位的病人，並須出示「醫院」發出的每日房間及膳食費用單據以作證明。

「受保人」

「附表」訂明為受保人並受本保單保障的人士。

「深切治療部」

在「醫院」內特定以提供護士病人一對一護理，向病人提供專門的復甦、觀察及「治療」的單位。此單位必須 24 小時駐有經驗護士、護理人員及「醫生」，同時備有復甦工具、觀察儀器，以容許持續地評估病人的重要身體機能，例如心跳、血壓、血液化驗等。

「醫療必需」

為「損傷」或「疾病」必需或有需要之照顧、「治療」或醫療服務，並此等「治療」在專業認可的醫學標準中普遍接受為有效、適當及不可缺的，並以下列各項作為提供有關服務之必要性：

(i) 因應有關診斷或「治療」而所需；及
(ii) 符合良好及謹慎的行醫標準；及
(iii) 非純為「醫生」或任何其他醫療服務供應商之方便；及
(iv) 以「合理及慣常收費」的標準為受保「損傷」或「疾病」進行的「治療」收費；及
(v) 於沒有醫療「治療」包括藥物或接受任何手術下，使用醫療服務的目的並非純為診斷檢查、診斷掃描、影像檢查、化驗檢查或物理「治療」。

註: (i)至(iv)項適用於所有情況，惟第(v)項只適用於「日症病人」或「住院」情況。為免生疑，任何實驗，診斷檢查及預防性服務將不被視為「醫療必需」。

「醫生」

已合法註冊，登記，已獲授權在其執業的地區為醫生之人士，擁有合格西醫學位，並於其執業的地區合法獲授權提供醫療及外科手術服務的人士，惟「閣下」、「受保人」或「直系親屬」除外。

「北美洲」

美國及加拿大。

「門診」

「受保人」因本保單承保的「損傷」或「疾病」，在「醫生」或「專科醫生」的診所或辦事處、或「醫院」內的門診部或急症治療室接受醫療服務或藥物「治療」。

「個人終身賠償限額」

是指「受保人」個人終生所有簽發的「三高保」醫療保險計劃內（包括此條款，不論保單是否仍然生效）可支付的最高賠償總額，該個人終身賠償限額已列明在「附表」內。

「保險期」

「附表」內所訂明之保險有效期，而「本公司」已接納「閣下」在「附表」內所訂明該保險期間之保費。

「物理治療師」

已合法登記，註冊，並已獲授權在其執業的地區為合格物理治療師，並於其執業的地區合法獲授權並經由「醫生」所轉介提供專業服務的專家，惟「受保人」或「直系親屬」除外。

「保單週年日」

列明於「附表」之「保單生效日」期的週年日。

「保單生效日」

在收妥保費的前提下，列明於「附表」上之生效日期或最近的一個續保日，以較後者為準。

「首個保單生效日」

是指：

(i) 申請此保單時列明於「附表」上的首個「保單生效日」；為免生疑，續保日除外；或
(ii) 保單復效日，以較遲者為準。

「保單年度」

以「首個保單生效日」起及嗣後每年同日起計算每十二（12）個月的「保險期」。

「投保前已存在之傷疾」

在「首個保單生效日」、復效日或「提升保障生效日」（以較遲者為準）之前已存在之任何「損傷」、「疾病」或病況及 / 或「受保人」已呈現病徵或已接受「醫生」診療、確診、「治療」或醫療意見，或已服用處方藥物一段時間而「受保人」懂悉或理應知道之相關病況。

「公立醫院」

列明在「香港」醫院管理局所定義之公立醫院，並須符合「醫院」的定義。

「合資格護士」

指獲准資格的註冊或畢業護士，並已於其執業的地區獲合法授權提供護理服務的人士，惟「閣下」、「受保人」或「直系親屬」除外。

「合理及慣常收費」

就任何費用、收費或開支而言，指符合以下規定的費用或開支：

(i) 受傷或患病人士在「醫生」按照良好醫療守則的護理標準下所提供「醫療必需」的照顧，監管或指示而收取的「治療」、用品或醫療服務費用；
(ii) 不超過當地同類「治療」、用品或醫療服務的正常收費水平；及
(iii) 並不包括如沒有投購保險便不會招致的費用。

「本公司」保留權利釐定個別「醫院」 / 醫療費用是否屬於合理及慣常收費，參考的基準包括但不限於任何可取得的相關刊物或資料，例如當地政府、相關部門及認可醫療協會公佈的收費表。如根據上述參考資料，任何「醫院」 / 醫療費用並非合理及慣常收費，「本公司」保留權利調整任何或所有應付賠償的金額。

「合理及慣常之住院」

按普遍所認受的醫療水平而提供的「住院」、入院及逗留時間，及期間所接受的醫療服務及「治療」，服務水平並不超過該地區就同類「損傷」或「疾病」的「治療」水平。

為免生疑，根據良好的醫療慣例及標準的情況下，如「住院」的相關醫療手術或「治療」：i) 可於其他病人身上以「門診」病人方式常規進行；及 ii) 「受保人」可以「門診」病人身份合理地進行，有關「住院」並不視為合理及慣常之「住院」。

「有關文件」

有關文件包括「附表」、投保表格、聲明、附加契約、批單、附件及修訂本（不論以口述或書面形式）。

「附表」

隨附本保單並構成保單一部份之附表。

「疾病」

在「保險期」內健康出現不正常之病理癥狀。

「專科醫生」

除「閣下」、「受保人」或「直系親屬」外，於其執業的地區並根據當地相關的專科醫務法律，該「醫生」已登記在當地合法從事專科治療及外科手術服務的人士。

「標準半私家病房」

指在「住院」內設有基本單人床或設有供雙人共用浴室的雙人病房。

「指定三高症」

意指第一次被診斷患上以下 (a) 至(c)「疾病」之其中一項或者數項：

(a) **「糖尿病」**

必須根據以下標準之一做出診斷：

(i) 糖化血紅蛋白 HbA1C 在 6.5% 或以上。此測試必須在使用國家糖化血紅蛋白標準化計劃的認證和標準化的糖尿病控制和併發症試驗測定的方法來進行的實驗室進行， 或
(ii) 空腹血漿血糖在 126 mg/dL（7.0 mmol/L）或以上。空腹的定義為至少八個小時沒有攝入熱量；或

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(iii) 在口服糖耐量試驗中，口服 75 克葡萄糖 2 小時后，血漿血糖在 200mg/dL（11.1 mmol/L）或以上。該口服葡萄糖耐量試驗應依照世界衛生組織（WHO）的標準進行，既是使用含有 75g 無水葡萄糖的等效葡萄糖負荷溶解於水口服；或

(iv) 有高血糖症狀，或高血糖危象；並且隨機血漿血糖在 200 mg/dL（11.1 mmol/L）或以上；

(b) **「原發性高血壓」/「高血壓」**

必須根據以下標準做出診斷：

(i) 必須由註冊和合格的「醫生」根據超過一次臨床測試到收縮壓讀數相等或大於 140mmHg 和舒張壓讀數相等或大於 90mmHg, 並且需要長期服用藥物控制的明確診斷。

(c) **「血脂異常」/「高膽固醇血症」**

必須根據以下標準做出診斷：

(i) 必須由註冊和合格的「醫生」，根據公認的通行標準測試到空腹血脂異常和高 LDL-C 而需要長期服用藥物控制的明確診斷。

「恐怖活動」

恐怖活動包括任何人或團體為達到政治、宗教、思想或同類目的作出的行動、策劃或威脅活動，包括意圖影響任何國家法律上或實際上的政府或其政治部門，及/或威脅任何國家的公眾或部份公眾，不論是獨自行動又或代表或聯同任何組織或法律上或實際上的政府亦然；並且：

(i) 涉及以暴力對待一（1）人或多人；

(ii) 涉及財物損毀；

(iii) 危害生命但不包括執行行動的人；

(iv) 對公眾或部份公眾的健康或安全造成風險；或

(v) 設計去干擾或破壞某電子系統。

「中醫師」、「跌打 中醫師」或「針灸師」

指除「閣下」、「受保人」或「直系親屬」外，根據中醫藥條例（「香港」法律第 549 章 ）合法註冊及合資格在「香港」從事中醫服務的跌打或針灸或中醫師。

「治療」

指由「醫生」進行的外科或醫療程序，目的純粹為治癒或紓緩「損傷」或「疾病」或病症。

「提升」

指提升保障及或計劃級別。

「提升保障生效日」

指「本公司」同意「閣下」保單「提升」保障當日之「香港」時間 00:00 時，而「本公司」發予「閣下」訂 明「提升」保障詳情之保單「附表」或批單所註明的日期。

「慣常居住國家」

指「受保人」全年大部份時間工作或居住之國家。若「受保人」全年中經常要出埠，則指「受保人」保留有最主要居所之國家或「受保人」最近期固定住址之國家，及「受保人」不會於慣常居住國家以外的國家連續逗留超過一百二十（120）天。

「等候期」

指任何「疾病」、病症或症狀（除「指定三高症」及/或「列明的特定三高併發症」）於本保單之生效日期、或任何附帶批單或其後增加的「提升保障生效日」（只限增加保障部份），或保單復效日開始計算的三十（30）日內，以較遲者為準。「受保人」於此段等候期首次出現病徵之「疾病」、病症或症狀，「本公司」不會就在此期間於「住院」或「門診」治療任何「疾病」、病症或症狀作出任何賠償。指「指定三高症」及/或「列明的特定三高併發症」，於本保單之生效日期、或任何附帶批單或其後增加的「提升保障生效日」（只限增加保障部份），或保單復效日開始計算的九十（90）日內，以較遲者為準。「受保人」於此段等候期首次出現病徵之「指定三高症」及/或「列明的特定三高併發症」，「本公司」不會就「受保人」在此期間於「住院」或「門診」治療「指定三高症」及/或「列明的特定三高併發症」作出任何賠償。為避免生疑，等候期不適用於由「意外」「損傷」引起之索償。

「戰爭」

兩（2）國或多國因任何目的交戰，或主權國家之間的武裝衝突，又或正式宣戰或未正式宣戰的公開軍事衝突，又 或國與國之間經主權國正式授權而終止和平關係並陷入武裝敵對的局面。

「本公司」

蘇黎世保險有限公司。

「閣下」

本保單持有人之人士，並列於「附表」上。

「列明的特定三高併發症」的定義

「列明的特定三高併發症」	定義
「中風」	任何腦血管破裂或栓塞（顱外來源），腦組織梗塞所導致腦細胞不可逆的壞死。這個診斷必須通過所有下列條件的確定： (i) 中風事件發生至少九十（90）天後由神經內科專家證實有永久性神經損害的證據;和 (ii) 磁力共振成像（MRI），斷層掃描（CT）或其它可靠的成像技術上找到與新近中風的診斷一致的發現。 以下項目並不列入承保範圍之內： (i) 短暫性腦缺血發作； (ii) 因「意外」和創傷，感染，血管炎或發炎性病症; 缺氧造成的腦細胞受損； (iii) 影響眼睛或視覺神經的血管疾病，包括視神經或視網膜梗死； (iv) 前庭系統的缺血性失常； (v) 醫學成像中發現而無症狀的不自覺型中風（靜息性中風）； 或 (vi) 腦腔隙性中風
「微創手術（包括血管成形術）的冠狀動脈疾病治療」	實際經受球囊血管成形術，斑塊旋切術或激光治療來糾正冠狀動脈收窄（定義為在兩條或多條主要冠狀動脈大於 50 %的狹窄；或在一條主要冠狀動脈大於 75%的狹窄）。該項「治療」必須由「專科醫生」確定為「醫療必需」：以緩解藥物治療無效的運動限制症，或者為了達到更良好的預後。 欲符合這項利益的賠款付出，必須符合以下各項： (i) 病史顯示，儘管有藥物治療，病情依然惡化導致「受保人」的未來運動耐受程度會受到嚴重限制，而必須接受這項手術治療；和 (ii) 醫學證據包括所有的以下各項： (a) 主治「專科醫生」報告；和 (b) 顯著和相關的心電圖變化的證據（2mm 或以上的 ST 段壓低）; 和 (c) 血管造影證據證實主要冠狀動脈狹窄的位置和程度。

「列明的特定三高併發症」	定義
「冠狀動脈分流手術」	指通過開胸手術而實際進行的冠狀動脈分流手術，以糾正或治療冠心病。必須提供顯著冠狀動脈阻塞的血管造影證據，與該項手術必須由心內科「專科醫生」確認為「醫療必需」。血管成形術、其他在動脈之內進行的手術、栓孔（"keyhole"）手術或激光手術並不列入冠狀動脈分流手術的承保範圍之內。
「急性心肌梗塞」	因心臟血液供應不足，引致部分心臟肌肉壞死的明確首次診斷。必須提供所有以下證據: (i) 心肌梗死的典型臨床症狀（例如，特性胸痛）； (ii) 心電圖明確顯示有心肌梗死的新變化； (iii) 心肌酶或肌鈣蛋白被記錄到標誌性的升高，達致下列水平或者更高： (a) 肌鈣蛋白 T 大於每毫升 1.0 ng/ml (b) AccuTnI 大於每毫升 0.5 ng/ml 或其他肌鈣蛋白測量方法的相等值。 證據必須明確顯示急性心肌梗塞。其它急性冠狀動脈綜合症，例如心絞痛並不列入承保範圍之內。診斷必須由心臟「專科醫生」確認。
「腎臟移植」	明確診斷腎臟不可逆轉地衰竭和失去功能。「受保人」因此必需接受腎臟移植。移植必須由「專科醫生」客觀基礎上確認器官衰竭並且是「醫療必需」。除了腎臟，任何其它器官，部分器官的，組織或細胞，幹細胞移植和胰島細胞移植等都列入承保範圍之內。
「慢性和不可逆的腎衰竭」	兩個腎臟慢性和不可逆轉地的衰竭和失去功能，因此而需要進行定期血液透析，腹膜透析或腎移植手術。診斷必須由專家確認及有關醫療檢查報告的支持。
「截肢」	實際經受任何由於「糖尿病」「高血壓」或「高膽固醇血症」的血管並發症而導致的上肢手腕或以上，下肢方踝或以上的截肢。由創傷和意外事故導致的截肢明確並不列入承保範圍之內。該截肢必須由「專科醫生」基於客觀的確認是「醫療必需」。

第二部份 - 保障表

以下各項計劃及保障必須於「附表」內訂明為有效，方為適用。

保障表：

	每位「受保人」之最高賠償額（港元）	
「個人終身賠償限額」（除另有規定，適用於第 1-5 及第 7 節）	**30,000,000**	
「每年最高賠償限額」（每「保單年度」）（除另有規定，適用於第 1-5 及第 7 節）	**8,000,000**	
保障	**每位「受保人」之最高賠償額（港元）**	
病房類別	**「標準半私家病房」**	
「保障地區」	**環球但不包括「北美洲」或 「亞洲」**	
計劃	**至尊計劃**	**基本計劃**
第 1 節 -「住院」保障		
1.1 房租及膳食費用	全數賠償	全數賠償
1.2 「深切治療部」費用	全數賠償	全數賠償
1.3 「醫生」巡房費	全數賠償	全數賠償
1.4 「住院」「專科醫生」	全數賠償	全數賠償
1.5 「醫院」雜費	全數賠償	全數賠償
1.6 「住院」的私家看護費用	按規定	按規定
最高日數（每「保單年度」）	30 日	30 日
每日最高限額	全數賠償	全數賠償
1.7 陪伴床位保障（只供「年齡」18 歲以下的「受保人」）	全數賠償	全數賠償
1.8 住院現金（在「公立醫院」內之「住院」）	按規定	按規定
最高日數（每「保單年度」）	30 日	30 日
每日最高限額	1,600	1,600
第 2 節 - 手術費用保障		
2.1 手術費用	全數賠償	全數賠償
2.2 「麻醉科醫生」	全數賠償	全數賠償
2.3 手術室費用	全數賠償	全數賠償
2.4 「日症病人」手術費用	全數賠償	全數賠償

<table>
<tr><th>保障</th><th colspan="6">每位「受保人」之最高賠償額（港元）</th></tr>
<tr><th>計劃</th><th colspan="3">至尊計劃</th><th colspan="3">基本計劃</th></tr>
<tr><td>2.5 醫療裝置</td><td colspan="3">按規定</td><td colspan="3">按規定</td></tr>
<tr><td>a) 指定醫療裝置 / 輔助工具</td><td colspan="3">全數賠償</td><td colspan="3">全數賠償</td></tr>
<tr><td>b) 其他醫療裝置 / 輔助工具最高限額（ 每「保單年度」）</td><td colspan="3">80,000</td><td colspan="3">80,000</td></tr>
<tr><td>第 3 節 - 入院前及出院後保障</td><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td>3.1 入院前「門診」諮詢
最高次數（入院前 30 日內）</td><td colspan="3">1 次門診諮詢</td><td colspan="3">1 次門診諮詢</td></tr>
<tr><td>3.2 「住院」後「門診」及物理治療
（ 出院後 60 日內）</td><td colspan="3">按規定</td><td colspan="3">按規定</td></tr>
<tr><td>最高限額（每「保單年度」）</td><td colspan="3">10,000</td><td colspan="3">10,000</td></tr>
<tr><td>最高每日次數</td><td colspan="3">1,600</td><td colspan="3">1,600</td></tr>
<tr><td>3.3 「住院」後家居看護（出院後 60 日內）</td><td colspan="3">按規定</td><td colspan="3">按規定</td></tr>
<tr><td>最高日數（ 每「保單年度」）</td><td colspan="3">30 日</td><td colspan="3">30 日</td></tr>
<tr><td>每日最高限額</td><td colspan="3">1,600</td><td colspan="3">1,600</td></tr>
<tr><td>第 4 節 - 癌症及腎透析保障</td><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td>4.1 癌症化療、放射治療及標靶治療</td><td colspan="3">全數賠償</td><td colspan="3">全數賠償</td></tr>
<tr><td>4.2 腎透析</td><td colspan="3">全數賠償</td><td colspan="3">全數賠償</td></tr>
<tr><td>第 5 節 - 伸延保障</td><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td>5.1 「意外」「緊急」「門診」「治療」
最高限額（每宗「意外」）</td><td colspan="3">2,000</td><td colspan="3">2,000</td></tr>
<tr><td>5.2 「意外」牙科「治療」
最高限額（每宗「意外」）</td><td colspan="3">2,000</td><td colspan="3">2,000</td></tr>
<tr><td>5.3 愛滋病 / 人體免疫力衰竭病毒「治療」
最高限額（終生）</td><td colspan="3">500,000</td><td colspan="3">500,000</td></tr>
<tr><td>5.4 善終保障
最高限額（終生）</td><td colspan="3">80,000</td><td colspan="3">80,000</td></tr>
<tr><td>第 6 節 - 蘇黎世緊急支援服務</td><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td>6.1 於「香港」安排轎車接送（適用於「香港」境內）</td><td colspan="3">全數賠償</td><td colspan="3">全數賠償</td></tr>
<tr><td>6.2 海外電話醫療顧問服務（ 適用於「香港」境內）</td><td colspan="3">包括</td><td colspan="3">包括</td></tr>
<tr><td>6.3 海外轉介醫療服務供應商</td><td colspan="3">包括</td><td colspan="3">包括</td></tr>
<tr><td>6.4 海外入院按金保證</td><td colspan="3">最高為美元 15,000</td><td colspan="3">最高為美元 15,000</td></tr>
<tr><td>6.5 海外「緊急」醫療運送或運返服務</td><td colspan="3">實際費用</td><td colspan="3">實際費用</td></tr>
<tr><td>第 7 節 - 三高保障</td><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td>7.1 治療「指定三高症」醫療費用津貼
最高限額（ 每「保單年度」）</td><td colspan="3">5,500</td><td colspan="3">不適用</td></tr>
<tr><td>7.2 另類治療及紓緩性護理費用
最高限額（每個「治療」項目）</td><td colspan="3">10,000</td><td colspan="3">不適用</td></tr>
<tr><td>7.3 家居改裝及購買輔助行動用品費用
最高限額（終生）</td><td colspan="3">15,000</td><td colspan="3">不適用</td></tr>
<tr><td>第 8 節 - 免費年度身體檢查</td><td colspan="3"></td><td colspan="3"></td></tr>
<tr><td>8.1 年度「指定三高症」身體檢查</td><td colspan="3">每「保單年度」
一（1）次於指定醫療中心進行</td><td colspan="3">不適用</td></tr>
<tr><td>8.2 年度足或眼檢查及評估
（於確診患上「糖尿病」後）</td><td colspan="3">每「保單年度」
一（1）次於指定醫療中心進行</td><td colspan="3">不適用</td></tr>
<tr><td>第 9 節 - 自願性「每年自負額」
（適用於第 1 至第 5 節）</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>自願性「每年自負額」選擇</td><td>0</td><td>38,000</td><td>88,000</td><td>0</td><td>38,000</td><td>88,000</td></tr>
</table>

賠償限制：

計劃類別之指定房間類別	「住院」期內房間類別	根據保障表內「合資格費用」的賠償百分比
「半私家病房」計劃	「半私家病房」	100%
「半私家病房」計劃	私家病房	50%
「半私家病房」計劃	套房、豪華套房、行政套房、VIP 房或相同等級之病房或任何收費高於私家病房的病房類別	0%

關於「住院」索償，列於上述保障表中第 1 – 5 節的應得保障將根據上述列表中的所選房間類別賠償百分比作準。倘若「住院」房間類別高於本保單所選病房計劃「半私家病房」類別，不論自願或非自願，賠償百分比將根據所選病房計劃類別就「住院」房間類別向下調整至「合資格費用」至百分之五十（50%）。倘若「住院」於套房、豪華套房、行政套房、VIP 房或相同等級之病房或任何收費高於私家病房的病房類別皆不在第 1 - 5 節的保障範圍之內。如有爭議，「本公司」保留唯一權利決定病房等級，以據此釐定應付保障的金額。為確定病房等級，「本公司」將考慮到「受保人」「入住」的「醫院」採用的病房類別分級。

第三部份 - 保障

根據本保單的條文及條款，若「受保人」於「保險期」內因「損傷」或「疾病」，而須遵照註冊「醫生」建議「入住」「醫院」以接受「醫療必需」的「治療」及 / 或進行手術及求醫，當「本公司」收到可接納的證明後，「本公司」將賠償實際受保的「合理及慣常收費」並以「附表」內有關賠償額之最高賠償額為限。
在任何情況下，總賠償額不能超過列於第二部份 – 保障表內所選計劃之「每年最高賠償限額」或個別細節之限額及「個人終身賠償限額」。

第 1 節 -「住院」保障

若「受保人」於「保險期」內因「損傷」或「疾病」而須「入住」「醫院」以接受「醫療必需」的「治療」，「本公司」將會賠償以下組別的「合理及慣常收費」。

1.1 房租及膳食費用

「本公司」將會賠償「受保人」「住院」期間所有的房租及膳食的實際「合理及慣常收費」。

1.2 「深切治療部」費用

若「受保人」在「受保人」「住院」期間「入住」「醫院」的「深切治療部」，「本公司」會賠償在「深切治療部」所有的實際「合理及慣常收費」。當此項保障予以賠償後，將取代本保單第 1.1 節每天「住院」房租及膳食費用賠償。

1.3 「醫生」巡房費

「本公司」將賠償「受保人」於「住院」期間，因主診「醫生」每日到「受保人」病床巡房之實際「合理及慣常收費」，惟就任何二十四（24）小時內的「住院」，「本公司」不會賠償超過一（1）日的「醫生」巡房費。

1.4 「住院」「專科醫生」費

「本公司」將賠償「受保人」於「醫院」「住院」期間由一位主診「醫生」書面轉介下，「專科醫生」診治「受保人」的實際諮詢「合理及慣常收費」。

1.5 「醫院」雜費

「本公司」將會就「醫院」診治「受保人」所收取之下列費用，賠償實際收取的「合理及慣常收費」：

(i) 由主診「醫生」處方給病人在「住院」期間服用之西藥；或
(ii) 包敷物料、普通外科用夾板及石膏夾板的費用，惟不包括特別支架、人造義肢、器具及設備及於手術時使用之儀器或其他器材費用；或
(iii) 根據「醫生」建議，在「住院」期接受物理治療的費用；或
(iv) 氧氣及施用費；或
(v) X-光片、心電圖及其他化驗室檢查及測試費用及診斷過程，其即時目的為有「醫療必需」的「傷疾」「治療」；或
(vi) 靜脈注射費；或
(vii) 輸血、血或血漿及施用費；
(viii) 來往「醫院」的救護車服務費。

1.6 「住院」的私家看護費用

如「受保人」(i) 於「住院」期間曾接受手術 或 (ii) 於「住院」期間曾「入住」及被調出「深切治療部」後，「本公司」將賠償由持牌及「合資格護士」每日到「受保人」病床替「受保人」護理而產生的實際「合理及慣常收費」，此保障必須由主診「醫生」書面轉介說明「受保人」於「住院」期間需要護理服務的醫學理由。
惟就任何二十四（24）小時內的「住院」，「本公司」不會賠償超過一（1）位的持牌及「合資格護士」 作為私家看護。

1.7 陪伴床位保障（父母陪伴床位）

如「受保人」是一位十六（16）歲以下的兒童而於第一節 1.1 項 - 房租及膳食費用下受到保障，「本公司」將賠償因「受保人」之父或母在「醫院」陪伴「受保人」之一（1）張加床的實際「合理及慣常收費」。

1.8 於「公立醫院」「住院」的住院現金

若「受保人」之「住院」「入住」「公立醫院」之大房內，「本公司」將會就每日「住院」賠償住院現金

第 1 節的特別條款：

a. 若「受保人」在任何日子向「醫院」請假回家，不會支付任何保障。
b. 若「受保人」因多於一宗「傷疾」在「醫院」「住院」並進行手術或「治療」，在同一次「住院」內之所有「傷疾」將被視為同一宗「傷疾」，而「本公司」就同一次「住院」之所有「傷疾」只被視為一（1） 個「傷疾」保障及以列載於第二部份 – 保障表內所選擇之計劃內最高一（1）日的保障為限。
c. 第 1.3 節，第 1.4 節，第 1.5 節，第 1.6 節，第 1.7 節之保障只會在第 1.1 節保障支付時，方會支付。

第 2 節 - 手術費用保障

若「受保人」於「保險期」內因「損傷」或「疾病」而須接受「醫療必需」的手術，「本公司」將會賠償以下組別的實際「合理及慣常收費」。

2.1 手術費用

「本公司」將賠償「受保人」於「保險期」內因蒙受「損傷」或「疾病」，而須在「住院」期內進行手術，主診「醫生」為其進行手術而收取的實際「合理及慣常收費」。

2.2 「麻醉科醫生」

「本公司」將賠償「受保人」於「保險期」內因蒙受「損傷」或「疾病」，而須在「住院」期內進行手術，「麻醉科醫生」為其進行手術而收取的實際「合理及慣常收費」。

2.3 手術室費用

「本公司」將賠償「受保人」於「保險期」內因蒙受「損傷」或「疾病」，而須在「住院」期內進行手術的實際手術室「合理及慣常收費」。

2.4 「日症病人」手術費用

如「受保人」於「保險期」內蒙受「損傷」或「疾病」需於「醫院」「門診」部或註冊診所進行手術，「本公司」將賠償主診「醫生」諮詢費、在手術期間收取的實際「合理及慣常收費」，包括手術室費用、「麻醉科醫生」費用、藥費、氧氣及儀器費。
第 2.4 節保障只會在「受保人」沒有「住院」情況下進行「治療」方會支付。

2.5 醫療裝置

a. 指定醫療裝置 / 輔助工具

如「受保人」於「保險期」內因蒙受「損傷」或「疾病」而在「醫療必需」下進行需置換手術，並植入以下醫療裝置或器具，「本公司」將賠償以下醫療裝置或器具的實際「合理及慣常收費」:

(i) 心臟起搏器；
(ii) 經皮冠狀動脈腔內成形術之支架及氣球擴張導管;
(iii) 眼角膜晶體；
(iv) 血管瓣膜手術所需的瓣膜；
(v) 置換關節手術所需的金屬或人造關節；
(vi) 用於置換或植入骨間韌帶的人工韌帶；及
(vii) 人工腰椎盤。

b. 其他在 2.5a 項目外的指定醫療裝置 / 輔助工具

如「受保人」在「醫療必需」下進行手術或需置換程序的手術，手術期間使用義肢 / 義體或植入並非列於 2.5a 的外置醫療裝置或器具於「受保人」體內令其永久構成並取替「受保人」身體一部份器官，「本公司」將賠償該等醫療裝置或器具的實際「合理及慣常收費」。

第 2.5 節的特別條款：

a. 「受保人」在第 2.5 節下受保的手術或置換程序的手術必需符合第 2.1 至 2.4 規定獲得索償，方會支付。

第 3 節 - 入院前及出院後保障

「受保人」在受保「住院」前或受保「住院」結束後，「本公司」將會賠償以下組別而產生的「合理及慣常收費」。

3.1 入院前「門診」諮詢

「本公司」將賠償「受保人」於「住院」前三十（30）天內，因同一「損傷」或「疾病」，以「門診」形式接受直接與「住院」有關的同一「損傷」或「疾病」的一（1）次醫療咨詢，診斷調查及必需藥物之實際「合理及慣常收費」。

3.1 節之保障亦適用於合資格就 2.4 節申請索償之「受保人」，而 3.1 節之保障需要與 2.4 節之手術或置換手術有關，並在「受保人」接受該手術或置換手術前三十（30）天內接受。

3.2 「住院」後「門診」及物理治療

「本公司」將賠償「受保人」從「醫院」出院後六十（60）天內招致的「門診」諮詢覆診及醫療實際「合理及慣常收費」，然而保障只限於直接與「住院」有關的同一「損傷」或「疾病」的覆診。

此保障須由主診「醫生」處方及轉介，受保的諮詢費用只限於：

(i) 普通科「醫生」的諮詢收費；
(ii) 「專科醫生」的諮詢收費；
(iii) 脊醫收取的諮詢收費；
(iv) 「針灸師」的收費；
(v) 順勢療法的收費；
(vi) 整脊師的收費；
(vii) 物理治療費用；
(viii) 職業治療費用；
(ix) 言語及聽覺治療費用；
(x) 「中醫師」、「跌打中醫師」的諮詢收費及跌打及中草藥費用；及
(xi) 營養師的診費

提供以上服務的人士須註冊及持牌，並且在其執業地區獲政府依法認可，分別可提供醫治 / 脊椎治療 / 中醫藥 / 針炙 / 營養諮詢服務 / 「治療」及通過冷凍療法，熱療，電療，手法治療，牽引，運動治療，水療和針灸的方法對身體「傷疾」評估和「治療」服務。

「住院」後「門診」及「治療」以每一（1）日一（1）次診治次數為限。

3.2 節之保障亦適用於合資格就 2.4 節申請索償之「受保人」，而 3.2 節之保障需要與 2.4 節之手術或置換手術有關，並在「受保人」接受該手術或置換手術後六十（60）天內接受。

3.3 「住院」後家居看護

如「受保人」(i)於「住院」期間曾接受手術 或(ii) 於「住院」期間曾被調出「深切治療部」，「受保人」的主診「醫生」以書面證明「受保人」就直接與「住院」有關的同一「損傷」或「疾病」相關的醫學理由而須於出院後即時需要聘請一（1）名持牌及「合資格護士」每日到「受保人」的「慣常居住國家」的日常主要住所（並不包括任何復康院或護理院）在出院後六十（60）天內替「受保人」提供護理服務，「本公司」將賠償看護收取的實際「合理及慣常收費」。

惟就任何二十四（24）小時內，「本公司」不會賠償超過一（1）位的持牌及「合資格護士」 作為私家看護。

第 4 節 - 癌症及腎透析保障

4.1 癌症化療、放射治療及標靶治療

「本公司」將賠償「受保人」由主診「醫生」書面建議，、就一（1）項或以上於「保險期」首次診斷的的惡性腫瘤或癌症而在「醫院」或在「門診」進行「醫療必需」的化療或放射治療，包括標靶治療所引致的實際的「合理及慣常收費」。所有有關於該化學療法及放射療法的覆診診斷及 / 或「治療」均受保障。

4.2 腎透析

「本公司」將賠償「受保人」由主診「醫生」書面建議，就於「保險期」首次診斷患上的不可逆轉的慢性腎衰竭而接受血液透析或腹膜透析所引致的實際「合理及慣常收費」。該費用應等同在「醫院」以「住院」或「門診」方式接受有關「治療」之收費。

第 5 節 - 伸延保障

「本公司」將賠償在「醫療必需」下，以下組別的「治療」及 / 或服務而引致的實際「合理及慣常收費」。

5.1 「意外」「緊急」「門診」「治療」

如「受保人」因「意外」需要接受「緊急」諮詢和「治療」，「本公司」將賠償在「醫院」或「醫院」「門診」部進行「治療」而招致的實際「合理及慣常收費」，惟該「意外」必須是純粹及獨立的「意外」而非因任何其他由意外事故而直接引致的醫療或手術費及該等「治療」須在「意外」發生日的四十八（48）小時內完成。

5.2 「意外」牙科「治療」

如「受保人」因「意外」以致天然健全的牙齒需進行「治療」，「本公司」將賠償在「醫院」或合法註冊牙醫診所進行「治療」而招致的實際「合理及慣常收費」，惟該「意外」必須是純粹及獨立的「意外」而非因任何其他由意外事故而直接引致的醫療或手術費及該等「治療」只包括診症、止血、拔牙及 X-光費用，及必須在「意外」發生後兩（2）星期內完成。

儘管有前文規定，本保障並不涵蓋任何修復性或補救「治療」、任何貴金屬用料、任何性質的矯牙手術或於「醫院」進行的牙科手術，除非患者必須進行牙科手術才可紓緩痛楚則例外。此外，本保障概不適用於以下「治療」：(i) 飲食造成的「損傷」；(ii) 正常損耗造成的損害；及 (iii) 擦牙或其他口腔衛生程序造成的損害。

5.3 愛滋病 / 人體免疫力衰竭病毒「治療」

「本公司」將賠償「受保人」在「住院」期內進行「醫療必需」「治療」任何愛滋病毒感染相關「疾病」的實際「合理及慣常收費」，包括人體免疫力衰竭綜合症，然而「受保人」的徵狀或病徵必須是在保單連續生效五（5）「保單年度」後初現，「本公司」方會支付保障。本保障在每「保險期」只限索償一次。

當此項保障予以賠償後，將取代本保單所有該「住院」的賠償。

5.4 善終服務保障

若「受保人」於「保險期」內首次被診斷患上嚴重或對「受保人」生命造成威脅的病症，並按「醫生」的意見，認為「受保人」很大機會於三百六十五（365）日內死亡。

「本公司」將就「受保人」「住院」後在「醫療必需」下被安排進住註冊善終院舍及其照顧和護理而須支付的實際「合理及慣常收費」。

「受保人」的嚴重或對「受保人」生命造成威脅的病症的徵狀或病徵必須是在保單連續生效兩（2）「保單年度」後初現，並獲主診「醫生」書面轉介說明需要此服務的醫學理由，「本公司」方會支付保障。

本保障在每「保險期」只限索償一次，當此項保障予以賠償後，將取代本保單所有其他的進駐、照顧及護理服務的賠償。

第 6 節 - 蘇黎世緊急支援服務

第 6 節下受委任提供蘇黎世緊急支援服務的機構乃是一間獨立公司，為「受保人」提供服務。受委任的支援服務機構將全權負責該等服務。如該機構之員工、代理或代表有行動失誤、疏忽或遺漏，皆與「本公司」、「本公司」的任何附屬機構、代理或旗下的員工無關。

6.1 於「香港」安排轎車接送

「本公司」可應「受保人」要求，為在「香港」「住院」超過連續七（7）天的「受保人」安排轎車接送服務。轎車服務指從「醫院」前往「香港」境內住所的單程接送。任何於「香港」安排轎車接送的費用，一律由「受保人」自行支付。

6.2 海外電話醫療顧問服務

「本公司」可於「受保人」到「香港」境外旅遊期間透過電話安排並提供醫療顧問服務，以維持其身體狀況平穩。這類顧問指導並非診斷，如有需要會轉介「受保人」到「醫生」診治，但「本公司」委派的服務供應商提供本項服務時將盡量小心和周全。

6.3 海外轉介醫療服務供應商

「本公司」可應「受保人」要求提供全球各地「醫生」、「醫院」、診所、牙醫及牙科診所（統稱「醫療服務供應商」）的名稱、地址、電話號碼及如有辦公時間資料，然而「本公司」不會提供醫學診斷或「治療」。儘管「本公司」提供轉介服務，「本公司」不能保證醫療服務供應商的服務質素，最後是否選用任何醫療服務供應商，純粹由「受保人」自行決定。

但「本公司」挑選醫療服務供應商時會盡量小心周詳。

所有診症及相關費用一律由「受保人」直接支付。

6.4 外入院按金保證

如「受保人」身在「香港」境外期間「入住」「本公司」認可的「醫院」，「本公司」會直接向「醫院」支付入院按金，最高限額為 15,000 美元，但「受保人」仍要負責任何附加行政費。

如「住院」不在本保單的保障內而「本公司」根據本項服務已支付任何費用，「閣下」必須向「本公司」償還有關款項。

6.5 海外「緊急」醫療運送或運返服務

「受保人」離開「香港」不超過一百二十（120）日期間因需要「緊急」醫療運送或運返服務，「本公司」會安排及支付所有無可避免地實際招致之必要運輸、醫療服務及醫療用品費用。運送的時間、交通工具（經濟級別）及最終目的地由蘇黎世緊急支援服務完全基於「醫療必需」的考慮作出全權決定。

就第 6.2-6.5 節保障而言，任何第三者向「受保人」收取的「住院」費用或醫療費用，除非屬於本保單承保範圍，否則一律由「受保人」自行支付。

蘇黎世緊急支援服務是由蘇黎世保險有限公司指定的服務供應商提供。如需協助請致電「本公司」設於「香港」的 24 小時熱線 (852) 2886 3977。

第 7 節 - 三高保障

7.1 「治療」「指定三高症」醫療費用保障

若「受保人」於「保險期」內首次診斷出的「指定三高症」，「本公司」將賠償「受保人」以「門診」形式治療「指定三高症」實際的「合理及慣常收費」。

此保障須獲主診「醫生」書面處方及轉介，且下列受保的費用是「醫療必需」及純為治理或監控「指定三高症」的癒後：

(i) 普通科「醫生」的諮詢收費；
(ii) 「專科醫生」的諮詢收費；
(iii) 持牌及合資格照料及護理糖尿病人的護士於「醫院」「門診」部或註冊診所內提供相關服務的諮詢收費；
(iv) 外科藥物的費用；
(v) 其他化驗室檢查，影象檢查或測試費用。

7.2 「列明的特定三高併發症」的另類治療及紓緩性護理費用

若「受保人」因「列明的特定三高併發症」而於「住院」期間進行任何類型的手術，「本公司」將賠償「受保人」從「醫院」出院後進行「門診」覆診及「治療」所招致的實際「合理及慣常收費」。此保障須由主診「醫生」處方及轉介，受保「治療」須於進行「列明的特定三高併發症」引起的任何類型的首次手術 / 「治療」引起及從「醫院」出院後一（1）年之內完成。

受保「治療」只限於：

(i) 脊醫收取的諮詢收費；
(ii) 「針灸師」的收費；
(iii) 順勢療法的收費；
(iv) 整脊師的收費；
(v) 物理治療費用；
(vi) 職業治療費用；
(vii) 言語及聽覺治療費用；
(viii) 「中醫師」、「跌打中醫師」的諮詢收費及跌打及中草藥費用；
(ix) 營養師的診費；
(x) 指壓的費用；
(xi) 推拿的費用；
(xii) 催眠費用；
(xiii) 羅爾芬費；
(xiv) 按摩療法費用；及
(xv) 香薰費。

提供以上服務的人士須註冊及持牌，並且在其執業地區獲政府依法認可，分別可提供

醫治 / 脊椎治療 / 中醫藥 / 針炙 / 營養諮詢服務 / 「治療」及通過冷凍療法，熱療，電療，手法治療，牽引，運動「治療」，水療和針炙的方法對身體「傷疾」評估和「治療」服務。

7.3 家居改裝及購買輔助行動用品費用

如「受保人」已進行任何「列明的特定三高併發症」的手術，並於「醫院」出院後被證實有行動問題，「本公司」將賠償家居改裝及購買輔助行動用品的實際「合理及慣常收費」。

第 8 節 - 免費年度身體檢查

8.1 年度「指定三高症」身體檢查

如保單於第一（1）「保單年度」後續保，「本公司」每年度為「受保人」提供一（1）次於指定醫療中心進行的身體檢查。年度「指定三高症」身體檢查由蘇黎世保險有限公司指定的服務供應商提供。「本公司」保留權利轉用不同服務供應商而不需要預早通知。「本公司」並不保證任何服務供應商所提供的服務及每年度「指定三高症」身體檢查於兌換限期終止時作廢。

8.2 年度足或眼檢查及評估（於確診患上「糖尿病」後）

若「受保人」於「保險期」內首次診斷患有「糖尿病」，得「醫生」推薦及轉介，「本公司」每年度為「受保人」提供一（1）次於指定醫療中心進行的腳或眼的檢查。年度腳或眼檢查由蘇黎世保險有限公司指定的服務供應商提供。「本公司」保留權利轉用不同服務供應商而不需要預早通知。「本公司」並不保證任何服務供應商所提供的服務，每年度足或眼檢查及評估於兌換限期終止時作廢。

第 9 節 - 自願性「自負額」

若任何「受保人」自願接受按每「保單年度」計算的「自負額」，自負金額將列於「附表」。第 1 節至第 5 節的「住院」及手術保障中，「本公司」將於每宗「損傷」或「疾病」中先扣除列於「附表」中的「自負額」後，再作賠償。

第四部份 - 一般不承保事項 – 適用於全保單

本保單將不會承保因下列事故直接或間接引致之索償：

1. 購買器官作器官移植，以及並非「受保人」本身為器官捐贈者而招致的所有費用，包括與捐贈器官有關的費用；
2. 飛行除非以乘客身份乘搭由持牌商業航空公司營運的正式持牌航機、私人飛機或直昇機；或服役於海軍、軍事或武裝部隊；
3. 避孕劑或避孕用具，男女兩性的不育或任何方式的人工受孕，絕育手術；任何因婦產、流產、墮胎、終止懷孕、懷孕引致的狀況、包括但不限於分娩測試，產前、產後護理及其他有關併發症；
4. 「受保人」並非於本保單「保險期」內招致的費用，或於本保單「保險期」內欠繳保費期間招致的費用；
5. 任何保健食品或飲食補給品及所有專門中藥材及 / 或滋補藥物的費用，包括但不限於燕窩、靈芝、任何種類人參、花旗參、野生參、蟲草、姬松茸、鹿茸、阿膠、海馬、羚羊角粉、紫河車、麝香及珍珠末等；
6. 「投保前已存在之傷疾」或與此有關的「疾病」狀況;
7. 任何非「醫療必需」所招致的「治療」或服務開支；
8. 任何於「等候期」內所引起的「治療」或費用，因「意外」「損傷」導致除外；
9. 非醫療服務費用，如電話、電視、電台、電訊、額外及訪客膳食、加床或同類設施、個人物品、醫療報告的收費；
10. 「先天性缺陷」，包括但不限於癲癇、斜視、腦積水、疝氣；
11. 療養、監護療養或靜養，或任何於家中、水療中心、自然療法診所、療養院或長期護養院接受的「治療」；
12. 以美容為目的之美容手術或整容手術，惟因「意外」的「損傷」導致「醫療必需」的「治療」除外；
13. 任何性質的牙科手術。「本公司」會賠償天然健全牙齒於「保險期」內因「意外」導致的「損傷」。本保障只適用於「緊急」下紓減痛楚的「治療」，但「治療」必須於合法註冊牙醫診所或「醫院」進行。儘管有前文規定，本保障並不涵蓋任何修復性或補救

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「治療」、任何貴金屬用料、任何性質之矯牙手術、更換天然牙齒、假牙及矯形服務如齒橋、齒冠及其更換及相關費用；
14. 石棉導致的「疾病」；
15. 除非純粹因「意外」引起或屬於「緊急」情況，任何於「保障地區」境外所接受之「治療」；
16. 試驗性治療及藥物、未經證明或先導的藥物及手術技術；
17. 眼部驗光毛病、例行眼部測試、配眼鏡糾正視力或近視矯正手術；
18. 一般身體檢查、疫苗注射或預防針、非「醫療必需」的間離、睡眠窒息測試的費用；.
19. 任何核子燃料或核子武器物料燃燒後所產生的核子廢料所引致的電離子輻射或放射性污染；
20. 購置或使用特製支架、器材、設備，包括但不限於器官、義肢裝置、助聽器、人工耳蝸植入術、輪椅、拐杖、假牙、或任何其他同類設備，惟列於第三部份 2.5 節 – 醫療裝置的保障除外；
21. 職業運動、任何形式的競賽，或因「受保人」參與此等運動、競賽賺取報酬或參與任何非法活動；
22. 自殘、企圖自殺、蓄意自我傷殘、精神失常或神經系統失調或精神疾病，包括但不限於精神病、神經官能症、任何類別抑鬱症、焦慮症、厭食症、暴食症、變性手術、精神分裂症及其他行為失常病症、酗酒、濫藥或其他
23. 成癮的事物及其引起之費用；由非「醫生」或通常居於「受保人」家中的人士提供的「治療」；
24. 兒童學習障礙的「治療」，例如閱讀困難或行為問題、專注不足 / 過度活躍症，或發育障礙如身形矮小；
25. 肥胖的「治療」或所有以增加或減少體重為目的之「治療」（無論是否屬於病態肥胖或有否並存疾病）、消除脂肪或多餘組織；
26. 性病、透過性傳染疾病、法律規定隔離或檢疫的傳染病；
27. 「戰爭」、侵略、外敵入侵、敵對局面（不論正式宣戰與否）、「內戰」、叛亂、革命、暴亂、軍事政變或奪權行動、直接參與罷工、暴動或內亂或以任何方式參予「恐怖活動」；
28. 人類免疫力缺乏病毒及 / 或人類免疫力缺乏病毒有關「疾病」，包括愛滋病及 / 或其任何突變、衍生或變異所引致或因此而命名，受保於本保單第 5.3 節–愛滋病 / 人體免疫力衰竭病毒「治療」除外；及
29. 任何只為物理治療，診斷影像、化驗測試或其他檢驗程序而「住院」，以調查任何直接或間接因「傷疾」引起之徵狀或病徵。
30. 任何由「網絡行為」引致的「意外」、「傷疾」、「疾病」及 / 或「損傷」。

第五部份 - 特別條款

1. 限額

第一部份至第三部份的保障，將以第二部份 – 保障表內所選計劃之「每年最高賠償限額」或個別細節之限額為限，以及以每一「受保人」而言，進一步受限於以下所列：

(a) 「每年最高賠償限額」，指於任何單一「保險期」內支付的賠償總額（除第六部份）；
(b) 以本保單定義的「個人終身賠償限額」；及
(c) 「每年自負額」。

在任何情況下，當「每年自負額」全數扣減後，任何「住院」、手術及 / 或「治療」產生的實際費用及收費總賠償額不得超逾一百巴仙（100%）。

就「每年最高賠償限額」而言，第三部份保障條款的「住院」保障以按入院日期所屬之「保單年度」計算，並不會以出院時的「保單年度」計算。

2. 「住院」

「住院」必須有「醫院」發出的每日房間及膳食費用單據作證明，「本公司」不會就以下情況賠償：

(1) 同一日「住院」賠償多於一（1）日房間及膳食費用﹕或
(2) 非「合理及慣常收費」的「住院」。

3. 海外「治療」

除另有規定，所有保障均受限制於「受保人」選擇之計劃的「保障地區」範圍之內，或當「受保人」需要進入「保障地區」境外國家的「醫院」緊急部門接受「緊急」「治療」。

然而，若任何「受保人」身處於「香港」境外國家逗留超過一百二十（120）日，「本公司」均不會支付本保單的保障。

如投保人或「受保人」身處於「保障地區」境外國家需要「緊急」「治療」，應於進入「醫院」「緊急」「治療」前或後盡快通知蘇黎世緊急支援服務。

在任何情況下， 本保單並不承保於選擇之計劃的「保障地區」以外國家進行選擇性非「緊急」「治療」。

「本公司」保留權利在辦理本保單任何索償或支付任何保障時，要求索償人提交「本公司」滿意的「受保人」原居國證明。

4. 拒絕或接受申請

「本公司」保留權利毋須作任何解釋而拒絕任何申請，或附加「本公司」指定的任何特別條款以接受申請人的申請。

第六部份 - 一般條款

1. 整體協議

本保單，包括所有「有關文件」，乃立約各方之間之整體協議。任何代理或其他人士均無權更改或豁免本保單的任何條款。本保單如有任何修改，必須獲得「本公司」受權人員的批准並簽發批單作實，方始生效。為免生疑，「有關文件」亦會組成續保合約的部份並且所有資料會於續保時被視為真確及有效，除非收到「閣下」在續約時另有通知。

2. 「年齡」及資格限制

除非另有說明：

(i) 「至尊計劃」，「受保人」在「首個保單生效日」「年齡」必須介乎十五（15）日至六十五（65）歲（包括十五（15）日及六十五（65）歲）及可續保至九十九（99）歲
(ii) 「基本計劃」，「受保人」在「首個保單生效日」「年齡」必須介乎六十六（66）歲至七十五（75）歲（包括六十六（66）歲至七十五（75）歲）及可續保至九十九（99）歲。

就「至尊計劃」及「基本計劃」兩個計劃而言，「受保人」必須為「香港」市民或居民及持有有效之「香港」身份證明文件，且有「香港」永久住址及以「香港」為「慣常居住國家」，十八（18）歲以下之任何「受保人」應持有有效之「香港」出世紙或「香港」居民的家屬簽證。

3. 現況改變

若「受保人」就申請表上所提供之資料（不論口頭或書面上提供）出現任何改變均須負上通知「本公司」的之全部責任，否則「本公司」有權拒絕所有賠償或使其失效。

4. 索償通知

若「受保人」因任何「傷疾」而接受「治療」及可能對本保單作出索償，須於首次接受「治療」三十（30）日內書面通知

「本公司」，索償人或「受保人」或「受保人」之代理人需自費提交「本公司」所需之證書、資料及證據，及任何「本公司」所定之形式及性質的各種證明。「本公司」有權自費要求聘用醫療公證人進行身體檢查。如索償人或「受保人」不遵守本條款，「本公司」有權決定不支付本保單的任何保障。

5. 損失證明

辦理索償必須在有關索償的「治療」完成及 / 或終止後三十（30）天內向「本公司」提交正本書面損失證明，包括收據和項目明細表單及診斷資料，連同由「本公司」提供並由「閣下」填妥的索償表格。倘能合理解釋不能於限期內將有關證明文件送交「本公司」提供的緣由，並已盡可能於期限後立即送出「有關文件」，且不超過一百八十（180）日之限，則不會被視為放棄申請賠償的權利。「本公司」所需之證書、資料及證據，須依據「本公司」所定之形式及性質提交，「本公司」概不會負責任何費用。

若所提交的證明文件並非中文或英文，「受保人」必須自費取得經核證的中文或英文證明文件譯本。

6. 索償時限

除索償已被「本公司」接納或為有待進行之未審結訴訟及替代性爭議解決方案外，於任何情況下，「本公司」概不會就「受保人」於任何「傷疾」出現後滿十二（12）個月方提出之有關索償支付賠償。

7. 身體檢查

如「受保人」蒙受非致命「損傷」，「本公司」有權按需要要求由「本公司」指定的醫療機構為「受保人」進行身體檢查。如屬「受保人」身故索償，「本公司」有權自費進行驗屍。

8. 支付索償

所有賠償均以「香港」貨幣港元支付及並於收到索償證明後方始支付。

如任何索償以外幣償付開支，款項將按照病人付款當時「香港」現行的官方買入匯價折算為「香港」貨幣港元，或如無官方匯率則由「本公司」指定的銀行適當定兌換率，銀行的決定將作終論並對各方約束。

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賠償將在收到所需索償證明後支付予「受保人」，若「受保人」身故，則付予「受保人」之承繼人。除非該賠償是在第三部份第 6 節 – 蘇黎世緊急支援服務之下，實際賠償將支付予蘇黎世緊急支援服務供應商。「本公司」就本保單之責任在保單被終止、取消或失效時自動停止，所指責任包括在「保險期」內就治療「損傷」或「疾病」的醫療費用、覆診或任何有關「損傷」的賠償。同樣地「受保人」所擁有的申索權利在保單被終止、取消或失效時亦會自動終止。

9. 詐騙索償

如「受保人」或任何以「受保人」名義向本保單提出索償時，以任何方式進行詐騙，包括但不限於以任何途徑或方法，編製或漏報或虛報任何文件，「本公司」於任何情況概毋須承擔責任支付此等索償的保障，而本保單的保障將即時終止。保險終止並不構成「本公司」放棄權利向「閣下」或「受保人」追討任何權利或提出索償，及又或向警方舉報詐騙事件。

10. 失實陳述，漏報或欺詐

「本公司」有權在下列任何一項情況下，宣告本保單自「保單生效日」起無效，並通知「閣下」，本保單不會為「受保人」提供保障：

(a) 在投保表格或任何其後就相關申請提交予「本公司」的資料或文件（包括相關資料的任何更新及改動），其所作出的陳述或聲明中，就「受保人」健康狀況的任何 "重要事實" 作出失實聲明或遺漏資料, 未如實申報任何「投保前已存在之傷疾」或未能遵行最高誠信而影響「本公司」的風險評估。"重要事實" 包括但不限於會影響「本公司」對「受保人」的核保決定的事實，若披露該事實「本公司」有可能因而徵收附加保費、增加不保項目、拒絕或待定投保申請。
(b) 在投保表格中或索償時，作出欺詐或有欺詐成分的申述。

在 (a) 的情況下，「本公司」將：

(i) 退還已繳交的相關保費及保費徵費（如有）但需扣除所有已支付的索償金額及「本公司」支付的必要費用，包括但不限於「本公司」的合理行政費及因本保單而招致的服務費（如有）。
(ii) 如上述抵銷事項總數超越已繳交的相關保費，「閣下」必須在「本公司」發出付款通知書後十四（14）個工作天內向「本公司」償還差額。

在 (b) 的情況下，「本公司」將有權：

(i) 不退還已繳交的相關保費；及
(ii) 追討所有過去已支付予「閣下」的賠償，並要求在「本公司」發出付款通知書十四（14）個工作天內把有關賠償償還「本公司」。

11. 保費

(1) 本保單為年度之醫療保單。「閣下」可以以年繳或月繳方式付款予「本公司」。支付首期保費後，所有往後的保費必須在到期日或之前支付予「本公司」。如「閣下」曾提出索償或在「保險年度」內曾使用服務，「閣下」必須負責繳付同「保險期」之「保險年度」全年保費，保單方惟有效。「本公司」亦不會就任何已付保費作出退款。
(2) 「本公司」保留權利，在以下情況更改或調整保費：
    (a) 「本公司」會根據續保時的適用保費率調整保費（將基於多個因素，包括但不限於醫療通脹, 預期未來醫療費用, 理賠紀錄及「閣下」及 / 或這產品招致之費用，及保障之更改），並於調整保費前三十（30）天以書面通知「閣下」。
    (b) 於續保時，保費將按「受保人」之實際「年齡」自動調整。

12. 寬限期

在首期保費後，「本公司」將於每次保費到期後給予「閣下」三十一（31）日寬限期。在寬限期內，本保單仍維持生效，如於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費之日期起被視為逾時失效。

13. 重訂保單

若「閣下」因欠繳保費而導致保單終止，「閣下」可於保單終止後九十（90）天內向「本公司」提交令「本公司」滿意之重訂申請書，並按「本公司」的核保要求提供可保性證明，「本公司」可能允許「閣下」重訂保單。重訂保單只承保「受保人」於重訂日後開始蒙受之「意外」及重訂日後起計三十（30）日後開始呈現病徵之「疾病」（除「指定三高症」及 / 或「列明的特定三高併發症」），及重訂日後起計九十（90）日後開始呈現病徵之「指定三高症」及 / 或「列明的特定三高併發症」。

14. 取消及續保

從「保單生效日」起計，本保單會維持生效一（1）年及由「本公司」酌情每年自動續保。惟「本公司」保留權利在任何「保險期」之續保前三十（30）日向「閣下」提供書面通知以更改保單條款，包括但不限於保費、保障、保障額或不承保事項。「本公司」沒有責任透露有關更改之原因及如「閣下」於本保單任何一個「保險期」之「保單生效日」前表示「閣下」不接納相關更改，續保可以不實行。

在不違反上述情況下，儘管本保單另有任何其他條款規定，如有下列情況，「本公司」亦可隨時取消或拒絕續保或更改本保單：

(1) 「受保人」：
    (a) 作出不誠實行為，以詐騙等手段隱瞞事實，以致誤導「本公司」或任何其他保險公司；
    (b) 違反本保單的任何條款及細則；
    (c) 不再以「香港」作為「慣常居住國家」；
(2) 付訖保費的承保期已過，「受保人」並未在寬限期到期日支付保費；或
(3) 「本公司」按節第 17 項部，停辦本計劃或計劃內的任何部份。

如取消保險，「本公司」將發出書面通知予「閣下」，保險將於通知發出日後三十（30）日正式取消。上述郵寄通知書可充分證明「本公司」已發出通知，本保單將於通知書註明的生效日期及時間正式終止。當本保單如上所述終止，「本公司」將會退還當時尚未使用的保費予「閣下」但保單必須在該有關「保險期」內無索償紀錄。

15. 「閣下」取消保單

「閣下」可於三十（30）日前向「本公司」提出書面通知，或寄出通知到「本公司」的最後通知的地址，以取消此保單，如在該「保險期」內無索償紀錄，「閣下」已繳交之全年但未到期之保費將根據下列適用之比率計算扣減並退還，但在任何情況下不可低於下列「本公司」慣常收取最低保費。

在單一「保險期」的保障月份	（即慣常收取最低保費) (全年保費的百分比）
2 個月或以下	40%
3 個月	50%
4 個月	60%
5 個月	70%
6 個月	75%
超過 6 個月以上	100%

儘管有上述規定，如本保單未符合「閣下」需要，「閣下」有權在緊接保單交付予閣下之日起計的二十一（21）日內交還保單及附上「閣下」的簽署之書面通知書要求取消保單。若未曾獲賠償或沒有將獲發的賠償，「本公司」將會把「閣下」已付之保費無息全數退還。若「閣下」曾獲賠償或將獲得賠償，則不獲發還保費。

16. 保單終止

本保單之保障將會在遇到下列較早發生的一項時自動終止：

(i) 「受保人」根據本部份第 2 項 -「年齡」及資格限制所述之情況，不再符合資格獲得本保單的保障；
(ii) 本保單的保障會根據本部份第 10 項 - 失實陳述，漏報或欺詐所述之情況終止；
(iii) 「閣下」未能根據本部份第 12 項 - 寬限期所述之情況，在三十一（31）日寬限期內付款；
(iv) 任何一方根據本部份第 14 項 - 取消及續保或第 15 項 -「閣下」取消保單所述之情況，以三十（30）日內書面通知取消本保單；或
(v) 「本公司」已付的索償金額已達「個人終身賠償限額」。

17. 保險計劃終止

在任何情況下，若「本公司」終止此保險計劃，以下抉擇亦適用：

(1) 「受保人」或「閣下」可選擇根據本部份第 14 項 - 取消及續保繼續進行續保；或
(2) 「受保人」或「閣下」可選擇轉換至另一份由「本公司」提供的保險計劃。

無論任何選擇，當「閣下」選擇續保本保單，「本公司」仍保留對保險計劃的條款作出更改，包括但不限於保費或保障。

18. 更改保障

「閣下」可於「保單週年日」前三十（30）日或之前提交書面申請更改或「提升」保障。申請必須連同健康聲明，詳列「受保人」於申請更改保

障時已知或已有之「損傷」、「疾病」、病徵或身體狀況，或「受保人」正在或將會接受之「治療」或藥物。申請必須經「本公司」批核，「本公司」有權就此要求更改本保單內任何條款及條件，包括但不限於保費、保障或不承保事項（只適用於「提升」部份保障為準）。任何「本公司」接受之更改皆會在下一個保單續期日生效。
若「本公司」收到書面申請前「受保人」已出現病徵或正在接受「醫生」之咨詢、診症、「治療」或醫療意見、或正接受處方藥物，就有關「傷疾」之保障上限，將以更改保障申請前或後之較低保障為準。

19. 更改居留國

「閣下」或「受保人」的「慣常居住國家」如有改變，「閣下」必須於移居後三十（30）天內以書面通知「本公司」。當「受保人」向「本公司」申報移居「慣常居住國家」以外時，「本公司」將酌情修改保障範圍或取消本保單。如移居「北美洲」或西歐地區，本保單將不再續保。如「閣下」更改居留國時不通知「本公司」，一旦索償時，「本公司」保留權利拒絕辦理。

20. 虛報「年齡」或性別

如「受保人」虛報「年齡」或性別，「本公司」會按其正確「年齡」或性別應付之保費退回或收回保費差額。倘「受保人」投保時虛報「年齡」而根據當時的正確「年齡」，本保單之保障應不能生效或應該在收取每次保費前終止，「本公司」於任何情況下只會退回保費而不負責任何承保責任。

21. 其他保障

如「受保人」就受保於本保單內的保障範圍的索償，能夠從其他保單或途徑（例如政府計劃）獲得部份或全部索償，「本公司」只會負責已扣除從有關之其他保單或途徑獲得之賠償之費用餘額。在任何情況下，從所有保單或途徑所得之賠償，將不應超過「受保人」實際支出之醫療費用。

22. 筆誤

「本公司」的筆誤不會令生效之保單因而失效，或令失效之保單因而生效。

23. 法律訴訟

當書面索償證明文件根據本保單規定送交「本公司」後，六十(60)日內不得進行法律訴訟以求賠償。此外，「閣下」及「受保人」亦不得在「本公司」要求其提供索償證明之指定時限期屆滿一(1)年後提出訴訟。

24. 代位權

「本公司」有權自費以「閣下」或「受保人」名義對任何導致索償之承保事件之第三者進行追討。

25. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方可根據「香港」司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。如爭議各方未能於九十（90）日內透過調解解決爭議，爭議各方均應將有關爭議提交予香港國際仲裁中心，按照提交仲裁通知時有效的《香港國際仲裁中心機構仲裁規則》仲裁解決。本仲裁條款適用的法律為「香港」法律，而仲裁地應為「香港」。仲裁員人數為一名，而仲裁程序應以英語進行。現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如「本公司」通知否認或否決「受保人」追索本保單之任何責任，而「受保人」並未能於「本公司」所發出之通知 12 個月內按以上規定展開仲裁，「受保人」之賠償申請即被視作已被撤回或放棄，並且不能根據本保單再次進行追討。

26. 第三者權利

除「閣下」或本保單以明示方式指明以外，任何人士如非本保單之一方並沒有權利執行或享有本保單條款的保障。任何有關合約第三者權益之法例將不適用於本保單。
不論本保單任何條款所列，任何保單變更（包括任何解除責任或責任妥協）或終止均不須第三者同意。

27. 遵從保單條款

如違反本保單任何條款，所有就本保單提出之索償均告無效。

28. 收集個人資料的目的

「本公司」將根據「本公司」不時通知「閣下」的私隱政策使用所有已收集及持有個人資料，「閣下」亦可透過此網址查閱有關私隱政策：https://www.zurich.com.hk/zh-hk/services/privacy。
「閣下」及 / 或「受保人」會，及會促使保單內其他「受保人」，授權「本公司」根據「本公司」於不時適用之私隱政策所詳列的強制性用途，使用及轉發（至「香港」境內或境外）包括屬敏感性如「香港」法例第 486 章《個人資料（私隱）條例》中所定義之個人資料。
如「受保人」向「本公司」提供任何第三者資料，受保人」必須保證於提供此等個人資料予「本公司」前已獲得有關資料當事人之正式同意，使「本公司」可以評估、處理、簽發及執行管理本保單，包括但並不限於進行任何對有關資料當事人進行審慎調查、合規及製裁查核。

29. 管轄法律

本保單受「香港」法律及條例管轄及按其詮釋。而受本節中第 25 項之替代性爭議解決方案條文所限下，爭議各方同意受「香港」法院的專有司法管轄權管轄。

30. 語言

本保單備有中文及英文版本。兩個版本如有任何歧義，概以英文版本為準。

31. 制裁

若本保單提供的保險、款項、服務、保障及/或「受保人」的任何業務或活動會違反任何適用的貿易或經濟制裁法律或監管要求，不論本保單任何其他條款所列，保險公司則不得被視為向任何「受保人」或其他一方提供任何保險或將向「受保人」或任何其他一方支付任何款項或提供任何服務或保障。

以上條文亦適用於任何被保險公司視為適用的貿易或經濟制裁法律或監管要求，或若「受保人」或其他接受款項、服務或保障的一方是受制裁人士。

第七部份 - 賠償程序

1. 申請「住院」免找數服務程序

「住院」免找數服務
「住院」免找數服務由「本公司」所委任的服務機構代表提供服務，及此服務祇適用於「香港」之私家「醫院」。申請手續如下：

(i) 致電「本公司」的客戶服務熱線 +852 2903 9382 索取「住院」評估申請表格
(ii) 由「閣下」和「閣下」的主診「醫生」填妥預先「住院」評估申請表之甲及乙部份，並在入院前不少於三個工作天傳真至+852 2802 6633 或電郵至 zurich.medical@hk.zurich.com「本公司」授權的服務機構代表作「入院」評估
(iii) 收到申請後，「本公司」所委任的服務機構代表將在三個工作天內評估「閣下」之申請及通知「閣下」申請是否得到接納。如申請被接納，「本公司」所委任的服務機構代表會聯絡「醫院」作直接結算安排。

「住院」評估是基於「閣下」入院前提供之資料。實際賠償金額將根據索償表格提供之資料、實際情況、保單上列明之保障項目、不承保事項、條款及細則等所約束。
「閣下」須提供「治療」資料及授權「本公司」從「閣下」的信用卡帳戶收取醫療費用的差額（如有）。如因不受保事項的任何「損傷」或「疾病」而引致「入院」，申請均不會獲接納。

2. 申請住院索償程序

步驟 1：入院後三十（30）日內書面通知「本公司」；
步驟 2：向「本公司」提交填妥之賠償申報表及下列所需正本的證明文件。

2.1 「住院」

(i) 載明下列資料的「醫院」賬單：
 - 病人姓名
 - 「住院」期
 - 收費分類明細表
(ii) 載明下列資料的所有主診「醫生」/「專科醫生」/「麻醉科醫生」/「物理治療師」收據：
 - 病人姓名
 - 診治日期
 - 提供的診斷及 / 或「治療」
 - 收費金額
(iii) 所有相關醫療報告、化驗報告及文件
(iv) 由主理「醫生」建議「住院」期間需接受「專科醫生」治療的的轉介信（如適用）

2.2 入院前及出院後的保障

(i) 載明下列資料的「醫生」賬單：

- 病人姓名
- 診治日期
- 提供的診斷及 / 或「治療」
- 收費分類明細表

(ii) 所有相關醫療報告、化驗報告及文件

(iii) 由主理「醫生」建議需「專科」「治療」/「物理治療師」/「脊醫師」/化驗報告的轉介信

2.3 私家看護 / 「門診」諮詢、「治療」及受保服務

(i) 由主理「醫生」建議需諮詢、「治療」及受保服務發出的轉介信

(ii) 諮詢、「治療」及受保服務之收據，並載明下列資料：
- 病人姓名
- 服務日期
- 提供的診斷及 / 或「治療」
- 收費金額（每天 / 總額）
- 提供相關服務的「醫生」、「專科醫生」、個人、專業人士的名稱及蓋章或機構的名稱及蓋章

(iii) 所有相關的醫療報告、化驗報告及文件

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
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