

利 宝 保 险 有 限 公 司

利宝 关爱无限 全球个人医疗保险条款（2023 版 A 款）

（注册号：C00006032512023111694581）

Part I. INTRODUCTION 简介

Liberty Insurance Company Limited (herein called the Company) hereby issues this Liberty SuperCare Global Medical Policy (herein called the Policy) to the Policyholder as named in the Certificate of Insurance. The cover provided shall be determined by the terms and conditions contained herein together with the Benefits Schedule (herein called the Schedule) issued to or in respect of the Policyholder on behalf of Primary Insureds and Dependents. The Policy, Schedule, Certificate and Endorsements thereon signed by and any written statements or declarations made by the Company and the Policyholder, the application of the Policyholder, and the applications of Primary Insureds and Dependents, if any, constitute the entire Contract (herein called the Contract) between the Company, the Policyholder and Primary Insured and Dependents.

利宝保险有限公司（以下简称“保险人”）特此向投保人发布本利宝关爱无限医疗保险单（以下简称“本保单”）作为保险凭证。本保险所提供的保障由条款及提供给投保人或被保险人及连带被保险人的保障利益表（以下简称“附表”）中的条件共同决定。保险人与投保人、被保险人及连带被保险人签订的完整合同（以下简称“本合同”）由保险单、保障利益表、保险凭证、批单、投保单以及与本合同有关的投保声明、被保险人名清单及其他书面协议共同构成。

It is important to note that any Benefit mentioned in the Policy but not shown on the Benefits Schedule issued is not covered for Primary Insureds or Dependents to whom the Benefits Schedule relates. **The Exclusions of the Policy are highlighted in bold in Part IV.** The Policy, the Schedule and the Exclusions should be carefully read to ensure that the required protection has been provided. Primary Insureds and Dependents are herein called Insured(s).

需要特别注意的是：保险人对被保险人或连带被保险人的保障责任，不包含任何条款中提到但未展示在与被保险人及连带被保险人相关的保障利益表中的责任。**本保单中以黑体字标注的第四部分为免责条款。**请详细阅读本保单、保障利益表以及责任免除条款，以确保所要求的责任都包含在内。主被保险人以及其连带被保险人统称为被保险人。

The Policy is executed in both English and Chinese, if there is any discrepancy between the two versions, the Chinese one shall prevail.

本条款有中英文两种形式，两种语言如有任何不符之处，以中文版为准。

The base currency for the Benefit Limits is RMB (¥).

本保险中保险金额的货币基础为人民币（¥）。

Part II. GENERAL PROVISIONS 基本条款

A. Formation, Effectiveness and Commencement of Insurance Responsibility 保险合同成立、生效和保险责任开始

The Contract is formed upon the Company approving the application made by the Policyholder.

投保人提出保险申请、保险人同意承保，本合同成立。

The Contract becomes effective from 00:00:01 the next day upon formation of the Contract, the Company receiving the premium and issuing the Policy, to be indicated in the Policy, based on which the corresponding commencement date shall be calculated.

自本合同成立、保险人收取保险费并签发保险单的次日 00:00:01 时起本合同生效，具体生效日期以保险单所载明的日期为准。

Unless otherwise specified, the Commencement Date of the Contract shall be the date when the Company begins to bear the insurance responsibility. ~~除另有约定外~~，本合同生效的日期为保险人开始承担保险责任的日期。

B. Insurance Amounts and Premiums 保险金额和保险费

The Policyholder shall consult with the Company and decide the insurance amounts listed in the Schedule during the proposal process and the Selected Plan (herein called the Plan) shall be specified in the insurance policy. ~~投保人在投保时应与保险人协商确定附表中保险计划及保险金额，并在保险单上载明。~~

Payment of premiums under the Contract shall be settled in accordance with the payment schedule reached between the Company and the Policyholder.

本合同的保险费由投保人汇总并按照保险人和投保人共同达成的约定按时缴纳。

C. Insurance Period and Renewal 保险期间和续保

Unless otherwise specified, the policy period shall be 1 (one) year from the commencement date of the Policy (or renewal endorsement if any) to 23:59:59 on the last day of the Insurance Period. All times are calculated as according to Beijing time.

除另有约定外，本合同的保险期间为一年，从本保单（或如有续保通过）生效之日起至保险期间最后一天 23:59:59 止。所有时间均以北京时间计算。

The Policy is an annual contract which until terminated shall be renewed each year on the Due Date to maintain validity. The renewal or any changes of Contract should be in writing by the Company.

本保险合同为一年期合同，每年保单终止满期日前需及时续保以确保保单继续有效。每次续保或变更时，保险人将以书面形式载明。

At the expiration of the policy, the Policyholder may apply to the Company for renewal. The Company will accept the renewal application based on the reassessment of the

Policyholder and Insured(s) and reserves rights to terminate the renewal right of the Contract and will decide to renew the policy on rates adjustment basis, loss record and/or risk changes.

本合同保险期间届满时，投保人可向保险人申请续保本保险，保险人审核同意后为投保人办理续保手续，并按续保当时投保人以及被保险人的风险性质重新厘定费率并收取保险费。

D. Eligibility 投保范围

All healthy employees (including Chinese and foreigners) who are legally living or working in China aged between 18 and 65-year old (exclusive) shall be eligible as Primary Insured.

凡中华人民共和国境内身体健康、年龄十八至六十五周岁（不含六十五周岁）的在职员工（包含中国人及外国人），均可作为主被保险人。

The healthy spouses (aged below 65) and unmarried children (aged below 18 or up to 23 for those registered as full time students at recognized educational institutions at the Commencement Date of the Policy) of an Primary Insured may become Dependents.

主被保险人身体健康的配偶（六十五周岁以下）和未婚子女（指保单起始日时在十八周岁以下，或者在二十三周岁以下且在公认的教育机构全日制就读的子女），保险人同意可作为连带被保险人。

Insured(s) and Dependents who are not Chinese nationals shall hold a valid working visa or have long term legal residency in China issued or granted by authorized Chinese governmental agencies, and provide a residence address within the territory of China.

被保险人和连带被保险人为非中华人民共和国国籍的，需持有中华人民共和国政府部门签发的有效工作签证或拥有中华人民共和国境内居留证或长期居住权，并提供中华人民共和国境内固定居住地址。

E. Covered Area 保障区域

The geographical area as listed on the Schedule from Mainland China to Worldwide and for which the appropriate zone premium has been paid.

本合同保障区域根据附表中所列地理区域分为中国大陆到全球区域，具体由投保人在投保时选定并缴纳相应保险费。

F. Waiting Period 等待期

If the Policyholder applies for the insurance of this type for the first time or the insurance policy of this type is non-renewal:

(1) There shall be a 30-day waiting period from the Commencement Date if any Insured needs to be hospitalized due to Illness;

(2) The waiting period for any Insured to be eligible for outpatient treatment due to Illness is 15 days from the Commencement Date;

(3) The waiting period for any Insured to be eligible for outpatient dental treatment due to Illness is 3 (three) months from the Commencement Date; (4) Unless otherwise specified, the Maternity Benefits for a female Insured shall be limited to pregnancy which begins no less than 10 months after the Commencement Date.

投保人为被保险人首次投保本类型的保险或非连续投保本类型保险时：

(1) 被保险人因疾病需要住院治疗的，自本合同生效日起三十日为等待期；

(2) 被保险人因疾病需要门诊治疗的，自本合同生效日起十五日为等待期；

(3) 被保险人因疾病需要牙科门诊治疗的，自本合同生效日起三 个月为等待期；

(4) 除非另有约定，女性被保险人因妊娠而享有本合同约定的保险责任的，自本合同生效日起十个月为等待期。

There shall be no waiting period required if the insurance policy of this type is renewal in time or an Accident occurs to the Insured(s). The Company shall not pay insurance compensation to the Insured(s) if any insured incident occurs to the Insured(s) during the waiting period.

投保人为被保险人连续投保本类型保险的或被保险人遭受意外伤害事故的无等待期。被保险人在等待期内发生保险事故，保险人不承担给付保险金的责任。

The Company shall not pay insurance compensation if the delivery of the child occurs during the waiting period. If the delivery of the child occurs after the waiting period while the pregnancy begins during the waiting period, the Company shall only pay insurance compensation for maternity-related medical expenses incurred after the waiting period and during the policy period of the Contract.

被保险人在等待期内分娩的，保险人不承担给付保险金的责任。被保险人在等待期之内怀孕而在等待期之后分娩的，保险人只承担本合同保险期间内且等待期之后发生的与生育相关的医疗费用的给付责任。

Part III. COVERED BENEFITS 保险责任

During the policy period of the Contract, the Company shall bear the responsibilities for paying the medical expenses specified in the Plan under the Contract in accordance with the following provisions. (Details of insurance coverage of different insurance plans are more particularly set out in the Schedule).

在本合同保险期间内，保险人按如下规定承担本合同约定保险计划之给付保险金的责任（不同保险计划的详细保险责任详见附件）：

G. Hospitalization Coverage 住院责任

The medically necessary, reasonable and customary hospitalization costs actually incurred and paid due to the injuries suffered by Insured(s) arising from accidents or due to Illnesses (Been diagnosed to be hospitalized) resulting in hospitalization in a Hospital, shall be covered in accordance with the Annual

Limit, the sub-limit of each service, the reimbursement ratio specified in the Schedule and the following provisions:

被保险人因遭受意外伤害或因疾病（经确诊必须住院治疗的），在医院住院治疗所实际发生并支付的、医疗所必需的、合理的惯常医疗住院费用，保险人将根据年限额、分项限额、附表中指定的给付比例及下列规定给付保险金：

(1) Room (Bed) Costs 床位费

The hospital bed costs actually occurred and not exceeding that of the standard single room (Private) during every hospitalization period of Insured(s). (The Suite and Family Bed are not included).

住院期间实际发生的、不高于标准单人病房（或私人病房）的住院床位费（不包括套房、家庭病床）。

(2) Board Costs (Meals Charges) 膳食费

The reasonable and customary charges of hospital-provided meals of normal standard actually occurred during every hospitalization period of Insured(s). But the items for personal use purchased during hospitalization period of Insured(s) are not included.

住院期间实际发生的、由医院提供的合理的、符合惯常标准的膳食费用，但不包括住院期间购买的个人用品。

(3) Nursing Costs 护理费

The prescribed nursing costs by different level during every hospitalization period of Insured(s).

被保险人每次住院期间根据医生处方或医嘱所示的护理等级确定的护理费用。

(4) Companion Bed 陪床床位费

Hospital accommodation in respect of a parent or legal guardian staying with an Insured, who is under 18 years of age, and is admitted in a Hospital. This is limited to only one parent/guardian each night when the Insured(s) is receiving covered hospital inpatient treatment for which the Insured(s) is insured under the Policy.

指未满十八周岁的被保险人在住院治疗期间，保险人根据合同约定给付其合法监护人（限一人）在医院留宿发生的加床费。

(5) ICU 重症监护病房床位费

The bed costs actually occurred for the need of reasonable and necessary medical in the ICU during every hospitalization period of Insured(s).

每次住院期间出于医学必要被保险人需在重症监护病房进行合理且必要的医疗而产生的床位费。

(6) Prescribed Medicine 处方药

The costs of medication which is legally restricted to prescription

by a Physician, actually occurred and medically necessary western medicines, processed Chinese medicines and Chinese medicines during every hospitalization period of Insured(s).

The followings are excluded:

a) Traditional Chinese Medicines which mainly act as nutritional and tonic effects such as American Ginseng, cordyceps, hippocampus, etc.

b) Nourishing and tonic Chinese medicines such as All Nourishing Syrup, etc.

c) Animals and their organs which can be used as medicines such as antler, hippocampus, bone, tendon, placenta, penis and other ancillary genital tracts, etc.

d) All kinds of wine soaked with Chinese herbal medicine and their cut crude drugs.

e) Some Traditional Chinese Medicines with a pure form or within Chinese medicines compound such as Baitang Ginseng, Korean red ginseng, hawksbill turtle, gekko gecko, coral, calculus canitis, hippocampus, red ginseng, amber, ganoderma, antelope horn powder, calculus equi, agate, calculus bovis, musk, saffron, Dragon's Blood, cubilose, Radix Ginseng Silvestris, Yishan Ginseng, pearl (powder), placenta hominis, donkey-hide gelatin, Sdnak, radid, galat, Chinese Medicines patent prescriptions such as Xuebao Capsule, Hongtao Oral Liquor, All Nourishing Bolus, etc.

被保险人每次住院期间所实际发生的、由专科医生开具处方且医疗必需的西药、中成药和中药费用。

中药类不包括主要起营养滋补作用的药品如，花旗参，冬虫草，海马等，十全大补膏等滋补类中药，部分可以入药的动物及动物脏器，如鹿茸，海马，胎盘，鞭，尾，筋，骨等，用中药材和中药饮片炮制的各类酒制剂等。除此之外下列单味或复方中药均不予支付：白糖参，朝鲜红参，玳瑁，蛤蚧，珊瑚，狗宝，海马，红参，琥珀，灵芝，羚羊角尖粉，马宝，玛瑙，牛黄，麝香，西红花，血竭，燕窝，野山参，移山参，珍珠(粉)，紫河车，阿胶，阿胶珠。中成药品不予支付：血宝胶囊、红桃 K 口服液、十全大补丸等。

(7) Surgery Fees 手术费

The actually occurred surgery fees (including operation theatre and anaesthetist fees) during every hospitalization period of Insured(s) (The Organ Transplant is not included). Among this, the surgical implant includes

- a) Space maker;
- b) Stents for Percutaneous Transluminal Coronary Angioplasty;
- c) Intraocular lens;
- d) Artificial cardiac valve;
- e) Metallic or artificial joints for joint replacement;
- f) Prosthetic ligaments for replacement or implantation between bones;
- and g) Prosthetic intervertebral disc.

被保险人住院期间所实际发生的手术费(包含手术室和麻醉费,但不包含组织器官移植手术)。其中手术植入材料包括:心脏起搏器、经皮冠状动脉腔内成形术用支架、人工晶状体、人工心脏瓣膜、用于关节置换的联合金属或人工关节、替换或植入骨头间的修复性人

工韧带，以及人工椎间盘。

(8) Laboratory Test and Diagnostic Test Costs

检查化验费

The reasonable and customary charges of all actually occurred, medically necessary lab examination and diagnostic procedures during every hospitalization period of Insured(s).

被保险人每次住院期间所实际发生的、医疗必需的各项检查费。

(9) Local Ambulance Services 当地救护车

The medically necessary road ambulance transportation services to and from a local Hospital.

医疗必需的转诊过程中的当地救护车费用，且救护车的使用仅限于同一城市中的医疗运送。

(10) Other Hospital Expenses 其他住院费用

The reasonable and customary charges of all actually occurred, medically necessary examinations, consultation, and treatment plan design executed by doctors during every hospitalization period. The reasonable and customary charges of all actually occurred, medically necessary expenses from non-operative treatment performed by doctors or nurses and related disposable materials.

住院期间所有实际发生的、医学必须的合理惯常的检查、会诊及医生实行的治疗计划所产生的医疗费用。以及由医生和（或）护士进行的、除手术外的各种治疗项目费用，以及相关的一次性材料的费用。

(11) Cancer Treatment and Acute Renal Dialysis

癌症治疗和急性肾透析

The medical costs of inpatient or outpatient that actually occurred for Cancer Treatment and Acute Renal Dialysis.

治疗癌症或急性肾透析所实际发生的门诊或住院医疗费用。

(12) Organ Transplant 器官移植

The medical treatment costs incurred in respect of kidney, heart, liver, pancreas, lung and bone marrow transplants only up to the respective Plan sub-limit as shown in the Schedule. The cost of acquisition of the organ and all costs incurred by the donor are not covered under the Plan.

住院期间出于医学必要必需接受的肾脏、心脏、肝脏、胰脏、肺以及骨髓移植手术所产生的合理手术医疗费用，以附表中所列各个计划下的分项限额为限。但不包括获得供体以及所有与供体相关的费用。

(13) Emergency Dental Treatment following Accident 意外牙科治疗

The actually occurred and paid amount of the costs of emergency treatment of natural tooth/teeth damaged by accident (Routine dental

examination and treatment of dental diseases are excluded) suffered by Insured(s) at the dental department of a Hospital within 48 hours from the accident.

被保险人自意外伤害发生之日起四十八小时内，在医院牙科急诊治疗天然牙齿意外受损的费用（不包括牙科例行检查和牙病的诊治）。

(14) Rehabilitation after Surgery (if applicable)

手术后康复治疗（如果选择了本保障）

The medical costs of Rehabilitation which is reasonable and medically necessary after surgery, the maximum aggregate payment is limited to 90 days payment per policy period.

手术后实际发生的、合理的、医疗必需的康复治疗所产生的医疗费用，累计每一保单年度最高给付日数以九十日为限。

(15) Home Nursing Care (if applicable)

出院后的家庭护理（如果选择了本保障）

The actually occurred and paid costs of hiring a qualified nurse to provide home nursing care recommended by a specialist following hospitalization of Insured(s) due to diseases or injuries by accident shall be borne by the Company provided that the maximum aggregate payment is limited to 90 days per policy period.

被保险人因疾病或遭受意外伤害住院治疗出院后，由专科医生建议聘请取得职业资格并经合法注册的护士提供家庭护理而实际发生的费用。累计每一保单年度最高给付日数以九十日为限。

(16) Mental or Nervous Disorder (if applicable)

精神或神经紊乱治疗（如果选择了本保障）

The actually occurred hospitalized treatment costs for an aggregate of not more than 30 days per policy period in a psychiatric hospital or the psychiatry department of a hospital with legitimate medical practice institution license and business license for treatment of Insureds.

被保险人在具有合法医疗机构执业许可证以及营业执照的精神病院或医院精神科住院治疗所实际发生的、且每一保单年度累计不超过三十日的住院治疗费用。

(17) Pregnancy and Birth (including natal charge up to 7 days)生育（包含新生儿出生7日内的护理）

a) Maternity Benefits 生育责任

The actually incurred costs for treatment during pregnancy, childbirth and physical examination of the female Insured(s) aged 18 years old (inclusive) and above after waiting period. The followings are included:

保险人承担等待期后，十八周岁（含）及以上的女性被保险人实际发生的，因怀孕、生产及产检产生的医疗费用，包含：

i) Cost of routine prenatal care before pregnancy, including ultrasound examination costs twice each pregnancy (With proof of medical necessity from a physician, twice or more times of ultrasound examination costs shall be covered

for Insured(s) with high risk pregnancy or complications from pregnancy.); 孕前常规产前检查费用, 包括每次妊娠期内两次超声波检查费 (对医生提供必要性证明的高危或伴有并发症的妊娠, 可以包括两次以上的超声波检查费);

ii) Normal delivery costs; 正常的分娩费用;

iii) Medical expenses of miscarriage and termination of pregnancy for medical reasons; 医学原因的流产或终止妊娠医疗费用;

iv) Fee of one time postpartum physician visit. 产后一次复查费用;

v) Unless otherwise specified, treatment of illness or injury related to pregnancy/birth complications will be subject to 80% coinsurance for claims over normal maternity benefit. 除另有约定外, 对妊娠/分娩并发症的治疗超过本项生育限额的部分按照 80%的比例进行给付。

The followings are excluded: 以下责任除外

i) Selective termination of pregnancy and its complications for non-medical reasons;

非医学原因的选择性终止妊娠及其并发症;

ii) The selective Caesarean section which the physician believe is not medically necessary and the costs incurred from treatment and its complications; 医生认为非医疗必要的选择性剖腹产, 以及因此产生的治疗费用及其并发症;

iii) The expenses of prenatal counselling programs and midwives independent of production, etc;

产前辅导课程, 与生产无关的助产士等费用;

iv) The complications due to or caused by a planned delivery at home; 计划在家中分娩导致或引起的并发症;

v) Contraception, birth control, sterilization (including sterilization and sterilization restoration surgery), treatment of infertility, related treatment of sexually transmitted diseases and sexual dysfunction, transgender surgery, or treatment of complications caused by the cases above; 避孕、节育绝育 (含绝育以及绝育恢复手术)、治疗不孕不育症、性病、性功能相关治疗、变性手术, 或由前述情形导致的并发症的治疗;

vi) The expenses of injuries or diseases caused by an accident(s) because of insisting on travelling of the Insured who had been recommended not to travel by the physician or who took a flight when with more than 28 weeks of pregnancy. 因健康原因被医师建议不宜旅行的被保险人执意旅行或怀孕二十八周以上乘坐飞机旅行引起的伤害或病症的治疗。

b) New-Born Baby Care 新生儿护理

A Maternity Benefit extension for the general baby care to nursing costs (including circumcision) for a maximum of 7 days immediate after birth and costs from vaccines, which are required by state within 14 days immediate after birth. The nursing costs shall be identified by the care

level shown according to the medical advice during hospitalization period.

新生儿护理是生育责任的扩展责任，为新生儿出生后七日内的护理(包括包皮环切)以及国家规定的出生十四日内应该注射的疫苗而产生的费用。新生婴儿护理费指住院期间根据医生处方所示的护理等级确定的费用。

(18) Hospitalization Cash Benefit 无理赔住院津贴

If hospitalization (emergency services excepted) of Insured(s) has been covered by another medical benefit plan or borne by a third party without claims made to the Company, the Company shall pay a hospitalization allowance for the actual days of hospitalization of Insured(s), subject to a maximum aggregate payment for 30 days per policy period.

被保险人在医院住院治疗(医院急诊部除外)，若本次住院医疗费用已由被保险人的其它医疗福利计划或第三方承担医疗费用而不向保险人就本次住院医疗费用进行索赔，保险人将按被保险人的实际住院日数给付住院津贴，每一保单年度累计最高给付日数以三十日为限。

The Company will not bear any liabilities for insurance compensation of inpatient expenses due to dental disease, Emergency Treatment outside Covered Area, vision correction, physical examination and immunization.

对因牙科疾病、覆盖区域之外的紧急治疗、视力矫正、体检以及免疫导致住院而发生的住院医疗费用，保险人不承担给付住院医疗保险金的责任。

H. Outpatient Coverage 门诊责任

The medically necessary, reasonable and customary outpatient costs actually occurred and paid due to outpatient treatment services received at hospitals or clinics within the covered area shall be covered in accordance with the Annual Limit, the sub-limit of each service, the reimbursement ratio specified in the Schedule and the following provisions:

被保险人因遭受意外伤害或因疾病，在医院门诊治疗所实际发生并支付的、医疗所必需的、合理的惯常医疗门诊费用，保险人将根据年限额分项限额、附表中约定的给付比例及下列规定给付保险金：

(1) Registration Fees/Doctor's Fee 挂号费/医生费

The actually incurred and paid amount of actually incurred registration and doctor's fees arising from outpatient or emergency treatment or consultation for Insured(s).

门诊或急诊治疗或会诊所实际发生的挂号费或医生诊疗费。

(2) Outpatient Surgery Fees 门诊手术费

The actually occurred outpatient surgery fees for Insured(s).

被保险人接受门诊手术治疗所实际发生的手术费。

(3) Prescribed Medicine 处方药

The actually occurred costs of medication which is legally restricted to

prescription by a Physician, actually occurred and medically necessary western medicines, processed Chinese medicines and Chinese medicines during outpatient treatment of Insured(s). The followings are excluded:

a) Traditional Chinese Medicines which mainly act as nutritional and tonic effects such as American Ginseng, cordyceps, hippocampus, etc.

b) Nourishing and tonic Chinese medicines such as All Nourishing Syrup, etc.

c) Animals and their organs which can be used as medicines such as antler, hippocampus, bone, tendon, placenta, penis and other ancillary genital tracts, etc.

d) All kinds of wine soaked with Chinese herbal medicine and their cut crude drugs.

e) Some Traditional Chinese Medicines with a pure form or within Chinese medicines compound such as Baitang Ginseng, Korean red ginseng, hawksbill turtle, gekko gecko, coral, calculus canitis, hippocampus, red ginseng, amber, ganoderma, antelope horn powder, calculus equi, agate, calculus bovis, musk, saffron, Dragon's Blood, cubilose, Radix Ginseng Silvestris, Yishan Ginseng, pearl (powder), placenta hominis, donkey-hide gelatin, donkey-hide gelatin beads.

f) Some Traditional Chinese Medicines patent prescriptions such as Xuebao Capsule, HongtaoK Oral Liquor, All Nourishing Bolus, etc.

被保险人每次门诊治疗所实际发生的、由专科医生开具处方且医疗必需的西药、中成药和中药费用。

中药类不包括主要起营养滋补作用的药品如，花旗参，冬虫草，海马等，十全大补膏等滋补类中药，部分可以入药的动物及动物脏器，如鹿茸，海马，胎盘，鞭，尾，筋，骨等，用中药材和中药饮片炮制的各类酒制剂等。除此之外下列单味或复方中药均不予支付：白糖参，朝鲜红参，玳瑁，蛤蚧，珊瑚，狗宝，海马，红参，琥珀，灵芝，羚羊角尖粉，马宝，玛瑙，牛黄，麝香，西红花，血竭，燕窝，野山参，移山参，珍珠(粉)，紫河车，阿胶，阿胶珠。中成药不予支付：血宝胶囊、红桃K口服液、十全大补丸等。

(4) Laboratory Test and Diagnostic Test Costs 检查化验费

The reasonable and customary charges of all actually occurred, medically necessary lab examination and diagnostic procedures during outpatient treatment of Insured(s).

被保险人在门诊治疗期间所实际发生的、医疗必需的各项合理惯常的检查化验费。

(5) Physiotherapy Treatments 物理治疗

The actually occurred outpatient treatment costs for physiotherapy provided to Insured(s) (A medical certificate or referral letter issued by doctor shall be required) provided that the cumulative treatment shall be limited to 10 sessions of outpatient treatment per policy period.

被保险人在门诊（必须持有医生证明或医嘱）进行物理治疗所实际发生的费用。

每一保单年度累计每年最多给付以十次为限。

(6) Alternative Medicine 替代治疗

The actually occurred outpatient treatment costs for Alternative Medicine (including Traditional Chinese medicine, chiropractic treatment, homoeopathy and acupuncture) provided to Insured(s) provided that the cumulative treatment fees shall be limited to those of 10 sessions of outpatient treatment for each policy period.

被保险人在门诊进行替代治疗（包括中医治疗、脊柱推拿疗法、顺势治疗、针灸治疗）所实际发生的费用。每一保单年度累计每年最多给付以十次为限。

(7) Physical Examination and State Required Vaccine 体检及国家规定疫苗
The actual costs of physical examination and state required vaccine incurred during the insurance period of Insured(s).

保险期间内实际发生的体检及注射国家规定疫苗所产生的费用。

The physical examination benefit will not cover:

a) Physical examination for administration or management purpose such as that for obtaining insurance, enrollment, sports-related events, pre-marital medical examination, hiring, disease survey, and overseas travel etc. b) All kinds medical consultation, the medical appraisal and the health assessment, such as the health consultation, family counseling, sex consultation, pre-marital consultation, medical accidents appraisal, mental disorder, fetus gender determination, paternity appraisal, DNA appraisal and injury assessment etc.

该项体检责任不包括：

a) 出于行政或管理事务目的（比如与投保保险、招聘、入学或运动相关的体格检查）的体检、婚前体检、旅游体检、出境体检、疾病普查等；

b) 各种医疗咨询、医疗鉴定和健康预测：如、健康咨询、家庭咨询、性咨询、婚前咨询、医疗事故鉴定、精神病鉴定、孕妇胎儿性别鉴定、各种验伤鉴定、亲子鉴定、遗传基因鉴定等费用。

I. Global Emergency Medical Assistance and Repatriation 全球医疗紧急救援以及遗体遣送及安葬

The medically necessary, reasonable and customary costs actually occurred due to emergency medical assistance and repatriation within the covered area and resulted from accidents or sudden illness shall be covered in accordance with the Annual Limit, the sub-limit of each service, the reimbursement ratio specified in the Schedule and the following provisions:

被保险人因遭受意外伤害或因突发疾病需紧急救援的，所实际发生并支付的、医疗所必需的、合理的惯常紧急救援及其相关服务费用，保险人将根据年限额分项限额、附表中约定的给付比例及下列规定给付保险金：

(1) Arrangement of Emergency Medical Assistance 医疗紧急救援的安排

The emergency medical assistance must be arranged through the Company's

appointed emergency medical assistance service provider.

医疗紧急救援的安排必须通过保险人指定的紧急医疗救援服务机构来进行。

The appointed emergency medical assistance service provider reserves the right to decide if the Insured's medical condition is sufficiently serious to warrant Emergency Medical Evacuation. They shall also decide the place to which the Insured(s) shall be evacuated and the means by which the evacuation should be carried out, having regard to all the known circumstances.

在任何情况下，救援服务机构将保留确定被保险人是否异常严重至必需提供紧急医疗转运的权利，以及决定转运地点及转运方式的权利。

The 24-hour appointed assistance centre shall be contacted to obtain Pre-Authorization for any evacuation and to make the necessary transportation arrangements. **Failure to do so invalidates a claim for such cost.**

任何转运及必要运输工具的安排需要通过联系指定的二十四小时服务中心以获得预授权。**保险人对未获得预授权而发生的费用不承担给付保险金的责任。**

(2) Emergency Medical Treatment & Evacuation

紧急医疗救治和转送

If the Insured(s) suffers injuries from accidents or sudden illnesses, which require emergency medical assistance as confirmed by the appointed service provider, the Company shall transfer the Insured(s), through the appointed service provider, to the nearest local Hospital where minimum medical treatment requirements can be met and which is accredited by the Company or the appointed service provider.

被保险人因遭受意外伤害事故或突发疾病，经救援机构确认需要医疗援助的，保险人将通过救援机构协助或安排被保险人在当地最近的尽可能符合治疗要求的、保险人或救援服务机构认可的医疗机构就医。

If the Insured(s) experiences serious medical condition that is insured under the Plan and can't be appropriately handled by the Hospital as confirmed by the appointed service provider, after Pre-Authorization by the Company, the appointed service provider shall transfer the Insured(s) to the nearest Hospital where appropriate medical care and facilities are available (and which may not be within the territory of China), and the Company shall cover the medically necessary transportation and treatment costs actually occurred due to emergency evacuation.

如被保险人病情严重并经救援机构确认所在医院无法提供适当处理时，经保险人授权同意，救援服务机构将安排被保险人转送至最近的能提供有效医疗处理和设施的医院，并承担途中所发生的医学必须的紧急转送有关的交通费用和医疗处理的费用。

(3) Repatriation of Insured(s) 转运回国

Under the circumstances that the Insured(s) has been hospitalized and received necessary medical treatment outside his/her Home Country after the appointed service provider providing emergency medical transfer, when the medical condition becomes stable, the appointed service provider shall transfer the Insured to his/her Home Country or Usual Country of Residence. The economic transportation cost shall be covered by the Company.

被保险人于境外接受由救援机构提供的紧急医疗转送并住院和初步治疗后，经确认病情或伤势稳定后，保险人将通过救援机构安排并支付被保险人以经济的交通方式返回国籍国或长期居住地。

If the Insured's medical condition necessitates or the local law requires medical escort, the Company shall dispatch medical staff to accompany the Insured through the appointed service provider and shall cover the medically necessary, reasonable and customary costs incurred.

如因被保险人病情需要或被保险人所在地法律要求，保险人将通过救援机构派遣医护人员护送并承担由此产生的医疗必须的合理惯常的费用。

Once the Insured(s) has returned to his/her Home Country or Usual Country of Residence, the Company's responsibility related to this coverage shall be terminated. 被保险人返回国籍国或居住地后，保险人对其该项保险责任结束。

(4) Relative's Visit and Accommodation

安排直系亲属探病及住宿

If the Insured suffers from accidents or is hospitalized due to sudden illness while he/she was travelling alone and needs a relative to accompany or visit, the Company shall cover one economy class air fare to transport the relative to the Hospital where the Insured is hospitalized. The Company shall also cover the accommodation cost incurred by the relative, limited to RMB 1,200/day outside Mainland China, RMB 600/day within Mainland China and an aggregate of seven days per policy period. The Company shall not guarantee that the relative may be granted entry visa.

若被保险人在境内或境外单独旅行时遭受意外伤害事故或突发疾病住院治疗，需其直系亲属前往探视时，保险人可安排该被保险人的一位直系亲属一张往返经济舱机票到被保险人所在医院，并承担其陪同住院或当地住宿的费用，在中国境外以每天不超过一千二百元人民币为限，在中国境内以每天不超过六百元人民币为限，每一保单年度累计最多七天。保险人不担保该亲属能获得入境签证。

(5) Repatriation of Minor Children

安排未成年子女回国

If the Insured(s) suffers accidents or sudden illnesses and his or her accompanying children aged below 16 years old (inclusive) need to be taken care of, the Company shall arrange through the appointed service provider to transport the minor Children to his or her Home Country or Usual Country of Residence by providing a one-way economy class air ticket via the nearest route. When necessary,

the Company shall also provide escorts and cover the necessary costs incurred.

被保险人因遭受意外伤害事故或突发急性病，其随行的未满十六周岁（含）的子女无人照料时，保险人可通过救援机构安排最近途径的一张单程经济舱机票送其子女返回国籍国或居住地；必要时，将安排护送人员随行并承担相应费用。

(6) Repatriation of Mortal Remains or Ashes

安排遗体/骨灰转运回国

If the Insured(s) dies of accidents or sudden illnesses inside or outside his or her Home Country, the Company shall arrange through the appointed service provider to transport the mortal remains or ashes of the Insured(s) to his or her Home Country or Usual Country of Residence in accordance with the Insured's will or his or her relative's decision. When condition permits and local laws allow, local burial can be arranged. The Company shall cover necessary transportation and other services costs that incurred during mortal remains or ashes transfer.

若被保险人在本国境内或境外不幸因意外伤害事故或突发疾病而致身故，保险人可通过救援公司根据被保险人的遗愿或其直系亲属的愿望，安排运送其遗体或骨灰返回国籍国或常住地。若情况允许并合法，也可安排在事发当地安葬。保险人承担必要的与遗体/骨灰转送回国有关的交通费用及其他服务相关费用。

The appointed service provider shall be contacted in advance for the arrangement of transportation of the mortal remains of an Insured from the place of death to the Home Country of the Insured who dies outside his or her Home Country.

对于在国籍国以外地区死亡的被保险人，需预先与服务提供者联系以安排将该被保险人的遗体转送回国。

The responsibility is not including the following states:

该项责任不包括：

a) The Insured's travel to the country/region that have been declared as not appropriate or safe for travellers by the government or the departure or the destination site, or by the United Nation.

被保险人前往出发地所在国政府、目的地所在国政府或联合国明确告知不建议前往的国家或地区；

b) The expenses of searching or rescuing the Insured(s) in the mountains, sea, desert, jungle or in remote areas, including the searching costs in the air or sea of withdrawal from the vessel or the sea to the shore;

在山区、海上、沙漠、丛林或者类似的偏僻的地方进行搜寻及援救被保险人而发生的费用，包括为从船只或者海上撤离到岸边的空中或者海上搜寻费用；

c) The rescue expenses of injuries or diseases caused by an accident(s) because of insisting on travelling of the Insured who had been recommended not to travel by the doctor;

因健康原因被医生建议不宜旅行的被保险人执意旅行引起的伤害或疾病的救援费用;d) Expenses of religious rituals and flowers, etc.
宗教仪式或者鲜花等费用。

J. Optional Benefits—Dental Services 可选责任—牙科

If Dental Services as Optional Benefits are selected by the Insured(s) and for which the appropriate premium has been duly paid, the Company shall pay insurance compensation of the actually occurred and paid, medically necessary, reasonable costs of dental treatment received at hospitals or clinics in accordance with the following provisions:

若被保险人选择了本条牙科责任并缴纳了相应的保险费，保险人将承担因在医院或诊所进行牙科治疗而实际发生的、医学必须的、合理的惯常牙科责任保险金，具体按照以下规定进行：

(1) Periodontal Disease 牙周疾病

The Company shall pay insurance compensation according to the actual costs of the periodontal disease incurred during the insurance period of the Insured. 被保险人在保险期间内实际发生的因治疗牙周病而产生的医疗费用。

(2) Preventive Care 预防性治疗

Annual oral examination including scaling and polishing is reimbursable twice per policy period.

保险期间内每年两次口腔洁牙及抛光。

(3) Basic Restorative 基础修补治疗

For Basic Restorative services received, the Company shall pay insurance compensation of 80% of the actually incurred amount after waiting period. The basic treatment includes tooth fillings with amalgam or composite materials, simple tooth extraction

对于等待期后实际发生的基础修补治疗，保险人将按照 80%进行给付。基础修补治疗包括汞合金或树脂复合填充物、简单拔牙。

(4) Major Restorative 重大修补治疗

The Company shall pay insurance compensation of 50% of the actually occurred amount of Major Restorative fees occurred by Insured after waiting period. Major Restorative treatment includes root canal work, tooth repair (crown, bridges and inlays) , crowns, wisdom tooth extraction and orthodontics for persons under the age of 16.

对于等待期后实际发生的重大修补治疗，保险人将按照 50%进行给付。重大修补治疗包括根管充填、牙体修复（冠、桥、嵌体等）、智齿/阻生牙拔除费（包括相关的化验和麻醉费用）、十六周岁（含）以下儿童牙齿矫正治疗。

K. Optional Benefits—Vision Services 可选责任—眼科

If Vision Services as Optional Benefits are selected by the Insured(s) and for which the appropriate premium has been duly paid, the Company shall pay

insurance compensation of the actually occurred and paid, medically necessary, reasonable costs of the following vision services received at hospitals or clinics in accordance with the Schedule and the following provisions:

若被保险人选择了眼科责任并缴纳了相应的保险费，保险人将承担实际发生的、医学必须的、合理的眼科责任保险金，具体根据附表中以下责任规定进行：

(1) Ophthalmic Examination Fee 眼科检查费

Ophthalmic examination fee refers to the routine ophthalmic check and sight examination fee (limited to one time during each policy period). The eye treatment and vision training (including but not limited to the laser keratotomy, excimer laser in situ keratomileusis, surgical correction of refractive errors (including myopia and hyperopia), etc.) are not included.

指眼科常规检查和视力检查费（每保单年度限一次）。不包含视力治疗和视力训练（包括但不限于激光角膜切开术、准分子激光原位角膜磨镶术、屈光不正（包括近视、远视）外壳矫正术等）。

(2) Glasses Fee 眼镜费

Glasses fee refers to the expenses of the frame glasses or contact lenses for the (main) purpose of correcting visual acuity (limited to one time during each policy period), The Company shall not cover contact lenses supplied for purely cosmetic purpose and sunglasses and its accessories of any kind, including prescription sunglasses.

指购买以矫正视力为目的或主要目的的框架眼镜或隐形眼镜的费用（每保单年度限一次），不包括因美容需要而配置的隐形眼镜、处方或非处方的太阳镜及相关配件、防风沙镜等的费用。

L. Optional Benefits—Emergency Treatment outside Covered Area 可选责任—覆盖区域之外的紧急医疗

During the insurance period, when the Insured needs emergency treatment due to the accidents or acute diseases while travelling in a country or region in the world (less than 90 days) which is outside Mainland China as specified in the Contract, the Company shall pay the emergency medical compensation within the Annual Limit according to the specified payment percentage for the reasonable and necessary medical expenses that incur as a result of the related emergency treatment.

在本合同有效期内，被保险人在合同约定的中国大陆以外的全球其它国家和地区每一保险年度的旅行不超过九十天时，意外伤害事故或突发急性病需紧急医疗的，保险人对相关紧急医疗产生的合理且必要的医疗费用，按约定给付比例在年限额范围内给付紧急医疗保险金。

The responsibility does not include the following states:

该项责任不包括：

1) Treatment of the disease that the Insured already suffers from

before arriving at a country/region other than the covered regions and treatment of related symptoms; 对于被保险人到达保险区域以外国家和地区前已有疾病和症状相关的治疗;

2) Routine/General treatment;

常规医疗;

3) Treatment that can be postponed after the Insured returns from a country/region other than the covered region; 可以推迟至被保险人返回保险区域后接受的医疗;

4) The Insured ' s treatment planned in advance;

被保险人事先计划好或应该预料到的治疗;

5) Treatment that the Insured expects or should have expected;

因被保险人已知或应该知道的情形而发生的治疗;

6) Complications that arise out of pregnancy or child birth, and parturition分娩及相关病症;

7) The Insured ' s travel to the country/region that have been declared as not appropriate or safe for travellers by the government or the departure or the destination site, or by the United Nation.

被保险人前往出发地所在国政府、目的地所在国政府或联合国明确告知不建议前往的国家或地区;

8) The expenses of injuries or diseases caused by accident because of insisting on travelling of the Insured who had been recommended not to travel by the doctor.

因健康原因被医生建议不宜旅行的被保险人执意旅行引起的伤害或疾病的治疗费。

Part IV. EXCLUSIONS 责任免除

The Company will not bear any liabilities for insurance compensation if the treatment fees or any other treatment are incurred by the Insured as a result of any of the following situations:

因下列情形之一，导致被保险人发生治疗或其他任何费用的，保险人不承担给付保险金的责任:

(1) Insured(s) intentionally committed crime(s) or resisted criminal coercive measures legally performed.

被保险人故意犯罪或者抗拒依法采取的刑事强制措施;

(2) Insured(s) committed affray, drunkenness, and drug-taking, drug-smoking or injection.

被保险人斗殴、饮酒及服用、吸食或注射毒品;

(3) Insured(s) committed suicide, intentional self-injury, with the exceptions when the Insured(s) is a person of no civil disposition capacity upon committing suicide or intentional self-injury.

被保险人自杀或故意自伤，但被保险人自杀或故意自伤时无民事行为能力的外;

(4) Insured(s) failed to receive treatment pursuant to doctor' s advice, took, applied or injected drugs other than those prescribed by a doctor.

被保险人未遵医嘱接受治疗, 私自服用、涂用或注射药物;

(5) Insured(s) committed drunk-driving, driving without legal and valid driving licence or driving motor vehicles without a valid vehicle licence.

被保险人饮酒后驾驶、无合法有效驾驶证驾驶或者驾驶无有效行驶证的机动车;

(6) Insured(s) caused accident(s) under the influence of alcohol, drugs or controlled drugs. Treatment of alcohol abuse, drug abuse or any addictions as well as treatment for curing physical injuries caused by the foregoing reasons.

被保险人受酒精、毒品或管制药物的影响而导致的意外的治疗; 治疗酗酒、滥用药物或戒除任何瘾癖, 以及上述原因引起身体损伤的治疗;

(7) Situations of war, invasion, military conflict, rebellion, riot, civil rebellion, revolution, insurrection, terrorism attacks or actions in any format.

战争、入侵、军事冲突、暴乱、武装叛乱、革命、暴动、任何形式的恐怖主义攻击或行为;

(8) Nuclear explosion, radiation , nuclear pollution or biochemistry pollution.

核爆炸、核辐射、核污染或者生物化学污染;

(9) Insured(s) participated in any sport on a professional basis.

被保险人以职业运动员身份参加运动期间;

(10) Insured(s) participated in high-risk sports such as horse racing, car racing, diving, parachuting, gliding, mountaineering, rock climbing, martial art game, boxing, wrestling, acrobatic performances or exploring activities.

被保险人参加赛马、赛车、潜水、跳伞、空中飞行、登山、攀岩、武术比赛、拳击、摔跤、特技表演或探险等高风险运动;

(11) Insured(s) engaged in convalescent or non-medically necessary examinations or treatments.

被保险人疗养或者非医疗必需的检查或治疗;

(12) Insured(s) suffered sexually-transmitted diseases, congenital diseases, hereditary diseases or Acquired Immune Deficiency Syndrome(AIDS), AIDS-related Complex Syndrome(ARCS) and all the diseases caused by and/or

related to the virus HIV positive.

被保险人患性病、先天性疾病，遗传性疾病或获得性免疫缺陷综合症（艾滋病）、艾滋病相关综合症，以及所有与 HIV 病毒阳性相关的疾病或和/或因此导致的症状或疾病；

(13) The medical expenses of treatment of the infectious diseases which requires isolation or quarantine according to the law or government guidance根据法律或政府指导需要进行隔离或检疫的传染病的治疗的医疗费用；

(14) Assisted pregnancy and sequelae, injuries and diseases caused by assisted pregnancy, or abortion due to non-medical reasons, voluntary caesarean birth surgery, and birth control surgeries, sterile-curing or ligature人工辅助妊娠以及因人工辅助妊娠引起的后遗症或伤病、非医学原因的人工流产、自愿接受的剖腹分娩手术、节育、治疗不育或解除结扎手术；

(15) Health care, Hospice Care, other preventive medical service not specified in the Contract.

健康护理、临终关怀及其他合同未列明的预防性医疗服务；

(16) The following treatments, including:

下列治疗，包括：

a) All types of cosmetic surgeries or plastic surgeries;

各种美容或整型手术；

b) Treatment of non-physiological or natural decline of eyesight and sense of hearing; laser eye surgeries for curing myopia, amblyopia or strab非由理性或天然视力、听觉退化的治疗，近视、弱势或斜视等视力矫正手术；

c) Purchase of hearing aids, glass eyes, dentures, dental appliances or deformity correction fixators;

购置助听器、假眼、假牙、牙科器具或矫形器；

d) Rehabilitation treatment at the outpatient department of non-hospital nursing organization, mineral spring infirmary care location, spa facilities, rehabilitation organization, infirmary hospital or at home;

在非医院性质的护理机构、矿泉疗养地、水疗院门诊、康复机构、疗养院或居家接受康复疗养性质的治疗；

e) Any weight loss treatment and its derived treatment;

任何关于减肥及其衍生的相关治疗；

f) Purchase or renting of appliances, walking sticks, wheel chairs and other medical facilities; repairs or fixture of artificial limbs;

购买或租用器械、拐杖、轮椅及其他医疗设备，维修或安装义肢；

g) Fees associated with impotence treatment or trans-sexuality;

由于阳痿或变性等的治疗所产生的费用；

h) Psychology treatment or treatment of children's learning disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), language obstacles, and developmental and behavioural problems which dose not include in the Contract;

合同中未列明的因儿童学习障碍、多动症、注意力集中缺陷、语言障碍矫正、行为问题和儿童发展问题而接受的治疗的费用；

i) Treatment related to snoring disease, sleep apnea, fatigue, jet lag syndrome or work pressure;

因鼾病、睡眠呼吸暂停、疲劳飞机时差综合症或工作压力导致的治疗；

—
(17) Treatment of an experimental nature or treatment not yet recognized as commencement by general opinions of the medical profession.

根据普遍医学意见厘定为试验性或未经认证有效的治疗；

(18) Doctors' or nurses' home visit fees, that are not allowed or covered by the Contract

本合同不保障的医生或护士进行家庭治疗出诊的费用；

(19) Travelling transportation and lodging costs.

旅游交通及住宿费用；

(20) The pre-existing diseases which are not informed before The Contract becomes commencement.

本合同生效前未告知的既往症；

(21) Repeated treatments or examinations performed for the same disease in different hospitals (except those with written approval of the Company).

在不同医院或诊所重复进行同一疾病的就诊和检查治疗（经保险人书面同意的除外）。

(22) Others:其他除外责任

a) Any costs that have been compensated by (from) the government, charity, other benefit plans, medical plans or other third party;
已从政府、慈善机构、其他福利计划或医疗保险计划等第三方获得补偿的费用；

b) Any costs incurred during waiting period of the Policy, after ending of policy period, or after invalidity of the Contract;
等待期内、保险期间届满后、合同失效或无效后发生的费用；

c) Any costs that are not specified in the Policy, the part of the costs that is over the benefit limit, and the costs incurred outside the covered area;
任何在保险单中未载明的费用及超过本保险单规定限额的费用，保障区域外的治疗费用；

d) Any costs incurred from the treatment outside Mainland China, if the Insured(s) stays outside Mainland China for over 30 days at a time or over 90 days per policy period.

如果被保险人每保单年度在中国大陆以外的国家或地区停留每次超过三十天或保单年度累计超过九十天，其所有在中国大陆以外的国家或地区接受治疗发生的费用。

Part V. ADMINISTRATION 合同管理

M. Changes of Content of Contract 合同内容变更

Subject to agreement between the Policyholder and the Company, the Content of the Contract may be changed during the insurance period. In order to change the Content, the Policyholder shall make an application in writing, and the Company will make endorsements or attach an endorsement slip to the policy or other insurance certificates after review and approval, or both parties shall sign the written agreement for the change.

在本合同保险期间内，经投保人和保险人协商同意，可以变更本合同的有关内容。变更本合同时，应由投保人提交书面的变更申请，经保险人审核同意后，由保险人在原保单或其他保险凭证上批注或附贴批单，或由投保人和保险人订立变更的书面协议。

N. The Designation and Change of the Beneficiaries 受益人的指定和变更

The beneficiary of the benefits of the Contract is the Insured himself/herself. Other designation or change will not be accepted by the Company. 本保险合同的受益人为被保险人本人，保险人不受理其他指定或变更。

Change of Contact 联系方式变更

The Policyholder shall inform the Company of its changes of address of residence or communication, or phone number in a timely manner by giving written notice to the Company. The Company shall issue notices to the last-known contact if the Policyholder fails to inform the Company of such change by written notice. 投保人的住所、通讯地址或电话等联系方式变更时，应及时以书面形式通知保险人。投保人未以书面形式通知保险人的，保险人按本合同载明的最后联系方式发送的有关通知，均视为已送达。

O. Termination of Contract by the Policyholder 投保人解除合同的处理

Following the formation of the Contract, the Policyholder may request to terminate the Contract, provided that the Policyholder is not permitted to terminate the Contract if any insurance compensation payment has been made or any incident specified in the Contract occurred but the insurance compensation payment has not been made. If the Policyholder decides to terminate the Contract, the Policyholder must send a request to the Company in writing, by letter, fax or e-mail together with the Insurance contract. The Company will cancel the cover on receipt of the Policyholder's instruction or on a future date specified by the Policyholder. The Company is not able to back date the cancellation date of the Contract.

本合同成立后，投保人可以要求解除本合同。但已发生任何保险金给付或已发生本合同约定的保险事故但尚未给付保险金的，投保人不得要求解除本合同。投保人要求解除本合同时，应以书信、传真或邮件形式向保险人提交书面申请并退还保险合同，本合同将于保险人收到投保人申请之日或投保人指定的将来某一天终止。保险人不受理合同终止日在申请当天日期之前的申请。

The Company will refund the unearned net premium, provided no claims have been submitted and accepted, on pro-rata basis after deducting administration

expenses of 25% of the annual premium. Please note that premium refunds can only be made back to the original account from which payment was initially paid. If claims have been filed or payment has been made, the Company shall not return the unearned premium.

若未发生理赔，保险人将按照未到期天数按比例无息退还预收的保险费。该保险费将退还至缴纳保险费时初始账户。如果已提出理赔申请或已完成理赔，则保险人不退还保险费。

All membership cards and the Certificate of Insurance must be returned by the Policyholder with immediate effect from the Policy termination date. After cover has been cancelled, if a membership card is used to get treatment at a direct billing hospital, the Policyholder shall be responsible for paying any costs incurred to the treating hospital. The Company shall not be responsible for any costs incurred for treatment received after cover has been cancelled.

投保人必须在本合同终止时退还所有保险卡及保险证明材料。在本合同终止后，若有使用保险卡在直接结算的医院进行治疗的，所发生的治疗费用由投保人承担。保险人不承担本合同终止后发生的一切医疗费用。

Part VI. CLAIMS 理赔

P. Notification of Claim 保险事故通知

The Policyholder, Insured(s) shall inform the Company timely upon becoming aware of the insured incident. When the Policyholder or Insured(s) fails to inform the Company timely of such accident intentionally or out of material default, causing difficulty in identification of the nature, cause, degree of loss, etc., the Company shall not be liable for payment of insurance compensation for the portion that cannot be identified, with exception to the case the Company has timely known or ought to have know such accident through other channels.

投保人、被保险人应当于知道保险事故发生后及时通知保险人。若投保人或被保险人故意或因重大过失未及时通知保险人，致使保险事故的性质、原因、损失程度等难以确定的，保险人对无法确定的部分，不承担给付保险金的责任，但保险人通过其他途径已经及时知道或者应当及时知道保险事故发生的除外。

During the policy period of the Contract, should Insured(s) be in need of rescue or assistance due to the occurrence of insured incidents within or outside China, unless under extremely urgent circumstances which render it impossible for the Policyholder, Insured(s) to contact legitimate rescue organizations recognized by the Company due to health conditions requiring emergency treatment, the Policyholder, Insured(s) should immediately contact the legitimate rescue organizations and ask for rescue/assistance services, failing which the increased portion of fees associated with the delay in its giving of notice shall be borne by the Policyholder or the Insured.

在本合同保险期间内,如果被保险人在境内外发生保险事故需要救助,除非异常紧急的情况下,投保人货币被保险人本人因健康状况需急救而无法与保险人认可的合法救援机构取得联系,投保人或被保险人应立即与合法救援服务机构取得联系,由其提供救援服务。否则,因通知延误而增加的费用由投保人或被保险人自行承担。

Q. Proof of Claim 保险金申请

(1) During the valid term of the Contract, the Insured or its agent(s) shall lodge claim(s) as applicant for costs and expenses incurred by Insured(s) within the scope of insurance cover, fill in insurance claim form(s) and apply for payment of insurance compensation with the following supporting documents and information:

在本合同有效期内,被保险人发生保险责任范围内的费用支出并申请给付保险金,需由被保险人或其代理人作为申请人,填写保险金给付申请书,并提交下列证明文件和资料 insurance policy or other insurance certificates.

保险单或其他保险凭证;

b) Applicant's legitimate identity certificate.

申请人的合法的身份证明材料;

Original medical expense receipts issued by the hospital (emergency treatment stamp of the hospital is required for medical expense receipts for emergency treatment), original diagnosis certificate and medical record. 医院出具的医疗费用原始凭证(属于急诊的医疗费用凭证需加盖医院的急诊章)、诊断证明和病历原件;

c) Checkout list of medical expenses.

医疗费用结算清单;

d) For medical evacuation occurred within or outside China, written documentary proof issued by legitimate rescue organizations recognized by the Company shall be provided.

对于在中国境内或者境外发生的医疗救助转运的理赔申请,需提供保险人认可的合法救援机构出具的书面证明文件;

e) If the application is made by an agent, documents such as authorization letter, legitimate identity certificate and other documents shall be provided. 如果由代理人作为申请人,则应提供授权委托书、合法的身份证明及其他文件;

f) In addition to the above-mentioned documents and information, for medical expenses occurred outside China, the immigration documents is need to be provided, including but not limited to passport, visa and Travel Card.

对于在境外发生的医疗费用申请,除提供上述证明文件和资料外,还需要提供出入境证件,包括但不限于护照、签证及旅行证;

g) Other supporting documents and information required by the Company, relating to identification of the nature, cause and degree of injury, etc. which are capable of being provided by the applicant.

保险人要求的申请人所能提供的与确认保险事故的性质、原因、伤害程度等相关的其他证明文件和资料。

If there are several medical expense insurance policies, Insured can decide the order of claim.

被保险人同时拥有多份有效的费用补偿型医疗保险保险单的，可以自主决定理赔申请顺序。

(2) The beneficiary/beneficiaries shall act as the applicant, fill in the claim form(s) and provide the following supporting documents and information in respect of claims for coverage of mortal remains transfer and funeral expenses occurred as a result of death of Insured(s):

被保险人身故支出的遗体遣送及安葬等费用并申请给付保险金的，应由受益人作为申请人，填写保险金给付申请书，并提交下列证明文件和资料：

a) Insurance policy or other insurance certificates.

保险单或其他保险凭证；

b) Applicant's legitimate identity certificate.

申请人的合法的身份证明材料；

c) Death certificate of the Insured issued by a public security department or legitimate medical institution.

公安部门或者合法的医疗机构出具的被保险人死亡证明书；

d) Original receipts of mortal remains transfer and funeral expenses incurred as a result of death of Insured(s).

被保险人身故所支出体遣送及安葬等费用的收据原件；

e) Other supporting documents and information required by the Company, relating to identification of the nature of the insured incident and its cause, etc. which can be provided by the applicant.

保险人要求的申请人所能提供的与确认保险事故的性质、原因、伤害程度等相关的其他证明文件和资料。

When the supporting documents and information mentioned in (1) and (2) are found not full and complete, the Company shall inform the applicant at one time to supplement all the relevant supporting documents and information.

上述第（1）、（2）条中所列证明文件和资料提供不完整的，保险人将及时一次性通知申请人补充提供有关证明文件和资料。

R. Payment of Benefits 保险金给付

Following receipt by the Company of the claim form and the supporting documents and information mentioned in (1) and (2) of Proof of Claim, the Company will make assessment timely, or within 30 days for such complicated cases, unless otherwise specified in the Contract. When the claim has been confirmed to be under the insurance cover, the company shall perform the obligation of payment of insurance compensation within 10 days after signing the agreement on payment of insurance compensation with the applicant; otherwise, the Company will issue an insurance compensation payment denial notice to the applicant within 3 days after the assessment where the claim has been confirmed to be beyond the insurance cover.

保险人收到理赔申请书以及上述理赔材料（1）、（2）中所列明的证明文件和资料后，将及时作出核定；情形复杂的，将在三十日内作出核定，但本合同另有约定的除外。经核定后确定属于保险责任的，保险人在与申请人达成给付保险金的协议后十日

内,履行给付保险金的义务;不属于保险责任的,保险人将自作出核定之日起三日内向申请人发出拒绝给付保险金的通知,并说明理由。

The Company shall pay the amount which can be confirmed in the first instance according to the available supporting documents and information within 60 days from receipt by the Company of the claim form and the above-stated supporting documents and information in respect of cases identified as within the insurance cover but are difficult to be assessed the amount payable. The Company shall pay the corresponding remaining balance upon final assessment of the amount payable in respect of the insurance compensation. 保险人自收到理赔申请书及上述证明文件和材料之日起六十日内,对属于保险责任而给付保险金的数额不能确定的,根据已有证明和材料,按可以确定的数额先予支付,保险人最终确定给付保险金的数额后,支付相应的差额。

When Insured applies for payment of insurance compensation, the Company may require medical verification and re-examination by the relevant medical institution if the Company deems it necessary.

当被保险人申请给付保险金时,保险人认为有必要,可要求相关医疗单位予以鉴定和复查。

S. Right of Recovery 追讨权

In the event authorization of payment and/or payment is made by the Company for a claim which is not covered under the Policy or when the Annual Limit or sub-limit of this insurance is exceeded, the Company reserves the right to recover the said sum or excess from the Policyholder and/or Insured.

若保险人授权理赔和/或作出的理赔结论不在本合同保障范围内或超出本保险年限额或分项限额的,保险人保留向投保人和/或被保险人追讨全部或超出部分保险金的权利。

T. Limitation of Litigation 诉讼时效

The applicant's right of claims will be two years from the day on which the applicant becomes aware of the occurrence of the insured incident.

申请人向保险人请求给付保险金的诉讼时效为二年,自其知道或者应当知道保险事故发生之日起计算。

Part VII. GENERAL CONDITIONS 其他条件

U. Duty of Disclosure 如实告知

Upon execution of the Contract, the Company shall explain explicitly to the Policyholder the terms and conditions of the Contract, and for the exclusions, make indications on the application form, policy or other insurance certificates to sufficiently call the attention of the Policyholder, and explain explicitly to the Policyholder orally or in writing. 订立本合同时,保险人会向投保人明确说明本合同的内容。对于本合同保险条款中免除保险人责任的条款,保险人在订立合同时会在投保单、保险单或者其他保险凭证上作出足以引起投保人注意的提示,并对该条款的内容以书面或者口头形式向投保人作出明确说明。

The Company may inquire on relevant conditions of the Policyholder, Insured(s), and the Policyholder shall provide full and frank disclosure to the Company.

保险人可以就投保人、被保险人的有关情况提出询问，投保人应当如实告知。

Should the Policyholder fail to perform its obligation of full and frank disclosure due to material default, attributable to influence the decision of the Company on whether to accept the insurance proposal or raise the premium rate, the Company is entitled to terminate the Contract.

如果投保人故意或者因重大过失未履行前款规定的如实告知义务，足以影响保险人决定是否同意承保或者提高保险费率的，保险人有权解除本合同。

Should the Policyholder intentionally fail to perform its obligation of full and frank disclosure, the Company shall not be liable for payment of premium compensation for the insured incidents occurred before termination of the Contract, and shall not refund the premium.

投保人故意不履行如实告知义务的，保险人对于合同解除前发生的保险事故，不承担给付保险金的责任，并不退还保险费。

Should the Policyholder fail to perform its obligation of full and frank disclosure due to material default, materially attributable to occurrence of the insured accident, the Company shall not be liable for payment of premium compensation for the insured incidents occurred before termination of the Contract, but shall refund the premium.

投保人因重大过失未履行如实告知义务，保险事故的发生有严重影响的，保险人对于合同解除前发生的保险事故，不承担给付保险金的责任，但退还保险费。

If knowing the Policyholder fails to perform its obligation of full and frank disclosure upon execution of the Contract, the Company can not terminate the Contract and, shall be liable for payment of premium compensation for the insured incidents occurred before termination of the Contract if any.

保险人在本合同订立时已经知道投保人未如实告知的情况的，保险人不得解除合同；发生保险事故的，保险人承担给付保险金的责任。

V. Age Determination and Error Handling

年龄确定和错误处理

The age of Insured is calculated in years from the Insured' s date of birth to the date on which the Contract is formed. The Policyholder should fill Insured' s date of birth and age which is consistent with his/her valid ID card in the Application Form. If any error occurs, the Company shall handle it in accordance with the following rules:

被保险人的年龄以周岁计算。投保人应在申请投保时将与被保险人有效身份证件相符的出生日期及年龄在投保单上填明，如果发生错误，保险人按照下列方式办理：

(1) If Insured's age declared untruly, and his/her true age is not complied with the insurance age agreed in the Contract, the Company is entitled to terminate the Contract or Cancel the Insured's insurance eligibility. The Company will refund the unearned net premium to the Policyholder for the Insured, provided no claims have been submitted by the Insured and accepted by the Company, on pro-rata basis after deducting administration expenses of 25% of the annual premium.

投保人申报的被保险人年龄不真实, 并且其真实年龄不符合本合同约定投保年龄限制的, 保险人有权解除本合同, 如果该被保险人未发生理赔或提出理赔申请, 保险人将向投保人无息退还该被保险人的未满期净保险费 (年保险费扣除 25%管理费后按照剩余天数所占比例计算所得)。

Failure to exercise the right of termination as mentioned in the above paragraph within 30 days upon knowledge of the cause in fact shall be deemed waiver of such right.

前款规定的合同解除权, 自保险人知道有解除事由之日起, 超过三十日不行使而消灭。

(2) If Insured's age declared untruly caused the premium paid less than the payable premium, the Company is entitled to correct the age and ask the Policyholder to pay up the premium. If claims have been submitted, the payment of the insurance compensation will be in accordance with the proportion of the paid premium and the payable premium.

投保人申报的被保险人年龄不真实, 致使投保人实付保险费少于应付保险费的, 保险人有权更正并要求投保人补交保险费。若已经发生保险事故, 在给付保险金时按实付保险费和应付保险费的比例给付。

(3) If Insured's age declared untruly caused the premium paid more than the payable premium, the Company will refund the overcharged premium without interest.

投保人申报的被保险人年龄不真实, 致使投保人实付保险费多于应付保险费的, 保险人应将多收的保险费无息退还给投保人。

W. Pre-Authorization Requirement 预授权条件

Before receiving the following medical services, the Insured(s) shall ask for Pre-Authorization from the Company:

被保险人拟接受下列医疗项目前, 应通过服务热线向保险人提出预授权:

(1) All in-patient treatment and operative treatment;

所有住院治疗 and 手术治疗;

(2) Diagnostic procedure whose unit price is over RMB5,000;

单价在人民币五千元以上的检查;

(3) Procedures including MRI, PET-CT, Stereotactic Conformal Radiotherapy Gamma Knife;

MRI、PET-CT 及伽玛刀立体定向适形放射治疗等;

- (4) The prescribed drugs over RMB2,500 per dose;
一次服用剂量的单价在人民币二千五百元以上的处方药;
- (5) First time of Cancer Treatment and Acute Renal Dialysis;
首次癌症和急性肾透析治疗
- (6) Use of albumin;
使用白蛋白;
- (7) Home nursing;
家庭护理;

(8) Any treatment which fails to meet the aforementioned terms but whose accumulated medical expenses during the duration of insurance are expected to exceed RMB 30,000;

不符合上述条件但保险期间内预期累计医疗费用超过人民币三万元的任何治疗;

- (9) Global Emergency Medical Assistance and Repatriation;
全球医疗紧急救援以及遗体遣送及安葬;

- (10) Emergency Treatment outside the Covered Area.
覆盖区域之外的紧急医疗。

Under emergency situations, if Insured(s) fails to promptly get Pre-Authorization, the Insured(s) shall notify this Company within 48 hours of start of receiving of the aforementioned treatment items.

紧急情况下,如被保险人未能及时获得预授权的,该被保险人需在开始接受上述医疗项目后四十八小时之内通知保险人。

The actually occurred inpatient and outpatient treatment costs will be compensated at a reimbursement ratio of 60% specified in the Schedule if the Insured has not been pre-authorized prior to the treatment of Item (1) to (8) above or failed to notify within the specified time limit under emergency situations while Pre-Authorization is required.

对于需要预授权的项目,如被保险人在进行上述(1)至(8)项治疗前若未获得预授权或紧急情况下未能在规定时间内通知保险人的,对于被保险人发生的合理且必要的住院或门诊医疗费用,保险人将按照附表中指定比例的60%给付保险金。

If the Insured fails to obtain Pre-Authorization before receiving treatment of Item (9) and (10) above or under emergency situations the Insured fails to notify this Company within the specified time limit, this Company shall undertake no liability for paying claim over the medical expenses that incur as a result of his/her unapproved treatment.

被保险人在进行上述第(9)(10)项治疗前若未获得事先授权或紧急情况下未能在规定时间内通知保险人的,保险人对被保险人未经许可的治疗而发生的医疗费用不承担给付保险金的责任。

After verification, if the decline of Pre-Authorization of any Insured(s) was caused by the Company or its designated service provider, the actually occurred inpatient and outpatient treatment costs will be

compensated at a reimbursement ratio as specified in the Schedule.

经核实，因保险人或者保险人指定的服务商的原因导致被保险人未获得预授权，对于被保险人发生的合理且必要的住院或门诊医疗费用，保险人将按照附表中指定的比例给付保险金。

X. Special Hospitals 特定医院

The actually occurred treatment costs will be covered at a reimbursement ratio specified in the Schedule if the Insured is treated in one of the Special Hospitals as listed in the Schedule. The Company reserves the rights to adjust the list of the Special Hospitals at any time.

如被保险人选择任何一家附表中所列举的特定医院进行治疗，对于被保险人实际发生的合理且必要的医疗费用，保险人将按照附表中所指定的给付比例给付保险金。保险人保留随时修订特定医院列表的权利。

Y. Applicable Law 法律适用

The laws of the People's Republic of China shall be applicable to the formation, change, termination, performance, dispute resolution of the Contract and all matters related thereto.

本合同的订立、变更、解除、履行、争议解决以及与本合同有关的一切事宜，均适用中华人民共和国法律。

Z. Dispute Resolution 争议解决

For resolution of any dispute arising from the Contract, the parties concerned may choose from either of the following methods as agreed upon in the Contract:

当本合同履行中发生争议时，由当事人在本合同中约定的如下两种解决方式中选择一种：

(1) Disputes arising from the performance of the Contract shall be resolved through consultations by the parties concerned, failing which the disputes shall be submitted to the Arbitration Commission stipulated in the Policy for arbitration.

因履行本合同发生的争议，由当事人协商解决，协商不成的，提交保险单载明的仲裁委员会仲裁；

(2) Disputes arising from the performance of the Contract shall be resolved through consultations by the parties concerned, failing which the disputes shall be submitted to the People's Court for litigation.

因履行本合同发生的争议，由当事人协商解决，协商不成的，依法向人民法院提起诉讼。

Part VIII. DEFINITIONS 释义

The following Definitions apply to the Policy, and have the same meaning wherever they are used in the Policy, Schedule, Certificate, Endorsements or any other documents related.

本合同中提供的名词释义，在本合同条款、附表、证明材料、批单及其他任何相关文件中具有相同的含义。

Abuse 滥用

means the excessive use of a substance including but not limited to alcohol and drugs. With regard to drugs, means opium, heroin, methamphetamine, morphine, marijuana and cocaine and other narcotic or psychotropic drugs prone to cause addiction of people, to be controlled according to the national regulation, but not including the prescription drugs containing narcotic content prescribed by a physician and used according to the advice of the physician.

指过度的使用一种物质，包括但不限于酒精和毒品。这里的毒品指《中华人民共和国刑法》规定的鸦片、海洛因、甲基苯丙胺(冰毒)、吗啡、大麻、可卡因以及国家规定管制的其他能够使人形成癖的麻醉药品和精神药品，但不包括由医生开具并遵医嘱使用的用于治疗疾病但含有麻醉成分的处方药品。

Accident 意外伤害

means any involuntary, sudden, non-illness, unexpected and unforeseen external event occurring during the policy period and at a fixed place and time, resulting in Bodily Injury to an Insured, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

指在保险期间内，在固定的场所和时间，因遭受非本意的、突发的、意料之外的外部事件，导致被保险人身体损伤，造成伤害的原因来自于受伤者身体之外并且超出其控制之外。

Acute 急性的

means a sudden medical condition in which the disease duration is short, the disease is relatively serious (especially a serious sudden illness or injury) and needs short-term treatment, which aims to return the Insured to his/her previous state of health or leads to the full recovery of Insured(s).

指疾病病程短、病情相对严重（特别是严重突发疾病或外伤），需要短期治疗使被保险人回到之前的健康状态或使之完全恢复的医疗情况。

AIDS/HIV 艾滋病/艾滋病病毒

means Human Immunodeficiency Virus (HIV) and related Illnesses including Acquired Immune Deficiency Syndrome (AIDS), its complications and all Illnesses/conditions caused thereby and/or related thereto, including the consequences of treatment arising thereof.

指人类免疫缺陷病毒及相关疾病，包含获得性免疫缺陷综合症（AIDS，艾滋病）、艾滋病并发症及所有由此导致或由治疗该疾病而引发的疾病。

Alternative Medicine 替代治疗

means treatment conducted by a Chinese Medicine Practitioner, including Herbalist, Bonesetter, or Acupuncturist, or any Chinese Medicine Practitioner who is being authorized or listed in the geographic area of his practice to render treatment and covered by the Policy. Such treatment must be planned by the Practitioner in writing and can reduce or alleviate the symptoms significantly within a reasonable and expected time frame.

指由中医医师施行的治疗，包括本保单中认可的具有执业所在国家或者地区医疗从业资格从事中医医疗工作的中药剂师、正骨医师及针灸医师。对该治疗需要有书面的治疗计划并在合理的、可预测的时间内使得症状明显好转。

Bonesetter means a Chinese medicine surgical specialist registered or listed in the geographical area of his/her practice as a surgical specialist who renders treatment of musculoskeletal system, joint and soft tissues resulting from accident for internal or external bodily injuries.

正骨医师是指在其行医所在地区注册或者被许可行医的中医外科专家，一般可以为病人进行因意外引起的内伤或者外伤而造成的肌肉与骨骼系统、关节和软组织的治疗。

Note: Any other charges made by persons not defined above will not be subject to reimbursement.

注意：保险人不承担由以上定义之外的任何人提供的治疗所产生的费用。

Benefit(s) 保障利益

means the coverage and any extensions or restrictions provided by and shown in the policy, and extended to the Insured or Insured under this Policy指本保单中所展示提供给被保险人的保险责任、扩展责任及限制责任。

Bodily Injury 身体损害(损伤)

means an identifiable physical injury sustained by the Insured on any part of his/her body during the Period of Insurance and is caused by an Accident by external means.

是指在保险期间内，因外力引起的意外伤害而造成的被保险人的身体的任何一部分形成的可辨识的持续性物理损伤。

Congenital Disease 先天性疾病

means disease caused by changes in hereditary materials which are harmful to the human body (including chromosomes or genes inside); or by certain physical, chemical and biological factors of internal or external environment during the mother's pregnancy, resulting in abnormal development of partial somatic cells of the foetus and in-born abnormalities in forms or functions of the related organs and systems of the baby from birth.指因人的遗传物质(包括染色体以及位于其中的基因)发生了对人体有害的改变而引起的，或因母亲怀孕期间受到内外环境中某些物理、化学和生物等因素的作用，使胎儿局部体细胞发育不正常，导致婴儿出生时有关器官、系统在形态或功能上呈现异常，包括先天性畸形。

Covered Area 保障区域

means the geographic area of the world in which the Plan is operative as listed on the Benefits Schedule and for which the appropriate premium has been paid.

指保障利益表中所列明的并且已为此缴纳了合适的保费的保障计划所适用的地理区域。

Commencement Date 生效日期

means the date on which the Period of Insurance commences in this Policy.

指该保单的保险期间开始的日期。

Dependent 连带被保险人

The legally married spouse and unmarried children of the Insured. The unmarried children also extends to include step-children, foster children and legally adopted children, who are dependants on Insured(s) for support. Provided always that such children are not less than 15 days and not more than 18 years old (or 23 provided that the child is in continuous full-time education).

是指被保险人的合法配偶和未婚子女。未婚子女还可包括需要被保险人或连带被保险人抚养的继子女，寄养或者合法收养的子女，条件是这些子女的年龄至少需要在十五天以上，最多不超过十八周岁（在全日制学校学习的未婚子女可以放宽到二十三周岁）。

Diving 潜水

means underwater sports carried out with auxiliary breathing equipment underwater such as in rivers, lakes, seas, reservoirs or canals.

指使用辅助呼吸器材在江、河、湖、海、水库、运河等水域进行的水下运动。

Drive under Drink 饮酒后驾驶

Any vehicle driver, with the alcohol content in his/her blood reaching or exceeding a certain limit after testing or detection, upon occurrence of an accident, shall be deemed as drink driving or drunk driving by the public security traffic administration according to the Road Traffic Safety Law.

指经检验或鉴定，发生事故时车辆驾驶人员每百毫升血液中的酒精含量达到或超过一定的标准，公安机关交通管理部门依据《道路交通安全法》的规定认定饮酒后驾驶或醉酒后驾驶。

Driving without Legal and Valid Driving License**无合法有效驾驶证驾驶**

means one of the following conditions:

指下列情形之一：

(1) Driving without driving qualification;

没有取得驾驶资格；

(2) Driving vehicles not in conformity with the vehicle types specified on the driving licence;

驾驶与驾驶证准驾车型不相符的车辆；

(3) Driving with a driving licence showing failure in examination;

持审验不合格的驾驶证驾驶；

(4) When studying driving with the studying certificate, driving without the instruction of the coach or not following the designated time or route. 持学习驾驶证学习驾车时，无教练员随车指导，或不按指定时间、路线学习驾车。

Due Date 满期日

means the date of commencement or renewal of cover as shown on the Schedule or the date on which any subsequent installment of premium falls due. 指保障利益表中所列的保障开始生效或者续保生效的日期，或者是相应的保费应当缴纳的日期。

Emergency 急诊

means a sudden, unexpected acute medical condition or an unexpected acute exacerbation of a chronic medical condition that, without treatment within forty-eight (48) hours of onset, could result in death or serious impairment of bodily functions.

指突发的，不可预见的急性医疗状况或者是慢性病的不可预见的急性加重，如果在发作的四十八小时内不接受治疗将会造成死亡或者机体功能的严重损伤。

Emergency Dental 意外牙科

Dental procedures necessary to restore or replace sound natural teeth lost or damaged as the result of an Accident.

指为了修补或者替换因意外造成的天然牙齿的脱落或者丢失而进行的牙科手术。

Exploration 探险

means intentional behavior of putting oneself in certain natural dangerous conditions, which may cause death or bodily injury such as river drifting, mountain climbing, crossing deserts or remote primitive forests on foot. 指明知在某种特定的自然条件下有失去生命或使身体受到伤害的危险，而故意使自己置身于其中的行为，如：江河漂流、登山、徒步穿越沙漠或人迹罕至的原始森林等活动。

Hereditary Disease 遗传性疾病

means the disease is carried in the parent's reproductive cells (sperm or eggs), which was then passed on to the children and caused the disease, and the disease can be carried to the next generation. Such intergenerational disease is also known as genetic diseases medically.

是指父母的生殖细胞，也就是精子和卵子里携带有病基因，然后传给子女并引起发病，而且这些子女结婚后还会把病传给下一代。这种代代相传的疾病，医学上还称之为遗传病。

Home Country 国籍国

means the country of which the Insured holds a passport. Where Insured(s) holds more than one passport, the Home Country will be taken to mean the country which Insured(s) has declared on the Application Form.

指被保险人所持有护照的国家。如果被保险人持有多国护照，则国籍是指被保险人在申请表上所声明的国籍。

Hospital 医院

means a medical institution which fulfils all of the following conditions:

指符合下列所有条件的医疗机构：

(1) Owns legitimate medical practice institution licence and business licence;

拥有合法医疗机构执业许可证以及营业执照；

(2) General hospitals and specialist hospitals with systematic treatment procedures and surgical facilities, excluding its observation rooms, combined wards and rehabilitation wards;

具有系统性治疗程序和手术设备的综合性医院、专科医院，但不包括其观察室、联合病房和康复病房；

(3) Its main purpose of establishment is to provide hospitalization and nursing services to the injured and patients;

设立的主要目的是为向受伤者和患者提供住院治疗和护理服务；

(4) Has qualified doctors and nurses providing whole day 24-hour medical and nursing services;

有合格的医生和护士提供全日二十四小时的医疗和护理服务；

(5) Clinics, nursing homes, spas, rehabilitation institutions, infirmary care institutions, elderly care homes, alcohol abstinence centres, drug addiction treatment centres or medical institutions of similar nature are not considered hospitals.

诊所、护理所、水疗所、康复机构、疗养院、养老院、戒酒所、戒毒所或类似的医疗机构等不属于医院。

Hospital Room 医院病房

for the purpose of this policy, and where indicated on the Schedule, hospital accommodation levels are defined as below. Where a Hospital has more than one type of room in an accommodation level, reimbursement will be based on the type of room within that accommodation level of which the hospital has the greatest number:

本保单中所提及的，保障利益表中指出的医院病房的等级定义如下。如果某医院在某个保障等级有超过一种类型的房间，保险支付将按照此一等级中房间最多的那种类型的病房来执行。

Private - A class of room having one patient bed per room.

私人病房—指每间仅有一个病床的普通病房（普通病房单人间）。

Semiprivate - A class of room having two patient beds per room,

whether both beds are occupied or not.

半私人病房一指每间有两个病床的病房。

Ward - A class of room having three or more patient beds per room, whether all beds are occupied or not.

普通病房一指每间有三个或三个以上病床的病房。

Intensive Care Unit (ICU) - A class of room dedicated to the constant, close monitoring of the vital body functions of critically ill patients, which provides a high ratio of nursing staff to patients, and which has full facilities for the resuscitation of patients. This definition also includes a coronary care unit which has facilities not less comprehensive than **重症监护病房**是指专门用来持续密切监护危重病人的生命体征和机能的病房, 此类病房的护理人员远超病人数目, 且有全套的生命体征检测维护设施。重症监护病房也包括其设施的全面性不低于上述设施的冠心病监护病房。

Illness 疾病

means a physical condition marked by a pathological deviation from the normal healthy state.

指病理学所显示的不同于正常健康状态的身体条件。

Injury 伤害

means physical damage arising wholly and exclusively from an Accident.

指全部且仅由意外造成的身体损伤。

Martial Art Game 武术比赛

means boxing game such as opposing judo, karate, tae kwon do, and free combat and pugilism between two or more persons and other opposing matches where instruments are used.

指两人或两人以上对抗性柔道、空手道、跆拳道、散打、拳击等各种拳术及使用器械的对抗性比赛。

Medically Customary Necessary 符合医学惯常的必要的

Treatment, service or procedure which in the opinion of a qualified Medical Practitioner is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards.

指合格的医务人员认为合适的, 与诊断一致的, 按照通用的医学标准所进行治疗、服务或者手术操作。

Medically necessary 医疗必需

medical treatment, services or medicines meeting the following conditions are medically necessary.

满足以下条件的医学治疗、服务或药品为医学上必需。

(1) The diagnosis or treatment of diseases or injuries of the patient which is appropriate and fundamental;

对病人疾病或伤害的诊断或治疗是适当的、基本的;

(2) The provision of safe, sufficient and appropriate diagnosis and necessary care required by the treatment within a certain range, period of continuance, intensity and level;

提供安全、充分、适当的诊断和治疗必须的护理，但不超过一定的范围、持续时间或强度、级别；

(3) Prescription by a medical practitioner and treatment which is consistent with locally well-recognized medical professional level;

由医师开具的处方以及与在治疗当地被广泛认可的医疗专业水平一致的治疗；

(4) Items which are not mainly carried out for the comfort and convenience of the patients, families, doctors or other personnel providing the treatment;

不是主要为病人、家庭、医生或其他提供治疗的人员的舒适和方便而设的项目；

(5) Not a part of academic education or professional training of patients;

不属于对病人的学术教育或专业培训的一部分；

(6) Not for experiment or research purposes.

非试验性或研究性的。

Mental or Nervous Disorder 精神或神经紊乱

means a psychiatric, psychological, affective, mental, or behavioral disorder, irrespective of whether a physiologic cause is known or suspected. It includes any condition listed in the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSMIV) published by the American Psychiatric Association.

指不论是否已知或怀疑为生理上的原因导致的精神、心理、情感、智力及行为的障碍。包含美国精神病学协会出版的《诊断和心理障碍统计手册（DSMIV）》第4版中所列举的所有情况。

Military Conflict 军事冲突

means armed confrontations in certain range between countries or nations. Subject to governmental declarations.

指国家或民族之间在一定范围内的武装对抗，以政府宣布为准。

Motor Vehicle 机动车

means any wheeled vehicle driven or drawn with power devices, for driving and carrying passenger or transporting goods, or for special engineering purposes.

指以动力装置驱动或者牵引，供人员乘用或者用于运送物品以及进行工程专项作业的轮式车辆。

Physician (Medical Practitioner) 医生

means a legally licensed medical practitioner recognized by the law of the country where treatment is provided and who, in rendering such treatment, is practicing within the scope of his licensing and training.

指已获得在行医国家法律认可的有关机构签发的行医执照的医生，并且在提供治疗时，持续在其执照和培训规定的领域执业。

Policyholder 投保人

means the group to which the Company has issued the Policy and is named on a valid Certificate of Insurance.

指保险人下发保险单并在保险凭证上署名的团体。

Pre-existing Condition 既往症

means disease suffered by or appeared to the Insured before being covered by this insurance policy.

指被保险人投保本保险前已患的疾病或已呈现的病症。

Riot 暴乱

means armed turmoil disrupting social order, subject to governmental declarations.

指破坏社会秩序的武装骚动，以政府宣布为准。

Rock Climbing 攀岩

means sports such as climbing cliffs, exterior walls of buildings, artificial cliffs, ice cliffs and icebergs.

指攀登悬崖、楼宇外墙、人造悬崖、冰崖、冰山等运动。

Stunt Performance 特技表演

means performance of horsemanship, acrobatics, animal taming, etc.

指进行马术、杂技、驯兽等表演。

Terrorism Attacks or Actions 恐怖主义攻击或行为

shall mean any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any Group, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorist Act shall also include any act, which is verified or recognized by the (relevant) government as an act of terrorism. 是指以下列为目的或已经造成后果的任何实际或威胁使用武力或者暴力的行为：制造损害，伤害，破坏或对人类的生命和财产采取危险行动来反对某个集团，组织，财产或者政府，以达到某种声明的或者未声明的经济，种族，民族主义，政治，人种，或者宗教方面的利益。恐怖主义攻击或行为还包括由相关政府确认或者认定为恐怖主义行为的任何行为。以获取个人的利益为目的的抢劫或者犯罪行为，或者因为犯罪人和受害人的过去个人关系引起的行为不是恐怖行为。

Usual Country of Residence 长期居住地

means the country in which Insured(s) works and lives for the majority of the year. For Insured(s) who travel a majority of the year, it means the country in which Insured(s) maintains his primary residence or in which Insured(s)' last fixed residence was located.

指被保险人一年中大部分时间工作和居住的国家或地区。对于常年旅行的被保险人，指其主要居住的地区或最后定居的地区。

Venereal Disease 性病

means an illness which has been transmitted by sexual contact, or any of the following illnesses whether sexually transmitted or not: syphilis, gonorrhea, venereal warts including genital HPV (human papillomavirus), genital herpes, granuloma inguinale, chancroid, trichomona, pubic lice (phthirus pubis) infestation, and chlamydia.

指由性行为接触为主要传播途径的、严重危害健康的传染性疾病，包括梅毒、淋病、性病疣包括人类乳头状瘤病毒、生殖器疱疹、腹股沟肉芽肿、软下疳、阴道滴虫病、阴虱和衣原体性病。

War 战争

means armed fights between countries, nations or political groups for certain political or economic purposes, subject to governmental declarations.

指国家与国家、民族与民族、政治集团与政治集团之间为了一定的政治、经济目的而进行的武装斗争，以政府宣布为准。

Without Valid Vehicle License 无有效行使证

means one of the following conditions:

指下列情形之一：

(1) Registration of motor vehicle cancelled according to law;

机动车被依法注销登记的；

(2) Failure to receive or pass the vehicle safety technical inspection timely.

未依法按时进行或通过机动车安全技术检验的。