

(effective 1st July 2008)

自2008年7月1日起生效

In the tables below we have summarised the Benefits operative within the Foundation and Optional Modules. Please refer to the Policy Wording for the full Benefit cover and conditions.

下表概述了適用於基本及自選組合內的賠償額，有關保障範圍及條款詳情，請參閱保單內容。

Medical Benefits 醫療保險

Benefits (in US Dollars)

保障(以美元計算)

Annual Maximum

Maximum benefit payable for eligible conditions per person per year

每年最高金額：於受保範圍內，每人每年可獲之最高賠償金額。

Classic

標準計劃

\$100,000

Executive

行政人員計劃

\$250,000

Foundation Module 基本組合

For Treatment received as an In-Patient or Day-Patient 適用於住院或日間病人

Description	Classic	Executive
Hospital Room and Board Accommodation and the cost of meals supplied whilst an In-Patient or Day-Patient in a Hospital . 住院及雜項：房租及住院期間的膳食費用。	Full Refund subject to maximum of US\$125 per day 每天\$125	Full Refund subject to maximum of US\$225 per day 每天\$225
Intensive Care Unit Accommodation and meals supplied whilst admitted to a specific Intensive Care Unit as an In-Patient . 深切治療：入住深切治療病房期間之住院及膳食費用。	Full Refund subject to maximum of US\$2,000 per annum 每年\$2,000	Full Refund subject to maximum of US\$3,000 per annum 每年\$3,000
Hospital Charges Diagnostic procedures, (including x-rays, laboratory tests), prescribed Drugs and Dressings and nursing by a Qualified Nurse whilst an In-Patient or Day-Patient in a Hospital . 醫院收費：保障範圍包括住院期間之藥物及敷藥、一般護理收費、病理(包括X射線、化驗報告)的費用。	Full Refund subject to maximum of US\$2,000 per Medical Condition 可全數獲償，上限為\$2,000	Full Refund subject to maximum of US\$3,400 per Medical Condition 可全數獲償，上限為\$3,400
Home Nursing Nursing care given outside a Hospital which is received immediately subsequent to Treatment as an In-Patient or Day-Patient on the recommendation of a Specialist and provided by a Qualified Nurse . All Treatment under this Benefit must be pre-authorised by Us . 家居看護：住院或日間病人出院後即時聘請私家看護照料之費用。事前需獲「本公司」批准。	Not applicable 不適用	100% of costs up to a maximum of 30 days per condition, per annum. 可全數獲償，上限為三十日
Surgeon's Fees The fees of the Surgeon in respect of (i) consultations pre and post surgery (ii) any surgical procedure 手術費：入院後接受外科醫生診斷及手術所需之費用。	Full Refund subject to maximum of: Complex: US\$5,000 per operation. 複雜手術：\$5,000以每次手術計 Major: US\$3,000 per operation. 大手術：\$3,000以每次手術計 Minor: US\$1,300 per operation. 小手術：\$1,300以每次手術計	Full Refund subject to maximum of: Complex: US\$8,000 per operation. 複雜手術：\$8,000以每次手術計 Major: US\$5,000 per operation. 大手術：\$5,000以每次手術計 Minor: US\$2,000 per operation. 小手術：\$2,000以每次手術計
Anaesthetist's Fees The fees of the Anaesthetist for the purpose of carrying out anaesthesia to enable a surgical procedure to be performed on an In-Patient or Day-Patient in a Hospital . 麻醉師費：支付進行手術的麻醉師費用。	Full Refund subject to maximum of 30% of the Surgeon's Fees per Operation. 以手術費三成為限	Full Refund subject to maximum of 30% of the Surgeon's Fees per Operation. 以手術費三成為限
Operating Theatre Fees The costs of the Operating Theatre in a Hospital and any associated materials, for the purpose of performing a surgical procedure on an In-Patient or Day-Patient . 手術室：支付因進行手術之手術室及有關物料之費用。	Full Refund subject to maximum of 30% of the Surgeon's Fees per Operation. 以手術費三成為限	Full Refund subject to maximum of 30% of the Surgeon's Fees per Operation. 以手術費三成為限
Medical Practitioner's / Specialist's Fees The costs of consultations (other than with Your Surgeon) and physiotherapy provided whilst an In-Patient or Day-Patient in a Hospital . 內科醫生/專科醫生費用：入院時接受的診斷(不包括負責手術之醫生的收費)及物理治療費用。	Full Refund subject to maximum of US\$125 per day. 每天\$125	Full Refund subject to maximum of US\$225 per day. 每天\$225
Organ Transplant The entire costs incurred to perform an organ transplant, including Accommodation, Intensive Care Unit, Hospital Charges, Surgeon's Fees, Anaesthetists Fees, Operating Theatre Fees, Specialist's Fees whilst an In-Patient in a Hospital . 器官移植：接受器官移植所需之費用。	Maximum US\$20,000 in the lifetime of the Insured Person, and subject to the Policy cover being maintained throughout the period. 投保人終身可獲\$20,000	Full Refund 全數賠償

Benefits (in US Dollars) 保障 (以美元計算)	Classic 標準計劃	Executive 行政人員計劃
AIDS Medical expenses which arise from or are in any way related to Immuno-deficiency Virus (HIV) and/or HIV related illnesses and including Acquired Immune Deficient Syndrome (AIDS) being maintained throughout or AIDS Related Complex (ARC) and/or any mutant the period, derivative or variations thereof. 愛滋病保障範圍：費用包括：住院、深切治療病房、醫院收費、內科醫生/專科醫生費用、配藥及敷藥。	Not applicable 不適用	Maximum US\$5,000 per annum 每年最高賠償金額為\$5,000
Complications of Pregnancy Treatment of a Medical Condition which arises during the antenatal stages of pregnancy, or a Medical Condition which arises during childbirth and requires a recognised obstetric procedure. 懷孕出現的併發症：產前的併發症，或因分娩引致身體出現毛病而需要接受認可的產科治療。	Not applicable 不適用	Full Refund subject to maximum of US\$12,000 per condition. (subject to 12 months' waiting period) 十二個月後，每一症狀可獲\$12,000
New Born Cover In-Patient Treatment of an Acute Medical Condition and any associated costs which presents symptoms at birth or which manifests itself within 30 days following birth. 新生護理：出生後三十日內出現急性症狀而入院的有關治療費用。	Benefit is limited to US\$10,000 and to a maximum of 30 days Hospital stay. 每一投保人最高可獲賠償\$10,000為期最長至30日	Benefit is limited to US\$10,000 and to a maximum of 30 days Hospital stay. 每一投保人最高可獲賠償\$10,000為期最長至30日
Accidental Damage to Teeth Treatment received in a dental surgery or in an Emergency room in a Hospital within 7 days of incurring accidental damage caused to sound, natural teeth. 牙齒意外受損：原本健康的牙齒 (不包括假牙) 因意外受損並於7天內由牙醫或在醫院急症室進行治療。	Not applicable 不適用	Full Refund subject to maximum of US\$4,200 per annum. 每年最高賠償金額為\$4,200
Evacuation Evacuation costs of an Insured Person in the event of Treatment not being readily available at the place of the incident to the nearest appropriate facility, for the purpose of admission to Hospital as an In-Patient or Day-Patient. Extended to cover the costs for one other person to travel with the Insured Person, as an escort. 護送轉院：如發生意外當地未能即時提供「治療」設施，而需把「受保人」運送至最接近適當醫療設施，以「住院病人」或「日間病人」方式入住「醫院」接受診治所招致的費用。	Full Refund 全數賠償	Full Refund 全數賠償
Oncology Treatment given for cancer received as an In-Patient, Day-Patient, or Out-Patient. 腫瘤：以「住院病人」、「日間病人」或「門診病人」方式接受癌症「治療」。	Full Refund subject to maximum applicable In-Patient/Day-Patient limits. 全數賠償 以有關住院保障額為限	Full Refund subject to maximum applicable In-Patient/Day-Patient limits. 全數賠償 以有關住院保障額為限
CT and MRI scans and Out-Patient surgery Scans received as an In-Patient, Day-Patient or Out-Patient, Out-Patient surgery. All Treatment under this Benefit must be pre-authorized by Us. 電腦斷層、磁力共振掃描及門診手術：事前獲「本公司」批准，以「住院病人」、「日間病人」或門診手術方式接受掃描。	Full Refund subject to maximum applicable In-Patient/Day-Patient limits. 全數賠償 以有關住院保障額為限	Full Refund subject to maximum applicable In-Patient/Day-Patient limits. 全數賠償 以有關住院保障額為限

Optional Modules 自選組合

Out-Patient Treatment (applicable to Executive Plan only) - Option 001

門診治療 (只適用於行政人員計劃) - 組合一

Medical Practitioner's / Specialist's fees plus any prescribed Drugs and Dressings.
診金+配藥及敷藥費用。

Diagnostic and surgical procedures including pathology and X-rays.
接受診治及外科醫療程序，包括病理及X射線。

Treatments administered by registered Physiotherapists, Chiropractors, Osteopaths, Homeopaths, Acupuncturists and Podiatrists when given under the direct control of and following referral by a Medical Practitioner or Specialist. Benefit is limited to 10 sessions per Medical Condition.

註冊物理治療師、按摩師、椎骨推拿師、順勢治療師、針灸師及足科醫生在內科醫生或「專科醫生」直接控制及轉介下提供的「治療」。每次「傷病」可索償的此類「治療」最高總次數為10次。

Traditional Chinese medicine administered by a traditional Chinese practitioner registered in the relevant country in which they practice.
由當地註冊具備執業資格的認可中醫師提供的傳統中國醫學「治療」。

Maximum of 30 visits and limited to \$1,000 per person per year
每年最多三十次，每年以\$1,000為限

Unlimited Visits
無限次

Maximum of 10 sessions per year
每年最多10次

Maximum of 10 sessions per period of cover and limited to \$15 per visit
每年最多十次，每次以\$15為限

80% reimbursement
Maximum of \$2,500 per annum

可獲八成費用
每年最高賠償額為\$2,500

Medical Histories Disregarded (Groups only) - Option 002

Cover for Medical Conditions, or Related Conditions that have been treated, or where symptoms have existed or Advice has been sought prior to inception of cover under this policy. (Only available to Group schemes in excess of 10 employees and subject to satisfactory underwriting).
不論病歷 (只適用於團體) - 組合二：承保範圍包括在受保日前已呈現病徵或已諮詢醫生意見的相關傷病的治療費用。(只適用於10名僱員或以上的團體，並須提供醫療健康聲明。)

The English language form of the foregoing document shall be definitive and shall govern in all respects to the exclusion of any Chinese language form which is provided for information only. You are recommended to seek professional advice on the meaning and interpretation of the English language version of the foregoing document as appropriate to your requirements. 上述文件的英文本屬最終決定性，並管轄文件的各方面而排除了中文本。中文本僅供參考。建議閣下就英文本的上述文件的意義及解釋按閣下的需求而取得專業意見。