



中国大地财产保险股份有限公司
China Continent Property & Casualty Insurance Company Ltd.

个人全球医疗保险（2021 版）条款

Individual Health Insurance Policy

2021

保险人签发的保险合同包含中、英文版本。若两版本有不同解释，以中文版本为准。

The documents issued by the Insurer consist of a Chinese language and an English language version. In the event of any discrepancy, the Chinese language version shall prevail.

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【注册编号 Registration Number: C00001032512021072007672】

总则

General Provisions

第一条 本保险合同（以下简称“本合同”）由保险条款、投保单或者其他投保文件、保险单或者其他保险凭证、保险卡、网络医疗机构名册、附贴批单和其他有关约定书构成。凡涉及本合同的约定，均应当采用书面形式。

Article 1 The Policy Wording, the Policy Rider, the Policyholder application forms, other application documents, the Insurance Certificate or other certificates, the Insurance Card, Direct Billing Providers List, and any amendments or endorsements, make up the entire Insurance Policy (hereinafter referred to as the "Policy"). Any agreement relating to the Policy shall be made in writing.

第二条 被保险人本人或者对被保险人具有保险利益的其他自然人和组织，可作为投保人。

Article 2 The Policyholder can be the Insured person or insurable interest related person or organization.

第三条 投保时年龄在出生满三十日（含）至九十九周岁（含）的人员，经保险人同意，可作为主被保险人。主被保险人的配偶在投保时年龄不超过九十九周岁，经保险人同意，可作为附属被保险人。其中，投保时年龄在七十一周岁（含）至九十九周岁（含）的自然人，需要同时满足以下三个条件，才可作为本保险的主被保险人或附属被保险人：

Article 3 Once accepted by the Insurer, a person aged between 30 days after birth (discharged from hospital) and ninety-nine (99) at the time of enrollment qualifies as a "Primary Insured". Once accepted by the Insurer, the spouse of the Primary Insured aged below ninety-nine (99) at the time of enrollment qualifies as an "Insured Dependent". "Primary Insured" and "Insured Dependents" aged seventy-one (71) to ninety-nine (99) shall meet the following conditions at the same time.

（一）非首次投保本保险；

Not first time insured under this policy.

（二）投保人在上一个保险期间届满前重新向保险人投保本保险；

The policyholder shall reapply a new Policy prior to the expiration of the previous insurance period.

（三）本合同的保险期间与上一个保险合同的保险期间之间连续不间断。

The period of insurance under this Policy shall be continuous and uninterrupted from the period of insurance under the previous Policy.

投保时年龄不超过二十一周岁（为全日制在校学生，或者存在身体缺陷或者智力障碍的，年龄不超过二十六周岁），经济上完全依赖主被保险人的主被保险人的未婚子女，经保险人同意，也可作为附属被保险人。

Once accepted by the Insurer, unmarried children up to the age of twenty-one (21), (full-time students up to the age of twenty-six (26) who attend school regularly, or children up to the age of twenty-six (26) who are physically or mentally incapacitated), and depend solely upon the Primary Insured's support, qualify as "Insured Dependents".

主被保险人和附属被保险人统称为“被保险人”，单称为“每一被保险人”、“该被保

险人”或“被保险人本人”。

“Primary Insured” and “Insured Dependents” are collectively referred to as “the Insured” and are also referred to as “each Insured Person”, “the Insured Person” or “The insured himself/herself”.

被保险人应当在中国大陆，香港、澳门特别行政区，以及台湾地区（以下简称“大陆及港澳台”）居住合计达到保险期间的三分之二或以上时间；投保时不属此种情形或者保险期间内发生变化的，被保险人应当在投保前或者发生变化时告知保险人，保险人有权据此调整承保条件或者保险费率。

The Insured shall live in Mainland China, Hong Kong, Macao, or Taiwan for at least two third (2/3) of the Policy Period. **Otherwise, if this condition cannot be met or any change shall occur during the Policy Period, the Insured shall inform the Insurer before the enrollment or when the change occurs, and the Insurer has the right to adjust the underwriting conditions or Premiums rates accordingly.**

第四条 除特别指明外，以下各项中与被保险人相关的表述适用于每一被保险人。

Article 4 Except as otherwise stipulated, the statements related to Insured Persons in the following articles are fully applicable to each Insured Person.

第五条 根据附属被保险人的有无及其与主被保险人的身份关系，本保险中被保险人的参保方式分设有单人型、夫妇型、亲子型、家庭型，具体应当由投保人在投保时选择，并载明于本合同中。

Article 5 The Insurer offers four types of coverage according to the Primary Insured personal relationship status: Single, Couple, Single Parent Family, and Family, which shall be selected by the Policyholder and indicated in this Policy.

- (一) 单人型，无附属被保险人；
- A. Single: no Insured Dependent;
- (二) 夫妇型，对应的附属被保险人为主被保险人配偶；
- B. Couple: the Insured Dependent is the spouse of the Primary Insured;
- (三) 亲子型，对应的附属被保险人为主被保险人的子女；
- C. Single Parent Family: the Insured Dependents are the children of the Primary Insured;
- (四) 家庭型，对应的附属被保险人为主被保险人的配偶和子女。
- D. Family: the Insured Dependents are the spouse and children of the Primary Insured;

第六条 除法律另有规定或者本合同另有约定外，保险金受益人为被保险人本人。

Article 6 Except as otherwise stipulated in the Policy or by the law, the beneficiary of this Policy is the Insured Person.

第七条 保险人将为每一被保险人发放保险卡，该保险卡将载明被保险人姓名、保险单号码、保险期间、保障类型、一般自付比例、次免赔额或者年免赔额、可选责任、医疗服务网络、第三方医疗服务供应商（以下简称“医疗服务供应商”）、理赔申请等有关信息。

Article 7 Once this Policy is underwritten, the insurer shall issue an Insurance Card for every Insured Person, which outlines the name of the Insured Person, Policy number, Policy period, Policy type, Policy Co-payment, per claim deductible or annual deductible, optional benefits, medical provider network, third-party medical service provider (hereinafter referred to as the “Medical Service Provider”), as well as information for submitting claims.

第八条 本保险条款涉及的责任限额以人民币表示，经投保人、保险人双方约定，也可

为其他币别。

Article 8 The currency of this Policy is Renminbi (“RMB”), unless otherwise agreed between the Policyholder and the Insurer.

保障类型 Policy Type

第九条 本保险的保障类型分设有全球保障、国际保障、国际增强保障、大陆及港澳台保障、大陆及港澳台增强保障，具体应当由投保人在投保时选择，并载明于本合同中，本合同项下被保险人的保障类型应当一致。

Article 9 The Insurer offers five areas of coverage: Worldwide Plan, International Plan, International Plus Plan, Greater China Plan and Greater China Plus Plan, which shall be selected by the Policyholder and indicated in this Policy. The Policy Type of the Insured People shall be the same.

第十条 每一保障类型对应的保障地域具体约定如下，保险人仅对被保险人保险期间内在相应保障地域内发生的保险责任范围内的费用，按照本合同的约定给付保险金：

Article 10 The Policy covers the Insured Persons for Allowable Charges of medical services provided in the areas of coverage for the plans selected as stated in the Policy.

(一) 全球保障 Worldwide Plan
保障地域为全球任何国家和地区。

The Worldwide Plan has no geographic restrictions and provides coverage in any country in the world.

(二) 国际保障 International Plan
保障地域为除美国、加拿大外的全球任何国家和地区。

The International Plan provides coverage for medical treatment throughout the world, with the exceptions of the United States and Canada.

(三) 国际增强保障 International Plus Plan
保障地域同国际保障，且保险人对被保险人在美国和加拿大地区发生的、与紧急医疗对应的保险责任范围内的费用也提供保险保障。

The International Plus Plan is designed to provide the same benefits as the International Plan. In addition, the International Plus Plan provides Medical Emergency Services in the United States and Canada.

(四) 大陆及港澳台保障 Greater China Plan
保障地域为大陆及港澳台。

The Greater China Plan provides coverage for medical treatment within Mainland China, Hong Kong, Macao and Taiwan.

(五) 大陆及港澳台增强保障 Greater China Plus Plan
保障地域同大陆及港澳台保障，且保险人对被保险人在大陆及港澳台以外地区发生的、与紧急医疗对应的保险责任范围内的费用也提供保险保障。

The Greater China Plus Plan is designed to provide the same benefits as the Greater China Plan. In addition, the Greater China Plus Plan provides emergency coverage outside of the Greater China region.

国际增强保障和大陆及港澳台增强保障中，被保险人在与其保障类型相对应的保障地域以外地区接受紧急医疗前，须获得医疗服务供应商的许可，该医疗服务供应商将引导该被保险人至最近且合适的网络医疗机构就医；保险人对被保险人未经医疗服务供应商批准与其保障类型相对应的保障地域以外地区接受治疗发生的任何费用不承担保险责任，被保险人在接受紧急医疗前根本无法联系医疗服务供应商的情形不在此限，但该被保险人也须在该紧急情况发生后四十八小时内联系医疗服务供应商。

In the event of an emergency, approval by the Medical Service Provider is required for International Plus Plan or Greater China Plus Plan members who require treatment outside of corresponding area. The Medical Service Provider will direct the Insured Person to the nearest network facility capable of providing the necessary medical treatment; **if the approval is not granted by the Medical Service Provider prior to the treatment, then the related cost will not be covered by the insurer. In situations in which it is not possible to contact the Medical Service Provider prior to the treatment, the insured must then contact the Medical Service Provider within 48 hours after the occurrence of the emergency.**

保险责任

Insurance Benefit

第十一条 保险责任包括一般疾病（伤害）和一般项目门诊医疗保险责任、一般疾病（伤害）和一般项目住院医疗保险责任、特殊疾病和特殊项目医疗保险责任、分娩和新生儿婴儿医疗保险责任、医疗及身故援助保险责任、可选责任。其中，一般疾病（伤害）和一般项目门诊医疗保险责任、分娩和新生儿婴儿医疗保险责任及可选责任经投保人在投保时选择，并载明于本合同中，本合同项下被保险人的保险责任应当一致。

Article 11 This Policy may include the following benefits: Outpatient Benefits, Inpatient Benefits, Special Disease and Special Medical Care Benefits, Maternity and Newborn Infant Care Benefits, Medical and Death Aid Benefits, and Optional Benefits. Maternity and Newborn Infant Care Benefits and Optional Benefits shall be liable after selected by the Policyholder and indicated in this Policy. The Insurance Benefits of the Insured People shall be same.

对被保险人发生的第十二条至第十六条列明的保险责任范围内的费用，根据适用的免赔额种类分别按以下方式计算医疗保险金：被保险人适用次免赔额的，保险人按照“（每次治疗保险责任范围内的费用一次免赔额）×（1—一般自付比例）”给付医疗保险金；被保险人适用年免赔额的，保险人按照“（保险期间内发生的保险责任范围内的费用累计一年免赔额）×（1—一般自付比例）”计算给付医疗保险金。

Excepted as otherwise stipulated in Article 12 to 16, the benefit under the coverage shall be calculated according to the types of applicable deductibles:

A. Per Claim Deductible: “(Covered medical expense per treatment - Per Claim Deductible) * (1 - Policy Co-payment)”;

B. Annual Deductible: “(Covered medical expense in Policy Period - Annual Deductible) * (1 - Policy Co-payment)”.

第十二条 一般疾病（伤害）和一般项目门诊医疗保险责任如下：

Article 12 Outpatient Benefits

保险期间内，被保险人在与其保障类型相对应的保障地域内因遭受意外伤害或者患疾病接受医师推荐的、医学必需的一般疾病（伤害）和一般项目门诊治疗，由此发生的、符合通常惯例水平的、属保险责任范围内的以下类型费用：

During the Policy Period, if the Insured Person suffers from accidental injury or disease and needs to receive Medically Necessary Outpatient treatment recommended by a Physician within the area of coverage, the Usual and Customary Charges resulting from the following expenses are covered in accordance with the Schedule of Benefits:

（一）医师诊疗费。

A. Outpatient Physician visit, or consultation by a specialist;

（二）检查费。包括但不限于超声波检查、超声波心动描记术、计算机断层扫描、正电子发射计算机断层扫描、核磁共振检查。

B. Diagnostic Tests: including, but not limited to ultrasonic examination, echocardiography, computed tomography (CAT scan), positron emission tomography (PET scan) and magnetic resonance imaging (MRI);

(三) 手术室和恢复室费。

C. Operation room and recovery room;

(四) 急诊室费。

D. Emergency room;

(五) 手术医师费和麻醉师费。

E. Surgeon and Anesthesiologist;

(六) 放射治疗、化学治疗、肿瘤靶向疗法、肿瘤免疫疗法、肿瘤内分泌疗法、质子重离子治疗费。

F. Radiation therapy, Chemotherapy, Targeted therapy for tumor, Tumor immunotherapy, Tumor endocrinotherapy, Tumor Therapy with Protons and Heavy Ions;

(七) 由具有专业理疗资质的医师实施的针灸治疗、顺势疗法费。保险人对每一被保险人给付的与本项费用对应的医疗保险金累计上限以本合同载明的为准。

G. Acupuncture or Homeopathy treatments, must be rendered by a qualified physician. Benefits are limited to the maximum indicated in the Schedule of Benefits.

(八) 被保险人发生牙科意外伤害产生的医疗费用。

H. Emergency dental treatment;

(九) 物理治疗、美式脊椎矫正、职业疗法、语音治疗费。

I. Therapeutic Services: Physical therapy, American chiropractic treatment, Occupational therapy, Speech therapy;

由具有相应医疗资质的医师实施的物理治疗、美式脊椎矫正、职业疗法、语音治疗（包括为治疗吞咽障碍由语言治疗师实施的电子喉镜检查）费，属保险责任范围内的医疗费用。这些治疗须为被保险人医师书面治疗计划（包含短期和长期目标，并提交保险人评估）的一部分，且满足下列全部条件：

Benefits are payable for physical therapy, American chiropractic treatment, occupational therapy or speech therapy (including a Video Laryngoscope for the diagnosis of a swallowing dysfunction performed by a registered speech therapist) provided by a Physician or a medically registered physician. Services must be pursuant to a Physician's written treatment plan, which contains short and long-term treatment goals and is provided to the Insurer for review, and shall meet both of the following conditions:

1. 在合理的、可预测的时间内症状会明显好转；

Produce significant improvement in the Insured Person's condition in a reasonable and predictable period of time, and

2. 疗法复杂或者被保险人病症使得只有注册物理治疗师或者职业治疗师才能安全、有效实施。

Be of such a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a Physician or a registered physical or occupational therapist.

保险人对每一被保险人承担的门诊治疗次数累计上限，每次纳入保险责任范围内的费用上限以本合同载明的为准。

The Benefit limitation shall be indicated in the Schedule of Benefits.

(十) 由注册中医医师处方开具的中草药费用，挂号费，诊察费及相关费用。其中，在非公立医疗机构发生的以上费用，保险人对每一被保险人承担的门诊治疗次数累计上限，每次纳入保险责任范围内的费用上限以本合同载明的为准。

J. Traditional Chinese Treatment, covers registration fee, diagnostic fee, and traditional Chinese Medicines prescribed by a registered and qualified traditional Chinese physician. In non-public medical institutes benefits are payable up to maximum indicated in the Schedule of Benefits.

(十一) 门诊处方药。被保险人在与其保障类型相对应的保障地域内因遭受意外伤害或者患疾病接受医师推荐的、医学必需的每次门诊治疗，由此发生的、符合通常惯例水平的门诊处方药费用，属保险责任范围内的费用。特别地，被保险人在美国发生门诊处方药费用的，每次门诊可纳入保险责任范围内的门诊处方药用量以一百八十日用量为上限；被保险人在美国以外地区发生门诊处方药费用的，以九十日用量为上限。门诊处方药开药量应与开药时间间隔相匹配。保险人对超过限量部分不承担保险责任。

K. Outpatient prescription drugs. The Usual and Customary Charges of outpatient prescription drugs resulting from Medically Necessary treatment by a physician are covered in accordance with the Schedule of Benefits. In particular, in the United States, the limitation per filling is 180 days; while outside the United States, is 90 days. Each filling shall match the time interval described in the prescription. **The Insurer shall not be responsible for the part in excess of such limitation.**

(十二) 入院前或日间手术前医生诊疗费及相关检查费和化验费，出院后或者日间手术后医生诊疗费及相关检查费和化验费，本项费用累计上限以本合同载明的为准。

L. The expenses of physician consultation and related examination and laboratory testing charged before hospitalization or day-care surgery, and after discharged or day-care surgery, the benefit limitation shall be indicated in this Policy.

第十三条 一般疾病（伤害）和一般项目住院医疗保险责任如下：

Article 13 Inpatient Benefits

保险期间内，被保险人在与其保障类型相对应的保障地域内因遭受意外伤害或者患疾病接受医师推荐的、医学必需的一般疾病（伤害）和一般项目住院治疗（日间住院治疗视同住院治疗，下同），由此发生的、符合通常惯例水平的、属保险责任范围内的以下类型费用：

During the Policy Period, if the Insured Person suffers from accidental injury or disease and receives Medically Necessary Inpatient treatment (Day-care Treatment is considered as Inpatient Treatment) recommended by a Physician within the area of coverage, the Usual and Customary Charges resulting from the following expenses are covered in accordance with the Schedule of Benefits:

(一) 除本合同另有约定外，双人病房床位费，急诊室费，重症监护病房费，医疗机构提供并出具发票的膳食和营养配餐费。

A. Room and board: fees for a semi-private room, emergency room, Intensive Care Unit, meals and/or special diets (in accordance with the invoice provided by the hospital), except as otherwise agreed;

(二) 未满十八周岁附属被保险人住院期间其父亲或者母亲(限一人)陪同住院加床费，女性被保险人住院期间其出生未满十六周的新生婴儿住院加床费。

B. Companion Bed: a companion bed for a **parent** accompanying a hospitalized insured child under eighteen (18) years of age, or for a baby under sixteen (16) weeks accompanying a hospitalized female Insured Person;

(三) 手术室和恢复室费，手术敷料费。

C. Use of operation room and recovery room, and surgical dressings;

(四) 输血、血浆、血浆扩容药物以及所有相关化验、操作设备和服务费用。

D. Blood transfusions, blood plasma, blood plasma expanders, and all related testing, equipment and services;

(五) 药品费。

E. All medicines;

(六) 医师诊疗费。

F. Inpatient Consultation by a Physician or Specialist;

(七) 手术医师费和麻醉师费。

G. Surgeon and Anesthesiologist;

(八) 护理费。

H. Nursing services;

(九) 吸氧费。

I. Oxygen services;

(十) 化验费。

J. Laboratory tests;

(十一) 检查费。包括但不限于X光检查、超声波检查、超声波心动描记术、计算机断层扫描、正电子发射计算机断层扫描、核磁共振检查费。

K. Diagnostic Tests: including, but not limited to X-rays, ultrasonic examination, echocardiography, computed tomography (CAT scan), positron emission tomography (PET scan) and magnetic resonance imaging (MRI);

(十二) 被保险人作为受体接受器官、骨髓移植费。

L. Transplant services: This coverage applies only when the organ or bone marrow transplant recipient is an Insured Person under this Policy;

(十三) 放射治疗、化学治疗、肿瘤免疫疗法、肿瘤内分泌疗法、质子重离子治疗费。

M. Radiation therapy, Chemotherapy, Tumor immunotherapy, Tumor endocrinotherapy, Tumor Therapy with Protons and Heavy Ions;

(十四) 由医师实施的呼吸治疗费。

N. Respiratory therapy rendered by a Physician;

(十五) 由具有相应医疗资质的医师实施的物理治疗、职业疗法费。这些治疗须为该被保险人医师书面治疗计划一部分，且满足下列全部条件：

O. Physical therapy or occupational therapy rendered by a medically registered physician. Services must be pursuant to a Physician's written treatment plan and meet both of the following conditions:

1. 在合理的、可预测的时间内症状会明显好转；

Produce significant improvement in the Insured Person's condition in a reasonable and predictable period of time, and

2. 疗法复杂或者被保险人病症使得只有注册物理治疗师或者职业治疗师才能安全、有效实施。

Be of such a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a Physician or a registered physical or occupational therapist.

(十六) 为治疗吞咽障碍由语言治疗师实施的电子喉镜检查费。

P. A Medically Necessary Video Laryngoscope for the diagnosis of a swallowing dysfunction performed by a registered speech therapist.

(十七) 入住经医疗服务供应商批准的机构接受的康复治疗和由专业护士实施的专业护理费用，但保险人对每一被保险人承担本项费用日数累计以九十日为上限。

Q. Rehabilitation treatment received in institutions approved by the Medical Service Provider and skilled nursing costs of such rehabilitation treatment rendered by a professional nurse. Benefits are payable up to ninety (90) days each Policy Period or in accordance with the Schedule of Benefits.

第十四条 特殊疾病和特殊项目医疗保险责任如下：

Article 14 Special Disease and Special Medical Care Benefits:

保险期间内,被保险人在与其保障类型相对应的保障地域内因遭受意外伤害或者患疾病接受医师推荐的、医学必需的、下列特殊疾病和特殊项目治疗,由此发生的、符合通常惯例水平的、属保险责任范围内的以下类型费用:

During the Policy Period, if the Insured Person suffers from accidental injury or disease and receives Medically Necessary Special Disease and Medical Care treatments recommended by a Physician within the area of coverage, the Usual and Customary Charges resulting from the following expenses are covered in accordance with the Schedule of Benefits:

(一) 特殊检查费

A. Special Examinations and Screening

指女性主被保险人或者作为配偶的女性附属被保险人发生的常规乳房X线照片或乳房B超费用(限一次)、子宫颈抹片或液基薄层细胞检测费用(限一次)。男性主被保险人或者作为配偶的男性附属被保险人发生的前列腺特异抗原检查费(限一次)、医师向被保险人推荐的家族疾病筛查费。保险人对每一被保险人给付的与家族疾病筛查费用对应的医疗保险金累计上限以本合同载明的为准。

For a Female Primary Insured or the Insured Spouse: routine Mammogram or breast ultrasound (once per Policy Period), Papanicolaou (PAP) Screening or TCT (once per Policy Period).

For a Male Primary Insured or the Insured Spouse: PSA Screening Test (once per Policy Period).

For all Insured Persons: screenings recommended by a physician due to family medical history. The expenses are covered in accordance with the Schedule of Benefits.

(二) 专业护士家庭护理费

B. Home Health Nursing

指曾住院接受治疗的被保险人出院后随即在其家中接受医师要求的、医学必需的专业护士护理费用(不包括保险期间届满后发生的家庭护理费用)。保险人对每一被保险人承担家庭护理费的护理日数累计以一百日为上限。

Home Health Nursing benefits refers to Medically Necessary home nursing by a Skilled Nurse immediately following treatment as an inpatient on Physician recommendation (home nursing after the expiration of Policy is excluded). The benefits are provided up to one hundred (100) days.

专业护士家庭护理属医学必需,须满足以下全部条件:

Subject to applicable Policy terms and limitations, the Insurer considers home nursing care Medically Necessary when both of the following circumstances are met:

1. 被保险人对专业护士护理确有需要,非出于方便家庭成员目的;

The Insured Person has skilled needs and placement of the Nurse in the home is done to meet the skilled needs of the Insured Person only. It is not for the convenience of the family caregiver.

2. 每日专业护士护理时间不超过十二小时,但下列情形不在此限:住院治疗的被保险人被运送回家当日;被保险人病情急重,须接受十二小时以上专业护士护理以免入院接受治疗;根据医疗实践和标准被保险人需要在专业护理机构接受护理,但专业护理机构没有空余床位。

In most cases, more than twelve (12) hours per day of skilled nursing care is not considered Medically Necessary. However, more than twelve (12) hours per day of skilled nursing care may be considered Medically Necessary in any of the following circumstances: the Insured Person is being transitioned from an Inpatient setting to his/her home; or the Insured Person becomes acutely ill and the additional skilled nursing care will prevent a Hospital Admission; or the Insured Person meets the clinical criteria for confinement in a skilled nursing facility (SNF), but a SNF bed is not available.

接受鼻饲或者胃造口管喂养的被保险人无其他对专业护士护理需要而在家接受的专业护士护理,不属医学必需,保险人对此不承担保险责任。

Ongoing skilled home nursing care is not considered Medically Necessary for Insured Persons who are on bolus nasogastric (NG) or gastrostomy tube (GT) feeds and do not have other skilled needs, and benefits are not available.

(三) 专业护理费

C. Skilled Nursing

指为在一定程度上治疗或者减缓病症，医师处方要求的、仅专业护士才能提供的、每日至少持续四个小时的住院或者门诊护理费。

Skilled nursing care (inpatient or outpatient) is a covered benefit for those who require a minimum of four (4) consecutive hours of continuous skilled nursing care per day. Skilled nursing care is defined as prescribed care that can only be provided by a registered professional Nurse which is prescribed by the Physician to treat or ameliorate identified medical conditions on a limited basis.

(四) 耐用医疗设备购买或者租赁费

D. Durable Medical Equipment Purchase or Rental fees

指医师处方要求的、满足基本医疗需要的康复设备、矫形支具以及其他耐用医疗设备购买或者租赁费（以相应符合通常惯例水平的购买价格为上限），以及随后修理、更换费，属保险责任范围内的费用。对于患癌症接受属保险责任范围的乳房切除术的被保险人，两义乳及可放入义乳的胸衣费用也属保险责任范围内的费用。

The Insurer provides benefits for prosthetic devices (artificial devices replacing body parts), orthopedic braces and Durable Medical Equipment. The Policy will pay the purchase or rental charges (**the Usual and Customary purchase price as a maximum**), and subsequent charges for repairs or replacement, provided it is prescribed by a Physician and determined by the Insurer to be Medically Necessary and appropriate. If an Insured Person who had a Mastectomy while covered under this policy, as a result of cancer treatment, the Insurer will allow for two breast implants or silicone breast forms and the related corset.

康复设备和矫形支具包括但不限于腿、臂、背和颈支具，人造腿、臂、眼。

Prosthetics may include, but are not limited to leg, arm, back, and neck braces; artificial legs, arms and eyes.

耐用医疗设备不包括自动轮椅或者自动床、舒适设备（如电话托臂和床上多用桌）、空气质量或者温度调控设备（如空调、湿度调节器、除湿器和空气净化器）、太阳能或者加热灯、加热垫、坐浴盆、盥洗凳、浴缸凳、桑拿浴、升降机、涡流按摩浴、健身器材及其他类似设备。

Durable Medical Equipment does not include: motor driven wheelchairs or beds; comfort items such as telephone arms and over bed tables; items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers (air cleaners); exercise bikes, sun or heat lamps, heating pads, bidets, toilet seats, bathtub seats, sauna baths, elevators, whirlpool baths, exercise equipment and similar items.

(五) 临终关怀费

E. Hospice Care

被保险人因与曾经发生的本合同约定的保险事故相应的病症或相关的病症而被诊断患终末期疾病且存活期不超过二百四十日，经医疗服务供应商批准，该被保险人接受具有相应资质的临终关怀机构提供的、由专业人员和志愿者组成的跨学科队伍在医学指导下实施的姑息性、支持性医护设施而发生的费用。被保险人入住临终关怀机构接受临终关怀的，须基于病情和家庭必要。保险人对每一被保险人承担临终关怀费的入住临终关怀机构日数累计以四十五日为上限，对其给付的、与除入住临终关怀机构以外其他情形相应的临终关怀费用对应的医疗保险金累计上限以本合同载明的为准。

Hospice Care is a program approved by the Medical Service Provider to provide palliative and supportive services to terminally ill persons. Terminally ill means the patient has a prognosis of two-hundred-forty (240) days

or less. The hospice care must relate to a medical condition that has been the subject of a prior valid claim with the Claims Administrator, with a diagnosis of terminal illness from a Physician. Services must be provided by a recognized hospice, and a medically supervised interdisciplinary team of professionals and volunteers. Admission to a hospice program is made on the basis of patient and family need. The Hospice Care benefits are provided up to forty-five (45) days as an Inpatient, and RMB 40,000 as an Outpatient, per Insured Person or in accordance with the Schedule of Benefits.

(六) 精神和心理障碍医疗费用

F. Mental Health and Psychotherapeutic Treatment Benefits

指经医师诊断和要求被保险人在医学认可的精神心理专科医疗机构或者设有精神心理科室的医疗机构,为治疗精神和心理障碍接受由具有相应专业资格的医师或者心理学家实施的住院或者门诊医疗费用和咨询费用。精神和心理障碍包括但不限于神经性贪食症、神经性厌食症、悲伤辅导和悲伤治疗、注意力缺陷症、注意缺陷多动障碍,但不包括酒精和药物滥用戒断治疗、智能测试、教育测试、婚姻和家庭心理咨询。

Benefits are provided for both inpatient and outpatient mental health treatment and consultations in an approved mental health and psychotherapeutic medical institution or a Hospital with mental and psychotherapeutic department. A qualified Physician or a licensed clinical psychologist must provide all mental health care and psychotherapeutic treatment services. Services include treatment for bulimia, anorexia, Bereavement, Attention Deficit Disorder (ADD), and Attention Deficit Hyperactivity Disorder (ADHD). **The following services are excluded: withdrawal treatment for Alcohol and drug abuse, aptitude testing, educational testing, marriage and family counseling.**

保险人对每一被保险人承担给付的与精神和心理障碍住院医疗费用对应的保险金累计上限以本合同载明的为准。

Benefits are provided for psychotherapeutic treatment and psychiatric counseling and treatment for an approved psychiatric diagnosis and are payable in accordance with the Schedule of Benefits.

(七) 睡眠医疗费用

G. Sleep Treatments

指医疗服务供应商许可的、对疑为发作性睡眠或者阻塞性呼吸暂停症状的医疗费用。

Sleep treatments for suspected Narcolepsy or Obstructive Sleep Apnea must be Pre-authorized by the Medical Service Provider.

(八) 先天性疾病和症状医疗费用

H. Congenital Conditions and Birth Anomalies

未被认定为既往症的先天性疾病和症状,保险人对每一被保险人给付的、与先天性疾病和症状医疗费用对应的医疗保险金累计上限以本合同载明的为准。

Treatment of any Congenital Conditions or birth anomalies which is not Pre-existing Condition is covered in accordance with the Schedule of Benefits.

(九) 重大疾病医疗费用

I. Catastrophic Illnesses

未被认定为既往症的重大疾病,保险人对每一被保险人给付的、与重大疾病医疗费用对应的医疗保险金累计上限以本合同载明的为准。

Treatment of any Catastrophic Illnesses which is not Pre-existing Condition is covered in accordance with the Schedule of Benefits.

对精神和心理障碍、睡眠检查和治疗、先天性疾病和症状、重大疾病保障,根据被保险人具体情况,保险人可对其适用等待期或者既往症限制条款,并载明于本合同中。

The Insurer reserves the right to apply waiting period and pre-existing condition limitations to mental and psychological disorders, sleep test and treatment, and congenital conditions, Catastrophic Illnesses,

according to the specific circumstances of the Insured. Details shall be indicated in this Policy and Schedule of Benefits.

第十五条 分娩和新生儿医疗保险责任如下：

Article 15 Maternity and Newborn Infant Care Benefits

保险期间内，被保险人经过等待期后（免除等待期的不在此限）受孕，保险人承担在与其保障类型相对应的保障地域内的医疗机构（含生育中心）发生的、符合通常惯例水平的、属保险责任范围内的以下类型费用：

During the Policy Period, if the insured person becomes pregnant after the Waiting Period (except for those exempted from the Waiting Period), the covered Usual and Customary Charge in the Hospital or Birth Center within the area of coverage is as follows:

（一）分娩费

A. Delivery Cost

指女性主被保险人或者作为配偶的女性附属被保险人发生的产前检查费、妊娠期内医师处方开具的维生素和钙剂费、超声波检查费、早产费、顺产费、医学必需剖腹产费、麻醉费、产后复查费、医学必需的流产费以及产后6个月内（含）为治疗尿失禁进行的盆底肌修复费。保险人针对被保险人每次怀孕给付的与本项费用对应的医疗保险金累计上限以本合同载明为准。

The delivery cost for the Female Primary Insured or Insured Spouse includes: Cost of pre-natal checkup; pre-natal vitamins and calcium prescribed by a Physician during the term of the pregnancy only; ultrasounds; premature birth, normal delivery, Medically Necessary C-section; anesthesia service; post-natal checkup; Medically Necessary abortion; Postpartum pelvic floor muscle repair for urinary incontinence within 6 months after delivery. The aggregate maximum benefits for the Insured Person during each pregnancy shall be in accordance with the Schedule of Benefits.

（二）妊娠并发症治疗费

B. Complications of Pregnancy

指女性主被保险人或者作为配偶的女性附属被保险人因发生妊娠并发症接受医师推荐的、医学必需的治疗而发生的治疗费用。因为生育并发症所导致的流产，引产或其他分娩方式及其相关治疗费用，不在本保险责任范围内。

The charges for the Female Primary Insured or Insured Spouse receiving treatment for complications of pregnancy that are Medically Necessary, and recommended by a Physician. **The treatment is not covered under this part for miscarriage, induced labor and other kinds of delivery which are caused by complications of pregnancy.**

（三）新生儿费用

C. Newborn Infant Care Services

指女性主被保险人或者作为配偶的女性附属被保险人在保险期间内出生的子女出生后十四日内（含）发生的专业护理及治疗费用。

Newborn infants of covered Primary Insured or Spouses (covered children are excluded) are automatically covered without notification for the first fourteen (14) days after the birth.

另外，在保险期间内出生的子女经过保险人同意后可以作为附属被保险人，其在与其保障类型相对应的保障地域内发生的以下费用也属保险责任范围内的费用：常规医疗检查和预防性保健费（限六次），包括医疗档案，发育评估，体格检查，年龄相关诊断检查；白喉、乙型肝炎、麻疹、腮腺炎、百日咳、麻疹、破伤风、水痘、嗜血杆菌属、B型流感病毒、肝炎以及医疗服务供应商批准的其他免疫费，但以其满一周岁为限。

Once accepted by the Insurer, the infant of the Insured who are born during the Policy Period can be added as an Insured Dependent in this Policy, and the following expenses are payable for the services provided within the areas of coverage **before the infant's first birthday: six visits** for routine medical exams and child preventive care services that may include health history, development assessments, physical examinations, and age related diagnostic tests; child immunizations include diphtheria, hepatitis B, measles, mumps, pertussis, rubella, tetanus, varicella, Haemophilus, influenza B virus, hepatitis and other immunizations approved by Medical Service Provider.

如果女性主被保险人或者作为配偶的女性附属被保险人在投保本保险前已怀孕或者在等待期内怀孕，保险人不承担与生育相关的医疗费用。

The Insurer shall not be responsible for related medical expenses if the Female Primary Insured or Insured Spouse is already pregnant before applying for enrollment or becomes pregnant during the Waiting Period.

第十六条 医疗及身故援助保险责任如下：

Article 16 Medical and Death Aid Benefits:

(一) 紧急医疗运送费用

A. Emergency Ground Ambulance Services

指保险期间内在与被保险人保障类型相对应的保障地域内，紧急情况下出于医疗必要以专业救护车将其运至医疗机构发生的费用，属保险责任范围内的费用。

During the Policy Period, benefits are provided for Medically Necessary emergency ground ambulance transportation to the medical facilities within the area of coverage and payable in accordance with the Schedule of Benefits.

(二) 紧急医疗转运费

B. Emergency Medical Evacuation Services

指保险期间内被保险人在与其保障类型相对应的保障地域内遇有生命危险、得不到及时治疗将导致身故或者严重伤害的，如果在当地不能获得适当治疗，被保险人或者相关人员可联系医疗服务供应商，经医疗服务供应商许可，医疗服务供应商将负责安排运送被保险人至离被保险人最近、能够提供所需服务且在其保障类型相对应的保障地域内的医疗机构，由此发生的、属保险责任范围内的费用。根据被保险人病情或者伤势，保险人有权决定转运的目的地和医疗机构。**如果被保险人不在医疗服务供应商安排的医疗机构接受治疗，自该医疗机构至被保险人选定的其他医疗机构的转运费用，完全由被保险人自行承担。未经医疗服务供应商许可被保险人自行安排转运的，转运费用完全由被保险人承担。**被保险人治疗完成或者病情稳定后，保险人将安排其以公共交通工具（**飞机限经济舱**）返回常住地，相应交通费用也属保险责任范围内的费用。

During the Policy Period, in the event of life-threatening illnesses and/or injuries, when appropriate treatment is not available locally, this Policy provides Emergency Medical Evacuation to the closest medical facility capable of providing the required care within the area of coverage, and the corresponding expenses are payable in accordance with the Schedule of Benefits. In the event of an emergency that may require medical evacuation, the Medical Service Provider must be contacted in advance in order to approve and arrange such service. The Insurer retains the right to decide the destination and the medical facility to which the Insured Person shall be transported to according to the injury. **If the Insured Person chooses not to be treated at the facility and location arranged by the Medical Service Provider, then transportation expenses from the facility to the other facility chosen by the Insured shall be the liability of the Insured Person. If the Insured Person fails to get the approval from the Medical Service Provider, he or she will be liable for the full costs of any transportation.** The cost of public transportation (**economy-class air tickets**) to return to the place of residence, which is arranged by the Insurer, is also covered for

the Insured Person after treatment or once the condition has stabilized.

同时，保险人将安排该被保险人一位陪同人员陪同医疗转运，并在该被保险人住院期间安排陪同人员就近住宿，由此发生的、属保险责任范围内的公共交通工具费用（**飞机限经济舱**）和住宿费用，具体费用上限以本合同载明的为准。

Certain public transportation costs (**economy-class air tickets**) and hotel fees for an accompanying person during an approved Emergency Medical Evacuation and inpatient period are also covered. Hotel fees are covered up to a maximum indicated in the Schedule of Benefits.

（三）异地就医交通费用

C. Transportation expenses of off-site medical treatment

指保险期间内由于医疗条件限制等原因，经医疗服务供应商授权，被保险人前往外地医疗机构进行住院治疗，由此产生的属保险责任范围内的交通费用，具体费用上限以本合同载明的为准。

During Policy Period, because of local medical treatment technology or other reasons, contact the Medical Service Provider in advance for approval and the Insured can be transferred to the off-site medical institutions for inpatient care. The specific limits of the benefits for the corresponding transportation expenses within the coverage shall be subject to the Policy.

（四）遗体运返或者安葬费用

D. Repatriation or Local Burial of Mortal Remains

指保险期间内被保险人在其国籍国以外的国家或地区身故的，根据被保险人的保障类型，发生下列情形的，由此发生的、合理且必需的、属保险责任范围内的费用。保险人对每一被保险人给付的与本项费用对应的医疗保险金上限以本合同载明的为准：

During the Policy period, the benefits are payable by the Insurer for the reasonable and necessary expenses for repatriation or local burial of the mortal remains of an Insured Person who dies outside the Home Country. The Repatriation or Local Burial of Mortal Remains benefit payable by the Insurer for each Insured Person under this Policy shall be indicated in the Schedule of Benefits.

1. 保障类型为**全球保障、国际增强保障或者大陆及港澳台增强保障**的，若保险期间内被保险人在国籍国外国家或者地区身故，在事发地法律法规许可的情况下，根据其遗愿或者近亲属意愿，保险人负责运送其遗体至其国籍国，或者安排当地安葬；

Worldwide Plan, International Plus Plan and Greater China Plus Plan:

If local laws and regulations permit, the Insurer shall be responsible for the repatriation of the mortal remains to the Home Country or local burial of an Insured Person who dies in any country or region outside his/her Home Country according to the last wishes of the Insured Person or wills of the close relatives.

2. 保障类型为**国际保障**的，若保险期间内被保险人在除**美国、加拿大**以及国籍国以外的国家或者地区身故，在事发地法律法规许可的情况下，根据其遗愿或者近亲属意愿，保险人负责运送其遗体至其国籍国（**美国、加拿大除外**），或者安排当地安葬；

International Plan:

If local laws and regulations permit, the Insurer shall be responsible for the repatriation of the mortal remains to the Home Country (**excluding the United States and Canada**) or local burial of an Insured Person who dies in any country or region (**excluding the United States and Canada**) outside his/her Home Country according to the last wishes of the Insured Person or wills of the close relatives.

3. 保障类型为**大陆及港澳台保障**的，若保险期间内被保险人在常住地区外的大陆及港澳台地区身故，在事发地法律法规许可的情况下，根据其遗愿或者近亲属意愿，保险人负责运送其遗体至其常住地区（**限于大陆及港澳台地区，且大陆地区内的遗体转运不在本保险责任范围内**），或者安排当地安葬。

Greater China Plan:

If local laws and regulations permit, the Insurer shall be responsible for the repatriation of the mortal remains to the Home Country (**within Mainland China, Hong Kong, Macao and Taiwan**) or local burial of an Insured Person who dies in any country or region (within Mainland China, Hong Kong, Macao and Taiwan) outside his/her Home Country according to the last wishes of the Insured Person or wills of the close relatives.

遗体运返具体费用项目如下:

Repatriation of Mortal Remains expenses include:

(1) 公证文件费用。包括尸检报告、死亡证明等相关公证文件费用;

Notarization documents, including autopsy report, death certificate and other related notarization documents;

(2) 转运公司为转运遗体而发生的相关服务费。

Transportation of Mortal Remains and related service expenses.

当地安葬具体费用项目如下:

Local Burial of Mortal Remains expenses include:

(1) 转运费, 即遗体从医疗机构(含生育中心)/警察局转运至当地殡仪馆而发生的转运费用;

Transportation fee of the mortal remains from a medical service provider(including Birth Center)/ police station to a local funeral home;

(2) 遗体储存费;

Mortal Remains Storage fee;

(3) 火化费, 即殡仪馆对遗体进行火化而发生的火化费用(不包含化妆, 装饰以及遗体告别仪式的相关费用);

Cremation fee. Cremation fee of the mortal remains by a funeral home. **The costs associated with make-up, decoration, and the farewell ceremony are excluded.**

(4) 骨灰盒费用, 即通常水平、符合惯例的骨灰盒(不包含墓地相关费用或亲属带骨灰盒回国籍国发生的相关费用)。

Cinerary casket. A Usual and Customary cinerary casket. **Expenses related to a cemetery or the cost for taking the cinerary casket back to the Home Country by a relative are excluded.**

第十七条 可选责任包括健康检查责任、眼科责任、牙科责任, 具体如下:

Article 17 Optional Benefits include Wellness Benefits, Vision Benefits, Dental Benefits.

(一) 健康检查责任

A. Wellness Benefits

保险期间内, 被保险人发生的全身体检费(限一次)以及相关检查化验费, 免疫费, 常规检查化验费, 属于保险责任范围内的医疗费用。

The optional Wellness Benefits will include: The costs of a full physical examination (**once per Policy Period**) and the tests and procedures associated with such examination, immunizations, routine tests and exams.

保险人对上述费用按照本合同载明的给付比例给付医疗保险金。在保险期间, 保险人对每一被保险人给付的与本项费用对应的医疗保险金累计上限以本合同中载明的为准。

The Benefits are payable according to the maximum and policy co-payment indicated in the Schedule of Benefits.

(二) 眼科责任

B. Vision Benefits

保险期间内, 眼科责任范围内的费用包括:

If the Policyholder purchases the optional Vision Benefits, the following will be included:

1. 眼科检查费（限一次）；

One Eye Examination;

2. 框架眼镜费或隐形眼镜费（限一副）。

One pair of glasses or contact lenses.

眼科责任范围内的费用不包括太阳镜及相关配件的费用。

Exclusions: Sunglasses and/or related accessories.

对被保险人发生的眼科责任范围内的费用，保险人按照本合同载明的给付比例给付医疗保险金。保险人对每一被保险人给付的与本项费用对应的医疗保险金累计上限以本合同中载明的为准。

The Benefits are payable according to the maximum and policy co-payment indicated in the Schedule of Benefits.

（三）牙科责任

C. Dental Benefits

保险期间内，牙科责任范围内的费用包括：

If the Policyholder purchases the optional Dental Benefits, the following will be included:

1. 预防治疗费，包括常规牙科检查、牙齿健康指导、涂氟治疗、洁齿和抛光（预防）、牙齿清洁检查费（限两次）；

Preventive treatment: Covered Expenses include routine examinations, dental health instruction; fluoride treatment, scale and polish (prophylaxis); cleaning of teeth **up to twice (2) per Policy Period.**

2. 基础治疗费，包括汞合金或复合树脂充填、简单拔牙、牙周刮治、根面平整费，以及相关口腔X光费；

Basic treatment: Covered Expenses include amalgam or composite fillings, simple extractions, periodontal scaling, root planning and related pan oral x-rays.

3. 重大治疗费，包括根管充填、根管治疗、牙冠和嵌体、桥式义齿（包括化验和麻醉费用）、智齿拔除费、牙齿矫正治疗费，以及相关口腔X光费。牙齿矫正治疗费包括模型研究、牙齿印模、活动矫治器、固定矫治器（包括调整）、正畸拔牙、托槽的粘接费。

Major treatments: Covered Expenses include root fillings, root canal, crowns and inlays; bridges (including laboratory and anesthetic fees), wisdom teeth extractions, orthodontic treatment and related pan oral x-rays. Orthodontic treatment includes study models, impressions, removable string appliances (braces), fixed appliances (including adjustments), extractions, re-cementing of brackets.

牙科责任范围内的费用不包括以美容为目的牙齿处理费，义齿、高嵌体、种植牙、贴面，以及相关费用。

Dental Exclusions: cosmetic surgery or supplies or procedures; false teeth; dental Implants; onlays; veneers and all associated costs.

对被保险人发生的牙科责任范围内的费用，保险人按本合同所载对应的给付比例给付医疗保险金。每一保险期间保险人对每一被保险人给付的与本项费用对应的医疗保险金累计上限以本合同中载明的为准。

The Benefits are payable according to the maximum and policy co-payment indicated in the Schedule of Benefits.

责任免除

Exclusions

第十八条 对于被保险人发生的以下费用，保险人不承担给付保险金的责任：

Article 18 Except as otherwise stipulated, the following services, conditions and other items are excluded

from coverage under this Policy:

(一) 对本合同中特别约定除外疾病和症状、被要求健康告知的被保险人未告知的既往症的治疗及其他相关费用；

Treatment of excluded Illnesses and related conditions by the Insurer, and non-declared Pre-existing Conditions of the Insured Persons requested by the Insurer to submit a Member Health Statement.

(二) 在本合同载明的等待期内对约定的相应病症的治疗及其他相关费用；

Services, treatments and related expenses for conditions subject to designated "Waiting Periods" as set forth in the Policy and on the Schedule of Benefits or Policy Rider.

(三) 未取得就诊地所属国家的法律法规及该国家相关监管机关批准的检查、治疗、药品、及相关医疗服务的所有费用，和被认定为试验性治疗的所有费用；

Examination, treatment, drugs/medications, and all of related medical service, which are deemed to be Experimental or Investigational or which is not approved by the laws, regulations or the related National Regulatory Authorities of the country where the treatment has been received.

(四) 根据工伤补偿、职业病或者其他与职业疾病相关的法律法规可从中获得补偿的费用，已从政府、慈善机构、其他福利计划或者医疗保险计划获得补偿的费用；

Any services or benefits provided by or available under any Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country; Treatment, services, benefits, supplies, drugs and/or Emergency Medical Evacuation services payable by another insurance company, charity or government.

(五) 代诊，无原始发票的费用，电话咨询费（经由医疗服务供应商指定并授权的机构除外），没有按时就诊的预约费用，非医师处方要求的服务费用，不在执业范围的医疗服务费用，不符合专业认可标准或者为进行适当治疗所不必要的医疗和牙科服务费用，非医学必需的费用，超过通常惯例水平的费用；

Reimbursement for photocopies (unless authorized by the Medical Service Provider) and any other non-medical non-covered expenses; medical consultations on behalf of someone else or services that were not provided for the insured persons or that occur when the insured is not present; Telephonic consultations (institutes authorized and approved by the Medical Service Provider are excluded) or missed appointments; any services not ordered by a Physician or not necessary for medical care, as well as medical services that do not meet professionally recognized standards or are determined by the Insurer to be unnecessary for proper treatment; Treatment, services, benefits, supplies, drugs and/or Emergency Medical Evacuation services that are not Medically Necessary, not recommended or approved by a doctor or not rendered within the scope of a doctor's license; Charges in excess of the Usual and Customary Charges for any covered procedure.

(六) 对由被保险人从事违法犯罪行为或者故意行为（包括但不限于自残、自杀）引起的或者在这一过程中发生的伤害、病症治疗及其他相关费用；

Injuries and/or Illnesses and related expenses resulting or arising from or occurring during the commission or perpetration of a violation of law, or intentional acts by an Insured Person, including, but not limited to all self-inflicted Illnesses or Injuries, or suicide.

(七) 为个人舒适或者方便而产生的费用，包括但不限于电视、雇佣护工、房屋打扫、访客膳食和住宿、电话、家庭设备、旅行费、本合同没有列明的急救费以及其他非医学必需的服务和设备，本合同另有约定的不在此限；

Personal comfort and convenience items, including but not limited to: television, Employment of caregivers, housekeeping services, guest meals and accommodations, telephone charges, take-home supplies, travel expenses, emergency service not listed in this Policy, and all other services and supplies that are not Medically Necessary, other than those provided under benefits in this Policy. Unless otherwise agreed in this

Policy.

(八) 保险期间届满后发生的费用, 按行程将在保险期间届满之日起第九十日后(美国)或者第三十日后(全球除美国以外地区)服用的处方药品费用;

Claims and costs for medical treatment occurring after the expiration date of the Policy, and any portion of a covered prescription to be used after 90 days beyond the expiration date in the U.S. and 30 days elsewhere.

(九) 健康检查费, 被保险人享有健康检查责任情形不在此限, 功能医学检查(包括但不限于全套个人化营养评估、抗氧化维生素分析、氧化压力分析、营养与毒性元素分析、肠道免疫功能分析)费, 免疫费, 出于行政或者管理事务目的(包括但不限于与投保保险、招聘、入学或者运动相关的体格检查)发生的检查费, 旅行和宾馆住宿费用, 本合同另有约定的不在此限;

Health check-ups, except under the optional Wellness Benefits, functional medical examination (including, but not limited to a full set of Personalized Nutrition Assessment, Antioxidant Vitamin Analysis, Oxidative Stress Analysis, Nutrient & Toxic Element Analysis, Gut Immunity Analysis), immunizations, and tests, travel and hotel expenses necessary for administrative purposes (including, but not limited to determining insurability, employment, school or sport-related physical examinations), unless provided for under a specific benefit in this Policy.

(十) 非药品准字号的药品和非(食)药监械号的设备, 包括但不限于保健品、膳食补充剂、药妆、戒烟药物、食欲抑制剂、头发再生药物、抗光老化药物、美容用品、大剂量维生素、维他命、健康滋补类中草药(包括但不限于: 1. 单味或复方均不予支付费用的中药饮片及药材: 鹿茸、猴枣、狗宝、海马、海龙、玛瑙、玳瑁、冬虫夏草、马宝、牛黄、珊瑚、麝香、羚羊角尖粉、犀角、燕窝、人参(生晒参除外), 以及各种可以药用的动物脏器(鸡内金除外)和胎、鞭、尾、筋、骨。2. 单味使用不予支付费用的中药饮片及药材: 阿胶、阿胶珠、鹿角胶、鳖甲胶、三七、龟角胶、龟鹿二仙胶、龟板胶、藏红花、生晒参、羚羊角粉。3. 以上所列药品包括生药及炮制后的饮片及药材、中药敷贴、中药熏蒸、膏方费, 中草药代加工成粉剂、药丸、胶囊、胶或者其他制剂发生的加工费, 本合同另有约定的不在此限;

Drugs or equipment not approved by China Food and Drug Administration (CFDA), including but not limited to health products, dietary supplements, cosmeceutical, smoking cessation drugs, appetite suppressants, hair regenerative drugs, anti-photo aging drugs, cosmetic and beauty aids, megavitamins, vitamins; Traditional Chinese Medicine for general health improvement (including but not limited to

1. Traditional Chinese Medicines with a pure form or within Chinese medicines compound: Hairy antler, monkey bezoars, Canis familiaris, Seamaster, Pipe fish, Agate, hawkbill, Chinese caterpillar fungus, Horse bezoars, Bezoars, Coral, Moschus, Cornu Saigae Tataricae apex powder, Cornu Rhinocerotis, Bird's nest, Ginseng (excluding sun-cured ginseng), animals and their organs (excluding endothelium corneum) which can be used as medicines such as placenta, penis, tail, tendon, bone, etc.;

2. Traditional Chinese Medicines with a pure form: Colla Corii Asini, Colla Corii Asini beads, Deer-horn glue, Turtle shell Glue, Pseudo-ginseng, Turtle Angle glue, Guilu erxian glue, Tortoise-plastron glue, Safflower, Sun-cured ginseng, Antelope horn powder;

3. Wine soaked with above Traditional Chinese Medicine and their cut crude drugs, processing pieces, processing herbs, herbal fumigation and acupressure adhesive plasters.), Chinese herbal paste; any herb processing charge related to powder, pill, capsule, paste, mastic and other preparation, unless provided for under a specific benefit in this Policy.

(十一) 未经被保险人医师推荐的放射治疗、化学治疗、物理治疗、美式脊椎矫正、职业疗法和语音治疗及其他相关费用, 但紧急情况下被保险人医师完全了解相应治疗后同意如此治疗的情形不在此限;

If an Insured Person receives radiation therapy, chemotherapy, physical therapy, American chiropractic treatment, occupational therapy or speech therapy without the recommendation of a Physician, except for emergency cases and when Physicians are fully aware of the Insured Person's need of such treatment.

(十二) 视觉治疗及其他相关费用, 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, 老视, 屈光不正(近视、远视、散光)校正手术及相关费用;

Services and supplies related to visual therapy, Radial keratotomy procedures, Lasik, or eye surgery to correct refractive error or deficiencies; Services or treatment for astigmatism, hyperopia, myopia or presbyopia.

(十三) 静养疗法、监护及家居照料费, 在护理之家、养老院接受护理费, 为休息、观察而实施的环境疗法费, 在任何长期护理机构、矿泉疗养地、水疗院门诊、康复机构、疗养院、养老院等非本合同规定的医疗机构接受的服务或者治疗及其他相关费用, 医疗机构已实际成为或者倾向作为被保险人住家或者常住地情形下发生的费用, 完全或者部分因为家庭原因的住院医疗费用;

Rest cures, Custodial Care or homelike care, Care in a nursing home or home for the aged; Milieu therapy for rest and/or observation; Services or treatment in any long term care facility, spa, hydro clinic, Rehabilitation institution, sanatorium or home for the aged that is not a Hospital as defined in this Policy; Hospital costs if the Hospital effectively becomes, or could be treated as, being the Insured Person's home or permanent abode; Hospital costs where Admission to the Hospital is arranged wholly or partly for domestic reasons.

(十四) 选择性手术和治疗及其他相关费用, 仅为改善或者提高目前身体状况(包括但不限于中医调理)而发生的、非医学必需的费用;

Elective surgery and procedures, treatment and/or surgery that is not Medically Necessary, Treatment that is provided for the sole purpose of improving or enhancing the quality of an existing condition (including, but not limited to Chinese traditional treatment for general health improvement) and does not meet the definition of Medically Necessary treatment.

(十五) 无论是否出于心理目的而进行的美容、整容(包括牙科治疗)费用;

Services or supplies for aesthetic treatment and cosmetic treatment whether or not for psychological purpose, including dental treatment.

(十六) 对未表现出可疑细胞行为(如近期大小、形状、颜色发生改变)的良性皮肤损害(包括但不限于黄褐斑、皮肤白斑、色素沉着)的治疗、祛除及其他相关费用, 蜘蛛脉、除瘢痕疙瘩型外的其他瘢痕、纹身去除、皮肤变色治疗及其他相关费用, 非医学必需的对白癜风、浅表静脉曲张的治疗及其他相关费用;

Treatment or removal of benign skin lesions (including, but not limited to chloasma, leukoderma, chromatosis) not demonstrating evidence of suspicious cellular activity such as, but not limited to, recent changes in size, shape or color; Treatment of, or surgery for, Vitiligo, superficial varicose veins that are not Medically Necessary, spider veins, non-keloid scars, tattoo removal, or other skin discolorations.

(十七) 丰胸或者缩胸手术及其并发症治疗及其他相关费用;

Charges for breast reduction or augmentation and any complications arising from such procedures.

(十八) 与脱发相关的治疗及其他相关费用, 包括但不限于男性型脱发或者其他种类秃发的治疗, 以激光、电解、蜡或者其他方法祛除毛发, 发生男性型脱发、女性与年龄相关脱发、疾病或者意外伤害导致的脱发等情形时的头发移植;

Treatment of hair loss including, but not limited to: hairplasty for male pattern alopecia or any alopecia; the temporary or permanent removal of hair by laser, electrolysis, waxing, or any other means; hair transplants to correct permanent hair loss that is clearly caused by disease or Injury, for male pattern baldness,

or age-related thinning in women.

(十九) 戒烟治疗及其他相关费用, 减肥和任何为减肥接受的治疗、咨询、饮食费, 减肥代餐费, 与单纯性肥胖和病理性肥胖相关治疗(包括但不限于胃旁路术、胃球置放术、胃分隔术、空肠回肠旁路术)及相应并发症治疗及其他相关费用;

Smoking cessation treatments; Weight reduction and the cost of any and all treatments for weight reduction or weight reduction programs; Medical fast diets, weight loss programs and educational dietary counseling related to weight loss efforts; Health care services and associated expenses related to or associated with treatment of morbid or non-morbid obesity, including, but not limited to: gastric bypass, gastric balloons, gastric stapling, jejunal ileal bypass, and any other procedures or complications arising therefrom.

(二十) 器官移植供体费用、器官来源费用、低温储藏费用, 与不孕不育症或者生育治疗相关的移植费用;

All expenses related to the organ transplant donor, organ transplant donor search and transplant tissue storage fees, and all expenses related to transplant associated with infertility or reproductive treatments are not covered by the Policy.

(二十一) 任何类型助孕费(包括受胎药、不孕不育症药、人工授精、试管授精、配子输卵管内移植、受精卵输卵管植入术、代理怀孕以及其他费用), 以及与此相关的妊娠并发症医疗费;

Any fertility/infertility services, tests, treatments and/or procedures of any kind, including, but not limited to: fertility/infertility drugs, artificial inseminations, in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate mother and all other procedures and services related to fertility and infertility; Any complications of that pregnancy are also excluded.

(二十二) 基因咨询、筛查、检查和治疗及其他相关费用;

Genetic counseling, screening, testing or treatment.

(二十三) 流产或不孕不育症检查、治疗及其他相关费用, 孕前准备、检查、治疗及其他相关费用;

Examination, treatment and other related expenses to investigate the cause of miscarriage; infertility or pre-pregnancy examinations.

(二十四) 选择性流产及并发症治疗及其他相关费用, 产后盆底肌修复(尿失禁除外)及其相关费用;

Elective abortions and complications thereof; Postpartum pelvic floor muscle repair (except for urinary incontinence) and related expenses.

(二十五) 男女生育控制, 输精管切除术和绝育术, 男性或者女性绝育恢复手术, 性别转换症、性障碍治疗, 生育前培训, 选择性剖腹产, 伟哥以及其他用于提高性功能的药物费;

Male and female birth control; Vasectomies and sterilization or any expenses for their reversal; Sex changes or implantations; Treatment for sexual transformation, sexual dysfunctions or inadequacies; Maternity/delivery preparation classes; Elective C-sections; "Viagra" or other sexual enhancement drugs and their respective generic equivalents.

(二十六) 作为子女的附属被保险人怀孕及相关症状医疗费;

Pregnancy and related conditions for a Dependent child.

(二十七) 因溶剂滥用、毒品滥用、酒精(酒精过敏、误服酒精除外)、或者任何成瘾物直接或间接引起的伤害或者疾病的诊断、检查、治疗及其他相关费用; 因使用违反当地法律的疫苗和药物、非医师处方要求药物或者非医师处方要求用量直接或间接引起的伤害或者疾病的诊断、检查、治疗及其他相关费用;

Diagnosis, examination and treatment of any Illness or Injury arising directly or indirectly from alcohol

consumption (except for alcohol allergy, accidental alcohol ingestion) or drug abuse or addictive conditions of any kind. Diagnosis, examination and treatment for any Injuries and Illnesses directly or indirectly caused by, contributed to or resulting from the Insured Person's use of vaccinations prohibited by local law, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured Person's Physician.

(二十八) 眼镜、隐形眼镜, 被保险人享有眼科责任情形不在此限;

Eyeglasses and contact lenses, except under the optional Vision benefits.

(二十九) 除牙科意外伤害治疗外的其他牙科医疗及其他相关费用(包括对咀嚼食物或者咀嚼其他外物引起的牙齿伤害的治疗费、咨询费、检查费), 被保险人享有牙科责任情形不在此限;

Unless optional Dental benefits have been purchased, dental coverage is limited to Accidental Injury of sound, natural teeth sustained while covered under this Policy. Accidental Injury does not include damage to teeth incurred while chewing food or foreign objects.

(三十) 耐用医疗设备使用和保养指导费, 定制或者改造任何交通工具、洗浴设备或者住宅设备费, 所有非(食)药监械号的医疗器械费, 助听器、人工耳蜗、血压计、体温计、听诊器及其他类似设备费; 非手术中必需的假体、矫正器具或者相似的器具费, 医师认为治疗必不可少的假体或者耐用医疗设备不在此限;

Instructions for the use and care of Durable Medical Equipment; Customizing any vehicle, bathroom facility or residential facility; Costs of all medical devices not approved by China Food and Drug Administration (CFDA); Motor driven wheelchairs or bed; Hearing aids; Artificial cochlea; Sphygmomanometer, thermometer, stethoscope and similar items. Prosthesis and corrective devices which are not medically required intra-operatively or equivalent appliances, except prosthesis or Durable Medical Equipment used as an integral part of treatment prescribed by a Physician.

(三十一) 矫正鞋或者其他脚支撑器材(包括但不限于足弓支撑器、矫正器或者其他其他预防性的服务或者器材)费, 任何用于治疗弱足、矫形足、不稳足、扁平足或者足弓塌陷的器材费, 任何与跗骨、跖骨相关的医疗费, 对脚表面损害(如鸡眼、老茧、角质化)医疗(但有关骨外露、肌腱或者韧带的手术不在此限)费;

Orthopedic shoes or other supportive devices for the feet, such as, but not limited to, arch supports and orthotic devices or any other preventative services and supplies; any devices resulting from the diagnosis of weak, strained, unstable or flat feet or fallen arches; or any tarsalgia or metatarsalgia; or specified lesions of the feet, such as corns, calluses, and hyperkeratosis, except for operations which involve the exposure of bones, tendons, or ligaments.

(三十二) 常规足部医疗及其他相关费用, 因意外伤害或者疾病引起的足部治疗情形不在此限;

Routine podiatry or other foot treatment not resulting from an Illness or Injury.

(三十三) 在政府当局指导下, 实施的与传染病相关的治疗、药品、设备、服务和紧急医疗运送费;

All services, medicine, supplies, Emergency Medical Evacuation services and/or treatments, under the direction of public authorities, related to epidemics.

(三十四) 生长激素治疗及其他相关费用, 经医疗服务供应商批准的医学必需情形不在此限;

Growth hormones and related expenses, unless Medical Necessary and Pre-authorized by the Medical Service Provider.

(三十五) 对非心理障碍或者疾病的医疗服务费, 超出合理心理缺陷或者心理发育迟缓评估、诊断周期的医疗服务费, 对精神障碍或者疾病无改善的医疗服务费;

Services for conditions not determined by the Insurer to be emotional or personality illnesses; Psychiatric services extending beyond the period necessary for evaluation and diagnosis of mental deficiency or retardation; Services for mental disorders or illnesses which are not amenable to favorable modification.

(三十六)因健康原因被医师建议不宜旅行的被保险人执意旅行引起的伤害或者病症的治疗及其他相关费用;

Health care services associated with conditions as a result of traveling against medical advice.

(三十七)对由下列任何异常风险引起的伤害的治疗及其他相关费用:参加或者受训职业体育运动、高风险运动,战争和恐怖活动,放射材料辐射或者核燃料燃烧,无必要但主动置身于风险(抢救他人性命情形不在此限)。

Exceptional Risks: Treatment as a consequence of Injury sustained while participating in or training for any professional sports or High Risk Sports (extreme sports); Treatment as a consequence of Injury sustained as a consequence of war and acts of Terrorist Activities; Contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel; Treatment for any loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with needless self-exposure to peril or bodily Injury, except in an endeavor to save human life.

免赔额

Deductible

第十九条 免赔额分设有年免赔额、次免赔额。免赔额经投保人投保时选择,并载明于本合同中,具体金额以本合同载明的为准。对于参保方式为家庭型,无论被保险人总人数多少,每一家庭年免赔额为所选择的个人年免赔额的三倍。

Article 19 The Insurer currently offers Per Claim Deductibles and Annual Deductibles, which shall be selected by the Policyholder and indicated in this Policy. For Family Coverage, the Family Annual Deductible is three (3) times the individual annual deductible, regardless of the total number of the Primary Insured and the Insured Dependents.

以下费用可抵扣免赔额:

The deductibles can be offset in the following cases:

1. 被保险人通过社保个人账户支付或使用社保挂号后,现金(银行卡)支付的费用,可用作保险理赔或抵扣本保险的免赔额。

The expenses paid by the insured through personal social insurance account, or paid in cash (bank cards) after registered with social insurance ID can be used as insurance claim or offset by deductibles of this Policy.

2. 被保险人通过社保统筹支付、社保附加支付和其他支付的费用,可用作抵扣本保险的免赔额,但不可用作保险理赔。

The expenses paid by the insured through social insurance pooling, social security additional payment and others can be offset by deductibles of this Policy, but insurance claim is not allowed.

3. 本合同责任范围内,但是已由其他商业保险赔付的费用,可用作抵扣本保险的免赔额,但不可用作保险理赔。

The expenses covered by the insurance liability, but have been compensated by other commercial insurance, can be offset by deductibles of this Policy, but insurance claim is not allowed.

一般自付比例

Policy Co-payment

第二十条 一般自付比例具体由投保人在投保时选择,并载明于本合同中。

Article 20 The Insurer currently offers Policy Co-payment options which shall be selected by the

Policyholder and indicated in this Policy.

保险金额和保险费

Sum Assured and Premium

第二十一条 保险金额由投保人在投保时选择，并载明于本合同中。

Article 21 The sum assured for the Insured Person shall be selected by the Policyholder and indicated in this Policy.

第二十二条 被保险人的保险费由保险人在承保时计算确定。

Article 22 The premium of the Insured shall be calculated and determined by the insurer at the time of underwriting.

保险期间和等待期

Policy Period and Waiting Period

第二十三条 本合同保险期间为一年，具体起讫时间由投保人、保险人双方约定，并载明于本合同中。

Article 23 Except as otherwise agreed, the Policy Period is defined as one year. The effective date will be the one approved by the Policyholder and the Insurer, which shall be indicated in this Policy.

第二十四条 分娩和新生儿婴儿医疗保险责任的等待期为一百八十天；同时满足以下三个条件的，免除等待期：

Article 24 Maternity and Newborn Infant Care Benefits shall apply 180-day Waiting Period. The waiting period shall be excluded if the following three conditions are met at the same time:

(一) 非首次投保本保险责任；

Not first time insured under this policy;

(二) 投保人在上一个保险期间届满前重新向保险人投保本保险；

The policyholder shall reapply a new Policy prior to the expiration of the previous insurance period;

(三) 本合同的保险期间与上一个保险合同的保险期间之间连续不间断。

The period of insurance under this Policy shall be continuous and uninterrupted from the period of insurance under the previous Policy.

不保证续保

Unguaranteed Renewal

第二十五条 本合同为不保证续保合同。本合同保险期间届满前，投保人可重新向保险人投保本保险，经保险人同意，交纳保险费，获得新的保险合同，但本保险不保证续保。

Article 25 This Policy does not guarantee the renewal. The Policyholder shall reapply a new Policy which is approved by the Insurer and pay the Premium after expiration.

医疗服务网络和事先授权

Medical Provider Network and Pre-authorization

第二十六条 本合同医疗服务网络如下：

Article 26 The Medical Provider Network under this Policy is as follows:

(一) 保险人直接付费

A. Direct Billing

保险人建立了医疗服务网络，并将定期或者不定期向投保人和被保险人通报，被保险人也可登陆保险人指定的互联网站或者致电查询相关信息。被保险人在保险人医疗服务网络内的医疗机构（以下简称“网络医疗机构”）接受治疗并出示保险卡的，对于被保险人发生的保险责任范围内的费用中应当由保险人承担部分，保险人将直接与相关医疗机构结算，无需被保险人先行给付。**被保险人在美国接受治疗的，被保险人须在网络医疗机构内接受治疗（详见本条第（二）项）；在其他地区接受治疗的，保险人有权要求被保险人在网络医疗机构内接受治疗。**

The Insurer maintains a network of medical providers and will inform the Policyholder and the Insured regularly or irregularly about any change. The relevant information is also available for consultation on the website or telephone line designated by the Insurer. In case the Insured shall receive medical treatment from a medical provider within the Insurer's network (hereinafter referred to as the "Network Provider"), shall enjoy direct billing services by showing the Insurance Card, without advance payment by the Insured. **In case the Insured receives treatment in the United States, the insured is required to be treated by a Network Provider (refer to the following part); in other areas besides the United States, the Insurer has the right to require the Insured to receive treatment at a Network Provider.**

被保险人在网络医疗机构接受治疗的，对其发生的不属保险责任范围、应当由其负担但医疗机构未向其本人收取的医疗费用，在接到保险人或者其授权机构通知后，被保险人应当在三十日内退还相应款项；未在三十日内退还相应款项的，保险人有权向其继续追偿相应费用。

After the Insured Person receives treatment from a Network Provider, if such expense is not covered by the insurance benefits, the cost shall be borne by the Insured himself. If such expense is not charged by the medical provider to the Insured Person directly, the Insurer or its authorized agencies will notify the Insured who will have to refund such expense within thirty (30) days of this notification. Failure to refund this amount will result in the continuing to claim compensation.

（二）美国医疗服务网络及非网络自付比例

B. Preferred Provider Network in the U.S. and Policy Co-payment outside the Network

在美国，被保险人应当在网络医疗机构内接受治疗；未在网络医疗机构内接受治疗的，依据与当地网络医疗机构平均价格水平一致的价格水平确定通常惯例水平的费用，且被保险人应当额外自付一定比例（即非网络自付比例）的保险责任范围内的费用，即保险人按“根据本保险条款‘保险责任’部分计算的医疗保险金数额×（1-非网络自付比例）”给付医疗保险金。美国网络医疗机构和非网络自付比例如下：

In the United States, the Insured is required to receive treatment from a Network Provider. **Outside the Preferred Provider Network, benefits are payable according with the Usual and Customary Charges within the Preferred Provider Network, and a Policy Co-payment outside the Network is required to be paid by the Insured. The calculation is as follows “Benefits amount calculated as per Article of “Insurance Benefit” in this Policy * (1- Policy Co-payment outside the Network)”.** Preferred Provider Network in the U.S. and Policy Co-payment outside the Network are as follows:

1. 网络医疗机构

Preferred Provider Network

网络医疗机构，包括第一医疗网（First Health Providers）以及保险人指定的美国其他医疗机构。被保险人在网络医疗机构接受治疗的，非网络自付比例为0%。

This Tier consists of all First Health providers as well as other Preferred Providers designated by the Insurer and listed on the website. Policy Co-payment outside the Network is 0%.

2. 非网络医疗机构

Out-of-Network

被保险人本可在位于其居住地方圆三十英里/五十公里内的网络医疗机构接受治疗却自行在非网络医疗机构接受治疗的，非网络自付比例为 20%。

When network Provider was available within 30-mile (50 km) radius of where the Insured is staying in the U.S., the Policy Co-payment outside the Network is 20%.

3. 无网络医疗机构

Out-of-Market Area

被保险人因其居住地方圆三十英里/五十公里内无网络医疗机构而在非网络医疗机构接受治疗的，非网络自付比例为 0%。

When no network Providers located within a 30-mile (50 km) radius of where the Insured is staying in the U.S., the Policy Co-payment outside the Network is 0%.

第二十七条 有关事先授权事项如下：

Article 27 Pre-authorization Requirements are as follows:

(一) 事先授权

A. Pre-authorization

接受下列治疗前，被保险人须在预定开始治疗日期前至少五个工作日向医疗服务供应商提交事先授权申请表：

For the following services, the Insured Person shall submit the pre-authorization application form to the Medical Service Providers of the Insurer, at least 5 working days prior to the performance of those services:

1. 住院；

Hospitalization;

2. 需全身麻醉的门诊手术，化学治疗，放射治疗，肿瘤免疫疗法，肿瘤内分泌疗法，质子重离子治疗，血液或者腹膜透析；

Outpatient surgery requiring general anesthesia, Chemotherapy, Radiation therapy, Tumor immunotherapy, Tumor endocrinotherapy, Tumor Therapy with Protons and Heavy Ions, Hemodialysis & Peritoneal dialysis treatment;

3. 购买或者租用非一次性耐用医疗设备，包括但不限于胰岛素泵及其配套器械；

Purchase or rental of Durable Medical Equipment (DME), including but not limited to insulin pumps and supplies;

4. 紧急医疗转运；

Emergency Medical Evacuation;

5. 牙科意外伤害修补治疗；

Emergency Dental Treatment;

6. 每剂超过人民币八千元的药剂或者疫苗。

Medications or immunizations in excess of RMB 8,000 per refill.

对于被保险人事先授权申请，医疗服务供应商将予以书面回复并有权要求被保险人在医疗服务网络内接受治疗。被保险人应当在收到书面许可回复后开始接受治疗，保险人要求被保险人在医疗服务网络接受治疗的，被保险人应当予以配合。未获得医疗服务供应商书面许可回复擅自接受治疗的，保险人保留不承担相关保险责任的权力。

Once the Insured has submitted the application for pre-authorization, **the Medical Service Provider will reply in writing and reserves the right to request the use of a Network Provider.** The Insured shall start treatment after receiving the written reply. The Insured Person shall cooperate with the Insurer's requirement on the use of a Network Provider. **The Insurer reserves the right to deny claims arose from services mentioned above without obtaining**

pre-authorization prior to the performance of those services.

发生紧急情况的，被保险人可在就近网络或者非网络医疗机构接受治疗，但须在开始接受治疗四十八小时内通知医疗服务供应商。保险人将对该次治疗是否属紧急情况予以审核。

In instance of an emergency, the Insured Person should receive treatment at the nearest Hospital or Provider, even if it is not part of the Network Providers. The Medical Service Provider shall be notified within 48 hours of the service, and reserves the right to verify whether the treatment received is for an emergency.

(二) 其他

B. Others

1. 被保险人、相关人员或者医疗机构可致电医疗服务供应商，了解事先授权、网络医疗机构相关情况。

The Insured, authorized personnel or the medical institution can inquire Medical Service Provider about relevant information for the pre-authorization or Network Providers.

2. 被保险人获得医疗服务供应商许可回复，不意味着其发生的全部或者部分医疗费用属保险责任范围，保险人按照本合同约定承担保险责任。

The attainment of the pre-authorization letter from the Medical Service Provider doesn't guarantee the coverage of all medical expenses incurred. These expenses shall be covered in accordance with the Schedule of Benefits.

保险人义务

The Obligations of the Insurer

第二十八条 保险人同意承保的，应当及时向投保人签发保险单或者其他保险凭证。

Article 28 Once this Policy is underwritten, the Insurer shall timely issue the Insurance Policy or other insurance certificate to the Policyholder.

第二十九条 保险人认为保险金申请人提供的有关索赔的证明和资料不完整的，应当及时一次性通知保险金申请人补充提供。

Article 29 If the Insurer considers the claim evidence and documents provided by claimant as incomplete, it shall promptly notify the claimant to provide the complementary evidence or documents.

第三十条 保险人收到保险金申请人提供的本保险条款“保险金申请与给付”部分约定的保险金申请证明和资料后，应当及时作出是否属于保险责任的核定；情形复杂的，应当在三十日内作出核定。

Article 30 The Insurer shall, after the receipt of claim evidence and documents as required by the “Insurance Benefits Application and Payment” provision in this Policy, ascertain and determine in a timely manner whether the claim is within the liability of the Insurer. In case of complicated situation, the Insurer shall ascertain and determine within thirty (30) days.

保险人应当将核定结果通知保险金申请人。对属于保险责任的，在与保险金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；对不属于保险责任的，应当自作出核定之日起三日内向保险金申请人发出拒绝给付保险金通知书，并说明理由。

The Insurer shall notify the result to the claimant, and shall fulfill its obligations for such payment within ten (10) days after an agreement is reached with the insurance benefit applicant on the amount of payment. Within three (3) days after the Insurer has ascertained the claim according to the above provision, the Insurer shall issue to the claimant a notice which states the reasons declining payment of the insurance benefits for any events not falling within the scope of coverage.

第三十一条 保险人自收到保险金申请人提供的本保险条款“保险金申请与给付”部分约定的保险金申请证明和资料之日起六十日内，对其给付保险金的数额不能确定的，应当根据已有证明和资料可以确定的数额先予给付；保险人最终确定给付保险金的数额后，给付相应的差额。

Article 31 Should the amount of the insurance benefits cannot be determined within sixty (60) days of receipt of the claim and relevant evidence and documents as required by “Insurance Benefits Application and Payment” in this Policy, the Insurer shall deliver payment of the amount which can be determined by the evidence and documents obtained. The Insurer shall pay the balance after the final amount of the insurance benefits is determined.

投保人、被保险人义务

The Obligations of the Policyholder and the Insured

第三十二条 除本合同另有约定外，投保人应当在订立本合同时一次交清保险费。投保人未按照本合同的约定交清保险费的，保险人有权解除本合同。

Article 32 Except as otherwise agreed, the Policyholder shall pay the Premium in lump sum as agreed in this Policy. If the Policyholder fails to make the timely payment of Premium, the Insurer shall have the right to cancel this policy.

第三十三条 订立本合同时，保险人就被保险人的有关情况提出询问的，投保人、被保险人应当如实告知。

Article 33 If the Insurer, prior to the underwriting of this Policy, requires information about the Insured Person, the Policyholder and the Insured Person shall make a full and accurate disclosure.

投保人、被保险人故意或者因重大过失未履行前款规定的义务，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。

The Insurer shall have the right to cancel this Policy, in the case that the Policyholder intentionally or by gross negligence fails to perform such obligation of making a full and accurate disclosure specified in the preceding paragraph to the extent that it would materially affect the Insurer's decision whether or not to underwrite this Policy or increase the premium rate.

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。

The cancellation right under the preceding paragraph shall be extinct if not exercised beyond thirty (30) days, commencing on date when the Insurer knows the grounds of cancellation.

投保人、被保险人故意不履行如实告知义务的，保险人对于本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。

If the Policyholder and the Insured Person intentionally fail to perform its obligation of making a full and accurate disclosure, the Insurer shall bear no obligation for making any payment of the insurance benefits for the occurrence of any insured event that occurred prior to the cancellation of the contract, and for refunding the premiums paid.

投保人、被保险人因重大过失未履行如实告知义务，对保险事故的发生有严重影响的，保险人对于本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 the Policyholder and the Insured Person by gross negligence fail to perform the obligation of making a full and accurate disclosure and materially affects the occurrence of an insured event, the Insurer shall bear no obligation for making any payment of the insurance benefits for any insured event occurring before the cancellation of the contract, but the premiums paid shall be refunded.

保险人在本合同订立时已经知道投保人、被保险人未如实告知的情况的，保险人不得解

除本合同；发生保险事故的，保险人承担给付保险金的责任。

If the Insurer is aware that the Insured Person failed to make a full and accurate disclosure, the Insurer has no rights to cancel the Policy; in the case of an insured event, the Insurer shall bear the obligation of benefits payment.

第三十四条 成为本合同的主被保险人，即意味着主被保险人及其代表的附属被保险人同意任何医疗机构、医师、药剂师等向保险人提供保险人认为处理本合同相关事宜所必要的医疗信息（包括完整医疗病历和诊断）。保险人将对这些信息保密。

Article 34 The Primary Insured and the Insured Dependents, when applying for enrollment, consent to any medical institution, physician, pharmacist to render all information determined by the Insurer to be necessary, inclusive of medical history and diagnosis. The Insurer shall maintain information confidential.

成为本合同的主被保险人，也意味着主被保险人及其代表的附属被保险人同意保险人将所有医疗信息提供给相关机构以处理本合同相关事宜。

The Primary Insured and the Insured Dependents, when applying for enrollment, authorize the Insurer to provide records, concerning such Insured Person, including diagnosis and medical history to the relevant authorities for purposes of administration of this Policy.

第三十五条 投保时，被要求填写健康问卷调查表的被保险人须如实告知既往症及保险人要求的其他医疗、症状等信息，保险人将进行医疗核保。根据投保人、被保险人具体情况，保险人对本合同约定的既往症承担一定保险责任或者不承担保险责任，并具体载明于本合同。

Article 35 At the time of enrollment, each Insured Person required by the Insurer to fill out a medical questionnaire shall do so in full and accurately. The Insured shall disclose pre-existing conditions, medical treatments, symptoms and other related information for the medical underwriting process required by the Insurer. According to the specific circumstances of the Policyholder and the Insured Person, the insurance benefits for the pre-existing conditions stipulated in this Policy shall be partly covered or not covered by the Insurer, which shall be indicated in this Policy.

第三十六条 保险期间内，投保人可申请变更被保险人，保险人按下列约定予以受理：

Article 36 During the Policy Period, the Policyholder has the right to apply for changes of the Insured, and the Insurer shall accept as stipulated below:

（一）因主被保险人婚姻状态发生变化需要增加附属被保险人的，投保人应当在三十日内书面通知保险人，保险人进行医疗核保。经保险人同意，保险人自通知书载明的起始时间开始按相关约定对其承担保险责任，并根据加人前后不同参保方式保险费差额按日收取相应保险费。

A. Should the marital status of an Insured Person change, written notification must be sent to the Insurer within thirty (30) days. The Insurer shall perform medical underwriting. If accepted by the Insurer, the Insurer shall be responsible for benefits from the date stated in the written notification, and corresponding Premium shall be charged on a daily basis.

（二）因主被保险人婚姻状态发生变化或者其他原因需要减少附属被保险人的，投保人应当立即书面通知保险人，并向保险人退还保险卡。保险人自收到通知之日起次日零时或者通知书载明的终止时间（以较晚者为准）起终止对相应附属被保险人的保险保障，并根据减人前后不同参保方式保险费差额按日退还保险费。

B. Should an Insured Dependent need to leave the group due to a marital status change of the Insured Person, written notification must be sent to the Insurer immediately and the Insurance Card is required to be returned. The Insurer will terminate the coverage for the corresponding Insured Dependent from 0:00 of the next day after

notification is received, or the termination date as specified in the notification, whichever is later. The Premium shall be refunded as per the different premium rates of coverage types and shall be calculated on a daily basis.

(三) 保险期间内被保险人(子女除外)在保险期间内生育的子女,投保人可为该婴儿投保本保险,并递交将本合同参保方式更改为家庭型或者亲子型的申请。在该婴儿出生后三十日内通知保险人的,保险人从婴儿出生之日起对该婴儿承担保险责任;在该婴儿出生三十日后通知保险人的,经保险人同意,保险人自接到通知书之日二十四时或者通知书上载明的起始时间(以较晚者为准)起对该婴儿承担保险责任,同时,保险人根据加保该婴儿前后不同参保方式保险费差额按日收取相应保险费。

C. Should the Insured (excluding the dependent children) deliver a newborn child during the Policy Period, written notification must be sent to the Insurer within thirty (30) days. In the event this shall happen while covered under a Single or Couple coverage, then the thirty (30) day written notification must also include a request to change coverage to either Single Parent Family or Family coverage thus the child will be covered from the date of birth.

Any request received beyond the thirty (30) day notification period shall result in coverage being effective from 24:00 of the day when notification is received or the starting time as specified in the notification (whichever is later). The Premium shall be charged as per the difference in premium rates between the Single or Couple coverage and Single Parent Family or Family coverage and calculated on a daily basis.

非自然受孕生育婴儿,须经保险人核保同意方可成为被保险人。该婴儿既往症可适用一定期限的等待期,具体由投保人与保险人约定并载明于本合同中,保险人对该婴儿在此期间内发生的既往症医疗费用不承担保险责任。

A newborn baby resulting from an unnatural pregnancy is eligible as an Insured Person after underwriting approval by the Insurer. **A certain Waiting Period shall apply to coverage, which shall be indicated in the Policy. The Insurer shall not be responsible for medical expenses for Pre-existing Conditions of such baby during the Waiting Period.**

(四) 保险期间内,被保险人经政府相关机构批准合法收养子女的,投保人可为该子女投保本保险,并递交将本合同参保方式更改为家庭型或者亲子型的申请。在该子女被批准收养之日起三十日内通知保险人的,保险人从该子女被批准收养之日起对该子女承担保险责任;在该子女被批准收养之日起三十日后通知保险人的,经保险人同意,保险人自接到通知书之日二十四时或者通知书上载明的起始时间(以较晚者为准)起对该子女承担保险责任。无论何种情形,该子女既往症可适用一定期限的等待期,具体由投保人与保险人约定并载明于本合同中,保险人对该子女在此期间内发生的既往症医疗费用不承担保险责任。同时,保险人根据加保该子女前后不同参保方式保险费差额按日收取相应保险费。

D. Should the Primary Insured legally adopt a child approved by the government authorities, written notification must be sent to the Insurer within thirty (30) days. In the event this shall happen while covered under a Single or Couple coverage, then the thirty (30) day written notification must also include a request to change coverage to either Single Parent Family or Family coverage thus the child will be covered on the date of legal adoption. Any request is received beyond the thirty (30) day notification period shall result in coverage only being effective from 24:00 of the day when notification is received or the starting time as specified in the notification (whichever is later).

If such child accepted by the Insurer, a Waiting Period for Pre-existing Conditions shall apply. Details will be indicated in the Policy. The Insurer shall not be responsible for medical expenses for Pre-existing Conditions of this child during the Waiting Period. The Premium shall be charged as per the difference in premium rates between Single or Couple coverage and Single Parent Family or Family coverage and calculated on a daily basis.

第三十七条 如果被保险人住址、婚姻状态以及投保本保险时提供的其他信息等发生重

大变化，或者身故，投保人或者被保险人应当及时通知保险人。保险人有权调整承保条件或者解除本合同。

Article 37 The Policyholder or the Insured must inform the Insurer as soon as reasonably possible, of any changes related to Insured Persons (such as change of address or marital status) or of any other material changes or of death that affect information given in connection with the application for coverage under this Policy. **The Insurer reserves the right to alter the Policy terms or terminate the benefits for Insured Persons under this Policy.**

第三十八条 保险人仅对被保险人发生的符合通常惯例水平的医疗费用承担保险责任。对于除保障类型为全球保障外的被保险人，根据医疗机构价格水平，保险期间内保险人将定期或者不定期向投保人及相应被保险人通报不符合通常惯例水平的医疗机构，供被保险人就诊参考。

Article 38 The Insurer is only responsible for the Usual and Customary Charge for a treatment or service. **Except for the Worldwide Plan, the Insurer shall, during the Policy Period, inform the Policyholder and the Insured Persons of medical providers in excess of the Usual and Customary Charge regularly or irregularly for reference.**

第三十九条 投保人、被保险人或者保险金申请人知道保险事故发生后，应当及时通知保险人。故意或者因重大过失未及时通知，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不在此限。

Article 39 The Policyholder, the Insured Person or the claimant, in the event of an insured event, shall notify the Insurer at once after being aware of the accident. **In the occurrence the Policyholder, the Insured Person or the claimant intentionally or by gross negligence fail to perform such obligation and this leads to a difficult determination of the nature, cause of the accident, or extent of the damage, the Insurer shall not be responsible for benefits payment on the part that cannot be determined.** If the Insurer was notified timely or was informed through other means about the accident, the Insurer shall bear the cost of the insurance benefits.

前款约定的未及时通知，不包括因不可抗力而导致的通知迟延。

The failure to give timely notice as prescribed in the preceding clause does not include the delay in giving notice caused by force majeure.

第四十条 投保人住所或者通讯地址变更时，应当及时以书面形式通知保险人。投保人未及时通知的，保险人按本合同所载的最后住所或者通讯地址发送的有关通知，均视为已发送给投保人。

Article 40 The Policyholder must inform the Insurer of any changes of residence or mailing address in writing. If the Policyholder fails to notify this changes at once, the relevant notice sent by the Insurer according to the last residence or mailing address recorded in this Policy shall be deemed to have been sent to the Policyholder.

保险金申请与给付

Insurance Benefits Application and Payment

第四十一条 被保险人在网络医疗机构接受治疗，该医疗机构受保险人委托免向被保险人收取与保险人根据本合同本应向保险金申请人给付的保险金数额对应的医疗费用的，或者保险人已承担相应费用的，保险金申请人不得就此向保险人申请保险金。其他情形，保险金申请人可根据本合同向保险人申请保险金。

Article 41 The Network Provider has entered into an agreement with the Insurer to arrange direct billing

for the Insured Person. After treatment in the Network Provider, the Insured shall be exempted from the payment for medical expenses. In the instance the Insurer has made the payment of such covered medical cost, the Claimant shall have no right to claim for reimbursement of the same. In other circumstances, the claimant may apply for insurance benefits reimbursement to the Insurer in accordance with this Policy.

向保险人申请保险金时，保险金申请人可从保险人指定网站下载保险金申请表；经保险金申请人要求，保险人也可通过传真或者电子邮件向其发送申请表。保险金申请人应完整地填写申请表的第一部分，并请被保险人主治医师完整填写申请表的第二部分，且在当次治疗完成后一百八十日内（含）与医疗费用原始收据一并寄至本合同指定地址。被保险人提供的所有保险金申请资料归保险人所有。

Should an Insured Person apply for reimbursement, the claimant may download the Claim Forms from the designated website, or upon request the Insurer can also send Claim Forms by fax or e-mail. The Claimant shall complete the part A of the Claim Form, and Part B shall be completed by the Physician of the Insured. The completed forms together with the original medical expense receipts shall be submitted to the Insurer within 180 days of treatment for reimbursement of Covered Expenses. All the Claim documents belong to the Insurer.

第四十二条 保险人有权对被保险人进行身体检查或者理赔问卷调查。被保险人有义务向保险人提供保险人要求的所有医疗报告、记录及相关资料，若为处理本合同相关事宜，经保险人要求，被保险人应当授权许可保险人取得其完整全面的医疗病历。被保险人身故的，保险人有权要求对该被保险人进行尸检，法律和宗教禁止情形不在此限。

Article 42 The Insurer and the Claims Administrator reserve the right to investigate medical reports and claim questionnaire of the Insured. The Insured Person shall have the obligation to make available all medical reports, records, and related documents required by the Insurer. If the Insurer shall request access to the full medical history for investigation, the Insured shall grant such authorization. In the instance of death, the Insurer and the Claims Administrator reserve the right to require an autopsy, unless forbidden by law or religious beliefs.

第四十三条 收到保险金后六十个工作日内，如果保险金申请人对理赔结果有争议，可通过邮寄或者发送电子邮件方式向保险人提交书面申诉书及相关资料，并自行承担获取资料有关费用，保险人将及时予以处理。

Article 43 Should at any time the Insured Person object with the outcome of a processed claim, he/she may submit a written appeal by post or e-mail with supporting documents. Appeals should be submitted within sixty (60) working days after receiving the outcome of a processed claim. Upon appeal, the Insured Person shall bear the cost of any fees associated with the request for medical records. The Insurer shall review the new information and provide a response promptly.

第四十四条 保险金申请人向保险人请求给付保险金的诉讼时效期间为二年，自其知道或者应当知道保险事故发生之日起计算。

Article 44 The period of limitation for the claimant to submit a reimbursement request to the Insurer is two (2) years, calculated from the date when the claimant knows or should have known about the insured event.

医疗费用补偿原则

Compensation for Medical Expenses

第四十五条 本保险为医疗费用补偿型保险，被保险人因遭受意外或者患疾病而每次接受治疗发生的保险责任范围内的医疗费用，保险人给付的保险金以该次保险责任范围内的医疗费用，扣除被保险人已从社会基本医疗保险、公费医疗、互助保险、除本保险外的其他

商业保险、公益慈善机构等获得的补偿后的余额为上限。

Article 45 This Policy is expense reimbursement medical insurance product. Medical expenses for accidents or illnesses of the Insured within the scope of coverage of this insurance shall deduct any amounts already covered by social insurance, state-funded medical system, mutual insurance, other insurance plans, charities, et cetera.

年龄的计算及年龄错误的处理

The Calculation and Error Handling of Age

第四十六条 被保险人的投保年龄以周岁计算。

Article 46 At the time of enrollment, age of the Insured Person depends on actual age calculated based on the birth date recorded on the legal identity document.

第四十七条 投保人在投保时，应当如实告知被保险人的年龄。若被保险人年龄发生错误，按照下列约定办理：

Article 47 At the time of enrollment, Policyholder shall make a full and accurate disclosure of the age of the Insured. If the age of the Insured is wrong, the following agreements can be adopted.

(一) 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保险条款第三条所约定条件的，保险人有权解除本合同，并向投保人退还相应的现金价值；

When Policyholder applies a Policy, if the age of the Insured is wrong and not in conformity with the conditions stipulated in Article 3 of this insurance clause, **the Insurer reserves the right to cancel this Policy and refund the corresponding Cash Value to Policyholder.**

(二) 投保人申报的被保险人年龄不真实，致使投保人实交保险费少于应交保险费的，保险人有权更正并要求投保人补交保险费，或者在给付保险金时按实付保险费和应付保险费的比例给付；

When Policyholder applies a Policy, if the age of the Insured is wrong which causes that the insurance paid by the Policyholder is less than the amount payable, the insurer shall have the right to make corrections and require the Policyholder to make up the payment, **or pay the insurance benefits in proportion to the amount actually paid and the amount payable;**

(三) 投保人申报的被保险人年龄不真实，致使投保人实交保险费多于应交保险费的，保险人应当退还多收的保险费。

When Policyholder applies a Policy, if the age of the Insured is wrong which causes that the insurance paid by the Policyholder is more than the amount payable, the Insurer shall refund the overcharged premium.

保险合同的变更与解除

Alteration and Cancellation

第四十八条 除本合同另有约定外，经投保人、保险人双方协商同意后，可变更本合同的有关内容，在保险单或者其他保险凭证上加以批注或者附贴批单后生效，或者由投保人和保险人订立合同变更书面协议后生效。

Article 48 Except as otherwise agreed in this Policy, the relevant provisions can be modified after its initiation, upon mutual agreement between the Policyholder and the Insurer. The changes shall come into effect after being included in writing in this Policy, others insurance certificate or with an endorsement, or after a written agreement amendment has been signed between the Policyholder and the Insurer.

第四十九条 未发生保险事故，被保险人或者受益人谎称发生了保险事故，向保险人提出赔偿或者给付保险金请求的，保险人有权解除本合同，并不退还保险费。

Article 49 Should an Insured lie about the insurance event, and applies for insurance benefits, the Insurer reserve the right to terminate the insurance Policy for the corresponding Insured Person, without refunding the Premium.

投保人、被保险人故意制造保险事故的，保险人有权解除本合同，不承担赔偿或者给付保险金的责任，并不退还保险费。

Should the Policyholder or the Insured create an insurance event on purpose, the Insurer reserves the right to terminate the insurance liability for the corresponding Insured Person, without refunding the Premium.

保险事故发生后，投保人、被保险人或者受益人以伪造、变造的有关证明、资料或者其他证据，编造虚假的事故原因或者夸大损失程度的，保险人对其虚报的部分不承担赔偿或者给付保险金的责任。

Should the Policyholder, the Insured or Beneficiary counterfeit the certificate, document and/or other relevant evidence, fake insurance event or exaggerate the influence of insurance event, the Insurer shall not be responsible for the fake part.

发生前三款约定的任何情形致使保险人给付保险金或者支出费用的，投保人、被保险人或者保险金申请人应当退回或者赔偿。

Should any of the three (3) circumstances stated in the above paragraphs cause the Insurer to pay for benefits or expenses, the Policyholder, the Insured, or the claimant shall return such expenditure or provide compensation to the Insurer.

第五十条 除法律另有规定或本合同另有约定外，投保人可以书面形式通知保险人解除本合同。保险人根据本合同的约定已给付保险金，或者已发生本合同约定的保险事故但是尚未给付保险金的，投保人不得解除本合同，但是受益人放弃保险金请求权的不在此限。

Article 50 Except as otherwise stipulated in the Policy or by the law, the Policyholder reserves the right to notify in writing to the Insurer to cancel this Policy. If the Insurer already pay the insurance benefits as stipulated in the Policy or Insured event happens prior to paying the insurance benefits, the policyholder has no rights to cancel the Policy, unless the beneficiary abandon the right of Insurance Benefits Application.

投保人解除本合同时，应当提供下列证明和资料：

The Policyholder is requested to provide the following evidence and documents to cancel this Policy:

(一) 解除合同通知书；

Notice of cancellation;

(二) 保险单或者其他保险凭证、批单；

Insurance policy, other insurance certificates or endorsements;

(三) 投保人身份证明；

Identity certificate of the Policyholder;

(四) 保险费发票或者收据；

Invoice or receipt of the Insured Premium;

(五) 保险人合理要求的其他有关证明和资料。

Other relevant certificates and documents reasonably required by the Insurer.

本合同的效力至保险人接到解除合同通知书之日起次日零时或者通知书上载明的合同终止时间（以较晚者为准）终止。自收到前款约定的证明和资料之日起三十日内，保险人退还相应的现金价值。

The validity of this Policy shall be terminated at 24:00 the next day after the Insurer receives the notice of cancellation, or at the termination time specified in the notice (whichever is later). Within thirty (30) days of receipt of the evidence and documents stipulated in the preceding paragraph, the Insurer shall refund the corresponding Cash Value.

争议处理与法律适用

Dispute Settlement and Governing Law

第五十一条 因履行本合同发生的争议，由当事人协商解决。协商不成的，提交本合同载明的仲裁机构仲裁；本合同未载明仲裁机构或者争议发生后未达成仲裁协议的，依法向中华人民共和国人民法院起诉。

Article 51 Disputes arising from the execution and performance of this Policy shall be settled through negotiation between the parties hereto. Should no settlement be reached, the case in dispute shall be submitted to the arbitration institution specified in this Policy. Where no arbitration institution is specified in this Policy or no arbitration agreement is reached after disputes, either party hereinto may bring litigation to the People's Court of the People's Republic of China.

第五十二条 与本合同有关的以及履行本合同产生的一切争议处理适用中华人民共和国（不包括港澳台地区）法律。

Article 52 This Policy is governed by and shall be construed in accordance with the laws of the People's Republic of China (not including Hong Kong, Taiwan and Macau).

释义

Definitions

紧急医疗：指针对突然发生的、为避免严重终身伤害或者死亡须立即接受药物或者手术治疗的状况，被保险人立即或者因不可抗力因素在症状发作后二十四小时内开始接受的相应医疗。**紧急医疗不包括：**

Medical Emergency Services - Medical services provided in connection with an Emergency. Which is defined as an injury or illness that is acute, poses an immediate risk to a person's life or long-term health and requires immediate medical intervention, which the Insured Person shall secure after the onset of such condition (or as soon thereafter as care can be made available, but in any case not any later than twenty-four (24) hours after the onset.

Emergency coverage absolutely excludes:

(一)以接受治疗为目的或者违背医嘱前往与其保障类型相对应的保障地域以外地区期间发生的任何医疗；

Treatment which either arises from traveling against medical advice or is directly or indirectly aimed to seek care or treatment outside the area of coverage.

(二) 常规医疗；

Routine medical treatment.

(三) 可以推迟至被保险人返回与其保障类型相对应的保障地域后接受的医疗；

Treatment that could have been postponed until return from the area where only Emergency Coverage is provided.

(四) 被保险人事先计划好的治疗；

Treatment that has been planned in advance by the Insured Person.

(五) 因被保险人已知或者应该知道的情形而发生的治疗；

Treatment arising from circumstances that could have been reasonably anticipated by the Insured Person.

(六) 妊娠、分娩及相关病症。

Maternity related treatments, including delivery and complications of pregnancy.

国籍国：指被保险人持有相应护照的国家或者地区。对于拥有多个护照的美国公民，其国籍国默认为美国；对于拥有多个护照的其他国家公民，其国籍国以本合同载明的国家或者地区为准。

Home Country - The Home Country of any Insured Person under this Policy is deemed to be the country from which the Insured Person holds a passport. In the event that a citizen of the United States holds more than one passport, the United States shall be deemed the Home Country. In the event that a citizen of other countries other than the United States holds more than one passport, the Home Country shall be deemed as the country or region indicated in this Policy.

周岁：以法定身份证明文件中记载的出生日期为基础计算的实足年龄。

Age - Actual age calculated based on the birth date recorded on the legal identity document.

子女：指与主被保险人存在父母—子女关系的婚生或者非婚生子女、养子女和抚养关系的继子女。

Dependent Children - Include the Primary Insured's natural children, legally adopted children, and/or step children who live with the primary Insured in a customary parent-child relationship.

每次治疗：对于门诊治疗，每次治疗指被保险人在一日（零时起至二十四时止）在同一所医疗机构同一个科室就一个医师就诊的门诊或者急诊；对于住院治疗，每次治疗指一次入出院。

Per Visit Medical Services - For Outpatient, this refer to an outpatient or emergency visit during one day (from 0:00 to 24:00) with one physician in one department of one Medical Service Provider. For Inpatient, this refer to one instance of being admitted and discharged by one Hospital.

次免赔额：指被保险人每次治疗发生的保险责任范围内的费用中须先由被保险人自行负担的金额，保险人对此不负责给付保险金。

Per Claim Deductible - The amount of covered Allowable Charges payable by the Insured Person during Per Visit Medical Services before the Policy benefits are applied. Such amount will not be reimbursed under the Policy.

年免赔额：指每一保险期间被保险人发生的保险责任范围内的累计费用中须先由被保险人自行负担的金额，保险人对此不负责给付保险金。

Annual Deductible - The amount of covered Allowable Charges payable by the Insured Person during each Policy Year before the Policy benefits are applied. Such amount will not be reimbursed under the Policy.

一般自付比例：指被保险人发生的保险责任范围内的费用扣除免赔额后剩余部分中须由被保险人自行负担的比例。

Policy Co-payment - The percentage that the Insured Person will pay of Covered Expenses after the Deductible is met.

放射治疗：指针对恶性肿瘤的放射治疗。放疗是使用各种不同能量的射线照射肿瘤组织，以抑制和杀灭癌细胞为目的而进行的治疗。本合同所指的放疗为被保险人根据医嘱，在医疗机构的专门科室进行的放疗。

Radiation therapy - Radiation treatment for malignant tumors. Radiotherapy is a treatment for the purpose of inhibiting and killing cancer cells by irradiating tumor tissues with various energies. The radiotherapy referred to in

this Policy is a radiotherapy received by the Insured Person in the special department of Medical Service Provider as Prescribed by the Physician.

化学治疗: 指对于恶性肿瘤的化学治疗。化疗是使用医学界公认的化疗药物以杀死癌细胞、抑制癌细胞生长繁殖为目的而进行的治疗。本合同所指的化疗为被保险人根据医嘱,在医疗机构进行的静脉注射化疗。

Chemotherapy - Chemotherapy for a malignant tumor. Chemotherapy is a medical treatment that is recognized by the medical community to kill cancer cells and inhibit the growth and reproduction of cancer cells. The chemotherapy referred to in this Policy is intravenous infusion chemotherapy received by the Insured in the Hospital as Prescribed by the Physician.

肿瘤靶向疗法: 指在细胞分子水平上,针对已经明确的致癌点来设计相应的靶向治疗药物,利用具有一定特异性的载体,将药物或其他杀伤肿瘤细胞的活性物质选择性地运送到肿瘤部位攻击癌细胞的疗法。本合同所指的靶向治疗药物需符合法律、法规要求并经过国家食品药品监督管理局批准用于临床治疗。

Targeted therapy for tumor - a type of treatment which works at the molecular level and designs the corresponding targeted therapy drugs against precisely identified carcinogenic point. It uses carrier of specificity to selectively deliver the drugs or other active substances used to kill tumor cells to the tumor and attack cancer cells. The targeted therapy drugs referred to in this Policy should comply with the laws and regulations and be approved by China Food and Drug Administration for clinical treatment.

肿瘤内分泌疗法: 指对于恶性肿瘤的内分泌疗法,用药物抑制激素生成和激素反应,杀死癌细胞或抑制癌细胞的生长。本合同所指的内分泌疗法需符合法律、法规要求并经过国家食品药品监督管理局批准用于临床治疗。

Tumor endocrinotherapy - It refers to the endocrine therapy for malignant tumors, which uses drugs to inhibit hormone production and hormone response, kill cancer cells or inhibit the growth of cancer cells. The tumor endocrinotherapy referred to in this Policy should comply with the laws and regulations and be approved by China Food and Drug Administration for clinical treatment.

肿瘤免疫疗法: 指应用免疫学原理和方法,使用肿瘤免疫治疗药物提高肿瘤细胞的免疫原性和对效应细胞杀伤的敏感性,激发和增强机体抗肿瘤免疫应答,并应用免疫细胞和效应分子输注宿主体内,协同机体免疫系统杀伤肿瘤,抑制肿瘤生长。本合同所指的肿瘤免疫疗法需符合法律、法规要求并经过国家食品药品监督管理局批准用于临床治疗。

Tumor immunotherapy - It refers to the application of immunology principle and method to increase the immunogenicity of tumor cells and effect of cell damage sensitivity with tumor immunotherapy drug, stimulate and facilitate the anti-tumor immune response, and application effects of immune cell and molecule infusion in host, collaborative tumor of body's immune system destruct tumor & inhabit tumor development. The tumor immunotherapy referred to in this Policy should comply with the laws and regulations and be approved by China Food and Drug Administration for clinical treatment.

医学必需: 指被保险人接受、使用或者服用的治疗、服务、器械或者药品符合以下条件:

Medically Necessary - When treatment, services, facilities or drugs which are provided to the Insured are:

(一) 医师处方要求且对治疗被保险人疾病或者伤害合适且必需。

Consistent with the symptom, or diagnosis and treatment of the condition, disease or Injury, and prescribed by the Physician; and

(二) 与接受治疗当地普遍接受的医疗专业实践标准一致。

Appropriate with regard to standards of accepted local professional practice; and

(三)非为了个人舒适或者为了被保险人父母、家庭、医师或者其他医疗提供方的方便。

Not solely for the Insured Person's convenience, or for the convenience of the parents, the family, the Physician or any other Provider of the Insured Person; and

(四)最恰当、合适水平;住院接受治疗时,无法以门诊的方式对相应疾病和症状提供安全的医疗,且当前病症处于急性或者亚急性状态需要持续接受治疗、专业护理或者康复治疗。主要出于接受慢性病治疗、长期看护、喘息照护、慢性病维持、协助从事日常生活活动目的而住院的,不属医学必需。

The most appropriate supply or level of service, which can be provided. When applied to an Inpatient, it further means that the medical symptoms or condition require that the services or supplies cannot be safely provided as an Outpatient, and the patient's medical status continues to require either acute or sub-acute levels of continuous medical treatment, skilled nursing, or Rehabilitation services. **Inpatient Hospital confinements primarily for purposes of receiving non-acute, long term Custodial Care, Respite Care, chronic maintenance care, or assistance with Activities of Daily Living (ADL), are not eligible expenses.**

(五)非病人学术教育或者职业培训的一部分或者与之相关。

Is not a part of or associated with the scholastic education or vocational training of the patient; and

(六)非试验性或者研究性。该治疗手段如获当地国家政府法律批准通过的,在当地国家就诊手术发生的费用,且并未在责任免除中列出的。

The treatment approved by the law of the local government that is not Experimental or Investigative. It covers the cost of the operation in the local country and is not listed in the "Exclusions".

通常惯例水平的医疗费用:指以下两者中较低者:

(一)提供相应医疗服务的医疗机构对该医疗服务通常收费水平,同一地区其他医疗机构对居住在同一地区的(以邮政编码为准)、病情性质和严重程度类似的人员提供同样医疗服务的平均收费水平。

Usual and Customary Charge - The lower of: a) the Provider's usual charge for furnishing the treatment, service or supply; or b) the charge determined by the Insurer to be the general rate charged by others who render or furnish such treatments, services or supplies to persons: (1) who reside in the same area (zip code); and (2) whose Injury or Illness is comparable in nature and severity.

(二)若某医疗服务在当地区不常见或者仅当地区少数医疗机构能够提供,保险人将参考下列因素确定通常惯例水平的医疗费用:治疗复杂性,治疗必要的专业程度,必要的医疗专业类型,相应医疗机构提供的医疗服务范围和种类,其他地区通常的收费水平。这里,地区指根据普遍认可的国际标准为取得类似医疗机构或者类似医疗服务平均水平所必要的地域范围,可为一个城市、国家或者更广的地域。

The Usual and Customary Charge for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of Providers in the area, will be determined by the Insurer. The Insurer will consider such factors as: (1) complexity; (2) degree of skill needed; (3) type of specialist required; (4) range of services or supplies provided by a facility; and (5) the prevailing charge in other areas. The term "area" means a city, a county or any greater area, which is necessary to obtain a representative cross section of similar institutions or similar treatment, based upon the formal international recognized standards.

意外伤害:指遭受外来的、突发的、非本意的、非疾病的使身体受到的伤害。

Accident - Any sudden and unforeseen event occurring during the Policy Year period, resulting in bodily Injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

紧急:指突然发生的、会导致立即死亡或者长期健康问题的疾病或伤害。

Emergency - An injury or illness that is acute, poses an immediate risk to a person's life or long-term health.

牙科意外伤害：指对被保险人原本完整无损、未经过任何医疗的牙齿因遭受意外伤害而受损或者缺失而接受的紧急治疗、修复和置换。被保险人必须在自意外伤害发生之日起三十日内接受首次治疗。

Emergency Dental Treatment - Cost of Emergency treatment necessary to restore or replace sound natural teeth (that were natural stable, free from decay, advanced periodontal disease, and did not undergo any treatments such as crown, fillings, or crack) where the damage is a direct consequence of the Accident. Initial treatment must be obtained within thirty (30) days of the Accident.

针灸治疗：针法和灸法的合称。针法是把毫针按一定穴位刺入患者体内，用捻、提等手法来实施治疗。灸法是把燃烧着的艾绒按一定穴位熏灼皮肤，利用热的刺激实施治疗。针灸治疗应当由具有相应资格的医师实施。

Acupuncture - Acupuncture therapy is treatment by stitching needles into the body of the patient at a certain acupoint, twirling or lifting. Moxibustion therapy is the thermal simulation treatment by burning moxa at a certain acupoint of the skin. Acupuncture and moxibustion treatment should be carried out by a qualified physician.

急性：指疾病病程短、病情相对严重（特别是严重急性病或者外伤），需要短期治疗。

Acute Care - Medically Necessary, short-term care for an Illness or Injury characterized by rapid onset, severe symptoms, and brief duration, including any intense symptoms, such as severe pain.

慢性病：指满足下列条件之一的伤害、疾病或者症状：

- (一) 持续接受三个月以上的医学必需的治疗；
- (二) 预期病程长久且无可合理预计的康复日期，可能复发、需要连续或者定期护理。

Chronic Condition - An Injury, Illness or condition, which may be expected to be of long duration without any reasonably predictable date of termination, and which may be marked by recurrences requiring continuous or periodic care as necessary; or which has had continued treatment for three months or more.

亚急性：指病情具有急性病一些特征，处于急性和慢性之间。

Sub-Acute - Condition which is somewhat acute, falling between acute and chronic care, but with some acute features.

等待期：指自本合同保险期间开始时间或者被保险人成为本合同的被保险人首日（以较晚者为准）起保险人与投保人约定长度的期间。保险人对被保险人在此时间段内发生的对约定病症的治疗和诊断费用不承担保险责任。

Waiting Period - Length of time agreed between the Insurer and the Policyholder, starting from the effective date of this Policy or the first day that the Insured Person becomes an Insured Person under this Policy (whichever is later), during which no benefit is payable by the Insurer even in the occurrence of an insured event.

日常生活活动：指与个人生活自理基本行为相关的活动，包括但不限于行走、个人卫生、睡眠、如厕（控制大小便的能力）、穿衣、做饭、进食、上下床。

Activities of Daily Living (ADL) - Activities of Daily Living are those activities normally associated with the day-to-day fundamentals of personal self-care, including but not limited to: walking, personal hygiene, sleeping, toilet/continence, dressing, cooking/feeding, and transferring (getting in and out of bed).

高风险运动：指各种危险性较高、技巧与体能需求较高的运动项目。包括：滑翔翼、跳伞、海拔六千米以上的户外运动、十八米深以上的潜水、悬崖跳水、徒步穿越无人区（沙漠、戈壁等）、远海漂流、蹦极、野外攀岩、跑酷等。

High Risk Sports or Extreme Sports - Sports and recreational activities which require high level skill, a degree of risk or physical stamina, including but not limited to: hang-gliding, parachuting, outdoor activities at 6000 meters

above sea level, scuba diving below 18 meters, cliff diving, hiking through uninhabited places (such as a desert, gobi), offshore rafting, bungee jumping, outdoor rock climbing, parkour.

监护：包括以下情形：

Custodial Care - Includes:

(一)对其治疗医师认为已达到最大限度康复但仍存在身体或者智力残疾人员提供的床位、护理等服务；

The provision of room and board, nursing care, or such other care which is provided to an individual who is mentally or physically disabled and who, as determined by the individual's attending Physician, has reached the maximum level of recovery; and

(二)对预计医疗或者手术已不能使其在医疗机构外生活人员提供的床位、护理等服务；

In the case of an institutionalized person, room and board, nursing care or such other care which is provided to an individual for whom it cannot reasonably be expected that medical or surgical treatment will enable him to live outside an institution; and

(三) 修养疗法、喘息照护，以及家庭成员提供的家庭看护。

Rest cures, Respite Care and home care provided by family members.

喘息照护：指出于减轻患慢性或者终末期疾病病人护理提供者负担目的，病人住院接受的照料和护理。

Respite Care - Respite Care is Inpatient care for a chronically or terminally ill patient, for the sole purpose of relieving the patient's primary caregiver.

先天性疾病和症状：指由于基因因素、先天性新陈代谢异常或者其他因素导致的、出生时即存在的遗传性疾病和症状、出生缺陷、身体残疾、智障等发育不完全正常的疾病和症状，这些疾病和症状可能在出生时显现或者在出生后逐步显现。

Congenital Condition - Any heredity condition, birth defect, physical anomaly and/or any other deviation from normal development present at birth, which may or may not be apparent at that time. These deviations include but are not limited to, genetic factors, inborn errors of metabolism or other factors.

顺势疗法：一种通过小剂量药物治疗以使病人症状渐渐接近常人的治疗方法，比如通过给予小剂量的放松剂治疗腹泻。

Homeopathy - A system of alternative medicine that seeks to treat patients by administering small doses of medicines that would bring on symptoms similar to those of the patient in a healthy person. For example, the homeopathic treatment for diarrhea would be a miniscule amount of a laxative.

悲伤辅导和悲伤治疗：指由具有相应资格的咨询师、精神科医师、心理医师、牧师针对家人逝世或者终末期病人的治疗。

Bereavement Counseling - Counseling of a terminally ill or deceased member's family by a licensed counselor, psychiatrist, psychologist, or pastor.

康复治疗：指在既定的疗程内通过设计的维持项目改善病人身体状况，以免恶化并协助康复。被保险人住院接受康复治疗的，保险人仅对处于急性或者亚急性阶段的病人住院承担保险责任，且应经过医疗服务供应商批准。

Rehabilitation - Therapeutic services designed to improve a patient's medical condition within a predetermined time period through establishing a maintenance program designed to maintain the patient's current condition, prevent it from deteriorating and assist in recovery. Inpatient Rehabilitation is only covered during the Acute and Sub-Acute recovery phase of treatment and only when authorized by the Medical Service Provider.

药物滥用：指反复、大量服用具有依赖性特性或者依赖性潜力的药品、物质或者溶剂。严格遵守医嘱服用处方药物导致上述情况不在此限。

Drug Abuse – Repeatedly taking high-doses of any addictive drug, substance or solvent unless solely arising from a prescription issued on medical authority and taken strictly in accordance with medical advice.

医疗机构：指被接受医疗服务所在地国家当地法律或者政府认可的、有常住执业医师、执业护士，提供住院、门诊、急诊医疗服务的机构。**不包括护理机构、疗养机构、康复机构、养老院、家居服务机构、酒精或者药物滥用看护机构、以及其他类似目的的机构。**医疗机构以医疗费用价格水平分为昂贵医院和非昂贵医院。昂贵医院指超出通常惯例水平的医疗机构（以本合同列明为准）。非昂贵医院指除昂贵医院以外的医疗机构。除本合同另有约定外，本合同涵盖的医疗机构包含昂贵医院和非昂贵医院。

Medical Provider - Means institutions licensed or approved by the local law and government, and inpatient, outpatient and emergency services are rendered by a staff of Physicians who are duly licensed to Resident medical practitioner and registered professional Nurses. The term Medical Providers do not include nursing homes, rest home, health resorts, and homes for the aged, establishments for domiciliary care, care of drug addicts or alcoholics, or similar institutions. Medical providers are divided into high cost providers and non-high cost providers according to the level of medical cost. "High cost provider" means medical provider that exceeds the Usual and Customary Charge (as specified in the Policy). Non-high cost providers refer to medical providers other than high cost providers. Unless otherwise agreed in the Policy, the medical providers covered herein include both high cost providers and non-high cost providers.

生育中心：指主要目的为供怀孕期末期孕妇生产婴儿，并同时满足下列条件的合法机构：

- （一）根据当地相关法律批准成立；
- （二）配备了全部必要的诊断和化验设备，有经过培训的人员和设备处理孕妇和新生儿可能发生的紧急情况，二十四小时在医师或者注册护士监控下营运，并保存所提供的所有书面记录。该机构应与至少一家医疗机构有书面协议以在发生分娩并发症时立即转运病人入院，并通常在分娩后四十八小时内为孕妇办理转离手续。

Birth Center - A facility which: a) is mainly a place for the delivery of a child or children at the end of a normal pregnancy; b) and meets both of the following tests: (1) it is licensed as a Birth Center under the laws of the jurisdiction where it is located; and (2) (i) it is equipped to perform all necessary routine diagnostic and laboratory tests; (ii) it has trained staff and equipment required to properly treat potential emergencies of the mother and of the child; (iii) it is operated under the full-time supervision of the Physician or a Registered Nurse (R.N.); (iv) it has at all times a written agreement with at least one Medical Institution in the area for immediate acceptance of a patient in the event of a complication; (v) it maintains medical records for each patient; (vi) and it is expected to discharge or transfer each patient within 48 hours after the delivery.

临终关怀机构：指对终末期病人提供集成家庭或者住院医护服务的机构，该机构应满足下列全部条件：

Hospice - An agency which provides a coordinated plan of home and Inpatient care to a terminally ill person and which meets all of the following tests:

- （一）取得了政府相关部门的批准；
Has obtained any required state or governmental license or Certificate of Need;
- （二）二十四小时提供服务；
Provides service twenty-four (24) hours-a-day;
- （三）有医师直接管理和监控；
Is under the direct supervision of a Physician;
- （四）有注册护士指挥、协调护理服务；

Has a Nurse coordinator who is a Registered Nurse (R.N.) or a Licensed Practical Nurse (L.P.N.);

(五) 被批准从事社会服务指导和协调;

Has a duly licensed social service coordinator;

(六) 主要目的为提供临终关怀服务;

Has as its primary purpose the provision of Hospice services;

(七) 有全职管理人员;

Has a full-time administrator;

(八) 保存了所提供服务的全部书面记录。

Maintains written records of services provided to the patient.

住院:指完全出于接受医学必需的治疗目的被保险人以彻夜占用医疗机构病床的方式接受的医疗。

Inpatient - Means a person admitted to an approved Hospital or other health care facility for a Medically Necessary overnight stay.

日间住院治疗:指完全出于接受医学必需的治疗目的被保险人以占用医疗机构病床但不过夜的方式接受的医疗。

Day-care Treatment - Treatment received while an Insured Person occupies a Hospital bed or is charged for Hospital accommodations for a Medically Necessary stay but does not remain overnight.

门诊:指以除占用病床方式外的其他方式在医疗机构接受的治疗。

Outpatient - Services received while not an Inpatient in a Hospital, or other health care facility, or overnight stay.

医师:指具有医疗职业资格的任何人,包括内科医师、全科医师、专科医师、医学顾问以及其他任何在相应准许和训练范围内从事医疗服务的人员,但不包括实习人员、在训人员。

Physician - Means any licensed person including physician, general practitioner, specialist physician, medical adviser, and any other personnel who is allowed to provide medical services within the scope of that license. **This term does not include: (1) an intern; or (2) a person in training.**

既往症:指在保险人对其保险责任生效前被保险人已就此接受诊断、医学咨询或者治疗,或者服用药物,或者显现症状的疾病或者损伤。包括但不限于以下任何情形:

Pre-existing Condition - Means any Illness or Injury, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the Effective Date. It includes but not limited to the following conditions:

(一) 本合同生效前,医生已有明确诊断,长期治疗未间断;

a. The doctor has made a definite diagnosis and the long-term treatment has not been interrupted;

(二) 本合同生效前,医生已有明确诊断,治疗后症状未完全消失,有间断用药情况;

b. The doctor has made a definite diagnosis, but the symptoms have not completely disappeared after treatment, and there is intermittent treatment;

(三) 本合同生效前,未经医生诊断和治疗,但症状或者体征明显且持续存在,以普通人医学常识应当知晓。

c. It has not been diagnosed and treated by a doctor, but the symptoms which are evident and persistent should be known with common medical knowledge.

妊娠并发症:指由妊娠引起或者加剧的症状,该症状与分娩不同,包括但不限于急性肾炎、肾变病、心代偿失调、异位妊娠终止、妊娠期内无法继续妊娠时终止妊娠。**妊娠并发症**

不包括非选择性剖腹产、人工不当操作、先兆流产、偶发点滴性出血、妊娠期内医师处方要求的休养、孕妇恶心、妊娠剧吐以及其他不属疾病分类学上妊娠并发症类的难产相关症状。

Complications of Pregnancy - Resulting from or deteriorating because of a pregnancy, which is different from the delivery, including but not limited to acute nephritis; nephrosis; cardiac decompensation; ectopic pregnancy that is terminated; spontaneous termination of pregnancy that occurs during a period of gestation. **Complications of Pregnancy will not include non-elective C-sections, improper operation, threatened abortion; occasional spotting; Physician prescribed rest during the period of pregnancy; morning sickness; hyperemesis gravidarum; and similar conditions associated with the management of a difficult pregnancy that do not constitute a nosologically distinct Complication of Pregnancy.**

处方药：指医师处方开具的药物。

Prescription Drugs - Medications which are prescribed by a Physician.

中草药：中医理论指导下应用的天然药物及其制品，包括中药材和中药饮片。不含主要起营养滋补作用的药品，起营养滋补作用的药品包括但不限于：

Traditional Chinese Medicine - Natural medicines and their products under the guidance of theory of Traditional Chinese Medicine. Includes Chinese herbal medicine, pieces of Chinese Medicine. **Excludes medicines for general health improvement, including but not limited to:**

(一) 单味或复方均不予支付费用的中药饮片及药材：

鹿茸、猴枣、狗宝、海马、海龙、玛瑙、玳瑁、冬虫夏草、马宝、牛黄、珊瑚、麝香、羚羊角尖粉、犀角、燕窝、人参（生晒参除外），以及各种可以药用的动物脏器（鸡内金除外）和胎、鞭、尾、筋、骨。

Traditional Chinese Medicines with a pure form or within Chinese medicines compound Hairy antler, monkey bezoars, Canis familiaris, Seamaster, Pipe fish, Agate, hawkbill, Chinese caterpillar fungus, Horse bezoars, Bezoars, Coral, Moschus, Cornu Saigae Tataricae apex powder, Cornu Rhinocerotis, Bird's nest, Ginseng (excluding sun-cured ginseng), animals and their organs (excluding endothelium corneum) which can be used as medicines such as placenta, penis, tail, tendon, bone, etc.

(二) 单味使用不予支付费用的中药饮片及药材：

阿胶、阿胶珠、鹿角胶、鳖甲胶、三七、龟角胶、龟鹿二仙胶、龟板胶、藏红花、生晒参、羚羊角粉。

Traditional Chinese Medicines with a pure form Colla Corii Asini, Colla Corii Asini beads, Deer-horn glue, Turtle shell Glue, Pseudo-ginseng, Turtle Angle glue, Guilu erxian glue, Tortoise-plastron glue, Safflower, Sun-cured ginseng, Antelope horn powder.

(三) 以上所列药品包括生药及炮制后的饮片及药材、中药敷贴、中药熏蒸。

Wine soaked with above Traditional Chinese Medicine and their cut crude drugs, processing pieces, processing herbs, herbal fumigation and acupuncture adhesive plasters.

物理治疗：是指由具有相应资质的专业医生实施的、应用人工物理因子（如光、电、磁、声、温热、寒冷、力等）来治疗疾病，包括电疗、光疗、磁疗、热疗、冷疗、水疗，超声波疗法以及功能训练和手法治疗；但不包括泥疗、蜡敷治疗、气泡浴与药物浸浴治疗。具有相应资质的专业医生必须开具处方和书面的治疗计划，并在合理的、可预测的时间内使得症状明显好转。

Physical Therapy - The application of physical factors (such as light, electricity, magnetism, sound, heat, cold, power, and so on) to treat diseases, including electrotherapy, light therapy, magnetic therapy, heat therapy and cold therapy, hydrotherapy, and ultrasonic therapy, functional training and manipulation therapy; **excluding mud therapy, wax treatment, drug-bathing therapy, and bubble bath.** All services must be prescribed by professional physical

therapy practitioner with appropriate qualifications with a written treatment plan, and within a reasonable and predictable time, symptoms will be improved markedly.

专业护士：指国家护士注册机构护士登记名册中登记在案的护士。

Skilled Nurse - A person licensed as a Registered Nurse (R.N.) or Licensed Practical Nurse (L.P.N.) by the appropriate licensing authority in areas in which he or she practices nursing.

重大疾病：本合同所规定的重大疾病仅包含以下种类：

Catastrophic Illnesses prescribed in this Policy just include the following categories:

(一) 心血管疾病- 包括冠心病、先天性心脏病、心肌梗塞、主动脉瘤。

Cardiovascular diseases - Includes coronary artery disease, congenital heart disease, myocardial infarction, and aortic aneurysm.

(二) 神经疾病-包括脑卒中、脑动脉瘤、阿尔茨海默病、帕金森病、脊髓空洞症、多发性硬化症。

Neurological conditions - Includes stroke, brain aneurysm, Alzheimer's disease, Parkinson's disease, Syringomyelia, and Multiple Sclerosis.

(三) 血液疾病-包括白血病、淋巴瘤、再生障碍性贫血、血小板减少性紫癜、血友病。

Hematologic diseases - Includes leukemia, lymphoma, aplastic anemia, ITP, and hemophilia.

(四) 肺部疾病-慢性阻塞性肺病、原发性肺动脉高压。

Pulmonary diseases - Includes chronic obstructive pulmonary disease, and primary pulmonary hypertension.

(五) 消化疾病-肝硬化、重症肝炎。

Digestive diseases - Includes liver cirrhosis, and severe hepatitis.

(六) 自身免疫性疾病-包括系统性红斑狼疮、系统性硬皮病、获得性免疫缺陷综合征(AIDS, 艾滋病)、艾滋相关综合征(ARCS)和其他与HIV病毒相关的性传染病或者症状。

Autoimmune diseases - Includes systemic lupus erythematosus, systemic scleroderma, Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS), and all diseases caused by and/or related to the HIV virus.

(七) 其他- 恶性肿瘤、良性脑肿瘤、良性脊髓肿瘤、主要器官衰竭或者移植、囊性纤维化、黑斑息肉病、III度烧伤。

Others - Includes malignant tumor, benign brain tumor, benign spinal cord tumor, major organ failure/transplants, cystic fibrosis, Peutz-Jeghers syndrome, and III-degree burns.

注意力缺陷症：是一种生物学方面改变所致的病理状态，症状表现为：注意力涣散、活动过多、冲动任性等。

Attention Deficit Disorder (ADD) - A biologically based condition causing a persistent pattern of difficulties resulting in one or more of the following behaviors: inattention; hyperactivity; impulsivity.

注意缺陷多动障碍：一种常见的儿童精神障碍，主要表现为超出了儿童年龄和发育正常范围的注意力集中困难、活动过多、冲动任性等症状。

Attention Deficit Hyperactivity Disorder (ADHD) - A common mental disorder in children with inattentiveness, over-activity, impulsivity, or some combination of these. For these problems to be diagnosed as ADHD, they must be out of the normal range for the child's age and development.

艾滋病：指获得性免疫缺陷综合症的简称。

AIDS - Abbreviation of Acquired Immunodeficiency Syndrome (AIDS).

艾滋病病毒：指获得性免疫缺陷病毒的简称。

HIV - Abbreviation of Human Immunodeficiency Virus.

获得性免疫缺陷综合症 (AIDS)：其定义以世界卫生组织制定的定义为准。如果在被保险人的血液样本中发现艾滋病病毒或者其抗体，则认定被保险人已被艾滋病病毒感染或者患艾滋病。

Acquired Immune Deficiency Syndrome (AIDS) - Defined as the definition by WHO. If the AIDS virus or its antibodies are found in the blood samples of the Insured, the Insured is decided to have been infected with the AIDS virus or suffering from AIDS.

战争：包括入侵、内战、敌对国家行为、叛乱、革命、武装叛变、武装夺权、战争武器爆炸等。类似战争的行为视为战争。

War - Including invasion, civil war, rebellion, revolution, armed seizing power, explosion of war weapons, etc. Warlike operations are regarded as war.

恐怖活动：指恐怖主义性质的下列行为：

Terrorist Activities - Refers to the following actions:

(一) 组织、策划、准备实施、实施造成或者意图造成人员伤亡、重大财产损失、公共设施损坏、社会秩序混乱等严重社会危害的活动的；

1) Organizing, planning, preparing, implementing, or carrying out activities that cause or are intended to endanger society, such as casualties, major property damage, damage to public facilities, social disorder;

(二) 宣扬恐怖主义，煽动实施恐怖活动，或者非法持有宣扬恐怖主义的物品，强制他人在公共场所穿戴宣扬恐怖主义的服饰、标志的；

2) Promoting and inciting the implementation, or illegally holding articles promoting Terrorist Activities, and forcing others to wear clothes and signs promoting Terrorist Activities in public places;

(三) 组织、领导、参加恐怖活动组织的；

3) Organizing, leading, or participating in terrorist activities;

(四) 为恐怖活动组织、恐怖活动人员、实施恐怖活动或者恐怖活动培训提供信息、资金、物资、劳务、技术、场所等支持、协助、便利的；

4) Providing support, assistance, and conveniences to terrorist organizations, or terrorist personnel implementing or training for terrorist activities such as information, funds, materials, labor, technology, and shelter;

(五) 其他恐怖活动。

5) Other terrorist activities.

保险金申请人：指受益人、被保险人的继承人或者依法享有保险金请求权的其他人。

Claimant - means the beneficiary, the successor of the Insured Person, or the other eligible person who has the right to claim benefits in accordance with the law.

不可抗力：指不能预见、不能避免并不能克服的客观情况。

Force Majeure - Force impossible to foresee, avoid or overcome by objective situation.

现金价值：指本合同保险单所具有的价值，通常体现在解除合同时，根据精算原理计算的，由保险人退还的那部分金额。现金价值=净保费× $[1-m/n]$ 。其中，m为已生效天数，n为保险期间的天数，已经过天数不足一天的，按一天计算。净保费=保费×(1-25%)。

Cash Value - The value of the Insurance Policy, usually refers to the amount calculated according to actuarial principles and refunded by the insurer upon termination of the contract. Unused premium = Net premium * $[1 - (\text{the number of days passed for insurance liability to the Insured} / \text{total number of days during the Policy Period})]$. The number of days passed which is less than one day shall be calculated as one day. Net premium = premium * (1-

25%) .