

**ZURICH**[®]

Healthplus Medical Insurance Policy

Please read this policy carefully upon receipt and promptly request for any necessary amendments. If you would like a copy of this policy in large print, please contact our Customer Care Centre at +852 2968 2288.

This policy together with the enclosed *schedule* and any endorsements subsequently issued should be read as if they are one document and form the contract between you and us. The Zurich Healthplus enrollment form and declaration which you completed and provided to us, verbal or written are the basis of this contract.

We will insure you 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 policy which will be renewed subject to subsequent premium payments and our acceptance. You are responsible for the annual premium of any policy year when there is a claim made or service used.

Should you change any information given on your enrollment form, please keep us informed immediately as the changes may affect your insurance cover.

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. We have printed these words in italics throughout this policy and have given the meanings below:

Accident

A sudden and unforeseen event that happens unexpectedly and causes *injury* to you.

Age/ Aged

Age at last birthday.

Anaesthetist

A registered medical practitioner other than you, the insured person or immediate family member, legally registered under Anaesthesiology of Specialist Register of the Medical Council of Hong Kong or the equivalent.

Benign Brain Tumour

Life threatening, non-cancerous tumour in the brain as confirmed by a neurologist or neurosurgeon. This includes intracranial tumours causing damage to the brain. Tumours must be deemed to require neurosurgical excision or tumours inoperably cause permanent neurological impairment.

Cancer

The diagnosis of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The cancer must be confirmed by histological evidence of malignancy by a qualified oncologist or pathologist. Cancer includes: leukaemia, malignant lymphoma, Hodgkin's disease, malignant bone marrow disorders & metastatic skin cancer. The following are excluded:

- "carcinoma in situ", cervical dysplasia, cervix cancer CIN-1, CIN-2 & CIN-3, and all pre-malignant conditions or non-invasive cancers;
- early prostate cancer TNM Classification T1 (including T1a and T1b) or equivalent classification;
- melanomas of the skin of Stage 1A (<=1mm, level II or III, no ulceration), according to the new AJCC classification of 2002;
- hyperkeratoses, basal cell and squamous skin cancers; and
- all tumours in the presence of HIV infection.

Chronic Liver Disease

End stage liver disease or cirrhosis which means chronic end-stage liver failure that causes at least one of the following:

- uncontrollable ascites;
- permanent jaundice;
- oesophageal or gastric varices; or
- hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

Confined/ Confinement

Admission in a hospital as a result of medical necessity for a minimum period of 16 hours upon the recommendation of a registered medical practitioner and continuous stay in the hospital prior to discharge. Hospital confinement will be evidenced by a daily room and board charge by the hospital except when such confinement is in connection with an actual surgical operation which does not require residence in a hospital as an in-patient.

Critical Illness

Benign brain tumour, cancer, chronic liver disease, heart attack, major organ transplant or kidney failure.

Disability/ Disabilities

Injury to or sickness of the insured person. In the case of injury, it means all injuries arising from the same event or series of contiguous events. Successive disabilities are treated as one disability unless they result from different or unrelated causes or unless separated by at least ninety (90) days from the date of discharge from the hospital or the last consultation at the doctor's office, whichever is the latest.

Doctor or Surgeon or Registered Medical Practitioner

A registered medical practitioner under Medical Registration Ordinance, Chapter 161, Laws of Hong Kong, other than you, the insured person, or immediate family member qualified by degree in western medicine, legally licensed and duly qualified in the geographical area of his/her practice to render medical and surgical services.

Heart Attack

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle, as a result of an acute interruption of blood supply to the myocardium. The diagnosis must be based on a history of typical chest pain, new electrocardiography changes proving infarction, and significant elevation of cardiac enzymes. Angina is specifically excluded.

Hong Kong

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

Hospital

An establishment which meets all the following requirements:

- holds a licence as a hospital (if licensing is required in the state or governmental jurisdiction);
- operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
- provides 24-hour a day nursing service by graduated nurses or qualified nurses;
- has a staff of one or more licensed physicians available at all times;
- provides organized facilities for diagnosis and major surgical facilities;
- a medical clinic in which an actual surgical operation is performed and is deemed to be a hospital; and
- is not primarily a nursing, rest or convalescent home or similar establishment, a place for alcoholics or drug addicts.

Immediate Family Member

Your or the insured person's spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchildren, fiancé(e).

Infectious Disease

Any kinds of infectious diseases which are publicly announced and require quarantine by the Hong Kong government.

Injury/ Injuries

Bodily injury to the insured person evidenced by a bruise or wound caused by an accident solely and independently of any other cause and which results in a loss covered by this policy.

Insured Child

The insured person named in the schedule who is/are unemployed, unmarried and between the age of 15 days and 17 years (inclusive).

Insured Person

Those person(s) named in the schedule as insured person.

Intensive Care Unit

A part of a hospital which is staffed and equipped to provide care for critically ill patients requiring specialized or intensive care not normally provided within such hospital and for which a daily extra charge is made.

Kidney Failure

Ended stage kidney disease presenting as chronic irreversible failure of both kidneys to function. This must be evidenced by the undergoing of regular renal dialysis or undergoing a renal transplant.

Major Organ Transplant

The actual undergoing of a transplant of any of the organs below as a recipient or the inclusion on an official organ transplant waiting list for any of the organs below:

- one of the following whole human organs: heart, lung, liver, kidney or pancreas; or
- human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation.

The transplant must be medically necessary and based on objective confirmation of organ failure. Other than the above stem cell transplants are excluded.

Medically Necessary/ Medical Necessity

Necessary for having or the necessity to have a medical service which is

- in accordance with standards of good and prudent medical practice;
- necessary for such a diagnosis or treatment;
- not furnished primarily for the convenience of registered medical practitioner or any other medical service providers;
- furnished at the most appropriate level which can be safely and effectively provided to the insured person; and
- with respect to confinement, not furnished primarily for diagnostic scanning purpose, imaging examination or physical therapy.

Period of Insurance

That period for which we have accepted your premium as stated in the schedule.

Pre-existing Condition

Injury or sickness, physical defect or infirmity which have been diagnosed, caused or originated whether they are known or unknown to the *insured person* before the inception of this policy.

Qualified Nurse

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

Schedule

The schedule attached to and incorporated in this policy.

Sickness

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

Specialist

A *registered medical practitioner* other than *you*, the *insured person* or *immediate family member*, legally registered in the Specialist Register of the Medical Council of Hong Kong or equivalent and qualified to practise specialist care according to the qualified speciality.

Waiting Period

30 days from the original effective date of this policy or the effective date of any endorsement or extension of cover which is subsequently added, during such period, no benefit will be payable in respect of treatment required as a result of any cause, other than an *accident*.

War

A contest by force between two or more nations, carried on for any purpose; or an armed conflict of sovereign powers, in either case whether such contest or armed conflict is declared or undeclared and open hostilities; or the state of nations among whom there is i) an interruption of pacific relations and ii) a general contention by force, both authorized by the respective sovereigns of such nations.

We, Us or Our

Zurich Insurance Company Ltd

You or Your

The policyholder shown in the *schedule* as the *insured person* who is the owner of this policy.

Part 2 Benefits

If any *insured person* is *confined* in a *hospital* on the recommendation of a *doctor* due to *disability* occurring during the *period of insurance*, upon receipt of proof acceptable to *us* and subject to the terms and conditions of this policy, we will pay the benefits shown as insured in the *schedule* to *you* or, in the event of *your* death, to *your* estate. The benefits payable will be subject to the relevant plan limits as shown in the following tables.

Benefit tables

Basic benefit table

Basic benefit	Maximum benefit per <i>disability</i> (HKD)		
	Classic	Extra	Deluxe
Room, board and general nursing charges No. of days Limit per day	182 600	182 1,000	182 2,000
In-hospital doctor's call fees No. of days Limit per day	182 600	182 1,000	182 2,000
Accompanying bed benefit No. of days Limit per day	31 unlimited cover	31 unlimited cover	31 unlimited cover
Hospital special services charges	7,000	10,000	18,000
Surgical charges	40,000	60,000	90,000
Anaesthetist's fee	14,000	21,000	31,500
Operating theatre charges	14,000	21,000	31,500
In-hospital specialist consultation fees	6,000	8,000	10,000
Intensive care unit charges	10,000	15,000	30,000
Additional accident benefit	10,000	15,000	30,000
Post-surgery specialist treatment due to critical illness Limit per visit Limit per year	- -	2,000 30,000	3,000 48,000
Artificial prosthesis and rental of wheel chairs benefit	10,000	20,000	30,000
Hospital cash benefit No. of days Limit per day	182 200	182 350	182 500
Infectious disease hospital benefit No. of days Limit per day	30 200	30 350	30 500

Post-surgery out-patient benefit	700	1,200	1,500
Home nursing fees No. of days Limit per day	31 300	31 400	31 500
Limousine services Limit per ride (One ride per <i>confinement</i>)	1,000	1,000	1,000
Emergency out-patient benefit	1,500	2,000	3,000

Optional benefit table

Optional benefit	Maximum benefit per <i>disability</i> (HKD)		
	Classic	Extra	Deluxe
Supplementary major medical benefit	60,000	120,000	250,000

Section 1 Basic cover

1.1 Room, board and general nursing charges

We will pay the actual room, board and general nursing charges made by the *hospital* for the period during which the *insured person* is *confined* in a *hospital*, not exceeding 182 days per *disability*.

The most we will pay for any one day is as shown in the basic benefit table.

1.2 In-hospital doctor's call fees

Where the *insured person* is *confined* in a *hospital*, we will pay the attending *doctor's* actual charges for treatment during such *confinement* not exceeding 182 days per *disability*.

The most we will pay for any one day is as shown in the basic benefit table.

1.3 Accompanying bed benefit

If the *insured child* is *confined* in a *hospital*, we will pay the actual charges made by the *hospital* for an accompanying bed occupied by one of the *insured child's* close family members, not exceeding 31 days per *disability*.

The most we will pay for any one day is unlimited.

1.4 Hospital special services charges

Where the *insured person* is *confined* in a *hospital*, we will pay the actual charges made by the *hospital* in respect of:

- drugs and medicines prescribed by the attending *doctor* and consumed in the *hospital*;
- dressings, ordinary splints and plaster casts but excluding special braces and appliances equipment;
- physiotherapy as recommended by the attending *doctor*;
- oxygen and its administration;
- x-rays, electrocardiograms and other laboratory examinations and tests and diagnostic procedures, the immediate purpose of which is the cure of *sickness* as a result of *medical necessity*;
- intravenous infusions;
- blood or plasma and their administration;
- ambulance service to or from the *hospital*.

The most we will pay for any one *disability* is as shown in the basic benefit table.

1.5 Surgical charges

Where the *insured person* is *confined* in a *hospital*, we will pay the actual surgical operation charges made by a *surgeon*.

The most we will pay for any one *disability* shall not exceed the amount shown in the basic benefit table and the compensation amount will be paid in accordance with the schedule of surgical operations.

1.6 Anaesthetist's fee

If the surgical charges have been paid, we will also pay the actual *anaesthetist* charge made by an *anaesthetist* other than the *surgeon* or *registered medical practitioner* who operates on the *insured person* up to a maximum shown in the basic benefit table for any one *disability* and the compensation amount will be paid in accordance with the schedule of surgical operations.

1.7 Operating theatre charges

Where we agree to pay the surgical charges, we will pay the actual operating theatre charge made by the *hospital* up to a maximum shown in the basic benefit table for any one *disability* and the compensation amount will be paid in accordance with the schedule of surgical operations.

1.8 In-hospital specialist consultation fees

Where the *insured person* is *confined* in a *hospital*, we will pay the actual consultation charges of a *specialist* who is a *registered medical practitioner* and who has been recommended by the attending *doctor* in writing.

The most we will pay for any one *disability* is as shown in the basic benefit table.

1.9 Intensive care unit charges

For *confinement* in a recognized and separate *intensive care unit* of a *hospital* for which benefits are payable under room, board and general nursing charges and *hospital* special services charges above, we will pay additional cost over and above the *medically necessary* charges of the room, board and general nursing charges sustained during any portion of the *confinement* subject to the maximum limit per *disability* shown in the basic benefit table.

1.10 Additional accident benefit

In the event of the *insured person* sustaining an *injury*, as a result of an *accident* which has occurred solely and independently of any other cause other than the *insured person* suffering from *sickness* and resulted in *confinement* in a *hospital*, we will pay the actual usual and customary charges made by the *hospital* or *doctor* for the treatment of such *injury* which are in excess of all other amounts that we have agreed to pay under Section 1 of this policy.

The most we will pay for any one *disability* is as shown in the basic benefit table.

1.11 Post-surgery specialist treatment due to critical illness

Where we agree to pay for the benefits on the *medically necessary* cost of post-surgery *specialist* treatments to any *insured person* who suffers from any *critical illness*.

The most we will pay for any one *disability* is as shown in the basic benefit table.

1.12 Artificial prosthesis and rental of wheel chairs benefit

Where we agree to pay for the benefits on the costs of the installation fees of artificial prosthesis and the rental fees of wheel chairs per *disability* as required and referred by the attending *doctor* in writing.

The most we will pay for any one *disability* is as shown in the basic benefit table.

1.13 Hospital cash benefit

Where the *insured person* is confined in a public *hospital* in *Hong Kong* in respect of each and every *disability*, we will pay the limit per day as shown in the basic benefit table. The maximum number of days in total for which we will pay benefit is 182 per *disability*.

1.14 Infectious disease hospital benefit

Where the *insured person* is confined in a public *hospital* in *Hong Kong* due to *infectious disease* in respect of each and every *disability*, we will pay the limit per day as shown in the basic benefit table.

The maximum number of days in total for which we will pay benefit is 30 per *disability*.

1.15 Post-surgery out-patient benefit

Where we agree to pay the surgical charges, we will pay the actual charges made by the *surgeon* for out-patient treatment directly relating to and as a result of the surgical operation and which are incurred by the *insured person* within 31 days after discharge from the *hospital* following such operation.

The most we will pay for any one *disability* is as shown in the basic benefit table.

1.16 Home nursing fees

Where we agree to pay the surgical charges, we will pay the actual charges made by a *qualified nurse* in respect of services given to the *insured person* at the *insured person's* usual residence (not being a nursing or convalescent home) as required in writing by the attending *doctor* for a period not exceeding 31 days after discharge from the *hospital* for any one *disability*.

The most we will pay for any one day is as shown in the basic benefit table.

1.17 Limousine services

When the *insured person* is discharged from *hospital* in *Hong Kong* after a *confinement* of no less than 7 consecutive days, then upon request of the *insured person* by giving one working day's notice to us by calling on +852 2886 3977, we shall arrange a limousine to transport the *insured person* to his/her residence where possible in *Hong Kong*. We will pay for the limousine service only when it is arranged by us.

The most we will pay for each ride shall not exceed the amount as shown in the basic benefit table.

1.18 Emergency out-patient benefit

We will pay the actual charges made by the *hospital* or *doctor* in respect of emergency treatment for an *injury* of the *insured person* given in the *hospital* out-patient department or in a medical clinic within 48 hours of such *injury*.

The most we will pay for any one *disability* is as shown in the basic benefit table.

Section 2 Optional cover

2.1 Supplementary major medical benefit

Where the amount of actual charges for medical services for a *disability* insured hereunder (other than the room, board and general nursing charges and in-hospital *doctor's* call fees) exceeds the limit of the basic benefits as set out in the basic benefit table, we will pay 80% of the balance of such actual charges in excess of the amount payable under Section 1 - Basic cover.

If the *insured person* suffers from a *confinement* over 182 days, we will pay the actual charges or fees for the room, board and general nursing charges and in-hospital *doctor's* call fees as set out in the basic benefits of the basic benefit table subject to a daily limit as shown in the basic benefits of the basic benefit table.

The most we will pay for this supplementary major medical benefit in respect of any one *disability* is as shown in the optional benefit of the optional benefit table.

Exclusions relating to supplementary major medical benefit:

This optional benefit does not cover post-surgery *specialist* treatment due to *critical illness*, artificial prosthesis and rental of wheel chairs benefit, hospital cash benefit, *infectious disease* hospital benefit, post-surgery out-patient benefit, home-nursing fees and emergency out-patient benefit.

Section 3 Worldwide emergency assistance

3.1 Guarantee of medical expenses incurred during hospitalization

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 USD2,500.

If we have paid any amount under item 3.1 whereby it is not covered by this policy, you should repay the amount to us.

3.2 Overseas telephone medical advice assistance

We will arrange to provide medical advice and assistance over the telephone whilst the *insured person* travels outside *Hong Kong*.

3.3 Medical referral

We will provide the *insured person* with the name, address and telephone number of *doctors*, dentists, *hospitals*, clinics, and dental clinics worldwide.

3.4 Emergency house-call nursing assistance (*Hong Kong* only)

Upon the request of the *insured person*, we will assist in arranging for an emergency house call by a *qualified nurse*.

In respect of overseas telephone medical advice assistance, medical referral and emergency house-call nursing assistance, any hospitalization expenses or medical expenses charged to you by a third party are to be borne by you unless they are covered by this policy.

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

Part 3 Exclusions

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

1. Any *pre-existing condition*;
2. Any treatment or expenses incurred other than as a result of an *accident* within the *waiting period*;
3. Any condition resulting from childbirth, miscarriage, abortion, pregnancy, including but not limited to pregnancy test, pre-natal care as well as post-natal care and other complications arising from pregnancy, contraception or contraceptive devices, infertility or sterilization of either sex;
4. Cosmetic surgery or plastic surgery for the purpose of beautification except as necessitated by an *injury*;
5. Any dental surgery of any nature whatsoever except procedure necessitated by damage to sound natural teeth as a result of an *injury* occurring during the *period of insurance*;
6. Vaccination or inoculations, general check-up, convalescence, custodial or rest care or sanitaria care, or expenses incurred not in accordance with the diagnosis and treatment of the condition for which the *confinement* is required;
7. Congenital abnormalities including but not limited to epilepsy, strabismus, hydrocephalus, hernia up to the age of eight (8) years of *insured person*;
8. Medical treatment and surgery for anal fistulae; cholecystitis; calculi of kidney, urethra or bladder; gall bladder calculi; diabetes mellitus; gastric or duodenal ulcer; hallux valgus; hypertension or cardio vascular disease; tuberculosis; bone tumors; malignancies of blood or bone marrow until the *insured person* has been continuously covered by this policy for 180 consecutive days immediately preceding such treatment and surgery;
9. Medical treatment and surgery for cataracts, endometriosis, diseased tonsils, haemorrhoids, hyperthyroidism, vocal nodule, tumors/ cyst of skin/ subcutaneous or muscular tissue, pathological abnormalities of nasal septum or turbinates, sinus conditions, tumors of internal organs or circumcision until the *insured person* has been continuously covered by this policy for 365 consecutive days immediately preceding such treatment and surgery;
10. Routine eye test, refractive errors of the eyes or their correction by glasses;
11. Procurement or use of appliances, equipment such as, but not limited to balloon for balloon angioplasty; organ;
12. Suicide, attempted suicide, intentional self-injury, insanity or any functional disorder of the mind, or whilst under the influence of alcohol or drugs;
13. Engaging in any kind of sport or race in a professional capacity or where the *insured person* would or could earn any remuneration from engaging in such sport or race;
14. Participating in any illegal activity such as, but not limited to robbery, drug abuse or assault;
15. Air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier;
16. Treatment by any person other than a *registered medical practitioner*;
17. Services which are not recommended and prescribed by the *insured person's* attending *doctor*;
18. Any costs incurred by any *insured person* outside any policy period of this policy or for any policy period of this policy for which the appropriate premium has not been paid;
19. Treatment outside *Hong Kong* except as the result of the need for treatment arising during a temporary absence of less than 90 days of the *insured person* from his residence in *Hong Kong*;
20. Any *disability* for which compensation is payable under any government law or for which benefits are payable under any other insurance policies except to the extent that such claim is not reimbursed under or pursuant to such laws or other policies;
21. Venereal diseases, 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;
22. 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;
23. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or from any nuclear weapons material;
24. Disease or *sickness* arising from asbestos.

Part 4 Conditions

1. Entire contract

This policy including the *schedule*, endorsements, attachments and amendments, if any, 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 officer and evidenced by endorsement of amendment.

2. Age limit

Unless specifically mentioned to the contrary, the *insured person* must be under sixty-five (65) years of age at the effective date of this policy and renewal is allowed up to the age of one hundred (100) years.

3. Notice of claims

You must inform us in writing as soon as possible and always within 90 days of the first treatment of any *disability* likely to give rise to a claim and give us such proofs as we may reasonably require, at your expense. We shall be entitled to call for examination(s) by a medical referee at our expense. If you do not comply with this condition, benefit under this policy may not be paid.

4. Proof of loss

Written proof of loss must be furnished to us within 30 days from our receipt of the claims form completed by you. Failure to furnish such proof within the time required 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 180 days from the time such proof is otherwise 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.

5. Medical examination

We shall be entitled in the case of non-fatal *injury* to call for examination by a medical referee or any relevant parties appointed by *us* whenever required and in the event of death to have a post-mortem examination at *our* expense.

6. Payment of claims

Indemnity for death of the *insured person* is payable to the estate of the *insured person*. All other indemnities are payable to the *insured person* except under Part 2, Section 3 – Worldwide emergency assistance where the benefits will be paid based on actual cost directly to the provider of service.

7. Policy examination

If *you* are not satisfied with this policy, *you* may return it to *us* within 14 days of receipt. This policy will then be deemed void from the effective date shown in the *schedule* and we shall not be liable for any loss sustained by *you*. A full refund of any premium paid will be made.

8. Change of occupation

If the *insured person* changes his/her occupation as stated in the *schedule* without first notifying *us* and obtaining written agreement from *us* to the amendment of this policy (subject to the payment of additional premium as we may require as the consideration for such agreement), then no claim shall be payable by *us* in respect of any *injury* arising out of or in the course of such occupation.

9. Misrepresentation

If *you* make or anyone acting for *you* makes a statement in the enrollment form and declaration or in connection with any claim knowing the statement to be false, we will not be liable for the claim and all cover under this policy shall cease.

10. Premium charge

- This policy is an annual medical policy. *You* may pay the premium to *us* on an annual or a monthly basis. All premiums after the first premium are payable to *us* on or before the due date. *You* are responsible for the annual premium of any policy year of this policy when there is a claim made or service used in such policy year.
- We reserve the right to revise or adjust the premium under the following circumstances:
 - According to *our* applicable premium rate at the time of the premium due date by giving 30 days' written notice to *you*.
 - The premium rate should be adjusted automatically as *you* enter into the next age band at the time of renewal.

11. No claim discount

No claim discount on the renewal premium of any policy year of this policy may be available and is calculated as follows:

- If no claim has been made or has arisen for any *insured person* under any policy year of this policy, no claim discount on the renewal premium of the following policy year of this policy will be increased by 5%, up to a maximum of 15% discount.
- If a claim has been made or has arisen for any *insured person* under any policy year of this policy, no claim discount on the renewal premium of the following policy year of this policy will be decreased by 5%, subject to a minimum of nil discount.

12. Grace period

We will allow *you* 31 days for the payment of each premium after the first premium. During that time 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 that the unpaid premium was due.

13. Reinstatement

If we have allowed this policy to lapse due to non-payment of premium, we may allow this policy to be reinstated if *you* provide to *us* a satisfactory written application for reinstatement including proof of insurability. The reinstated policy shall only cover an *injury* sustained by the *insured persons* after the date of reinstatement and shall only cover *sickness* of the *insured person* which begins no sooner than 10 days after the date of reinstatement.

14. Cancellation

You may cancel this policy by giving 30 days' notice of cancellation by written notice 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 policy period of this policy in the event that this policy is cancelled by *you*. We reserve the right to cancel this policy subject to the above Condition 9 – Misrepresentation for all covers to cease by giving 7 days' notice of cancellation by written notice delivered to *you*, or mailed to *your* last known address.

Covered Period	Charges of Premium
2 months (i.e. our customary minimum premiums)	40%
3 months	50%
4 months	60%
5 months	70%
6 months	75%
Over 6 months	100%

15. Termination of coverage

Coverage under this policy shall automatically terminate on the earliest of the dates specified below:

- the premium due date when any or any part of premium pertaining to this policy is not paid within the grace period;
- the date when the *insured person* is aged over one hundred (100) years;
- upon *your* request, termination of coverage will be effective on the date specified in the written notice received by *us*, provided that 30 days' notice of cancellation before premium due date is given;
- subject to the above Condition 9 – Misrepresentation.

16. Renewal

We reserve the right to amend any terms and conditions, including but not limited to the premium rates or benefits or exclusions of this policy at the time of renewal of any policy year of this policy, either before or after *your* acceptance of such renewal. We will not be obligated to reveal *our* reasons for such amendments. After all, such renewal will not have to take place eventually if such amendments are not acceptable to the *insured person*.

17. Misstatement of age or sex

If any *insured person's* age or sex has been misstated, the *insured person* should pay the difference between the premium actually paid, if any, and the premium for the correct age and sex.

18. Additions and deletions

You must notify *us* in writing of any additions to or deletions from the list of the *insured persons*. We shall calculate any premium adjustments on a pro-rata basis. Deletions will only be allowed in the event of the death of the *insured person* or upon the *insured person* ceasing to be eligible for the insurance under this policy.

19. Claims admittance

In no case shall we be liable in respect of any claim after the expiration of 12 months from the occurrence of the *disability* giving rise to it unless the claim has been admitted or is the subject of a pending legal action or arbitration.

20. Legal action

No legal action shall be brought to recover on this policy prior to the expiration of 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 2 years from the expiration of the time within which proof of claims is required.

21. Subrogation

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

22. 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. All unresolved disputes shall be determined by arbitration in accordance with the Arbitration Ordinance (Chapter 609), Laws of Hong Kong as amended from time to time. The arbitration shall be conducted in Hong Kong by a sole arbitrator to be agreed by the parties. 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 *insured person* does not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of the *our* disclaimer, *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.

23. Compliance with policy provisions

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

24. Governing law and jurisdiction

This policy shall be governed by and interpreted in accordance with the laws of *Hong Kong* and subject to the exclusive jurisdiction of the *Hong Kong* courts.

25. 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 the following website: www.zurich.com.hk/eng/cs_nonlifepolicy/services_privacy.htm

Part 5 Claims procedure

Step 1: Notify *us* or *our* agents/ brokers as soon as possible.

Step 2: Fill in a claim form if necessary and supply the following original documents as appropriate.

1. Hospitalization

- Hospital* statement showing:
 - name of the patient
 - period of confinement
 - itemized charges
- Receipts of all attending *doctors/ specialists/ anaesthetists/ surgeons/ physiotherapists* showing:
 - name of the patient
 - date of consultation
 - diagnosis and/or treatment given
 - amount charged

2. Post-surgery out-patient/ emergency out-patient

- Doctor's* receipt showing:
 - name of the patient
 - date of consultation
 - diagnosis and/or treatment given
 - amount charged

3. Home nursing

- Written requirement of the attending *doctor*
- Receipt of *qualified nurse* for services showing:
 - name of the patient
 - period of services
 - amount charged (per day/ total)

4. Hospital cash/ Infectious disease hospital

- Hospital* statement showing:
 - name of the patient
 - name of the *hospital*
 - period of confinement
 - diagnosis and/or treatment given

5. Specialist treatment

- (i) Receipts of all attending *doctors/ specialists/ anaesthetists/ surgeons/ physiotherapists* showing:
 - name of the patient
 - date of consultation
 - diagnosis and/or treatment given
- (ii) *Specialist's* receipt showing:
 - name of the patient
 - date of consultation
 - diagnosis and/or treatment given
 - amount charged

6. Artificial prosthesis and rental of wheel chairs

- (i) Written requirement of the attending *doctor*
- (ii) Receipt of all items purchased showing:
 - date of purchase
 - model and type
 - amount charged

Claims promise

Claims will be processed within 7 working days if all necessary documentation is provided.

Schedule of surgical operations

For a cutting operation, fracture or dislocation not listed in this list and not expressly excepted herein or by the other terms of the *schedule*, we will pay a benefit, the amount of which is to be determined by comparable listed operations, fractures or dislocations as decided by *us*.

If X-ray, radium or any other radioactive substances are used for treatment in place of any cutting operation listed below, we will, subject to the terms and conditions of this policy, pay a benefit which is reasonable and customary for such treatment up to the amount provided by the surgical list for the replaced cutting operation.

Description	Maximum percentage
1. Ear <ul style="list-style-type: none">• Insertion of grummet with or without Myringotomy• Tympanoplasty• Mastoidectomy• Operation on the contents of middle ear including the middle ear bones and stapedectomy• Operation on cochlea• Operation on the external ear and/or pre-auricular sinuses• Operation on endolymphatic sac• Labyrinthectomy• Removal of foreign body	12.5% 25% 25% 25% 100% 7.5% 65% 25% 12.5%
2. Nose and sinuses <ul style="list-style-type: none">• Antral puncture and lavage• Removal of nasal polyp under GA• Inferior turbinectomy and/or submucous resection operations• Cauterisation of nasal mucosa• Rhinoscopy or nasopharyngoscopy including rhinoscopic biopsy and foreign body removal• Other intranasal operation including laser operation excluding simple rhinoscopy, biopsy and cauterisation of vessels• Caldwell Luc operation on accessory sinuses – Unilateral• Caldwell Luc operation on accessory sinuses – Bilateral• Ethmoidectomy or frontal sinusotomy• Functional endoscopic sinus surgery• Dacryocystorhinostomy• Septorhinoplasty with or without graft, implant following trauma or excision of tumor• Rhinoplasty• Septoplasty (SMR)	7.5% 12.5% 12.5% 7.5% 12.5% 25% 25% 25% 25% 65% 25% 65% 25% 25%
3. Throat <ul style="list-style-type: none">• Vocal cord operation including using laser techniques (carcinoma excluded)• Laryngectomy with or without radical neck resection• Tracheostomy• Laryngoscopy with or without foreign body removal• Excision of pharyngeal pouch or diverticulum• Tonsillectomy with or without other adenoid tissue removal	12.5% 100% 7.5% 12.5% 25% 25%
4. Eye <ul style="list-style-type: none">• All conjunctival or corneal operations except corneal grafting, severe corneal wound repair and keratoplasty• Corneal grafting, severe wound repair and keratoplasty including corneal transplant• Ectropion or tarsorrhaphy• Ptosis repair and/or blepharoplasty• Surgical treatment for glaucoma• Enucleation of eye• Removal of intraocular foreign body :<ul style="list-style-type: none">- In front of lens- In lens or behind lens• Removal of corneal foreign body	12.5% 25% 12.5% 25% 25% 25% 25% 25% 7.5%

<ul style="list-style-type: none">• Eyeball, perforating wound of, with incarceration or prolapse of uveal tissue repair• Lens operation including cataract removal and prosthetic lens insertion• Operation on extraocular muscles• Operation on retina, resection of buckling or revision operation• Operation on retina, removal of encircling silicone• Laser photocoagulation on retina• Removal of pterygium (one or both sides)• Incision of chalazion• Open exploration of nasal lacrimal duct except simple probing• Lacrimal sac excision of or operation on	65% 25% 25% 65% 65% 12.5% 12.5% 7.5% 12.5% 12.5%
5. Brain and central nervous system <ul style="list-style-type: none">• Excision of brain tumour or brain abscess• Excision of brain including lobectomy• Hemispherectomy• Operation on intra-cranial arterio-venous malformation• Bluroh(s)• Brain biopsy• Creation of ventriculoperitoneal shunt or subcutaneous cerebrospinal fluid reservoir• Maintenance removal of cerebroventricular shunt (including revision)• Irrigation of cerebroventricular shunt• Craniectomy• Excision of spinal cord tumour• Decompression of spinal cord or spinal nerve root• Open operation on spinal cord• Lumbarpuncture or cisternal puncture• Sympathectomy including operation on the sympathetic trunk• Operation on cranial nerve including nerve tumour• Operation of pituitary tumour• Gamma knife, radio surgery for intracranial pathology (all causes)	100% 100% 100% 100% 25% 25% 65% 25% 12.5% 25% 65% 65% 65% 12.5% 25% 100% 100% 65%
6. Head and neck <ul style="list-style-type: none">• Operation on neck vessels including carotid artery operation• Parotid gland removal, superficial• Parotid gland removal• Removal of submandibular salivary gland(s)• Thyroidectomy including parathyroid operation, subtotal, partial• Thyroidectomy including parathyroid operation, total• Thyroglossal cyst, excision• Partial glossectomy• Radical glossectomy• Block dissection of neck lymph nodes for tumour• Biopsy of neck mass or excisional biopsy of lymph node• Operation on lip and cheek benign tumour• Operation lip and cheek malignant tumour• Fine needle aspiration (FNA) and lymph node needle biopsy	65% 25% 65% 25% 25% 65% 12.5% 65% 65% 25% 25% 12.5% 25% 12.5%
7. Thoracic operations <ul style="list-style-type: none">• Bronchoscopy• Segmental lobectomy, pneumonectomy• Thoracoplasty• Pleurectomy• Thoracocentesis or insertion of chest tube for pneumothorax• Thymectomy	12.5% 65% 65% 25% 12.5% 65%
8. Cardio-vascular operation Heart <ul style="list-style-type: none">• Insertion of cardiac pacemaker• Cardiac catheterisation• Open operation on heart or thoracic aorta• Percutaneous transluminal coronary angioplasty all types including laser technique, stenting, motor-blade, balloon angioplasty or radiofrequency ablation technique• Cardiac transplantation Veins <ul style="list-style-type: none">• Varicose vein – stripping & ligation, bilateral• Varicose vein – stripping & ligation, unilateral• Varicose vein – ligation, unilateral or bilateral• Embolectomy, artery• Thrombectomy, vein• Insertion of central venous cathether• Insertion of Hickman catheter	25% 25% 100% 65% 100% 50% 25% 25% 65% 65% 12.5% 12.5%
9. Abdominal operation <ul style="list-style-type: none">• Exploratory laparotomy• Open drainage of abdominal or pelvic abscess• Laparoscopy or peritoneoscopy• Exploration for peritonitis• Operation on intra-abdominal vessels including abdominal aorta operation, portocaval anastomosis and splenorenal anastomosis• Removal of adrenal gland(s)• Inguinal and/or femoral hernia (all forms, with or without complication, single or multiple)• Umbilical hernia or umbilical sinus	25% 25% 25% 25% 100% 65% 25% 25%

Upper limbs – open operation	
• Amputation of finger(s)	12.5%
• De Quervain's	12.5%
• Arthrodesis of finger(s) (IP joint)	12.5%
• Excision of radial head	25%
• Fixation of Olecranon	25%
• Internal fixation of radius or ulna	25%
• Internal fixation of humerus, radius and ulna	65%
• Synovectomy of wrist	25%
• Tendon repair, upper limb	25%
• Tennis elbow release	25%
• Trigger finger or thumb release	12.5%
• Ulna nerve transportation	25%
• Carpal or cubital tunnel release, including endoscopic means, bilateral or unilateral	25%
• Dupuytren's subcutaneous fasciotomy	12.5%
• Dupuytren's radical fasciectomy	25%
• Fusion of wrist	65%
Spine	
• Laminectomy	65%
• Anterior spinal fusion	100%
• Posterior spinal fusion	
- With implant	100%
- Without implant	65%
Hip	
• AHJ total hip replacement	100%
• Metal femoral head insertion	65%
• Moore's pins	65%
• Nail plate	65%
Lower limb – closed reduction with or without POP	
• Fracture of dislocation of ankle	12.5%
• Knee fracture	25%
• Fracture tibia and fibula	25%
Lower limb – open operation	
• Bunionectomy	25%
• Internal fixation of patella	50%
• Internal fixation of femur, tibia or ankle	65%
• Keller's operation	25%
• Ligament repair – knee or ankle	25%
• McBride operation, bilateral or unilateral	25%
• Meniscectomy	25%
• Mitchell's oteotomy	25%
• Osteotomy of femur, adult	65%
• Osteotomy of femur, child	25%
• Osteotomy of tibia	25%
• Patellectomy	25%
• Amputation of leg or foot	65%
• Total prosthetic replacement of knee joint	100%
• Repair Achilles tendon (TA)	25%
• TA repair with reconstruction	50%
• Wedge resection of toenail, bilateral	12.5%
• Wedge resection of toenail, unilateral	7.5%
• Metatarsal osteotomy for Hallux valgus, bilateral	50%
• Metatarsal osteotomy for Hallux valgus, unilateral	25%
18. Skin	
• Lymph node biopsy or drainage of lymph node abscess	12.5%
• Excision of skin lumps or tumour of subcutaneous tissue, including lipoma, neurofibroma or its variants, sebaceous cysts, malignant melanoma, and naevus etc.	12.5%
• Incision and drainage of skin abscess	12.5%
• Cauterisation of skin lesion with electricity or curosurgery	7.5%
• Removal of foreign body	7.5%
• Excision of pilonidal cyst	12.5%
• Skin grafting or keloid operation	
- If total area less than or equal 1% of body surface area	7.5%
- If total area more than 1% of body surface area	12.5%
• Drainage of subungual haematoma or abscess	7.5%
• Skin suturing	12.5%
19. Dental	
Any kind of dental surgery due to <i>injury</i> caused by an <i>accident</i>	7.5%

「康護保」醫療保險單

倘若「閣下」需要本保單的放大字體版本，請致電+852 2968 2288與「本公司」的客戶服務中心聯絡。

本保單連同「附表」及嗣後發出之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。而「閣下」的申請表格及聲明、口述或書面乃本合約之依據。

「本公司」將於收訖「閣下」所繳之保費後，在「保險期」內為「閣下」提供「附表」內訂明各節之保障，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險單，將於「本公司」收訖「閣下」繳交隨後的保費後而續保。如已獲得本保單賠償或接受服務，「閣下」必須繳交保單全年之保費。

「閣下」於投保表格內填報之資料如有任何更改，請盡早通知「本公司」，以免影響本保單之保障內容。

此乃中文譯本，僅供參考之用。若與英文版本有異，概以英文版本為準。

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，特將此等詞彙全部加上引號。

「意外」

任何不可預見或預料並導致「受保人」蒙受「損傷」之突發事件。

「年齡」

上次生日之年齡。

「麻醉科醫生」

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

「腦部良性腫瘤」

由神經科「醫生」或神經外科「醫生」鑑定的腦內非癌性致命腫瘤，包括損害腦部的顱內腫瘤。此腫瘤必須被視為需進行神經切除手術，或如不動手術則會導致永久性神經機能缺陷。

「癌症」

此診斷為呈現生長不受控制的惡性腫瘤和惡性細胞擴散，以致入侵及破壞正常組織。癌症必須由合資格的腫瘤科醫生或病理學專科醫生證明為惡性腫瘤的組織學證明。癌症包括：血癌、惡性淋巴瘤、何杰金氏病、惡性骨髓病變及轉移性皮膚癌。以下並不在保障範圍之內：

- “原位癌”、子宮頸細胞病變、子宮頸癌CIN-1、CIN-2及CIN-3，以及所有癌變前期症狀或非侵襲性癌；
- 早期前列腺癌TNM分類法T1（包括T1a及T1b），或相同的分類法；
- 第1A期皮膚黑色素瘤（≤1毫米、第二或第三級、無潰瘍），按照2002年全新的美國癌症聯合委員會(AJCC)分類法；
- 角化過度症、基底細胞及鱗狀皮膚癌；及
- 愛滋病毒病毒感染引致的所有腫瘤。

「慢性肝病」

末期肝病或肝硬化導致以下最少一種情況的慢性末期肝衰竭：

- 無法控制腹水；
- 持續性黃疸；
- 食管或胃靜脈曲張；或
- 肝性腦病。

因濫用酒精或藥物引致之肝病並不在保障範圍之內。

「住院」

「受保人」因「醫療必需」遵從「醫生」建議入住「醫院」接受治療為期最少十六小時，並連續逗留「醫院」直至出院為止。「受保人」住院需出示「醫院」發出的每日房間及膳食收費單，以作證明。毋須以住院病人形式入住「醫院」而進行的外科手術除外。

「危疾」

「腦部良性腫瘤」、「癌症」、「慢性肝病」、「心臟病」、「主要器官移植」、「腎衰竭」。

「傷疾」

「受保人」蒙受「損傷」或「疾病」。如因「損傷」，即所有「損傷」因同一事故或連接事故所引起的。至於連續的傷疾，除非兩宗傷疾由完全無關的成因導致，又或「受保人」入住「醫院」首次治療該傷疾出院後九十天內毋須再入院或到「醫生」診所接受治療（二者以較遲為準），否則將視作單一宗傷疾處理。

「醫生」、「外科醫生」或「註冊醫生」

已根據《醫生註冊條例》(香港法律第161章)規定，擁有合格西醫學位，並已獲准在其執業的地區合法持牌及獲准資格在其執業地區合法提供醫療及外科手術服務的人士，但「閣下」、「受保人」或「閣下」的「直系親屬」除外。

「心臟病」

心臟病或心肌梗塞初次病發，指心肌的血液供應急性中斷導致部份心肌壞死。診斷必須以胸痛史、證實導致阻塞的新心電圖轉變，以及心臟酵素明顯提高之紀錄作依據。心絞痛並不在保障範圍之內。

「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：

- 持牌醫院（如所在國家或司法管轄區規定領取牌照）；
- 主要業務為接受患病、染恙或受傷人士「住院」及提供醫療護理服務；
- 駐有「註冊護士」每天24小時提供看護服務；
- 時刻均有一名或以上持牌「醫生」駐院；
- 提供有組織的設施為「住院」病人進行醫學診斷及大型外科手術；及
- 但凡可實際進行外科手術的醫療診所均被視為醫院；
- 主要業務並非護理院、療養院、復康院或同類機構，亦非戒酒所或戒毒所。

「直系親屬」

「閣下」或「受保人」的配偶、父母、配偶父母、祖父母、子女、兄弟姊妹、孫子女或未婚夫/妻。

「傳染病」

由「香港」政府向公眾宣佈需要接受隔離的任何種類傳染病。

「損傷」

「受保人」純粹因「意外」而非任何其他事故所蒙受之身體損傷，並呈現明顯瘀傷或損傷，以致構成本保單承保的損失。

「受保子女」

「附表」訂明為受保人的人士，「年齡」界乎十五天與十七歲之間的非在職及未婚子女。

「受保人」

「附表」訂明為受保人的人士。

「深切治療部」

「醫院」內設有醫護人員及設備專為危疾病人提供超出「醫院」一般護理範圍以外的特別或深切治療，並且每日收取額外治療費用的部門。

「腎衰竭」

為腎病的晚期階段，病狀為兩個腎臟呈現慢性及不能復原的功能衰竭。診斷必須以定期腎臟透析或移植手術作依據。

「主要器官移植」

以接受移植者或器官移植名單輪候人士身份實際進行以下任何一項器官移植手術：

- 以下任何整個器官：心臟、肺部、肝臟、腎臟或胰臟；或
- 清除所有骨髓後利用造血幹細胞製造人類骨髓。

移植手術必須為醫療必需，並且由醫生作出器官衰竭的客觀證明。上述幹細胞移植以外的項目並不在保障範圍之內。

「醫療必需」

醫療必需是指醫療上必需的醫療服務：

- 根據良好及謹慎的醫療標準；
- 就其診斷或治療而所需的；
- 非純為「註冊醫生」或任何其他醫療服務供應商提供方便；
- 以最適合的程度作治療而對「受保人」具安全及有效的作用；及
- 「住院」非純為診斷掃描目的，影像學檢驗或物理治療。

「保險期」

「附表」內所訂明之保險有效期間，而該保險期間之保費已為「本公司」接納。

「投保前已存在之傷疾」

在保單生效前，「受保人」不論知與否已被診斷患上或源生於該段時期的「損傷」、「疾病」、身體毛病或缺陷。

「註冊護士」

註冊護士指合法批准持牌及獲准資格在其執業地區合法提供護理服務的人士，但「閣下」、「受保人」或「閣下」的「直系親屬」除外。

「附表」

隨附本保單並構成保單一部份之附表。

「疾病」

「受保人」在「保險期」內健康出現不正常之病理症狀。

「專科醫生」

專科醫生指由合法註冊「香港」醫務委員會以專科登記的「註冊醫生」或具其他同等資歷的人士並從事專科治療。「受保人」或「閣下」的「直系親屬」除外。

「等候期」

30天前本保單原生效日或任何附帶批單或嗣後附加的額外保障生效日開始計算的時期。在此期間，「本公司」不會就「受保人」因非「意外」事故導致的治療作出任何賠償。

「戰爭」

兩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：i)中止和平關係；及ii)陷入武裝敵對局面。

「本公司」

蘇黎世保險有限公司。

「閣下」

「附表」上註明為「受保人」之保單持有人。

第二部份 保障範圍

如任何「受保人」遵從「醫生」的建議「住院」治療於「保險期」內發生的「傷疾」，「本公司」接獲可接受的證明後，將遵從本保單的條款與條件向「閣下」支付「附表」訂明之保障，如「閣下」不幸身故，保障賠償便會撥歸「閣下」的遺產承繼人。「本公司」支付的賠償金額將以下列保障表所載各保險計劃的賠償限額為準。

保障表

基本保障表

基本保障	每「傷疾」最高保障額（港元）		
	標準計劃	高級計劃	特級計劃
房租及一般護理費用			
最高日數	182	182	182
每日最高限額	600	1,000	2,000
「醫生」巡房費			
最高日數	182	182	182
每日最高限額	600	1,000	2,000
陪伴床位津貼			
最高日數	31	31	31
每日最高限額	不設上限	不設上限	不設上限
「醫院」雜費	7,000	10,000	18,000
「醫生」手術費	40,000	60,000	90,000
「麻醉師」費	14,000	21,000	31,500
手術室費用	14,000	21,000	31,500
「住院」「專科醫生」費	6,000	8,000	10,000
「深切治療部」費	10,000	15,000	30,000

附加「意外」醫療費	10,000	15,000	30,000
「危疾」手術後「專科醫生」治療保障			
每次最高限額	--	2,000	3,000
每年最高限額	--	30,000	48,000
義肢/人造假體及租用輪椅保障	10,000	20,000	30,000
住院現金保障			
最高日數	182	182	182
每日最高限額	200	350	500
「傳染病」住院保障			
最高日數	30	30	30
每日最高限額	200	350	500
手術後覆診費	700	1,200	1,500
家庭看護			
最高日數	31	31	31
每日最高限額	300	400	500
豪華房車接送服務			
每程最高限額 (每次「住院」最多接載1次)	1,000	1,000	1,000
緊急外診	1,500	2,000	3,000

附加保障表

附加保障	每「傷疾」最高保障額（港元）		
	標準計劃	高級計劃	特級計劃
額外「住院」補助	60,000	120,000	250,000

第一節 基本保障

1.1 房租、膳食及一般護理費用

如「受保人」在「醫院」「住院」，「本公司」將支付「醫院」確實收取的房租、膳食及一般護理費用，每宗「傷疾」的最高日數為182日。
每日最高賠償金額已載於基本保障表。

1.2 「醫院」巡房費

在「受保人」「住院」期間，「本公司」將支付主診「醫生」確實收取的「住院」巡房費，每宗「傷疾」的最高日數為182日。
每日最高賠償金額已載於基本保障表。

1.3 陪伴床位津貼

如「受保子女」「住院」而需要一名近親相陪，「本公司」將支付「醫院」確實收取的加床費用，每宗「傷疾」的最高日數為31日。
每日最高賠償金額不設上限。

1.4 醫院雜費

「受保人」「住院」期間，「本公司」將支付「醫院」確實收取的以下費用：

- (i) 主診「醫生」配方而在「醫院」服用的藥物及藥品費；
- (ii) 包敷物料、普通石膏夾板及石膏筒夾費，惟不包括特別撐背件、器具及設備費；
- (iii) 主診「醫生」建議的物理治療費用；
- (iv) 氧氣及施用費；
- (v) X-光片、心電圖及其他化驗室測驗及測試費用及診斷過程，及因「醫療必需」的即時「疾病」治療；
- (vi) 靜脈注射費；
- (vii) 血或血漿及施用費；
- (viii) 來往「醫院」的救護車服務費。

每宗「傷疾」的最高賠償金額已載於基本保障表。

1.5 「醫生」手術費

如「受保人」入住「醫院」，「本公司」將支付「外科醫生」確實收取的手術費。
每宗「傷疾」的最高賠償金額已載於基本保障表及其賠償金額以手術項目表所訂明為準。

1.6 「麻醉師」費

如「本公司」已同意支付手術費，則會支付「麻醉師」確實收取的費用，「醫生」手術費除外，而每宗「傷疾」的最高賠償金額已載於基本保障表及其賠償金額以手術項目表所訂明為準。

1.7 手術室費

如「本公司」已同意支付「醫生」手術保障，則會支付「醫院」確實收取的手術室費，每宗「傷疾」的最高賠償金額已載於基本保障表及其賠償金額以手術項目表所訂明為準。

1.8 「住院」「專科醫生」費

如「受保人」入住「醫院」，並按主診「醫生」的書面建議接受註冊的「專科醫生」診治，則「本公司」將支付該名「專科醫生」所確實收取的診症費用。
每宗「傷疾」的最高賠償金額已載於基本保障表。

1.9 「深切治療部」費

如已有上述因「醫療必需」的房租、膳食及一般護理費用及「醫院」雜費保障的「受

保人」「住院」內認可的獨立「深切治療部」，「本公司」除支付日常的房租、膳食及一般護理費用外，並會支付「受保人」在「住院」「深切治療部」期間所招致之額外費用，但賠償總額不可超過基本保障表訂明每宗「傷疾」的最高保障金額。

1.10 附加「意外」醫療費

如任何「受保人」因「損傷」導致「傷疾」而需「住院」，「受保人」因患上「疾病」除外，而「醫院」或「醫生」按一般水平確實收取的治療費用超過本保單第一節同意支付的所有賠償金額，「本公司」將支付溢額。

每宗「傷疾」的最高賠償金額已載於基本保障表。

1.11 「危疾」手術後「專科醫生」治療保障

「本公司」同意支付「受保人」因患上「危疾」而因「醫療必需」的「危疾」手術後「專科醫生」治療。

每宗「傷疾」的最高賠償金額已載於基本保障表。

1.12 義肢/人造假體及租用輪椅保障

「本公司」同意支付裝置義肢/人造假體及租用輪椅的費用予每宗「傷疾」，並必須由主診「醫生」書面推薦。

每宗「傷疾」的最高賠償金額已載於基本保障表。

1.13 住院現金保障

如「受保人」於「香港」的公立醫院「住院」。「本公司」將支付的每宗「傷疾」及每日最高賠償金額已載於基本保障表。

每宗「傷疾」的最高日數為182日。

1.14 「傳染病」住院保障

如「受保人」因「傳染病」於「香港」的公立醫院「住院」。「本公司」將支付的每宗「傷疾」及每日最高賠償金額已載於基本保障表。

每宗「傷疾」的最高日數為30日。

1.15 手術後覆診費

如「本公司」已同意支付醫生手術保障，則會支付「受保人」直接因曾動手術而需接受「外科醫生」覆診所確實招致的費用，但「受保人」必須於手術完畢出院後三十一天內覆診，方可獲得賠償。

每宗「傷疾」的最高賠償金額已載於基本保障表。

1.16 家庭看護

「本公司」已同意支付醫生手術費，而「受保人」遵照主診「醫生」的書面要求聘請「註冊護士」到「受保人」正常住所（而非任何復康院或療養院）提供服務。「本公司」便會支付合格「註冊護士」確實收取的服務費用。每宗「傷疾」的最高日數為出院後三十一日。

每日最高賠償金額已載於基本保障表。

1.17 豪華房車接送服務

當「受保人」住院連續不少於七天後康復出院，並於一個工作天之前致電 +852 2886 3977 通知「本公司」，「本公司」可安排專車在「受保人」出院時於「香港」境內許可情況下送抵家中，惟「本公司」祇支付經「本公司」安排的專車服務。

每次接載的最高賠償金額已載於基本保障表。

1.18 緊急外診

如「受保人」在蒙受「損傷」後四十八小時內到「醫院」門診部或診所接受緊急治療，「本公司」將支付「醫院」或「醫生」確實收取的費用。

每宗「傷疾」的最高賠償金額已載於基本保障表。

第二節 附加保障

2.1 額外住院補助

如「受保人」因受保「傷疾」而招致的確實醫療費用超過保障表中基本保障的最高賠償金額，「本公司」將支付溢額的80%（房租、膳食及一般護理費用及醫生巡房費用除外）。

若「受保人」「住院」超過182日，「本公司」將支付房租、膳食及一般護理及醫生巡房所需的確實費用。最高限額為保障表中基本保障所示金額。

「本公司」就每宗「傷疾」的額外住院補助最高賠償金額已載於保障表之附加保障中。

額外住院補助之不承保事項：

本項附加保障不包括「危疾」手術後「專科醫生」治療保障、義肢/人造假體及租用輪椅保障、住院現金保障、「傳染病」住院保障、手術後覆診費、家庭看護及緊急外診費的賠償。

第三節 全球緊急支援

3.1 醫療費用入院保證金

如「受保人」在「香港」其他境外地方旅遊時需要入住「本公司」認可的「醫院」，「本公司」將直接向「醫院」支付該院規定的入院保證金，最高金額為2,500美元。

如「本公司」按以上3.1項已支付任何金額，惟本保單毋須對其他保障作出賠償，則「閣下」需償付「本公司」所支付的金額。

3.2 海外電話醫療諮詢服務

「本公司」可在「受保人」離開「香港」旅遊時安排醫療顧問在電話提供醫學意見。

3.3 轉介醫療服務人員或機構

「本公司」可向「受保人」提供全球各地「醫生」、牙醫、「醫院」、診所及牙醫診所的名稱、地址及電話號碼。

3.4 緊急護士出診支援服務（只限香港）

倘「受保人」要求，「本公司」可協助安排「註冊護士」緊急出診。

有關海外電話醫療諮詢服務、轉介醫療服務人員及機構及緊急護士出診支援服務，任何第三者收取「閣下」有關住院開支及醫療費用，除非屬本保單承保範圍，否則一律由「閣下」自付。

醫療援助服務由蘇黎世保險有限公司所委任的服務機構提供。如欲尋求援助，請致電「香港」蘇黎世24小時緊急支援熱線+852 2886 3977。

第三部份 不承保事項

本保單將不會承保因下列事故直接或間接引致之索償：

- 「投保前已存在之傷疾」；
- 任何於「等候期」內所引起的治療或費用，因「意外」引起除外；
- 任何因分娩、流產、夭折、妊娠引致的狀況，以及分娩測試、產前、產後護理及其他有關併發症，避孕或避孕儀器，男女兩性的先天缺陷或不正常、不育或絕育手術；
- 以美容為目的之美容手術或整容手術，惟因「損傷」所需治療除外；
- 任何性質的牙科療程，惟因天然健全牙齒在「保險期」間因「意外」蒙受「損傷」而需治療除外；
- 接種或疫苗接種，一般身體檢查、療養、托顧、復康護理或療康護理，又或並非按照「受保人」「住院」所醫治「疾病」的有關診斷及治療所招致的開支；
- 先天性缺陷包括癲癇、斜視、腦積水、「受保人」年齡至8歲之疝氣；
- 因肛門瘻、膽囊炎、腎石、尿道或膀胱結石、膽石、糖尿病、胃或十二指腸潰瘍、拇趾外翻、高血壓或心臟血管疾病、肺結核、骨瘤、血及骨髓的惡性病變接受治療，其有關保障，則需於保單生效連續180天後方可提供的醫療及手術治療；
- 因白內障、子宮內膜移位、扁桃腺病、痔瘡、甲狀腺機能亢進、聲帶瘻肉/皮膚囊腫或腫瘤/皮脂腺或肌組織、鼻中膈或鼻甲的病理性不正常、實、體內器官之腫瘤或包皮環切手術，其有關保障，則需於保單生效連續365天後方可提供的醫療及手術治療；
- 例行眼部測試、眼部驗光毛病或配眼鏡糾正視力；
- 購置或使用器具或設備，例如但不限於任何氣囊血管成形術、器官；
- 自殺、企圖自殺、蓄意自我「傷害」、神經失常或神智不清、或服用酒精或藥物；
- 任何形式的機動競賽，又或參加職業體育活動或「閣下」可能或可以賺取收入或報酬的體育活動；
- 任何參予違法行為，例如但不限於搶劫、濫用藥物或傷人；
- 並非以繳費乘客身份乘坐持牌航空公司航機或包機；
- 接受非「註冊醫生」治療；
- 服務並非由「受保人」的主診「醫生」推薦及規定；
- 「受保人」的任何費用並非在保單年度內或於任何期間並未支付適當的保費；
- 在「香港」以外接受的治療。「受保人」於短暫離港少於90天期間有接受治療的需要則例外；
- 政府立法規定有賠償或任何其他保險保單已提供保障的「傷疾」事件，除非上述政府法律或其他保單並不作出償付則例外；
- 性病、人體免疫力衰竭病毒(HIV)及/或任何HIV有關疾病引起，包括愛滋病(AIDS)及/或不論如何引起或如何定名之變種、衍生或變致病體；
- 「戰爭」、侵略、外敵行動、敵對局面（不論正式宣佈「戰爭」與否）、內戰、叛亂、革命、反叛、軍事或篡權行動或直接參與罷工、暴動或內亂事件；
- 任何核子燃料、核子燃料燃燒後所產生的核子廢料或任何核子武器所產生的電離子輻射或放射性污染；
- 因石棉瓦引致的病症或「疾病」。

第四部份 保單條款

1. 整體協議

本保單，包括附表、批單、附件及修訂本(如有者)，乃立約各方之間的整體協議。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」的高級人員批准並簽發批單作實，方始生效。

2. 年齡限制

除非另有規定，「閣下」在本保單生效日的「年齡」必須為六十五歲以下。而續保保單的最高「年齡」為「閣下」年屆一百歲後之「保險期」期滿日。

3. 索償通知

如「閣下」因「傷疾」就醫，以致可能就此索償，則應盡早及必須為首次治療後九十日內通知「本公司」，並自費提供「本公司」合理要求的各種證明。「本公司」有權自費要求聘用醫療公證人進行身體檢驗。如「閣下」不遵守本條款，「本公司」將不會支付本保單的任何保障。

4. 損失證明

「受保人」向「本公司」填妥及遞交索償通知書後，必須於三十天內提供損失證

明。如情況並不允許「受保人」在上述限期內提供損失證明，則必須在限期屆滿後一百八十天內提供，便不會導致索償失效。「受保人」必須自費在「本公司」指定的限期內提供「本公司」合理要求的所有證書、資料及證據。

5. 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」指定的醫生或任何有關團體為「受保人」進行身體檢查。如「受保人」身故，「本公司」有權自費進行驗屍。

6. 支付索償款項

如「受保人」身故，「本公司」將支付死亡賠償予「受保人」的遺產承繼人內。所有其他賠償一律付予「受保人」。惟第二部份第三節全球緊急支援一節的保障則實報實銷，直接付予服務提供者。

7. 檢查保單

「閣下」如對本保單不滿意，可於接獲本保單後十四日內退回「本公司」，本保單將由「附表」註明之生效日期起被視為失效。「本公司」毋須就「閣下」之任何損失承擔賠償責任。「本公司」將退還「閣下」已繳訖之所有保費。

8. 更改職業

任何「受保人」於「附表」內所註明的職業如有更改，則事前必須通知「本公司」，並且徵取「本公司」的書面同意以作修訂本保單（如「本公司」要求「受保人」繳付附加保費，「受保人」必須悉數繳付）。否則如「受保人」執行新職務時蒙受「損傷」，「本公司」不會作出賠償。

9. 虛報資料

如「閣下」或「閣下」之任何代表於投保表格或就任何索償知情地作出任何虛假聲明，「本公司」概不就任何索償履行賠償責任，本保單規定之所有保障亦停止生效。

10. 保費

- 本計劃為全年醫療保險單，「閣下」可按年或按月繳付保費。「閣下」支付首期保費後，往後必須在保費到期日或之前付款。如已獲得本保單賠償或接受服務，「閣下」必須繳交保單全年之保費。
- 在下列情況下，「本公司」保留權利調整或修訂保費：
 - 根據保費到期日適用的保費率，每次調整保費時「本公司」均會於事前三十天以書面通知「閣下」。
 - 續保保費將按「閣下」續保時的年齡計算而增加。

11. 無索償折扣

在任何保單年度續訂保費內的無索償折扣計算如下：

- 在本保單中，如任何「受保人」於任何保單年度內，並無任何索償紀錄，隨後保單年度的續訂保費內的無索償折扣可增加5%，最高為15%折扣。
- 在本保單中，如任何「受保人」於任何保單年度內，有任何索償紀錄，隨後保單年度的續訂保費內的無索償折扣將減5%，最低為無折扣。

12. 寬限期

「閣下」付訖首期保費後，「本公司」將於每次保費到期時給予「閣下」三十一天寬限期。在寬限期內，本保單仍維持有效，如「閣下」於寬限期屆滿後尚未繳清保費，本保單將於欠繳保費到期日起被視為逾時失效。

13. 重訂保單

如「閣下」因欠繳保費而導致「本公司」宣佈保單逾時失效，惟事後向「本公司」提交令「本公司」滿意的重訂申請書，並提供受保可保性證明，「本公司」可允許「閣下」重訂保單。重訂保單只承保「受保人」於重訂日後蒙受的「損傷」，以及「受保人」於重訂日滿十日後開始患上的「疾病」。

14. 取消保單

「閣下」可於三十天前向「本公司」發出通知書取消本保單。取消通知書可親自遞交或郵寄「本公司」最後登記的地址。「閣下」所繳交保費將根據下列適用的比率計算扣減，但在任何情況下不可低於「本公司」慣常收取的最低保費，並在該段保單生效期間必須無索償紀錄。根據以上第九項- 虛報資料，「本公司」保留權利取消本保單，所有保障會被終止，並於七天前向「閣下」發出取消本保單通知書，或以郵寄「閣下」的最後登記的地址。

保障期	收費比率
2個月（即慣常收取的最低保費）	40%
3個月	50%
4個月	60%
5個月	70%
6個月	75%
超過6個月	100%

15. 保障終止

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：

- 本保單之保費應繳付而未繳付的日期為止；
- 當「受保人」年齡達至一百歲以上；
- 「本公司」會按收到「閣下」的書面通知上註明終止保障的日期為準，惟該終止保障通知必須在保費繳付日前三十天前提出；
- 根據以上第九項- 虛報資料。

16. 續訂保單

於任何保單年度內，續訂本保單時「本公司」保留權利更改保費、保障、條款及條件、或不承保事項，不論「閣下」之前或之後已接受的續保，並且毋須披露「本公司」修改的原因。如「受保人」未能接受此修改，本保單將最終不能續保。

17. 虛報「年齡」或性別

任何「受保人」如虛報「年齡」或性別，「本公司」將按該「受保人」已付訖的保費對比其真實「年齡」及性別應付適當保費的計算所有保障。

18. 增加及刪除

如「閣下」增加或刪除「受保人」名單上任何人士，必須書面通知「本公司」。「本公司」將按比例計算保費調整金額。「閣下」只可在「投保人」身故或不再符合資格受本保單保障的情況下刪除「投保人」姓名。

19. 承認索償

如「受保人」於發生「傷殘」事件滿十二個月後方提出索償，「本公司」將毋須作出賠償，除非「本公司」已確認索償或已就索償展開尚未審結的法律程序或仲裁，則屬例外。

20. 法律訴訟

依據本保單所規定，當證明文件送交「本公司」後，六十日內不得進行法律訴訟以求賠償。此外，「受保人」亦不得在「本公司」要求其提供證據的指定限期屆滿兩年後提出訴訟。

21. 代位權

「本公司」有權自費以「受保人」名義對任何導致索償的承保事件的第三者進行追討。

22. 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。所有未能解決之爭議，一律按照香港法例第609章《仲裁條例》及不時生效的修訂本以仲裁方式裁定。整個仲裁過程必須在香港進行，並由爭議各方同意之單一仲裁人裁定。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」否認或否決「受保人」追索本保單之任何責任，而並未能於「本公司」所發出之通知十二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。

23. 遵從保單條款

如違反「本保單」任何條款，所有就「本保單」提出的索償均告無效。

24. 管轄法律

本保單受「香港」法律管轄及按其詮釋，並且服從「香港」的專有司法裁判權。

25. 個人資料收集目的

「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的個人資料，「閣下」亦可透過以下網址查閱有關私隱政策：www.zurich.com.hk/ch/ics_nonlifepolicyservices_privacy.htm

第五部份 賠償程序

- 步驟 1：盡快通知「本公司」或「本公司」的代理/經紀；
步驟 2：填寫賠償申報表及提交下列所需正本的證明文件。

1. 住院

- 載明下列資料的「醫院」結單：
 - 病人姓名
 - 「住院」日數
 - 收費分類明細表
- 載明下列資料的所有主診「醫生」/「專科醫生」/「麻醉科醫生」/「外科醫生」/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

2. 手術後覆診/緊急外診：

- 載明下列資料的「醫生」收據：
 - 病人姓名
 - 診治日期
 - 提供的診斷及/或治療
 - 收費金額

3. 家庭看護

- 主診「醫生」的書面要求
- 載明提供下列服務的「註冊護士」收據：
 - 病人姓名
 - 服務日數
 - 收費金額（每天/總額）

4. 住院現金/「傳染病」住院

(i) 載明下列資料的「醫院」結單：

- 病人姓名
- 「醫院」名稱
- 「住院」日數
- 提供的診斷及/或治療

5. 「專科醫生」治療

(i) 載明下列資料的所有主診「醫生」/「專科醫生」/「麻醉科醫生」/「外科醫生」/物理治療師收據：

- 病人姓名
- 診治日期
- 提供的診斷及/或治療

(ii)「專科醫生」收據

- 病人姓名
- 診治日期
- 提供的診斷及/或治療
- 收費金額

6. 義肢/人造假體及租用輪椅

(i) 主診「醫生」書面推薦

(ii) 所有配件收據

- 購買日期
- 型號及類別
- 收費金額

賠償承諾

如所有必要文件齊備，「本公司」將於七個工作天內辦理索償。

手術項目表

如本項目表未列明、本文或本「附表」其他條款未明確指定承保之開刀手術、骨折或脫臼，則「本公司」根據類似項目表所訂之手術、骨折或脫臼保障賠償額作出決定。

如以X光、鐳射或任何其他放射性物質治療取代任何下列開刀手術，「本公司」將根據保單條款與規章作出合理及一般性賠償，最高賠償為手術項目表訂明取代開刀手術的治療費用。

說明	最高賠償百分比
1. 耳 <ul style="list-style-type: none"> • 放置索環包括或不包括耳鼓膜穿刺手術 • 補耳膜手術 • 乳突切除手術 • 中耳結構手術，包括中耳骨及鐮骨切除手術 • 耳蝸手術 • 外耳及/或耳前竇道手術 • 內淋巴囊手術 • 迷路切除手術 • 清除異物 	12.5% 25% 25% 25% 100% 7.5% 65% 25% 12.5%
2. 鼻及鼻竇 <ul style="list-style-type: none"> • 鼻竇穿刺及灌洗 • 全身麻醉切除鼻息肉 • 下鼻甲切除手術及/或黏膜下切除手術 • 鼻黏膜電烙手術 • 鼻鏡或鼻咽喉鏡檢查，包括鼻鏡活組織檢查及清除異物 • 其他鼻內手術(包括激光手術)，但不包括簡單鼻鏡檢查、活組織檢查及血管電烙手術 • 副鼻竇柯-特威耳柳克二氏手術 - 單側 • 副鼻竇柯-特威耳柳克二氏手術 - 兩側 • 篩房切除手術或額竇切除手術 • 功能性內窺鏡鼻竇外科手術 • 淚囊鼻腔造瘻手術 • 鼻中隔鼻成形手術，包括或不包括創傷或切除腫瘤後移植或植入手術 • 鼻整形 • 鼻中隔成形術 	7.5% 12.5% 12.5% 7.5% 12.5% 25% 25% 25% 25% 65% 25% 65% 25% 25%
3. 喉 <ul style="list-style-type: none"> • 聲帶手術，包括利用激光技術(不包括癌症) • 喉管切除手術，包括或不包括徹底切除手術 • 氣管造口術 • 喉窺鏡檢查，包括或不包括清除異物 • 切除咽囊或憩室 • 扁桃腺切除手術，包括或不包括切除其他腺樣組織 	12.5% 100% 7.5% 12.5% 25% 25%

4. 眼 <ul style="list-style-type: none"> • 所有結膜或角膜手術，不包括角膜植入、嚴重角膜傷口修補及角膜造形術 • 角膜植入、嚴重傷口修補及角膜造形術，包括角膜移植 • 眼瞼外翻或眼瞼縫術 • 上瞼下垂修補及/或眼瞼整形手術 • 青光眼科手術治療 • 眼摘除手術 • 清除眼內異物： <ul style="list-style-type: none"> - 晶狀體前 - 晶狀體內或後 • 清除角膜異物 • 眼球傷口穿孔，包括眼色膜鉗閉或脫垂修補 • 晶狀體手術，包括白內障切除及置入人工晶狀體 • 眼外肌手術 • 視網膜手術、切除外環或修正手術 • 視網膜手術，移除矽環 • 視網膜激光光凝手術 • 切除翼狀贅肉(一側或兩側) • 瞼板腺囊腫切除 • 鼻淚管開刀探查，簡單探查除外 • 淚囊切除或手術 	12.5% 25% 12.5% 25% 25% 25% 25% 25% 25% 7.5% 65% 25% 25% 65% 65% 12.5% 12.5% 7.5% 12.5% 12.5%
5. 腦及中樞神經系統 <ul style="list-style-type: none"> • 切除腦腫瘤或腦膿腫 • 腦部切除，包括腦葉 • 大腦半球切除手術 • 處理顱內動脈-靜脈畸形手術 • 頭顱骨開孔手術 • 腦活組織檢查 • 形成腦室球狀膜分流或皮下腦脊液儲液囊 • 修補或切除腦室腔分流(包括修正) • 腦室腔分流沖洗 • 顱骨切開手術 • 切除脊髓腫瘤 • 脊髓或脊髓神經根減壓 • 脊髓開刀手術 • 腰椎穿刺或腦池穿刺 • 切除交感神經，包括交感神經幹手術 • 腦神經手術，包括神經腫瘤 • 腦下垂體腫瘤手術 • 以伽瑪射線放射手術處理顱內病理(所有病因) 	100% 100% 100% 100% 25% 25% 65% 25% 12.5% 25% 65% 65% 65% 12.5% 25% 100% 100% 65%
6. 頭及頸 <ul style="list-style-type: none"> • 頸血管手術，包括頸動脈手術 • 表面切除腮腺 • 切除腮腺 • 切除領下的唾液腺 • 甲狀腺切除手術，包括甲狀旁腺部份切除手術 • 甲狀腺切除手術，包括完全切除甲狀旁腺 • 甲狀腺與舌囊腫切除 • 部份舌切除手術 • 舌徹底切除手術 • 頸淋巴結腫瘤阻塞分離 • 頸腫塊活組織檢查或淋巴結活組織切除化驗 • 唇及面頰良性腫瘤手術 • 唇及面頰惡性腫瘤手術 • 細針抽吸(FNA)及淋巴結針管抽取活組織檢驗 	65% 25% 65% 25% 25% 65% 65% 12.5% 65% 65% 25% 12.5% 12.5% 25% 12.5%
7. 胸腔手術 <ul style="list-style-type: none"> • 支氣管鏡檢查 • 部份肺葉切除手術、肺全葉切除手術 • 胸廓成形手術 • 胸膜切除手術 • 胸膜穿刺手術或在氣胸置入胸管 • 胸腺切除手術 	12.5% 65% 65% 25% 12.5% 65%

8. 心血管手術 心臟 <ul style="list-style-type: none"> 置入心臟起搏器 心導管插入手術 心臟或胸主動脈有創手術 各種經皮膚層透視進行的各種冠狀動脈成形手術，包括激光技術、支架置入、電動片、氣球通血管手術或放射頻消融術 心臟移植 靜脈血管 <ul style="list-style-type: none"> 靜脈曲張 — 兩側剝離與結紮手術 靜脈曲張 — 單側剝離與結紮手術 靜脈曲張 — 單側或兩側結紮手術 動脈栓塞切除手術 靜脈血栓切除手術 置入中央靜脈導管 置入希克曼導管 	25% 25% 100% 65% 100% 50% 25% 25% 65% 65% 12.5% 12.5%
9. 腹部手術 <ul style="list-style-type: none"> 剖腹探查手術 腹或盆腔膿腫開刀引流 腹腔鏡檢查或腹腔鏡 腹膜炎探查手術 腹內血管手術，包括腹大動脈手術、門腔靜脈吻合手術及脾腎血管吻合手術 切除腎上腺 腹股溝及/或股疝氣手術(各類，包括或不包括一種或多種併發症) 臍疝或臍竇 	25% 25% 25% 25% 100% 65% 25% 25%
10. 肝膽系統手術 <ul style="list-style-type: none"> 內窺鏡逆行性胰膽管造影診斷檢查(ERCP) 內窺鏡逆行性胰膽管有關的手術 — 乳突手術或移除膽石 膽囊切除手術，包括或不包括腹腔鏡以切開括約肌手術 膽囊手術，包括膽道探查術 肝囊腫或肝膿腫開刀手術 肝臟活組織檢查 部份肝葉切除 肝臟移植 	12.5% 25% 65% 65% 65% 12.5% 100% 100%
11. 胃腸道手術 食道、胃及十二指腸 <ul style="list-style-type: none"> 上內窺鏡檢查至十二指腸或食道鏡檢查 食道鏡檢查包括清除異物 胃腸吻合術或胃造口術 食道靜脈曲張術 全部食道切除手術及腸臟介入術 任何十二指腸手術，包括已穿孔的消化性潰瘍縫合手術 胃切除手術(各類) 迷走神經截斷手術及/或幽門成形手術 胃近端迷走神經截斷手術(HSV) 裂孔疝修補 空腸及迴腸 <ul style="list-style-type: none"> 腸扭結或腸套疊復位手術 小腸切除及吻合手術 大腸 <ul style="list-style-type: none"> 診斷性結腸鏡檢查，包括或不包括活組織檢查 結腸鏡檢查，包括乳頭狀瘤或息肉切除 闌尾切除手術(闌尾切除手術)，包括盲腸破裂及腹膜炎(包括腹腔鏡手術) 迴腸造口或結腸造口形成 切除大腸，包括結腸切除(各類)及切除直腸(各類) 直腸脫垂(脫肛)手術，不包括剖腹手術 直腸脫垂(脫肛)手術，包括剖腹手術、結腸造口手術及腸吻合手術 	12.5% 12.5% 25% 65% 100% 25% 65% 25% 65% 25% 25% 25% 12.5% 12.5% 25% 65% 65% 25% 65%
<ul style="list-style-type: none"> 坐骨-直腸膿腫切除及/或引流 痔瘡切除手術 痔瘡切除手術，包括結腸鏡檢查或瘻管切除手術或乙狀結腸鏡檢查 肛門瘻手術 肛裂手術，包括徹底切除 	12.5% 12.5% 25% 12.5% 12.5%
12. 胰臟及脾臟 <ul style="list-style-type: none"> 任何胰臟手術，包括胰臟偽囊腫 脾臟切除手術 	100% 65%
13. 泌尿道 腎及輸尿管 <ul style="list-style-type: none"> 尿道結石的體外電震波碎石手術(ESWL) 腎臟切除手術(各類) 切除尿道結石有創手術(腎石切除手術/腎盂結石切除手術或輸尿管石切除手術) 	25% 65% 65%
<ul style="list-style-type: none"> 腎盂成形術 診斷性腎臟內窺鏡檢查，包括或不包括活組織檢查及其他治療性醫護療程 經皮膚層插入腎造口導管 腎臟活組織檢查 形成迴腸導水管，包括輸尿管植入手術 兩側輸尿管再接合腸臟或膀胱 單側輸尿管再接合腸臟或膀胱 迴腸或結腸置換輸尿管 膀胱 <ul style="list-style-type: none"> 診斷性膀胱鏡檢查 膀胱鏡檢查、輸尿管插入導管 膀胱鏡檢查、置入輸尿管支架 膀胱鏡檢查、透熱療法、電灼膀胱腫瘤、切除尿道或輸尿管擴張 膀胱鏡檢查、輸尿管導管閉合結石移除術 局部膀胱切除術 全面膀胱鏡切除，包括或不包括建造腸脈或膀胱 膀胱陰道瘻管修補手術 膀胱憩室切除(一處或多處) 修補膀胱結腸瘻管 尿道 <ul style="list-style-type: none"> 閉合尿道瘻管 尿道直腸瘻管修補 尿道破裂修補 	65% 65% 25% 12.5% 65% 25% 25% 100% 12.5% 12.5% 25% 25% 65% 65% 65% 25% 25% 65%
14. 男性生殖系統 陰莖 <ul style="list-style-type: none"> 切除陰莖 包皮環切除術 前列腺 <ul style="list-style-type: none"> 經尿道前列腺切除手術 有創前列腺切除手術(各類) 前列腺活細胞檢查 經尿道微波熱療 前列腺膿腫體外引流 精囊 <ul style="list-style-type: none"> 輸精管結紮手術 睪丸 <ul style="list-style-type: none"> 副睪丸切除手術 睪丸探查術 睪丸扭轉復位及固定手術(一側或兩側) 精索靜脈曲張手術(一側或兩側) 陰囊水腫徹底手術 陰囊水腫穿刺放液 睪丸切除手術或睪丸固定手術 睪丸活細胞檢查 	65% 12.5% 65% 65% 12.5% 25% 12.5% 12.5% 25% 25% 25% 12.5% 25% 12.5%
15. 女性生殖系統 子宮頸 <ul style="list-style-type: none"> 子宮鏡檢查包括或不包括活細胞檢查 子宮頸截斷手術、子宮頸切除手術、錐形活細胞檢查或子宮頸電烙手術 殘餘子宮頸切除，所有方法 子宮頸縫合 	12.5% 12.5% 12.5% 12.5%

子宮及附件	子宮擴張及刮除，包括或不包括息肉切除手術或子宮頸透熱療法 / 子宮鏡檢查	12.5%
	全子宮切除手術，包括或不包括兩側輸卵管-卵巢切除手術(包括腹 / 陰道的腹腔鏡手術)	65%
	子宮肌瘤切除手術(包括腹腔鏡手術)	25%
	子宮前腹懸吊手術	25%
卵巢及輸卵管		
	卵巢囊腫切除、輸卵管-卵巢膿腫引流(包括腹腔鏡檢查)	25%
	兩側卵巢切除及輸卵管切除手術	65%
	單側卵巢切除及輸卵管切除手術	25%
陰唇及陰道		
	多林巴氏腺囊腫造袋術	12.5%
	前後陰道會陰縫合手術，包括或不包括子宮頸截斷手術	65%
	外陰切除手術	65%
	陰道懸吊手術	65%
	生殖道整復外科手術	65%
	外陰及陰道單純性囊腫、疣或良性瘤手術，包括簡單修補及縫合	12.5%
	外陰或陰道惡性腫瘤手術	65%
16. 乳房		
	乳房切口活細胞檢查	12.5%
	乳房腫瘤切除或切除性活細胞檢查	25%
	導管乳頭狀瘤切除	25%
	切除男子女性型乳房	25%
	改良性乳房徹底切除手術	65%
	部份或簡單乳房切除手術	25%
	部份或徹底乳房切除手術，包括軸向腋下淋巴結切除手術	65%
17. 骨科		
全身		
	複雜性骨折手術治療，包括外固定架及廣泛傷口清創手術	65%
	手術清除骨折舊患的螺絲、釘及薄板，以及其他金屬，需要切開傷口，但不包括簡單清除K氏鋼絲	12.5%
	大骨切開手術包括或不包括固定，包括骨移植	65%
	診斷性關節鏡檢驗，包括或不包括活細胞檢查	25%
	關節腔治療性關節鏡手術	65%
	麻醉後關節推拿手術	12.5%
	切除及刮除骨瘤或良性骨瘤	25%
	切除神經節	12.5%
	切除關節黏液囊	12.5%
	切除腱病灶	12.5%
	腱二度修補術(包括移植、移位及/或人造義肢腱)	65%
	腱移位手術	25%
	大關節固定手術及骨移植	50%
	開刀或關節鏡輕微修復肌肉術(撕裂傷口少於2厘米)	25%
	廣泛修補肌肉術(撕裂傷口超過2厘米)	50%
	加長腱，包括腱切斷手術	25%
	腱滑膜切除手術，包括關節鏡進行手術	25%
	肌肉開刀活細胞檢查	12.5%
	周圍神經線還原或釋放術	25%
	全身麻醉下為深傷口進行手術創口洗滌	12.5%
頭及頸		
	頸椎融合(一或兩層)	100%
	頸肋	65%
肩		
	肩峰切除手術	25%
	還原肩部脫臼	12.5%
	肩膊全面置換術	100%
	固定肩關節，包括前、後或多向(包括關節鏡手術)	65%
上肢 — 復位包括或不包括石膏		
	科雷氏骨折	12.5%
	肱骨 / 橈骨 / 圓肘或尺骨骨折	12.5%

上肢 — 有創手術	
手指切除	12.5%
迪克文氏腱鞘炎	12.5%
手指關節固定手術(指間關節)	12.5%
切除橈骨頭	25%
鷹嘴突固定手術	25%
橈骨或尺骨內固定手術	25%
肱骨、橈骨或尺骨內固定手術	65%
腕關節滑膜切除	25%
上肢腱修補	25%
網球肘鬆解手術	25%
板機指或姆指鬆解手術	12.5%
尺骨神經移位術	25%
腕或肘挖管鬆解手術，包括兩側或單側內窺鏡檢查	25%
迪皮特倫皮下筋膜切除手術	12.5%
迪皮特倫徹底筋膜切除手術	25%
腕融合	65%
脊椎	
脊椎椎板切除手術	65%
前脊椎融合	100%
後脊椎融合	
- 植入鋼鐵	100%
- 沒有植入鋼鐵	65%
腹	
AHJ全腹關節置換	100%
置入金屬股骨頭	65%
Moore's 釘	65%
釘板	65%
下肢 — 復位包括或不包括石膏	
踝脫位骨折	12.5%
圓膝骨折	25%
脛骨及腓骨骨折	25%
下肢 — 有創手術	
姆囊腫切除	25%
腓骨內固定手術	50%
股骨、脛骨或踝內固定手術	65%
Keller骨科手術	25%
韌帶修補 — 膝或踝	25%
McBride手術，兩側或單側	25%
半月板切除手術	25%
Mitchell截骨手術	25%
成人股骨截骨手術	65%
小童股骨截骨手術	25%
脛骨截骨手術	25%
腓骨切除手術	25%
腿或足截肢	65%
置換全膝關節	100%
根腱修補	25%
根腱修補包括整復	50%
兩側趾甲楔切除	12.5%
單側趾甲楔切除	7.5%
兩側姆趾外翻趾骨截骨	50%
單側姆趾外翻趾骨截骨	25%
18. 皮膚	
淋巴結活組織檢查或淋巴結膿腫引流	12.5%
皮膚硬塊或皮下組織腫瘤切除，包括脂肪瘤、神經纖維瘤或其變異體、皮脂腺囊腫、惡性黑色素瘤及痣等	12.5%
皮膚膿腫切口及引流	12.5%
皮膚損傷電療，包括電流或冷凍手術	7.5%
清除異物	7.5%
切除藏毛囊腫	12.5%
皮膚移植或疤痕疣手術	
- 如受傷部位少於或等於全身表面的1%	7.5%
- 如受傷部位超過全身表面的1%	12.5%
指甲下血腫或膿腫引流	7.5%
皮膚縫合	12.5%
19. 牙齒	
任何因「意外」引致之「損傷」而導致之所有牙科手術	7.5%