



**Blue Cross 藍十字**

An **AIA** Company 友邦保險成員公司

## Optimas Capital Ltd.

### Group Medical Insurance Scheme

### 團體醫療保險計劃

Insured by 承保：

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

Arranged by 籌劃：

**Apex Insurance Brokers Ltd.**  
**恒昌保險顧問有限公司**

**Date : Oct 2023**

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# Basic Information 基本資料

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# Basic Information

## 基本資料

<b>Insurer</b> 承保公司	<b>Blue Cross (Asia-Pacific) Insurance Limited</b> 藍十字(亞太)保險有限公司
<b>Policy Number</b> 保單編號	G002180.GP
<b>Member Certificate No.</b> 受保成員號碼	<b>Refer to your Healthcare Card / Welcome Email</b> 請參閱閣下的會員咭 / 迎新電郵
<b>Policy Period</b> 保單年度	01 Oct 2023 to 30 Sep 2024 二零二三年十月一日至二零二四年九月三十日
<b>Policy Renewal Date</b> 保單續保日期	01 Oct 2024 二零二四年十月一日
<b>Scope of Coverage</b> 保障時限	24 hours worldwide coverage 24 小時全球性保障



# Group Medical Benefit Schedule

## 團體醫療保障範圍

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# Group Medical Benefit Schedule - Hospital & Surgical Benefits

## 團體醫療保障範圍 - 住院及手術保障

(per disability per year ; 100% reimbursement 每年每宗傷病計 ; 百分之百賠償)		Plan 1 計劃一
		港幣 (HK\$)
Dependent Cover 家屬保障		YES 有
Entitled Room Level 可享有病房級別		Semi-private 半私家病房
<b>Surgeon's Fees <sup>1</sup></b>	<b>外科醫生費用 <sup>1</sup></b>	
Complex	複雜手術	150,000
Major	大型手術	75,000
Intermediate	中型手術	37,500
Minor	小型手術	15,000
<b>Anaesthetist's Fees</b>	<b>麻醉科醫生費用</b>	
Complex	複雜手術	45,000
Major	大型手術	22,500
Intermediate	中型手術	11,250
Minor	小型手術	4,500
<b>Operating Theatre Charges</b>	<b>手術室費用</b>	
Complex	複雜手術	45,000
Major	大型手術	22,500
Intermediate	中型手術	11,250
Minor	小型手術	4,500



# Group Medical Benefit Schedule - Hospital & Surgical Benefits

## 團體醫療保障範圍 - 住院及手術保障

(per disability per year ; 100% reimbursement 每年每宗傷病計 ; 百分之百賠償)		Plan 1 計劃一
		港幣 (HK\$)
Dependent Cover 家屬保障		YES 有
Entitled Room Level 可享有病房級別		Semi-private 半私家病房
<b>Room and Board</b>	<b>病房及膳食費用</b>	
Limit per day, up to 182 days	每宗傷病最長 182 日，每日上限	2,400
<b>Miscellaneous Hospital Charges <sup>2</sup></b>	<b>醫院雜項費用 <sup>2</sup></b>	33,000
<b>Physician's Hospital Visits <sup>3</sup></b>	<b>醫生巡房費用 <sup>3</sup></b>	
Limit per day, up to 91 days	每宗傷病最長 91 日，每日上限	2,400
<b>Charges for Intensive Care</b>	<b>深切治療費用</b>	67,200
<b>Daily Hospital Cash Allowance (For general ward of Eligible Public Hospital only)</b>	<b>每天住院現金津貼 ( 僅適用於入住合格公立醫院普通病房 )</b>	
Limit per day, up to 182 days	每宗傷病最長 182 日，每日上限	1,200
<b>Hospital Income for Double Benefit</b>	<b>住院入息共付賠償</b>	
Limit per day, up to 180 days	每宗傷病最長 180 日，每日上限	2,400
<b>Private Duty Registered Nurse <sup>^</sup></b>	<b>註冊私家看護費用 <sup>^</sup></b>	960
Limit per day, up to 91 days	每宗傷病最長 91 日，每日上限	
<b>Home Health Care <sup>^</sup></b>	<b>家居醫療護理 <sup>^</sup></b>	72,000



<sup>^</sup> Written recommendation by the attending Physician is required 需要由主診醫生以書面轉介

# Group Medical Benefit Schedule - Hospital & Surgical Benefits

## 團體醫療保障範圍 - 住院及手術保障

(per disability per year ; 100% reimbursement 每年每宗傷病計 ; 百分之百賠償)

Plan 1 計劃一

港幣 (HK\$)

Dependent Cover 家屬保障

YES 有

Entitled Room Level 可享有病房級別

Semi-private 半私家病房

### Outpatient Surgery Cash Allowance

A cash allowance will be paid in case where the Insured receives any of the following Day Case Procedure:

Gastroscopy (including Esophagogas-troduoscopy), Colonoscopy, Cystoscopy, Arthroscopy, Colposcopy, Bronchoscopy, Detached Retina Repair and Hysteroscopy

### 門診手術現金津貼

只適用於以下日症手術：胃鏡（包括食道胃十二指腸鏡）檢查、腸鏡檢查、膀胱鏡、關節鏡、陰道鏡檢查、支氣管鏡檢查、視網膜脫落修補及子宮鏡檢查

Limit per surgical procedure

每外科手術上限

2,400

### Accidental Dental Treatment <sup>4</sup>

Limit per accident

### 意外牙科治療 <sup>4</sup>

每宗意外上限

1,000

### Network Outpatient Surgery Benefit for Gastroscopy and Colonoscopy

胃鏡及腸鏡門診手術網絡

Full Cover  
全數賠償

### Top-up Overseas Accidental Medical Expenses Benefits (excluding HK, Macau & China)

海外意外增值醫療保障  
(不包括香港、澳門及中國內地)

Increase by 100% of  
the above Hospital and  
Surgical Benefit  
「住院及手術保障」增加100%

### 24-hour Worldwide Emergency Aid

24小時全球緊急援助

Unlimited  
不設上限





# Group Medical Benefit Schedule - Hospital & Surgical Benefits

## 團體醫療保障範圍 - 住院及手術保障

Note 注意：

1. Surgeon's Fee inclusive of Day Case Surgery performed in the Hospital setting which does not require Confinement.  
外科醫生費用包括在醫院進行之日症手術指任何毋須辦理住院手續而在醫院進行之手術。
2. Eligible Expenses for CT Scan , MRI services and PET Scan services performed in or outside Blue Cross Network shall be payable subjected to the maximum limits as stated in the Miscellaneous Hospital Charges under Hospital and Surgical Benefits.  
於藍十字網絡內或外進行之電腦掃描、磁力共振造影及正電子掃描的合索償資格的費用，可在住院及手術保障下的醫院雜項費之最高賠償限額內獲得賠償。
3. For all Confinement or Day Case Procedure, Physician's Hospital Visits also includes charges for one pre-hospitalisation or pre-surgical clinic consultation and all related necessary follow up consultations up to a maximum of 6 weeks after discharge from the Hospital or the Day Case Procedure performed by the attending Registered Medical Practitioner.  
就所有住院或日症手術而言，醫生巡房費用亦包括住院或手術前的一次診所診症之費用及出院或日症手術後6星期內的所有必需與手術有關的覆診費用，而提供診症的醫生必須為其主診醫生。
4. If an insured sustains an injury to any sound natural teeth, Blue Cross shall reimburse the charges incurred for such emergency dental treatment provided that such treatment is received within 14 days from the date of Accident and performed by a Dentist in a dental facility.  
若受保人因受傷而導致正常健康之牙齒受損，本公司將賠償於意外發生當日起計14天內於備有牙科設施之場所內接受由牙醫提供之緊急牙科治療所招致之相關費用。



# Group Medical Benefit Schedule - SMM Benefit

## 團體醫療保障範圍 – 附加重症醫療保障

The benefits cover eligible expenses (such amount is Reasonable & Customary) in excess of Hospitalization and Surgical Benefits including, Surgeon's Fees, Anaesthetist Fees, Operating Theatre Charges, Room and Board, Miscellaneous Hospital Charges, Physician Hospital Visits, Specialist Fees, Charges for Intensive Care and Private Duty Registered Nurse. 若醫療費用超出基本住院及手術保障所載列之最高賠償額，本保障支付合索償資格及合理慣例的費用。保障包括外科醫生費用、麻醉科醫生費用、手術室費用、病房費用、醫院雜項費用、醫生巡房費用、專科醫生費用、深切治療費用及註冊私家看護費用。

Plan 1 計劃一		
港幣 (HK\$)		
	Dependent Cover 家屬保障	YES 有
	Entitled Room Level 可享有病房級別	Semi-private 半私家病房
Reimbursement Percentage	賠償百分比	80%
Deductible	自付額	1,000
Overall maximum limit per disability per year	每傷病每年綜合最高賠償額	300,000

If the insured has chosen a level of hospital facilities and services higher than the entitled level of accommodation, the following scale of reimbursement (Adjustment Factor) will apply for Supplementary Medical Benefits:

如受保成員的實際住房設施和服務級別高於其受保障的級別，額外醫療保障將按以下調整系數計算高於賠償百分比的額外費用：

Entitled Level of Accommodation 可享有的病房級別	Actual Level of Accommodation 實際入住的病房級別	Reimbursement of all eligible claims (percentage of claimable reimbursement) 合格索償賠償 (調整系數)
Semi-private 半私家病房	Private 私家病房	50%
Semi-private 半私家病房	Deluxe 豪華病房	25%
Private 私家病房	Deluxe 豪華病房	50%



# Group Medical Benefit Schedule - SMM Benefit

## 團體醫療保障範圍 – 附加重症醫療保障

	Example 1	Example 2	Example 3
<b>Maximum Room Level Entitlement</b> 可選擇病房之最高級別	<div> <b>Semi-private 半私家房</b> </div>		
<b>Actual Room Level</b> 入院時所選擇之病房級別	<b>Semi-Private</b> 半私家房	<b>Private</b> 私家房	<b>Deluxe</b> 豪華房
<b>Hospital expenses incurred during the confinement</b> 住院期間的醫療開支	HK\$100,000		
<b>Expenses covered under Basic Hospitalization Benefit</b> 在基本住院保障獲得賠償的金額	HK\$49,000		
<b>Excess charges to be claimed from SMM</b> 在基本住院保障獲賠後之餘數	HK\$51,000		
<b>Less HK\$1,000 deductible</b> 扣減 HK\$ 1,000 自付額後	HK\$50,000		
<b>% Reimbursement</b> 賠償率	<b>80%</b>	<b>50%</b>	<b>25%</b>
<b>Reimbursement Amount</b> 可在附加重症醫療保障獲賠之費用	X HK\$40,000	X HK\$25,000	X HK\$12,500
<b>Unclaimed amount</b> 未能獲得賠償之費用	<b>HK\$11,000</b>	<b>HK\$26,000</b>	<b>HK\$38,500</b>



# Group Medical Benefit Schedule - Outpatient Benefits

## 團體醫療保障範圍 - 門診醫療保障

Plan 1 計劃一

港幣 (HK\$)

YES 有

Dependent Cover 家屬保障

<b>1. General Practitioner's Consultation</b> (Inclusive of medicine)	<b>普通科醫生診症 (包括藥物)</b>	
1 visit per day, limit per visit	每天一次, 每次限額	<b>800</b>
Network Doctor Co-payment	網絡醫生自付額	<b>30</b>
Reimbursement %	賠償率	<b>100%</b>
Maximum no. of visits per year	每年最多次數	<b>30</b>
<b>2. Specialist's Consultation</b> (Inclusive of medicine) #	<b>專科醫生診症 (包括藥物) #</b>	
1 visit per day, limit per visit	每天一次, 每次限額	<b>2,000</b>
Network Doctor Co-payment	網絡醫生自付額	<b>50</b>
Reimbursement %	賠償率	<b>100%</b>
Maximum no. of visits per year	每年最多次數	<b>15</b>
<b>3. Physiotherapy or Chiropractor Treatment @</b>	<b>物理或脊椎治療 @</b>	
1 visit per day, limit per visit	每天一次, 每次限額	<b>800</b>
Network Doctor Co-payment	網絡醫生自付額	<b>50</b>
(For Physiotherapy only)	(只適用於物理治療)	
Reimbursement %	賠償率	<b>100%</b>
Maximum no. of visits per year	每年最多次數	<b>20</b>
<b>4. Chinese Medicine Practitioner Treatment (Inclusive of medicine) (General practice, Bonesetting, Acupuncture)</b>	<b>中醫治療 (包括藥物) (中醫、跌打、針灸)</b>	
1 visit per day, limit per visit	每天一次, 每次限額	<b>250</b>
Network Doctor Co-payment	網絡醫生自付額	<b>0</b>
Reimbursement %	賠償率	<b>100%</b>
Maximum no. of visits per year	每年最多次數	<b>15</b>

**Overall maximum visits per policy year for the above items ( 1 + 3 ) : 30 visits**

**以上項目 ( 1 + 3 ) 累計, 每保單年度最高診症次數為 30 次**



# Group Medical Benefit Schedule - Outpatient Benefits

## 團體醫療保障範圍 - 門診醫療保障

		Plan 1 計劃一
		港幣 (HK\$)
		Dependent Cover 家屬保障
		YES 有
<b>5. Diagnostic X-Rays and Laboratory Tests ^</b>	<b>X光診斷及化驗 ^</b>	
Limit per year	每年限額	<b>1,500</b>
Reimbursement %	賠償率	<b>100%</b>
<b>6. Vaccination / Routine Check-up</b>	<b>接種疫苗 / 基本身體檢查</b>	
1 visit per day, limit per year	每天一次，每年限額	<b>250</b>
Maximum no. of visits per year	每年最多次數	<b>1</b>
Reimbursement %	賠償率	<b>100%</b>

^ General practitioner's referral letter is required and the referral letter is valid for 6 months from date of issuance.  
需要提交普通科醫生之轉介信，轉介信之有效期為簽發後6個月內

@ Waive submission of referral letter for Physiotherapy treatment or Chiropractor Treatment for claim reimbursement.  
有關物理治療或脊椎治療的索償不須附上註冊普通科醫生之轉介信

# Referral Letter is waived for all Specialist's Consultations  
所有專科醫生均不須西醫轉介信



# Group Medical Benefit Schedule – Dental Benefits

## 團體醫療保障範圍 – 牙科醫療保障

	Dependent Cover 家屬保障	Plan 1 計劃一 港幣 (HK\$)
(1) Scale & Polish & Prophylaxis (once a year) 洗牙及預防治療 (每年一次) - Reimbursement % 賠償率		500 80%
(2) Dental Treatment 牙科治療 - Reimbursement % 賠償率		2,000 80%
Overall maximum per policy year limit for the above items (1+2) 以上項目 (1+2) 累計，每保單年度最高賠償額		2,000



# Major Exclusions 主要不保事項

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# Major Exclusions

## 主要不保事項

- 1) Congenital Conditions 任何先天性病症
- 2) Pre-existing Conditions 受保前已存在之疾病
- 3) Pregnancy, childbirth (unless specifically covered) 懷孕或分娩(除指定投保外)
- 4) Psychotic, mental or nervous disorders & psychosomatic symptoms 精神或神經混亂之治療及心理性之癥狀
- 5) Suicide, attempted suicide or intentionally self-inflicted injury 企圖自殺或蓄意傷害自己
- 6) Routine physical examinations, health check-ups or treatment which is not medically necessary 例行體格檢查或非醫療所需之治療
- 7) War, rebellion, revolution, insurrection or military or usurped power; or taking part in disciplinary services  
戰爭、叛亂、革命、起義或軍事政變或奪權；或參與紀律性服務
- 8) Cosmetic surgery, eye glasses and refractions or hearing aids 整容手術、配眼鏡、屈光鏡或助聽器
- 9) Venereal Diseases or their sequelae 性病或其遺患之治療
- 10) Injury or disease arising out of consumption of alcohol or drugs 酗酒、服毒或飲過量酒精及毒品
- 11) Dental care and treatment (unless specifically covered) 牙科保健及治療 (除指定投保外)
- 12) Treatment arising from birth control or infertility 節育或不育而引起之任何狀況或治療
- 13) Treatment for which to the extent payment is due by any other insurance 已獲得其他保險賠償之治療
- 14) HIV related disability proceeding from an HIV infection occurring prior to the coverage effective date  
受保前已存在之後天免疫力缺乏症或其引致之疾病或治療



*\* Please refer to Master Policy for full details. 如欲知詳情, 請參閱保單細則 \**