



# ClinicGo Outpatient Medical and Dental Care Plan

The *insured person* is insured under this policy subject to the definitions, exclusions, limitations, provisions, and terms contained herein, endorsed hereon, or attached hereto, and provided we have fully received the premium of this policy.

## PART 1 - DEFINITIONS

Certain words in this policy have specific meanings. These meanings are given below. To help you identify these words in this policy, we have printed them in italics throughout this policy. Words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.

### **Accident**

A sudden and unforeseen event that happens unexpectedly and causes *injury* to the *insured person* during the *period of insurance*.

### **Chronic Illness**

A disease of long duration involving very slow changes. Such disease is often of gradual onset. This term does not imply anything about the severity of a disease.

### **Co-payment**

The required medical expense that will need to be borne by the *insured person* for having the specified service(s) under Table of Benefits.

### **Computer Virus**

A set of corrupting, harmful or otherwise unauthorized instructions or code including a set of maliciously introduced unauthorized instructions or code, programmatic or otherwise, that propagate themselves through a computer system or network of whatsoever nature. Computer virus includes but is not limited to "Trojan Horses", "worms" and "time or logic bombs".

### **Cyber Act**

Any unauthorized, malicious or criminal acts, regardless of time and place, involving access to, processing, use or operation of any computer system, computer software programme, malicious code, *computer virus* or process or any other electronic system.

### **Domestic Partner**

An adult aged eighteen (18) or above who have chosen to live with you or the *insured person* in an intimate and committed relationship, and has resided with you or the *insured person* for at least three (3) years, intends to do so indefinitely and is able to provide such proof of residence. Domestic partner does not include roommates or any *immediate family member*.

### **Hong Kong**

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

### **Injury**

Bodily injury to an *insured person* during the *period of insurance* and is caused by an *accident*, solely and independently of any other cause.

### **Immediate Family Members**

Your or the *insured person's* spouse, parent, parent-in-law, grandparent, son or daughter, brother or sister, grandchild, or legal guardian.

### **Insured Person**

the person named in the *schedule* or subsequently endorsed hereon as insured person(s) in this policy.

### **List of Network Doctors**

The list that contains particulars of the *network doctors*, and Diagnostic and Imaging Centres in either print or digital format as published by us and amended from time to time.

### **Long Term Repeat Medication**

Medication prescribed to patients with medical conditions that require medication to be taken on a long-term continuous and/or recurrent basis.

### **Medical Card**

The medical card issued by us to you for use by the *insured person* in payment of the *insured person's* medical expenses charged by the *network doctor* which are payable by us as specified in the table of benefits.

### **Medically Necessary**

The necessity to have a treatment or medical service of the *injury* or *sickness* involved which are widely accepted by *medical practitioners* as effective, appropriate and essential based upon recognized standards of the health care specialty involved and which are:

1. consistent with the diagnosis and is the customary medical treatment for the condition;
2. in accordance with standards of good and prudent medical practice;
3. not furnished primarily for the convenience of *medical practitioner*, dentist or any other medical service providers;
4. furnished at the most appropriate level sufficient to safely and adequately treat the *insured person's* disability and are performed in the least costly setting required for treatment of a covered disability; and
5. not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy without medical treatment, medication or surgery.

### **Medical Practitioner**

A registered medical practitioner other than you, the *insured person*, *immediate family members* or *domestic partner*, legally licensed and duly qualified of his/her practice to render medical and surgical services.

### **Network Doctor**

A *medical practitioner* who is in the *list of network doctors* and practice in the following categories:

- general practice
- physiotherapy
- specialty
- traditional Chinese medicine
- general dentistry

### **Period of Insurance or Policy Year**

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

### **Policy Anniversary Date**

Same date each year as the *policy effective date*.

### **Policy Effective Date**

The first date of a *period of insurance*.

### **Policy Inception Date**

It shall mean the first effective date of this policy as stated in the *schedule* upon application of this policy, and for the avoidance of doubt does not include any date of renewal.

### **Pre-Existing Conditions**

Any *sickness* or *injury* (a) for which treatment, or medication, or advice, or diagnosis has been sought or received during the two (2) years prior to the *policy inception date* or (b) which was known or suspected by an *insured person* within the two (2) years period preceding the *policy inception date*.

### **Schedule**

The schedule attached to and incorporated in the policy.

### **Sickness**

A physical condition marked by a pathological deviation from the normal healthy state or disease or illness of the *insured person* contracted during the *period of insurance*.

### **War**

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

### **We, Us or Our**

Zurich Insurance Company Ltd.

### **You or Your**

The person shown in the *schedule* as "The Insured" who is the applicant and/or the policyholder of this policy.

## PART 2 – COVERAGE

### Table of Benefits

Plans and sections contained hereunder are only applicable if it is shown as being operative in the *schedule*.

#### Section 1 - Outpatient Medical Benefit

Coverage (Maximum one visit per item per day)	Maximum benefit per <i>insured person</i>		
	Standard Plan	Enhanced Plan	Platinum Plan
1. General Practice - Maximum number of visits per <i>policy year</i> - <i>Co-payment</i> per visit	20 visits HKD 50	20 visits HKD 50	Unlimited visits Nil
2. Specialty - Maximum number of visits per <i>policy year</i> - <i>Co-payment</i> per visit	10 visits HKD 200	10 visits HKD 200	10 visits Nil
3. Physiotherapy - Maximum number of visits per <i>policy year</i> - <i>Co-payment</i> per visit	Not applicable	10 visits HKD 150	10 visits Nil
4. Traditional Chinese Medicine - Maximum number of visits per <i>policy year</i> - <i>Co-payment</i> per visit	Not applicable	10 visits HKD 50	10 visits Nil
5. Traditional Chinese Medicine - Bone-setting - Maximum number of visits per <i>policy year</i> - <i>Co-payment</i> per visit	Not applicable	10 visits HKD 100	10 visits Nil
6. X-ray & Laboratory Examination	Not applicable	Not applicable	HKD 2,000 per <i>policy year</i>

#### Section 2 - Dental Benefit

Coverage	Maximum benefit per <i>insured person</i>	
	Standard Plan	Enhanced Plan
1. Oral examination	One visit per <i>policy year</i>	Two visits per <i>policy year</i>
2. Scale & polish	One visit per <i>policy year</i>	Two visits per <i>policy year</i>
3. Intra-oral-X-Rays	Unlimited visits	Unlimited visits
4. Fillings due to decay	Unlimited visits	Unlimited visits
5. Emergency consultation and treatment (within consultation hours)	Unlimited visits	Unlimited visits
6. Simple extractions due to tooth decay or gum disease	Unlimited visits	Unlimited visits
7. Periodontal (gum) treatment	Unlimited visits	Unlimited visits
8. Medications	Unlimited visits	Unlimited visits

#### Section 1 - Outpatient Medical Benefit

If the *insured person* suffers from *injury* or *sickness* during the *period of insurance*, the *insured person* is entitled to acquire *medically necessary* medical treatment and services, from the *network doctors* at the designated clinic or medical centre, and from designated Diagnostic and Imaging Centres, both as stated in the *list of network doctors*, subject to following conditions, the maximum benefit as set out in the table of benefits, terms, conditions and exclusions of this policy:

##### 1. Number of visits per day

Item 1 – 5 listed in the Table of Benefits is subject to one (1) consultation per item per day, regardless of whether the different medical service consultations are for the same or different *injury* or *sickness*.

##### 2. Consultation and Medication

Each visit to the General Practitioner at his clinic or through virtual consultation by using the application program provided by the service provider appointed by *us* shall include both consultation fee and up to three (3) days basic western medication prescribed by such General Practitioner. For clinic visits, the western medication should be obtained directly at the General Practitioner's clinic. For virtual consultations, the medicine delivery fee charged by the service provider will not be covered under this policy.

Each visit to the Specialist at his clinic shall include both consultation fee and up to three (3) days basic western medication prescribed by such Specialist obtained at his clinic.

Each visit to the Traditional Chinese Medicine Practitioner (excluding bone-setting treatment) at his clinic shall include both consultation fee and up to two (2) days basic herbal Chinese medicines prescribed by such Traditional Chinese Medicine Practitioner obtained at his clinic.

Each visit to the physiotherapist or Traditional Chinese Medicine Practitioner – Bone-setter at his clinic shall include the consultation fee and treatment received at his clinic.

##### 3. Additional medication and treatment expenses

The *network doctor* has the right to discuss with *you* or the *insured person* on any pharmaceutical charges of an unusual and expensive nature which are not covered by this policy. It is *your* or

the *insured person's* sole discretion to accept such charges at *your* or the *insured person's* own costs.

##### 4. Referral letter

The *insured person* must obtain a written referral letter from a General Practitioner on the *list of network doctors* before the *insured person's* visit to the following medical services:

- Specialty (except dermatology, gynaecology, ophthalmology, orthopaedics, otolaryngology and paediatrics)
- Physiotherapy
- X-ray & Laboratory Examination

A referral letter is valid for the same or related medical condition for 180 days from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

##### 5. X-ray & Laboratory Examination

If the *insured person* needs to undergo an X-ray or laboratory examination in a Diagnostic and Imaging Centre stated in the *list of network doctors* for diagnostic purposes, such examination must be consistent with the symptoms or diagnosis which the *insured person* is suffering and is recommended in writing by a General Practitioner on the *list of network doctors*. In no event shall the aggregate amount payable under this benefit for any one (1) *policy year* exceed the maximum benefit as stated in the Table of Benefits.

#### Section 2 - Dental Benefit

The *insured person* is entitled to acquire dental treatment and services from the *network doctor* at the designated clinic stated in the *list of network doctors*, subject to the following terms for each of the covered items, the maximum benefit as set out in the table of benefits, terms, conditions and exclusions of this policy:

1. Oral examination including oral hygiene instruction
2. Scale and polish
3. Intra-oral-X-Rays, when *medically necessary*
4. Fillings due to decay, when *medically necessary* and limited to amalgam (silver) fillings for premolar and molar teeth and white (composite) fillings for front teeth only
5. Emergency consultation and treatment, within consultation hours and limited to relief of toothache (including dressings and medication), incision and drainage of abscesses only

6. Simple extractions due to tooth decay or gum disease
7. Periodontal (gum) treatment, where *medically necessary*, including treatment of mild to moderate periodontal (gum) disease, which involves curettage, and root planning with medication as required and limited to treatment performed by a general dentist on the *list of network doctors*
8. Medications as required for treatment of dental pain or abscess.

#### Exclusions applicable to Section 2:

This section does not cover:

1. Extraction of wisdom teeth, any complicated extractions, any root extractions, any extractions requiring bone removal, any surgical extractions or extractions for orthodontic reasons.
2. Consultation and treatment fees of dental specialists or dentists with specialty training.
3. Fillings for cosmetic reasons.
4. Treatment of advance periodontal (gum) disease.

### PART 3 – GENERAL EXCLUSIONS

The following treatments, items, conditions, activities and their related or consequential expenses are excluded:

1. *Pre-existing conditions*;
2. Prolonged or complicated by any pre-existing physical weakness, defect, disease or *injury* which an *insured person* has already sustained prior to the *policy inception date*;
3. *Long term repeat medication for chronic illness (except consultation charges)*;
4. Congenital, developmental or hereditary conditions or diseases;
5. Routine physical examination and investigations;
6. Childbirth, sterilization, abortion or pregnancy including but not limited to pregnancy test and complications of pregnancy, primary infertility, contraceptive or contraceptive devices;
7. Female hormonal tests or assays and female hormonal replacement therapy unless resulting from a disease; pre-menopause, menopause and post-menopause treatments are all excluded;
8. Any treatment for sexually transmitted disease;
9. Treatment arising from sexual dysfunction including but not limited to impotence, erectile dysfunction, pre-mature ejaculation, regardless of cause;
10. HIV (Human Immunodeficiency Virus) and/or HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof however caused or however named;
11. Any treatment arising from any geriatric, psychogeriatric or psychiatric condition, including but not limited to psychoses, neuroses, depression, anxiety, anorexia nervosa, schizophrenia, mood disorder, mental diseases, behavioural disorders;
12. All cancer treatments, including but not limited to chemotherapy, radiotherapy, target therapy and IV infusion, PET and PET-CT scan, genetic tests;
13. Rental or purchase of prosthesis, prosthetic devices, or medical equipment or appliances, including but not limited to wheelchair, CPAP machine, hearing aids, crutches, aero chamber
14. Experimental medical technology or procedure; any form of treatment not presently or universally available but which may become available subsequent to the contract and which may be highly expensive; medication costs for specific anti-viral agents, including but not limited to Interferon, Lamivudine, anti-cancer;
15. Alcoholism and/or drug addiction or rest cures;
16. Dental treatment (except those items covered under Section 2 of Part 2)
17. Eye refraction treatment and/or correction;
18. Charges in respect of cosmetic surgery or treatment for cosmetic purpose such as consultation for Acne Vulgaris, overweight, hair loss, etc., routine eye or hearing tests, routine blood tests, vaccination or inoculations;
19. Medication on request, including but not limited to prophylactic drug supply for visiting a malarial area and/or standby medication;
20. Specialized x-rays including but not limited to Intravenous Pyelogram (IVP), cholangiogram; specialized investigations including but not limited to ultrasound examination, echocardiogram and endoscopy; minor surgical procedures, simple medical procedures performed by the *network doctor*;
21. All expensive tonic and nutrient herbs, including but not limited to birds' nest, ginseng and lingzhi;
22. Pre-package commercial health supplement, appetite stimulants, anti-depressants, any treatment or medication for weight control, medication on request (e.g. travelling medicine), over-the-counter drugs (e.g. shampoo, lotion) and lubricant (e.g. artificial tears);
23. Acupuncture, pilates, shockwave, Tui Na, cupping, massage therapy including those performed by *network doctor*;

24. *War*, invasion, act of foreign enemy, hostilities (whether *war* be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion;
25. Participation in any criminal acts or illegal activity, including but not limited to robbery, drug abuse or assault;
26. Suicide, attempted suicide, intentional self-injury, insanity, or any condition whilst under the influence of alcohol or drugs;
27. Engaging in any kind of sport or race in a professional capacity or where the *insured person* would or could earn any remuneration from engaging in such sport or race;
28. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or from any nuclear weapons material;
29. Any *cyber act* that results in any *accident*, disability, *sickness* and/or *injury*, or any loss to this policy.

### PART 4 – GENERAL CONDITIONS

1. The medical and dental treatment and services provided by *network doctors* are rendered by service provider which is nominated by us.
2. We do not guarantee provision of services by the service provider or a particular *network doctor* on the *list of network doctors*. Information listed in the *list of network doctors* may change from time to time without prior notice.
3. We shall not be held responsible or liable for any medical decision and prescription made by any *network doctor*.
4. We reserve the right to recover from *you* any medical expenses or services that the *insured person* is not entitled to in accordance with the terms and exclusions stated in this policy.
5. The *insured person* shall be entitled to the benefits as set out in the table of benefit only if *you* or the *insured person* has complied with all the following requirements:
  - (a) The medical treatment must be performed by a *network doctor* and carried out at their clinics during clinical hours.
  - (b) *You* or the *insured person* must make an appointment with the *network doctor* in advance (for details please refer to the *list of network doctors*).
  - (c) The medical expenses must be settled by the *medical card*. The *medical card* and Hong Kong identity card (or Hong Kong birth certificate for *insured person* at or under the age of twelve (12) ) of the *insured person* must be presented at the *network doctor's* clinic upon registration.
  - (d) *You* or the *insured person* is required to make *co-payment* to the *network doctor* at the time the service is rendered if it is applicable.

If any of the requirements listed above is not fulfilled, the *insured person* will not be entitled to any benefit under this policy.

### PART 5 – GENERAL PROVISIONS

1. **Entire Contract**  
This policy including the policy, *schedule*, endorsements, attachments and amendments, if any, will constitute the entire contract between the parties. No agent or other person has the authority to change or waive any provision of this policy. No changes in this policy shall be valid unless approved by *our* authorized officer and evidenced by endorsement of amendment.
2. **Age Limit**  
The insurance afforded under this policy shall only apply to any *insured person* aged between fifteen (15) days and sixty-four (64) years inclusive and renew up to aged seventy-five (75) years of the *insured person*.
3. **Premium Charge**
  - This policy is an annual medical policy. *You* may pay the premium to *us* on an annual basis. All premiums after the first premium are payable to *us* on or before the due date. The validity of the policy is subject to *your* settlement of the full premium for the entire *policy year* prior to any *period of insurance*. When there is a claim made or service used in such *policy year*, we will not be liable to refund any premium paid.
  - We reserve the right to revise or adjust the premium under the following circumstances:
    - (a) According to *our* applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by the *insured person* and/ or in relation to this product, and any changes in benefit) by giving thirty (30) days' advance written notice to *you*.



- (b) The premium rate should be adjusted automatically according to the attained age of the *insured person* at the time of renewal.

#### 4. Misrepresentation, Non-disclosure or Fraud

We have the right to declare this policy void as from the *policy effective date* and notify *you* that no cover shall be provided for the *insured person* in case of any of the following events:

- (a) any material fact relating to the health related information of the *insured person* which may impact the risk assessment by *us* is incorrectly stated in, or omitted from the enrolment form or any statement or declaration made for or by the *insured person* in the enrolment or in any subsequent information or document submitted to *us* for the purpose of the application, including any updates of and changes to such information, failure to disclose *pre-existing conditions* or failure to act in utmost good faith. The circumstances that a fact shall be considered "material" include, but are not limited to, the situation where the disclosure of such fact would have affected *our* underwriting decision, such that we would have imposed premium loading, added exclusion(s), rejected the application or considered it as a pending application.
- (b) any enrolment form or claim submitted is fraudulent or where a fraudulent representation is made.

In the event of (a):

- (i) we shall refund the applicable premiums and insurance levy (if any) received after offsetting against all past claim payments and necessary expenses incurred by *us* including, but not limited to, *our* reasonable administration charge and service fees incurred in relation to this policy (if any).
- (ii) if the total amount of the above offsetting items exceeds the applicable premiums received by *us*, *you* must repay such excess to *us* within fourteen (14) working days from the date we issue a notice to *you* requiring such payment.

In the event of (b), we shall have the right:

- (i) not to refund the applicable premiums paid; and
- (ii) to demand that all past claim payments previously paid to *you* be repaid to *us* within fourteen (14) working days from the date we issue a notice to *you* requiring such payment.

#### 5. Misstatement of Age or Sex

If the *insured person's* age or sex has been misstated, the premium difference would be returned or charged according to the correct age or sex. In the event the *insured person's* age has been misstated and if, according to the correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then *our* liability during the period that the *insured person* is not eligible for coverage shall be limited to the refund of all premiums paid for the period covered by this policy.

#### 6. For the Avoidance of Doubt

The service provider in respect of the Outpatient Medical Benefit and Dental Benefit listed in the Table of Benefits is an independent service provider providing such respective services to the *insured person* upon his/her request. We or any of *our* affiliates, agents, or employees of any of them has no responsibility or liability of any act, default, negligence, error or omission of the relevant service provider or any of its respective employees, agents or representatives.

#### 7. Cancellation

We or *you* may cancel this policy by giving thirty (30) days' notice of cancellation in writing by mailing to the other party's last known address.

In the event that this policy is cancelled by *us*, we will return the pro rata unearned portion of any premium actually paid by *you*.

In the event that this policy is cancelled by *you*, no premium will be refunded.

If there is any claim made or service used during the current *policy year*, there will not be any refund of premium.

In case of any *insured person* have obtained any medical care and treatment from *our network doctor* after this policy is terminated / cancelled, we will recover such medical expenses by auto-debit from *your* payment account.

Notwithstanding the above, if *you* are not satisfied with this policy, *you* may within twenty-one (21) days immediately following the day of delivery of this policy, cancel the policy by returning the policy to *us* and attaching a notice signed by *you* requesting cancellation. In the event that no claim payment has been or is to be made, we will refund to *you* all the premiums *you* have paid without interest. In the event that a benefit payment has been made or is to be made

or a service rendered by the *network doctor* has been received by *insured person*, no refund of premium shall be made.

#### 8. Renewal

The policy shall remain in force for a period of one (1) year from the *policy effective date* and this policy will be automatically renewed at *our* discretion. We reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any *period of insurance* by giving thirty (30) days' written notice to *you*. We will not be obligated to reveal *our* reasons for such amendments and such renewal will not have to take place if before the *policy effective date* of any *period of insurance*, *you* have indicated to *us* that such amendments are not acceptable to *you*.

#### 9. Change of Plan

In no event shall the plan of the policy be upgraded during *period of insurance*. *You* may request to change the type of plan on each *policy anniversary date* subject to adjustment of premium to be charged. In such event, we reserve the right to refuse and will not be obliged to reveal *our* reasons for such refusal.

#### 10. Termination of Coverage

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

- the date when any or any part of premium pertaining to this policy is not paid when due;
- the date when the *insured person* attains age seventy-six (76);
- cover under this policy ceases pursuant to the Clause 4 – Misrepresentation, Non-disclosure or Fraud of this Part;
- either party cancel this policy by giving thirty (30) days written advance notice pursuant to Clause 7 – Cancellation of this Part.

#### 11. Governing Law and Jurisdiction

This policy is subject to the exclusive jurisdiction of *Hong Kong* courts and is to be construed according to the laws of *Hong Kong*.

#### 12. Alternative Dispute Resolution

In the event of a dispute arising out of this policy, the parties may settle the dispute through mediation in good faith in accordance with the relevant Practice Direction on civil mediation issued by the Judiciary of *Hong Kong* and applicable at the time of dispute. All unresolved disputes shall be determined by arbitration in accordance with the Arbitration Ordinance (Chapter 609), Laws of *Hong Kong* as amended from time to time. The arbitration shall be conducted in *Hong Kong* by a sole arbitrator to be agreed by the parties. It is expressly stated that the obtaining of an arbitral award is a condition precedent to any right of legal action arising out of this policy. Irrespective of the status or outcome of any form of alternative dispute resolution, if we deny or reject liability for any claim under this policy and *you* do not commence arbitration in the aforesaid manner within twelve (12) calendar months from the date of *our* disclaimer, *your* claim shall then for all purposes be deemed to have been withdrawn or abandoned and shall not thereafter be recoverable under this policy.

#### 13. Reinstatement of Policy

No reinstatement of policy is allowed.

#### 14. Compliance with Policy Provisions

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

#### 15. Sanctions

Notwithstanding any other terms under this policy, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any *insured person* or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the *insured person* would violate any applicable trade or economic sanctions law or regulation.

The above clause shall also apply for any trade or economic sanction law or regulation that the insurer deems applicable or if the *insured person* or other party receiving payment, service or benefit is a sanctioned person.

For any enquiries of *our network doctor* service, please call *our* nominated service provider customer service hotline from Monday to Sunday at 9:00 am to 8:00 pm by +852 2904 8368. For other general enquiries, please call *our* customer service hotline from Monday to Friday at 9:00a.m. to 5:30 p.m. by +852 2968 2288.

There are two versions of this policy, one in English and one in Chinese. If there is any discrepancy between the English and the Chinese version, the provisions contained in the English version shall prevail.

## 「健診易」門診及牙科保障計劃

當「我們」收訖本保單的保費，即依據本保單或批註內的定義、不承保事項、限制、條款和條件，承保「受保人」。

### 第一部分 – 定義

本保單內某些詞彙具有指定含意，釋義已列明如下。為方便「你」識別有關詞彙，特將此等詞彙全部加上引號。本保單內容用詞如有性別或單複之分，均應視為概括性的描述，並無區別。

#### 「意外」

任何不可預見或預料並導致「受保人」蒙受身體「損傷」的突發事件。

#### 「慢性疾病」

變化緩慢的長期病症，一般病癥為漸發性，惟慢性疾病並不暗示病症的嚴重程度。

#### 「自負費用」

「受保人」接受列於本保單保障表內的服務時需要分擔的指定醫療費用。

#### 「電腦病毒」

是指一組損壞性的、有害的或未經授權的指令或代碼，包括一組通過程序或其他方式惡意傳播的未經授權指令或代碼，並通過電腦系統或任何性質的網絡傳播。電腦病毒包括但不限於「特洛伊木馬」、「蠕蟲」和「時間或邏輯炸彈」。

#### 「網絡行為」

是指在任何時間和地點所做的任何未經授權、惡意或犯罪行為。而該行為涉及進入、處理、使用或操作任何電腦系統、電腦軟體程式、惡意代碼、「電腦病毒」或流程或任何其他電子系統。

#### 「同居伴侶」

一名年齡 18 歲或以上、選擇以親密和忠誠的關係與「你」或「受保人」共同生活的成年人，與「你」或「受保人」同居於一起最少三年或以上並以此為長遠目標，以及能提供相關住址證明。同居伴侶並不包括室友或任何「直系親屬」。

#### 「香港」

指中華人民共和國香港特別行政區。

#### 「損傷」

「受保人」於「保險期」內純粹因「意外」而非任何其他事故所蒙受的身體損傷。

#### 「直系親屬」

「你」或「受保人」的配偶、父母、配偶父母、祖父母、外祖父母、子女、兄弟姊妹、孫子女、外孫子女或合法監護人。

#### 「受保人」

在「附表」或批註內註明姓名為受保人的人士。

#### 「網絡醫生目錄」

指列載「網絡醫生」及診斷及造影中心資料的目錄，此目錄由「我們」以印刷版或電子版提供並不時進行修訂。

#### 「長期藥物」

「醫生」為有需要長期服藥的病人處方，供其長期持續及/或經常服用的藥物。

#### 「醫療卡」

由「我們」發給「你」供「受保人」使用的醫療卡，以繳付「網絡醫生」收取保障表所訂應由「我們」支付的「受保人」醫療費用。

#### 「醫療必需」

為「損傷」或「疾病」必需或有需要之治療或醫療服務，此等治療或醫療服務在「醫生」的專業認可的醫學標準中普遍接受為有效、適當及不可缺的，並以下列各項作為提供有關服務之必要性：

1. 因應有關診斷及有關狀況的治療所需；
2. 符合良好及謹慎的行醫標準；
3. 非純為「醫生」、牙醫或任何其他醫療服務供應商之方便；
4. 以最適合的程度有效地為「受保人」之傷疾作出安全及足夠的治療及以最經濟之設備進行治療受傷疾；及
5. 於沒有醫療治療、藥物或接受任何手術下，使用醫療服務的目的並非純為診斷檢查、診斷掃描、影像檢查、化驗檢查或物理治療。

#### 「醫生」

擁有西方醫藥學位可合法提供醫療及外科服務的人士，惟「你」、「受保人」、「直系親屬」或「同居伴侶」除外。

#### 「網絡醫生」

列於「網絡醫生目錄」並在以下類別中執業的「醫生」：

- 普通科
- 物理治療
- 專科
- 中醫
- 普通科牙科

#### 「保險期」或「保單年度」

在「附表」內註明所訂明的保險有效期，而該保障期間的保費為「本公司」接納。

#### 「保單週年日」

每年與「保單生效日」相同的日期。

#### 「保單生效日」

「保險期」的首日。

#### 「首個保單生效日」

申請此保單時列明於「附表」上的首個「保單生效日」；為免生疑，續保日除外。

#### 「投保前已存在之傷疾」

(a) 「受保人」在「首個保單生效日」的前兩年內曾尋求或接受治療、藥物治療、醫療意見或診斷的「疾病」或「損傷」；或 (b) 「受保人」在「首個保單生效日」的前兩年內知悉或懷疑已染上的「疾病」或「損傷」。

#### 「附表」

隨付本保單並構成保單一部份的附表。

#### 「疾病」

「受保人」在「保險期」內健康出現不正常的病理癥狀或染上的病症或疾病。

#### 「戰爭」

兩國或多國因任何目的交戰，或主權國家之間的武裝衝突，又或正式宣戰或未正式宣戰的公開軍事衝突，又或國與國之間經主權國正式授權而中止和平關係；及陷入武裝敵對局面。

#### 「我們」

蘇黎世保險有限公司。

#### 「你」

本保單於「附表」內註明（“The Insured”）為保單之申請人及/或保單持有人。

## 第一部分 – 保障

### 保障表

以下各項計劃及保障必須於「附表」內訂明為有效，方為適用。

#### 第一節 – 門診醫療保障

保障範圍 (每一項目以每日最多一次為限)	每位「受保人」的最高保障額		
	標準計劃	優越計劃	尊尚計劃
1. 普通科 - 每「保單年度」之最高次數上限 - 每次診症所需之「自負費用」	20 次 50 港元	20 次 50 港元	不限次數 無
2. 專科 - 每「保單年度」之最高次數上限 - 每次診症所需之「自負費用」	10 次 200 港元	10 次 200 港元	10 次 無
3. 物理治療 - 每「保單年度」之最高次數上限 - 每次診症所需之「自負費用」	不適用	10 次 150 港元	10 次 無
4. 中醫 - 每「保單年度」之最高次數上限 - 每次診症所需之「自負費用」	不適用	10 次 50 港元	10 次 無
5. 中醫跌打治療 - 每「保單年度」之最高次數上限 - 每次診症所需之「自負費用」	不適用	10 次 100 港元	10 次 無
6. X-光及化驗測試	不適用	不適用	每「保單年度」2,000 港元

#### 第二節 – 牙科保障

保障範圍	每位「受保人」的最高保障額	
	標準計劃	優越計劃
1. 口腔檢查	每「保單年度」一次	每「保單年度」兩次
2. 洗牙石及牙漬	每「保單年度」一次	每「保單年度」兩次
3. 口腔內 X-光檢查	不設上限	不設上限
4. 因蛀牙而需要的補牙	不設上限	不設上限
5. 緊急診症及治療 (於診症時間內)	不設上限	不設上限
6. 普通脫牙 (因蛀牙或牙齦疾病)	不設上限	不設上限
7. 牙周病 (牙齦) 治療	不設上限	不設上限
8. 藥物	不設上限	不設上限

#### 第一節 – 門診醫療保障

若「受保人」在「保險期」內受到「損傷」或患上「疾病」，「受保人」可於「網絡醫生目錄」所列的指定診所或醫療中心接受由「網絡醫生」所提供「醫療必需」的醫療治療及服務，或於「網絡醫生目錄」所列的診斷及造影中心接受「醫療必需」的醫療治療及服務，並受以下條款、保障表所列的最高保障額、本保單的條款、細則及不承保事項所約束。

##### 1. 每日使用服務的次數

保障表內列明 1-5 項的門診醫療服務每項每日只可使用一次，不論該門診醫療服務是因為相同或不同的「損傷」或「疾病」所引致。

##### 2. 診症及藥物

於普通科醫生診所或使用由「我們」委聘的服務供應商提供的應用程式通過視像所得到的普通科醫生醫療服務包括診症費及由該普通科醫生處方最長三天的基本西藥。就門診診症，西藥應由普通科醫生診所直接配發。就視像診症，本保單不會支付由服務供應商收取的藥物運送費。

於專科醫生診所的門診醫療服務包括診症費及由該專科醫生處方最長三天並由其診所配發的基本西藥。

於中醫 (不包括跌打治療) 診所的門診醫療服務包括診症費及由該中醫處方最長兩天並由其診所配發的基本中草藥。

於物理治療師或中醫跌打診所的門診醫療服務包括診症費及於該診所內得到的治療。

##### 3. 額外藥物及治療費用

「網絡醫生」保留權利與「你」或「受保人」商討任何本保單不承保的特別及昂貴的藥物，「你」或「受保人」有全權決定會否接受，而有關費用由「你」或「受保人」額外支付。

##### 4. 轉介信

「受保人」於得到以下醫療服務之前必須獲得列於「網絡醫生目錄」指定的普通科醫生的書面轉介：

- 專科 (皮膚科、婦科、眼科、骨科、耳鼻喉科、兒科除外)
- 物理治療
- X-光及化驗測試

就相同或相關的疾病，轉介信的有效期為發出日起計的 180 天。而新或無關的疾病的治療則需要另一轉介信。

##### 5. X-光及化驗測試

如果「受保人」需要在列於「網絡醫生目錄」的診斷及造影中心接受 X-光或化驗測試作診斷用途，此等檢驗必須獲得由列於「網絡醫生目錄」的普通科醫生書面轉介，並根據「受保人」出現的徵狀或診斷所需而進行影像或化驗。在任何情況下，本保障於每「保單年度」的合共賠償額將不會超過訂明於保障表內列明之最高保障額。

#### 第二節 – 牙科保障

「受保人」可於「網絡醫生目錄」所列的指定診所接受由「網絡醫生」所提供的牙科治療及服務，並受以下條款、保障表所列的最高保障額、本保單的條款、細則及不承保事項所約束。

1. 口腔檢查包括口腔衛生指導
2. 洗牙石及牙漬



3. 「醫療必需」之口腔內 X-光檢查
4. 因蛀牙而「醫療必需」之補牙，只限因蛀牙而引起之大牙（銀粉）或門牙（瓷粉）補牙。
5. 緊急診症及治療（於診症時間內），只限舒緩牙痛（包括敷料及藥物）和切開及引流膿瘡。
6. 因蛀牙或牙齦疾病引致的普通脫牙
7. 「醫療必需」的牙周病（牙齦）治療，包括輕微至中度的牙周病（牙齦）治療，其中包括清洗牙周袋內牙菌膜及牙根刮治（包括藥物），惟只限由列於「網絡醫生目錄」的普通科牙醫提供之治療。
8. 供治療牙痛或牙瘡之用的藥物。

## 第二節的不承保事項：

### 本節並不承保：

1. 脫除智慧齒、任何複雜脫牙、任何脫除牙腳、任何需要移除牙骨之脫牙、任何口腔手術脫牙或因矯正牙齒而脫牙。
2. 專科牙醫或已接受牙科專科訓練的牙醫之診金及治療費用。
3. 以美觀為理由之補牙服務。
4. 嚴重牙周病（牙齦）治療。

## 第三部分 – 不承保事項

本節不承保以下治療、項目、病況、活動及相關或連帶的費用：

1. 任何「投保前已存在之傷疾」
2. 本保單的「首個保單生效日」前「受保人」已存在的身體殘缺、病症或「損傷」而導致情況持續或惡化；
3. 「慢性疾病」所需的「長期藥物」，但診症費用除外；
4. 先天性、發展性或遺傳性狀況或疾病；
5. 例行身體檢查及調查測試；
6. 生育、絕育、人工流產或妊娠包括但不限於驗孕、有關妊娠的併發症、不育測試、避孕藥物或避孕裝置；
7. 女性荷爾蒙測試、分析及荷爾蒙補充治療（因病症所引致者除外）；所有有關更年期前、更年期及更年期後的治療均不包括在內；
8. 由性而傳染的病症的治療費用；
9. 性障礙治療費用包括但不限於因任何原因引致的性無能、勃起障礙或早洩；
10. 人體免疫力衰竭病毒(HIV)及/或有關疾病，包括愛滋病(AIDS)及/或其不論如何引起或如何定名的變種、衍生或變故病體；
11. 任何由老年人病、老年精神病及精神病而導致的治療包括但不限於精神病、神經失常、情緒低落、驚恐、厭食症、精神分裂、情緒障礙、精神疾病、行為失常等；
12. 所有癌症的治療，包括但不限於化療、放射治療、標靶治療、靜脈注射、正電子放射斷層掃描（“PET”掃描）、PET-CT 組合及基因檢測；
13. 購置或使用器具或設備，包括但不限於輪椅、持續性正壓呼吸器、助聽器、拐杖或吸藥輔助器；
14. 實驗性醫學技術或程序；任何現時並不適用但在合約後可能適用的治療，而其費用可能極之高昂；個別抗病菌藥物之費用，包括但不限於干擾素、雷美米丁、抗癌藥物；
15. 慢性酗酒、濫用藥物或療養費用；
16. 牙科治療費用（第二部份第二節保障項目除外）；
17. 眼折射功能或糾正視力的治療費用；
18. 美容手術費用，為美容的治療如應診關於尋常痤瘡、超重問題、頭髮脫落等，或定期眼睛、聽力或血液測試、疫苗或其他接種；
19. 特別要求的藥物，包括但不限於到遠疾疫區渡假所需的預防藥物或備用藥物；
20. 專科 X-光檢驗，包括但不限於靜脈腎盂造影照片、膽管造影照片、專科調查測試包括但不限於超聲波測試、心回波圖及內窺鏡測鑿、「網絡醫生」進行的小型外科手術、小型醫療程序；
21. 各類價格高昂之保品及營養藥材，包括但不限於燕窩、人參及靈芝；
22. 各類市面上預先包裝好出售之健康補充品、食慾刺激劑、抗抑鬱藥，為控制體重而設的任何治療或藥物，根據要求而處方的藥物

（例如為旅行而要求的藥物），非處方藥物（例如洗髮水、潤膚露）和潤滑劑（例如人造眼淚）；

23. 針灸、普拉提、衝擊波治療、推拿、拔罐、按摩療法，包括由「網絡醫生」提供的治療。
24. 「戰爭」、侵略、外敵行動、敵對局面（不論曾正式宣戰與否）、內戰、叛亂、革命、反叛、軍事或篡權行動或直接參與罷工、暴動或內亂事件；
25. 參與任何罪行或違法行為，包括但不限於搶劫、濫用藥物或傷人；
26. 自殺、企圖自殺或蓄意自我傷害；神經失常；或受服用酒精或藥物的影響；
27. 以職業選手身份參加任何體育活動或競賽，或「受保人」將會或可以從上述體育活動或競賽中賺取任何收入或酬金；
28. 任何核子燃料、核子燃料燃燒後所產生的核子廢料或任何核子武器所產生的電離子輻射或放射性污染；
29. 任何由「網絡行為」引致的「意外」、傷疾、「疾病」及/或「損傷」或本保單的任何損失。

## 第四部分 – 一般條件

1. 「網絡醫生」所提供之醫療及牙科治療及服務由「我們」所委任的服務供應商提供。
2. 「我們」並不保證「受保人」可獲得服務供應商或「網絡醫生目錄」中個別「網絡醫生」所提供的服務。「網絡醫生目錄」資料會不時作出更改，並不會事前通知。
3. 對於任何「網絡醫生」所作出的醫療決定及處方藥物，「我們」概不負責。
4. 「我們」保留向「你」追討任何根據本保單的條款及不承保事項內，「受保人」不應享有的醫療費用或服務的權利。
5. 「受保人」可享有保障表所列的保障，惟「你」或「受保人」必須符合下列各項條件：
  - (a) 有關醫療治療必須於診症時間，於「網絡醫生」診所內由「網絡醫生」進行。
  - (b) 「你」或「受保人」必須事先預約「網絡醫生」（詳情請參閱「網絡醫生目錄」）
  - (c) 必須以「醫療卡」繳付醫療費用。「受保人」必須於「網絡醫生」診所登記時出示「醫療卡」及「香港」身份證（如「受保人」是 12 歲或以下，則必須出示「香港」出世證明書）；
  - (d) 「你」或「受保人」於接受門診醫療服務時必須繳付「自負費用」予「網絡醫生」（如適用）。

若未能符合上述任何一項要求，「受保人」則不可享有本保單的任何保障。

## 第五部分 – 一般條款

### 1. 整體協議

本保單，包括「本保單」、「附表」、批單、附件及修訂本（如有者），乃立約各方之間的整體協議。任何代理或其他人士均無權更改或豁免「本保單」的任何條款。「本保單」如有任何修改，必須獲得「我們」的授權人員批准並簽發批單作實，方始生效。

### 2. 年齡限制

「本保單」提供的保障只適用於年齡由 15 天至 64 歲的人士並續保至 75 歲。

### 3. 保費

- 本保單為年度之醫療保單。「你」可以以年繳方式付款予「我們」。支付首期保費後，所有往後的保費必須在到期日或之前支付予「我們」。「你」必須於任何「保險期」前負責繳付「保險年度」全年保費，保單方惟有效。如「你」曾提出索償或在「保險年度」內曾使用服務，「我們」亦不會就任何已付保費作出退款。
- 「我們」保留權利，在以下情況更改或調整保費：
  - (a) 「我們」會根據續保時的適用保費率調整保費（將基於多個因素，包括但不限於醫療通脹、預期未來醫療費用、理賠紀錄及「受保人」及/或這產品招致之費用，及保障之更改），並於調整保費前 30 天以書面通知「你」。

- (b) 於續保時，保費將按「受保人」之實際「年齡」自動調整。

#### 4. 失實陳述、漏報或欺詐

「我們」有權在下列任何一項情況下，宣告本保單自「保單生效日」起無效，並通知「你」，本保單不會為「受保人」提供保障：

- (a) 在投保表格或任何其後就相關申請提交予「我們」的資料或文件（包括相關資料的任何更新及改動），其所作出的陳述或聲明中，就「受保人」健康狀況的任何「重要事實」作出失實聲明或遺漏資料，未如實申報任何「投保前已存在之傷疾」或未能遵行最高誠信而影響「我們」的風險評估。「重要事實」包括但不限於會影響「我們」對「受保人」的核保決定的事實，若披露該事實「我們」有可能因而徵收附加保費、增加不保項目、拒絕或待定投保申請。

- (b) 在投保表格中或索償時，作出欺詐或有欺詐成分的申述。

在(a)的情況下，「我們」將：

- (i) 退還已繳交的相關保費及保費徵費（如有）但需扣除所有已支付的索償金額及「我們」支付的必要費用，包括但不限於「我們」的合理行政費及因本保單而招致的服務費（如有）。
- (ii) 如上述抵銷事項總數超越已繳交的相關保費，「你」必須在「我們」發出付款通知書後14個工作天內向「我們」償還差額。

在(b)的情況下，「我們」將有權：

- (i) 不退還已繳交的相關保費；及
- (ii) 追討所有過去已支付予「你」的賠償，並要求在「我們」發出付款通知書14個工作天內把有關賠償償還「我們」。

#### 5. 虛報年齡或性別

如「受保人」虛報其年齡或性別，「我們」會按其正確年齡或性別應付之保費而退回或收取保費的差額。倘「受保人」投保時的正確年齡未符合保單的要求或已超出限制，「我們」只會退回保費而不負責任何承保責任。

#### 6. 免責聲明

保障表內所有之門診醫療及牙科保障由蘇黎世保險有限公司所委任的服務機構提供，該服務機構乃是一間獨立公司，根據「受保人」要求提供服務。如該機構之員工、代理或代表有任何錯漏或疏忽，皆與「我們」、「我們的附屬機構、代理或旗下的員工無關。

#### 7. 取消保單

「我們」或「你」均有權取消保單。任何一方只需給予對方30天書面通知，並郵寄往彼此最後紀錄之地址。

如屬「我們」取消保單，而「受保人」於該段保單生效期間並無索償紀錄，「我們」將按比例發還餘下已繳付保費予「你」。

如屬「你」取消保單，恕不退回任何保費。

如於該段保單生效期間曾經索償或使用保單內任何服務，則不會獲得保費退回。

如任何「受保人」於本保單終止/取消後接受「我們」「網絡醫生」提供的醫療護理，「我們」將直接向「你」支付保費的戶口收取有關的醫療費用。

儘管有上述規定，如本保單未符合「你」需要，「你」有權在緊接保單交付予「你」之日起計的21日內交還保單及附上「你」的簽署之書面通知書要求取消保單。若未曾獲賠償或沒有將獲發的賠償，「我們」將會把「你」已付之保費無息全數退還。若「你」曾獲賠償或將獲得賠償或「受保人」曾接受「網絡醫生」之服務，則不獲發還保費。

#### 8. 續訂保單

從「保單生效日」起計，本保單會維持生效一年及由「我們」酌情每年自動續保。惟「我們」保留權利在任何「保險期」之續保前30

日向「你」提供書面通知以更改保單條款，包括但不限於保費、保障、保障額或不承保事項。「我們」沒有責任透露有關更改之原因及如「你」於本保單任何一個「保險期」之「保單生效日」前表示「你」不接納相關更改，續保可以不實行。

#### 9. 更改計劃

在「保險期」內，本保單並不接受提升原有保障計劃。「你」可以在每年度續訂保單時，以新保費提出更改續保保障計劃，而「我們」保留權利拒絕，並毋須披露拒絕原因。

#### 10. 終止保障

本保單的保障將於以下最先發生的日期自動終止：

- 本保單任何保費或其任何部份到期而「你」未有繳付；
- 「受保人」年滿76歲；
- 本保單之保障根據本部分第4項—失實陳述、漏報或欺詐所述之情況而終止；
- 任何一方根據本部份第7項—取消保單所述之情況，以30日書面通知取消本保單。

#### 11. 管轄法律及司法裁判權

「本保單」受「香港」法律管轄及按其詮釋，並且服從「香港」法院的專有司法裁判權。

#### 12. 替代性爭議解決方案

如有任何關乎本保單出現的爭議，爭議各方可根據「香港」司法機構為民事調解所訂立及爭議當時所適用之有關實務指示，真誠進行調解。所有未能解決之爭議，一律按照「香港」法例第609章《仲裁條例》及不時生效的修訂本以仲裁方式裁定。整個仲裁過程必須在「香港」進行，並由爭議各方同意之單一仲裁人裁定。現明文述明，在爭議各方根據本保單行使任何法律權利前，必須先取得仲裁決定。不論任何類型爭議解決方案的任何狀況或結果，如「我們」否認或否決「你」追索本保單之任何責任，而並未能於「我們」所發出之通知12個月內按以上規定展開仲裁，「你」之賠償申請即被視作已被撤回或放棄，並且不能根據本保單再次進行追討。

#### 13. 恢復保單

此保單不可復保。

#### 14. 遵從保單條款

如「受保人」違反本保單任何條款，所有就本保單提出的索償均告無效。

#### 15. 制裁

若本保單提供的保險、款項、服務、保障及/或「受保人」的任何業務或活動會違反任何適用的貿易或經濟制裁法律或監管要求，不論本保單任何其他條款所列，保險公司則不得被視為向任何「受保人」或其他一方提供任何保險或將向「受保人」或任何其他一方支付任何款項或提供任何服務或保障。

以上條文亦適用於任何被保險公司視為適用的貿易或經濟制裁法律或監管要求，或若「受保人」或其他接受款項、服務或保障的一方是受制裁人士。

如欲查詢「網絡醫生」服務詳情，請於星期一至星期日九時至下午八時致「我們」所委任的服務機構的客戶服務熱線+852 2904 8368。其他查詢請於星期一至星期五上午九時至下午五時三十分致電「我們」客戶服務熱線+852 2968 2288。

（此保單分別有英文及中文版本，而中文版本乃是本保單之譯本，只供參考之用，如中文與英文有異，均以英文為準）