

# 工银安盛人寿寰球尊享团体医疗保险 ( 3.0 版 )

## ICBC-AXA Life GlobalCare Group Medical Insurance (Version 3.0)

### 产品说明

### Insurance Policy Information

#### 阅读提示 Warm Tips

为方便投保人了解和购买产品，请投保人仔细阅读本产品说明，包括但不限于本产品的保险责任、保险期间及责任免除等事项。本产品说明所载资料，包括保单预期利益，仅供投保人理解保险条款时参考，各项内容均以保险条款约定为准。

For the convenience of the policyholder to understand and purchase the product, please read this Insurance Policy Information carefully, including but not limited to the insurance liability, insurance period and exclusions of this product. The information contained in this Insurance Policy Information, including the expected benefits of the policy is for reference only, all contents are subject to the insurance clauses.

## 一、保障范围 Coverage

在合同有效期内，若被保险人发生保险事故，我们将就其实际产生的医疗及相关费用，按以下约定向被保险人支付保险金。同一保险期间内，每一被保险人项下的免赔额以及各项保险责任的最高给付限额/最高给付比例/最高保障次数均以保障利益表上所载为准。我们一次或累次给付的金额或次数达到被保险人相对应保险责任的最高给付限额/最高保障次数时，该被保险人的该项保险责任终止。

If an insured event occurs to the insured during the effective period of this Contract, we will pay the insurance benefit to the insured for the actually-occurred medical expenses and relevant expenses, according to the following payment conditions. **During the same insurance year, the deductible, and the upper payment limit/upper payment ratio/upper limit of coverage times for each insurance liability shall be determined by the insurance benefit table. When the sum of one or more payments for the benefit reaches the corresponding upper payment limit/upper limit of coverage times of the insured, our insurance liabilities to the insured shall be terminated.**

**医疗费用补偿原则：**合同的保险责任适用医疗费用补偿原则。若被保险人已从社会医疗保险、公费医疗、其他费用补偿型医疗保险、其他途径获得医疗费用补偿，则我们仅对被保险人实际发生的医疗费用扣除其从前述途径所获医疗费用补偿后的余额按照合同的约定进行给付。被保险人的社保卡个人账户部分支出视为个人支付，不属于已获得的医疗费用补偿。社会医疗保险是指基本医疗保险（包含城镇职工基本医疗保险、城镇居民基本医疗保险、新型农村合作医疗）及其他政府机构举办的基本医疗保障项目和大病医保等补充医疗保障项目。其他途径是指其他社会福利机构或其他任何第三方。

**Principle of compensation for medical expenses:** The insurance liability under this Contract is subject to the principle of compensation for medical expenses. If the occurred medical expenses have been reimbursed from social medical insurance, free medical service, or other expense reimbursement medical insurances, we will pay the balance of the actually-occurred medical expenses of the insured only after his/her reimbursement from the said means is deducted, in accordance with this Contract. The personal expenses of the insured's social security card are regarded as personal payment and are not regarded as the medical expense reimbursement that have been obtained. Social medical insurance refers to basic medical insurance (including urban workers' basic medical insurance, urban residents' basic medical insurance, new rural cooperative medical care), and the other basic medical insurance projects and supplementary medical care programs such as the critical illness insurance program organized by other government agencies. Other means refer to other social welfare agencies or any other third party.

以下“住院医疗保险金”和“其他费用补偿后住院津贴保险金”为基本保险责任，其他保险金责任为可选保险责任，若可选保险责任未经投保人选择、且未载于保障利益表上，则我们不承担相应的保险责任。

**The following "in-patient benefits" and "hospital cash benefit after reimbursement of other expenses" are basic insurance liabilities, and other insurance liabilities are optional ones. If policyholder do not choose optional insurance liabilities and they are not on the benefit table, we will not be responsible for the corresponding benefit.**

### （一）保险责任 Insurance Liabilities

#### 1. 基本保险责任 Basic Insurance Liabilities

##### 【住院医疗保险金 In-patient Benefits】

在合同约定的保障区域内，被保险人因遭受意外伤害事故或等待期后因非意外伤害事故患疾病，经医生确诊必须在医疗机构住院治疗的，我们就其实际发生的合理且必要的医疗费用，包括：床位费，膳食费，护理费，检查检验费，治疗费，医生诊疗费，药品费，手术费，加床费，根据医疗费用补偿原则并在扣除免赔额后按约定给付“住院医疗保险金”。

In the area of coverage stipulated in this Contract, if the insured suffers from an accidental injury event or a disease due to non accidental injury event after the waiting period and as conformed by a doctor, must be hospitalized by a medical institution for inpatient treatment, we shall pay inpatient benefit as agreed for the following reasonable and necessary medical expenses actually incurred by the insured: fees for hospital beds, companion bed, meals, nursing care, diagnostic tests, medical treatment, medical practitioners and specialists, medicine, drugs and dressings, Inpatient surgery, according to the principle of compensation for medical expenses and after deducting the deductible.

对于合同保险期间届满前入住医疗机构的，且住院延续至保险期间届满后 30 日内发生的实际住院医疗费用，我们仍承担保险责任，该“住院医疗保险金”计入入院日期所属的保险期间，且累计给付金额以该被保险人对应的各项保险责任最高给付限额/最高给付比例为限。

**We still bear the insurance liability for the actual inpatient treatment expenses incurred by the insured being hospitalized in a medical institution before expiration of the insurance period, until 30 days after the expiration**

of the insurance period. The inpatient and daycare benefit is included in the insurance period to which the admission date belongs. The accumulated payment will still be restricted within the corresponding upper payment limit/the upper payment ratio of the insured.

注：对于被保险人因疫苗接种、健康体检、牙科疾病、其他医疗、视力保健、孕产原因在医疗机构进行住院治疗的，如我们根据合同约定的相应可选保险责任予以承担，则不再给付“住院医疗保险金”。

Note: For the insured to be hospitalized in a medical institution due to vaccination, health checkup, dental disease, other medical treatment, vision care, and maternity reasons, we shall no longer pay the inpatient benefit if we bear the corresponding optional insurance liability as stipulated in this Contract.

#### **【其他费用补偿后住院津贴保险金 Hospital Cash Benefit after Reimbursement of Other Expenses】**

在合同约定的保障区域内，被保险人因遭受意外伤害事故或等待期后因非意外伤害事故患疾病，并进行住院治疗而产生的合同约定责任范围内的医疗费用，如被保险人已从社会医疗保险、公费医疗、其他费用补偿型医疗保险、其他途径获得全部补偿的，我们按合同约定的每日住院津贴基本保险金额乘以其实际住院日数 在扣除免赔额后给付“其他费用补偿后住院津贴保险金”。

Within the area of coverage stipulated in this Contract, if the medical expenses for hospitalization treatment due to accidental injury event or illness due to non accidental injury event after waiting period that are covered by the scope of liability agreed in this Contract have been fully reimbursed by other sources (including social medical insurance, free medical service, free medical service, or other expense reimbursement medical insurances or other means), we will pay the insured for the hospital cash benefit after reimbursement of other expenses equal to the actual days of hospital stay multiplied by the daily hospital cash agreed in the Contract minus the deductible.

同一保险期间内，我们承担被保险人“其他费用补偿后住院津贴保险金”的累计给付日数以 30 日为限。

We shall cover the cash payment to the insured for each night where the insured receives treatment as a patient whose medical expenses have been reimbursed from other means, up to 30 days per period of cover.

就同一保险期间内发生的同一次住院，已申请合同的“住院医疗保险金”的，不能再申请“其他费用补偿后住院津贴保险金”。若被保险人在获得“其他费用补偿后住院津贴保险金”后申请“住院医疗保险金”，则我们在给付相应“住院医疗保险金”时将扣除已给付的“其他费用补偿后住院津贴保险金”。

If the same In-patient Benefits under this Contract has been applied for in each insurance policy period, no Hospital Cash Benefit after Reimbursement of Other Expenses shall be applied. If the insured applies the In-patient Benefits after he/she receives the payment of Hospital Cash Benefit after Reimbursement of Other Expenses, we will pay the In-patient Benefits after deducting the Hospital Cash Benefit after Reimbursement of Other Expenses which has been paid.

## **2. 可选保险责任 Optional Insurance Liabilities**

#### **【住院医疗扩展责任保险金 Inpatient Medical Expansion Liability Benefits】**

在合同约定的保障区域内，被保险人因遭受意外伤害事故或等待期后因非意外伤害事故患疾病，经医生确诊必须在医疗机构住院治疗的，我们就其实际发生的 4 项合理且必要的医疗费用，包括：物理治疗费，脊柱推拿、顺势疗法、针灸疗法费，中医治疗费，精神疾病治疗费，根据医疗费用补偿原则并在扣除免赔额后按约定给付“住院医疗扩展责任保险金”。

In the area of coverage stipulated in this Contract, if the insured suffers from an accidental injury event or a disease due to non accidental injury event after the waiting period and as conformed by a doctor, must be hospitalized by a medical institution for inpatient treatment, we shall pay Inpatient Medical Expansion Liability Benefits as agreed for the following 4 items of reasonable and necessary medical expenses actually incurred by the insured: fees for Physiotherapy, Chiropractic, homeopathic, and acupuncture treatment, Traditional Chinese medicine treatment, Psychiatric and psychotherapy treatment, according to the principle of compensation for medical expenses and after deducting the deductible.

对于合同保险期间届满前入住医疗机构的，且住院延续至保险期间届满后 30 日内发生的上述 4 项实际住院医疗费用，我们仍承担保险责任，该“住院医疗扩展责任保险金”计入入院日期所属的保险期间，且累计给付金额以该被保险人对应的该项保险责任最高给付限额/最高给付比例为限。

We still bear the insurance liability for the following four items of actual inpatient treatment expenses incurred by the insured being hospitalized in a medical institution before expiration of the insurance period, until 30 days after the expiration of the insurance period. The Inpatient Medical Expansion Liability Benefits are included in the insurance period to which the admission date belongs. The accumulated payment will still be restricted within the corresponding upper payment limit/the upper payment ratio of the insured.

同一保险期间内，我们最多承担被保险人累计 30 天内（含）住院时发生的精神疾病治疗费用。

The number of accumulated payment days for such benefit shall not exceed 30 days of hospitalization within a

single insurance policy year.

注：我们针对上述 4 项治疗费承担相应责任后，不再同时承担“住院医疗保险金”中的“治疗费”责任。

**Note: After we assume the corresponding responsibilities for the above four treatment fees, we will no longer bear the responsibility for the treatment fees in the In-patient Benefits at the same time.**

### 【门、急诊医疗保险金 Outpatient and Emergency Medical Benefits】

在合同约定的保障区域内，被保险人因遭受意外伤害事故或等待期后因非意外伤害事故患疾病，在医疗机构接受门、急诊治疗的，我们就其实际发生的以下合理且必要的医疗费用，包括：医生诊疗费，检查检验费，治疗费，药品费，精神疾病治疗费，脊柱推拿、顺势疗法、针灸疗法费，中医治疗费，物理治疗费，核磁共振、正电子发射计算机断层扫描、X 线断层计算机电子扫描费，门诊手术费，根据医疗费用补偿原则按约定给付“门、急诊医疗保险金”。

In the area of coverage stipulated in this Contract, if the insured suffers from an accidental injury event or a disease due to a non accidental injury event after the waiting period and receives outpatient or emergency treatment in a medical institution, we shall, according to the principle of compensation for medical expenses, pay outpatient and emergency medical benefits as agreed for the following reasonable and necessary medical expenses actually incurred by the insured: fees for medical practitioners and specialists, medical treatment, outpatient surgery, physiotherapy, chiropractic care, homeopathy, acupuncture, diagnostic tests, medicine, traditional Chinese medicine, psychiatric and psychotherapy treatment, magnetic resonance imaging (MRI), positron emission computed tomography (PET), and X-ray computed tomography (CT) scans, according to the principle of compensation for medical expenses.

注：对于被保险人因疫苗接种、健康体检、牙科疾病、其他医疗、视力保健、孕产原因在医疗机构进行门、急诊治疗的，如我们根据合同约定的相应可选责任予以承担，则不再给付“门、急诊医疗保险金”。

**Note: If the insured is undergoing outpatient or emergency treatment at a medical institution due to vaccination, health check-up, dental disease, other medical treatment, vision care, or pregnancy and childbirth, we shall no longer pay "outpatient and emergency medical benefits" if we assume it in accordance with the corresponding optional insurance responsibilities stipulated in this Contract.**

### 【牙科门、急诊医疗保险金 Dental Outpatient and Emergency Medical Benefits】

在合同约定的保障区域内，被保险人因意外伤害事故或在等待期后因非意外伤害事故患牙科疾病，在医疗机构牙科接受以下门、急诊治疗的，我们就其实际发生的合理且必要的医疗费用，包括：预防性牙科治疗、常规牙科治疗、重大牙科治疗，根据医疗费用补偿原则按约定给付“牙科门、急诊医疗保险金”。

In the area of coverage stipulated in this Contract, if the insured suffers from an accidental injury event or a dental disease due to a non accidental injury event after the waiting period and receives the following outpatient or emergency dental treatment in a medical institution, we shall, according to the principle of compensation for medical expenses, pay dental outpatient and emergency medical benefits including preventive dental treatment, routine dental treatment, and major restorative dental treatment as agreed for the following reasonable and necessary medical expenses incurred by the insured.

同一保险期间内，我们最多承担两次预防性牙齿清洁费。

**The benefit payment for cleaning teeth (preventive) is limited to two times at most for each insurance period.**

### 【疫苗接种或健康体检保险金 Wellness and Vaccinations Benefits】

在合同约定的保障区域内，被保险人在医疗机构进行以下项目的，我们就其实际发生的相关合理费用，根据医疗费用补偿原则按约定给付相应“疫苗接种或健康体检保险金”：

In the area of coverage stipulated in this Contract, if the insured receives the following services in a medical institution, we shall, according to the principle of compensation for medical expenses, pay Wellness and Vaccinations Benefits as agreed for the relevant reasonable expenses incurred actually by the insured.

1、18 周岁及以上成年人的常规健康体检或疫苗接种。

1. Routine health check-ups or vaccinations for adults aged 18 and over.

2、18 周岁以下未成年人的常规健康体检或疫苗接种。

2. Routine health check-ups or vaccinations for minors under the age of 18.

注：同一保险期间内，被保险人的年龄从不足 18 周岁到年满 18 周岁，若当年度我们已给付过上述第 2 项保险金的，则给付上述第 1 项保险金时将扣除累计已给付的第 2 项保险金。

**Note: During the same insurance period, if we have already paid the above second insurance benefit in the current year for the insured aged 0-17 or 18, the accumulated amount of the second insurance benefit paid will be deducted from the payable amount of the above first insurance benefit.**

### 【其他医疗保险金 Other Benefit for Medical Treatment】

被保险人因意外伤害事故或等待期后因非意外伤害事故患疾病，在医疗机构进行治疗，我们就其实际发生的以下合理且必要的费用，包括：家庭护理费和康复治疗费，激素替代治疗费，艾滋病治疗费，救护车费，慢性疾病治疗费，终末期疾病治疗费，器官移植治疗费，癌症治疗费，紧急医疗费，根据医疗费用补偿原则按约定给付“其他医疗保险金”，对于与住院治疗相关的费用，需先扣除免赔额（注：除紧急医疗费以外，本条约定其他各项费用须发生在合同约定的保障区域内。）

If the insured suffers from an accidental injury event or a disease due to a non accidental injury event after the waiting period and receives treatment in a medical institution, we shall, according to the principle of compensation for medical expenses, pay Other Benefits for Medical Treatment as agreed for the following reasonable and necessary expenses incurred by the insured, including fees for home nursing and rehabilitation, hormone replacement therapy, HIV/AIDS treatment, emergency ambulances, treatment for chronic conditions, treatment for terminal illnesses, organ transplants, cancer care, and emergency medical treatment. **(For expenses related to hospitalization treatment, the deductible needs to be deducted first). (Note: The foregoing expenses except emergency medical treatment must be incurred within the coverage area agreed in this Contract.)**

注：同一保险期间内，其他医疗保险金中的各项保险责任均以保障利益表上所载的最高给付限额/最高给付比例/最高保障次数为限，超出部分不能通过住院医疗保险金责任或门、急诊医疗保险金责任进行给付。

**Note: During the insurance term, all insurance liabilities under the other benefit for medical treatment shall be limited to the maximum amount or the maximum number of coverage times specified in the table of benefits. Inpatient benefits or outpatient and emergency treatment benefits cannot be used to cover expenses which exceed these limits.**

### 【视力保健保险金 Optical Care Benefit】

在合同约定的保障区域内，被保险人实际发生眼科检查费和眼科配镜费，我们根据医疗费用补偿原则按约定给付“视力保健保险金”。

In the area of coverage stipulated in the Contract, if the insured incurs expenses for eye tests or prescription lenses, we will, according to the principle of compensation for medical expenses, pay Optical Care Benefits according to the contract.

同一保险期间内，该两项费用均以给付1次为限。

**Both fees for eye tests and for prescription lenses will be paid for one time at most during each insurance period.**

### 【孕产保险金 Maternity Related Benefits】

在合同约定的保障区域内，若被保险人在等待期后怀孕，并因怀孕实际产生的以下各项费用，包括：普通孕产保险金，产前并发症和分娩并发症医疗保险金，新生儿先天性缺陷及先天性畸形医疗保险金，终止怀孕保险金，新生儿住宿医疗保险金，救护车医疗保险金，我们根据医疗费用补偿原则按约定给付相应保险金。

In the area of coverage stipulated in this Contract, if the following expenses are actually incurred to the insured due to pregnancy after the waiting period<sup>Note1</sup>, we will, according to the principle of compensation for medical expenses, pay the corresponding benefit according to the contract: expenses incurred for normal pregnancy and childbirth, complications during pregnancy and childbirth, birth defects and congenital abnormalities, termination of pregnancy, newborn child accommodation, and emergency ambulances. The payment ratio is listed in the statement of benefits.

注1:

免赔额：合同免赔额指针对每一被保险人同一保险期间内的年度累计免赔金额，按照投保人在投保时的选择，经我们同意后确定，并在保障利益表上载明。被保险人从社会医疗保险、公费医疗、其他费用补偿型医疗保险、其他途径已获得的医疗费用补偿、以及被保险人社保卡个人账户部分的支出均可用于抵扣免赔额。免赔额仅针对“住院医疗保险金”、“住院医疗扩展责任保险金”、“其他费用补偿后住院津贴保险金”及“其他医疗保险金”中与住院相关的治疗费用的计算。

Note1:

The deductible in this Contract refers to the cumulative annual deductible amount for each insured within the same insurance period, which is determined based on policyholder's choice at the time of insurance and our consent, and stated in the Insurance Benefit Table. The insured can use the medical expense compensation obtained from social medical insurance, free medical service, other expense reimbursement medical insurances or other channels, as well as the expenses from the insured's social security card personal account to offset the deductible amount. The deductible is only applicable to the calculation of hospitalization related treatment expenses in the In-patient Benefits, Inpatient Medical Expansion Liability Benefits, Hospital Cash Benefit after Reimbursement of Other Expenses, and Other Benefits for Medical Treatment.

注2:

等待期：合同生效日起的一段时间为等待期，具体时间规定在保障利益表中载明。除另有约定外，我们对被保

险人在等待期内患疾病而导致的医疗费用、津贴及等待期内怀孕而产生的孕产各项费用不承担保险责任，无论该费用及津贴是否发生在等待期内。以下两种情形下发生的保险事故不受等待期限限制：

**Note2:**

**Waiting period:** Refers to a period from the effective date of this Contract, as detailed in the Benefit Table. Unless otherwise agreed, we are not liable for medical expenses, allowances caused by illnesses and maternity expenses caused by pregnancy of the insured during the waiting period, no matter whether the expenses and allowances occur during the waiting period. Insured events occurring in the following two situations are not restricted by the waiting period:

- 1) 被保险人因遭受意外伤害事故 所导致的保险事故；
- 1) Any insured event caused by the insured suffering from an accidental injury event;
- 2) 除新增的保险责任外，续保保险期间发生的保险事故。
- 2) Insurance accidents that occur during the renewed insurance period except the newly added insurance liabilities.

## **(二) 紧急救援服务 Evacuation & Repatriation Services**

被保险人在旅行时遭受意外伤害事故或突发急性病，我们通过授权的救援机构（以下简称“救援机构”）提供紧急救援服务并承担所产生的费用，具体以如下所述及服务手册所载为准：

When the insured suffers accidental injury or abrupt acute disease while traveling, we provide evacuation & repatriation services and undertake the expenses incurred thereof through an authorized assistance provider (hereinafter referred to as "assistance provider"), and the details are as follows and contained in the service manual:

### **【紧急运送和返回】**

1、被保险人若得不到及时治疗将导致身故或严重伤害，经救援机构的授权医生确认需要医疗援助的，我们将通过救援机构安排被保险人至适合的医疗机构进行治疗，并承担由此产生的相应转送费用。

1. If the insured suffers accidental injury or abrupt acute disease that may result in death or serious injury without timely treatment, upon the confirmation by the authorized doctor from the assistance provider, we will arrange the insured for medical care at the hospital closest to the accident place or send the nearest doctor on site for treatments, and we will bear the corresponding repatriation expenses if there is any.

根据被保险人病情或伤势，救援机构有权决定运送目的地和医疗机构。如果被保险人不在救援机构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送费用，完全由被保险人负担。未经救援机构许可，被保险人自行安排转送的，转送费用完全由被保险人承担。

**The assistance provider shall have the right to decide on the transportation destination and medical institution based on the state of illness or injury of the insured. If the insured rejects the medical treatment at the arranged medical institution, the transportation cost from this assigned medical institution to the medical institution selected by the insured shall be borne by the insured in full. If the insured arranges transportation at his or her own discretion without approval from the assistance provider, the transportation fee shall be borne by the insured in full.**

紧急情况下出于医疗必要，被保险人经当地急救机构以专业救护车送往最近医疗机构的，我们将承担由此产生的费用。

If in emergency and for medical needs the insured is transported to the closest hospital in the ambulance by the local emergency institution, we will bear the expenses occurred.

2、紧急运送发生后，被保险人返回居住地的经济舱飞机票费用。若被保险人使用其他交通方式的，我们承担实际发生的费用，并以对应的经济舱飞机票费用为上限。

2. Economy class return ticket following the evacuation, to the residence place of the insured. **If the insured uses other means of transportation, we will undertake the actual payment based on the actual expenses incurred, and limited to the corresponding economy class ticket cost.**

3、紧急运送发生和返回发生时，我们承担被保险人的一名直系亲属因陪同所发生的如下费用：

3. When an emergency evacuation or repatriation occurs, we shall cover the following costs incurred by an immediate family member of the insured for accompanying the insured:

-往返经济舱飞机票费用。若使用其他交通方式的，我们承担实际发生的费用，并以对应的经济舱飞机票费用为上限；

-Round-trip flight fare of economy class. **If other means of transportation are used, the payment made by us will be based on the actual expenses incurred, and limited to the corresponding economy class ticket cost;**

-一晚住宿费用（包含住宿第二日早餐）；

-Accommodation fee for one night including the breakfast of the next morning;

-从机场、港口或其他交通枢纽到住宿地的往返交通费；

- Round-trip car fare from the airport, harbor or other transportation hub to the accommodation;
- 从住宿地到运送医疗机构的往返交通费，限每日一次。
- Round-trip car fare from the accommodation to the assigned medical institution, **limited to one time a day.**

### 【遗体送返 Repatriation of mortal remains】

若被保险人在旅行时因遭受意外伤害事故或突发急性病身故的，根据被保险人的遗愿或其直系亲属的愿望，我们通过救援机构安排并承担运送被保险人的遗体或骨灰返回至国籍国或居住国的费用（**不包含国籍国或居住国内不同地区间的遗体或骨灰运送费用**），或承担被保险人在身故地就地埋葬、火葬的费用（**但不包括购买骨灰盒、灵柩、鲜花、花圈、墓地及举行任何仪式等费用**）。

If the insured died of an accidental injury or abrupt acute disease while traveling, according to the will of the insured or his/her close family member, we will pay the costs of transporting the body or mortal remains to country of nationality or residence country (**excluding the costs of transporting the body or mortal remains between different regions in the country of nationality or residence country**) through assistance provider; or we will pay the costs of preparing the body or mortal remains for local burial; or we will pay the costs of local cremation and transporting the cremation to country of nationality or residence country (**but this does not include the cost of buying caskets, coffins, flowers, wreaths, cemeteries, and any ceremonies**).

### 【紧急探亲 Compassionate emergency visit】

被保险人在旅行时，在其国籍国或居住国的直系亲属身故或病危的，我们通过救援机构安排并承担被保险人从旅行所在地出发直接往返该直系亲属事发地处理后事或探望的经济舱机票费用。

If the insured travels outside of the country of nationality or residence country, while a close family member back there dies or is critically ill, we will arrange through assistance provider and pay the insured for round-trip flight fare of economy class from the area of travel to the country of nationality or residence country for handling the funeral or visit. 本项服务每个被保险人同一保险期间限一次往返旅程。若被保险人使用其他交通方式的，我们承担实际发生的费用，并以对应的经济舱飞机票费用为上限。

**Each insured is entitled only one round-trip travel in each insurance period under this benefit. If the insured uses other means of transportation, we will undertake the actual payment based on the actual expenses incurred, and limited to the corresponding economy class ticket cost.**

### （三）预授权 Pre-authorization

被保险人接受下列医疗或服务项目 48 小时前，应通过服务热线向我们提出预授权申请：

The insured shall apply for pre-authorization with us through the medical care or service hotline 48 hours prior to the acceptance of the following treatments or services:

- 一、任何住院治疗、手术治疗或日间护理或分娩；
- 1. Any inpatient treatment, surgery, daycare treatment or childbirth;
- 二、任何单价在 8000 元（含）以上的门急诊检查及治疗项目；
- 2. Any single outpatient test which is charged above RMB 8,000 (inclusive);
- 三、保障区域外的紧急医疗；
- 3. Emergency medical treatment outside the area of the cover;
- 四、首次接受化学治疗、放射治疗、血液或者腹膜透析；
- 4. Chemotherapy, radiotherapy, blood or peritoneal dialysis for the first time;
- 五、紧急救援。
- 5. Evacuation & repatriation.

紧急情况下未能及时申请预授权的，被保险人需在开始接受上述医疗或服务项目后 48 小时之内通知我们。

In case of failure to apply for pre-authorization beforehand under an emergent circumstance, the insured shall notify us in writing within 48 hours since the occurrence of the medical treatments or services.

被保险人在进行上述治疗或接受上述服务前若未获得事先授权或紧急情况下未能在规定时间内通知我们的，对于被保险人发生的合理且必要的医疗费用或服务费用，我们有权将按合同约定的办法计算得出的金额，再乘以 60% 的比例给付保险金或承担服务费用。

**Please note that if the insured does not obtain pre-authorization before the aforementioned treatments or receiving the aforementioned services or fails to notify us within the specified time, as agreed in the contract, only 60% of the calculated benefits or service fee will be covered by us for any incurred fee that is reasonable and necessary.**

### 二、保险期间 Insurance Period

投保人提出保险申请、经我们同意承保，合同成立。合同的生效日期由投保人与我们约定，并在保险单上载明，

保险费约定支付日以该日期计算。

Once policyholder apply for insurance, and we agree to accept insurance, this Contract is established. The effective date of this contract is agreed between policyholder and us, and is stated in the insurance policy. The agreed payment date of the premium is calculated on this date.

除非有另外的约定, 合同的保险期间为 1 年, 自合同所载生效日当日 24 时起计算。

Unless stipulated endorsements, the insurance period of this Contract is one year and starts at 24 o'clock of the effective date stated in this Contract.

合同为不保证续保合同, 在每个保险期间届满时, 投保人可向我们申请续保本产品, 经我们审核同意, 投保人获得新的保险合同。

Renewal of the contract is not guaranteed. With our agreement, policyholder may apply for renewal of this product. Then policyholder may have a new insurance contract.

### 三、责任免除 Exclusion

因下列第一至第二十五项情形之一导致被保险人发生相关费用支出的, 我们不承担给付合同第 1.6 条任何保险金责任; 因下列第二十六项情形导致被保险人发生相关费用支出的, 我们不承担给付合同第 1.6 条除第八项外的其他各项保险金责任; 因下列第二十七、二十八项情形导致被保险人发生相关费用支出的, 我们不承担给付合同第 1.6 条第一至八项保险金责任; 因下列第二十九项情形导致被保险人发生相关费用支出的, 我们不承担给付合同第 1.6 条除第六项外的其他各项保险金责任; 因下列情形之一导致被保险人发生紧急救援服务的, 我们不承担合同第 1.7 条紧急救援服务所产生的费用:

If the insured has incurred relevant expenses in the following first to twenty-fifth case, we will not pay the insurance benefits listed under Article 1.6 of this Contract. If the insured has incurred relevant expenses in the following twenty-sixth case, we will not pay other insurance benefits other than that listed in item 8 under Article 1.6 of this Contract. If the insured has incurred relevant expenses in the following twenty-seventh or twenty-eighth case, we will not pay the insurance benefits listed in items 1-8 under Article 1.6 of this Contract. If the insured has incurred relevant expenses in the following twenty-ninth case, we will not pay other insurance benefits other than that listed in item 6 under Article 1.6 of this Contract. For any of following circumstances that cause the requirement of the insured for evacuation & repatriation services, we shall not be liable for the expenses incurred in the provision of evacuation & repatriation services under Clause 1.7 of this Contract:

一、投保人对被保险人的故意杀害、故意伤害。

I. Intentional killing or willful injury of the insured acted by policyholder.

二、被保险人故意犯罪或者抗拒依法采取的刑事强制措施。

II. Intentional offense or resistance against criminal coercive measures taken in accordance with laws.

三、被保险人自杀或故意自伤, 但被保险人自杀或故意自伤时为无民事行为能力人的除外。

III. Suicide or self-injury conducted by the insured intentionally, unless the insured is a person without capacity of civil conduct at the time of killing or injury.

四、被保险人服用、吸食或注射毒品。

IV. The insured takes or injects drugs.

五、被保险人酒后驾驶, 无合法有效驾驶证驾驶, 或驾驶无合法有效行驶证的机动车。

V. Drunk driving, driving without valid driving license, or driving a motor vehicle without legal and valid vehicle license.

六、战争、军事冲突、恐怖主义行为、暴乱或武装叛乱。

VI. War, military conflict, terrorism, riot or armed rebellion.

七、核爆炸、核辐射或核污染。

VII. Nuclear explosion, nuclear radiation or nuclear contamination.

八、被保险人醉酒。

VIII. The insured gets drunk.

九、被保险人遭遇医疗事故或职业病。

IX. Medical malpractice accident or occupational disease.

十、既往症(但投保人或被保险人在投保时如实告知且我们同意承保的既往症除外)。

X. Pre-existing condition (but except that policyholder or the insured tells the truth when insuring with us).

十一、被保险人参加或从事潜水、跳伞、攀岩运动、蹦极、驾驶滑翔机或滑翔伞、探险活动、武术比赛、摔跤比赛、特技表演、赛马、赛车等高风险运动导致的伤害引起的治疗。

XI. Medical treatment for injury arising from high-risk sports participated or engaged by the insured, such as diving, parachute, rock climbing, bungee, driving glider or paraglide, exploration, martial competition, wrestling, stunt performance, horse riding, motorcycle race, etc.

十二、被保险人遗传性疾病, 先天性畸形、变形或染色体异常。

XII. Genetic disease, congenital malformation, deformation or chromosomal abnormalities of the insured.

十三、视觉治疗[包括但不限于激光角膜切开术、准分子激光原位角膜磨镶术、屈光不正（近视、远视）校正手术]。

XIII. Visual therapy [including but not limited to laser keratotomy, excimer laser in-situ keratomileusis (LASIK), refractive error (myopia, hyperopia) correction surgery].

十四、在治疗所在地属于试验性或任何未经允许的药物或治疗。

XIV. Medicine or treatment that is experimental or unproven in the treatment location.

十五、因器官移植所产生的器官获取或寻找的费用。为了移植目的而对器官捐赠人进行的器官摘除及与此相关的并发症的治疗。

XV. Expenses for finding and obtaining an organ for transplantation. Expenses for removing the organ from the donor of the relevant complicated conditions in consequence.

十六、各种非意外伤害事故所致的外科整形：如皮肤色素沉着、痤疮治疗、红斑痤疮治疗；良性皮肤损害（雀斑、老年斑、痣、疣等）的治疗和去除；胎记、瘢痕、纹身去除、皮肤变色的治疗或手术；激光美容、除皱、除眼袋、开双眼皮、治疗白发、秃发、脱发、植毛、脱毛、隆鼻、隆胸、缩乳等。

XVI. Various plastic surgery items: skin pigmentation, treatment of acne and rosacea; treatment and erasion of benign skin damage (freckle, age pigment, mole and wart); erasion of birthmark, scar and tattoo, treatment or operation of epichrosis; cosmetic treatment, lift operation, removal of pouch with laser, treatment of white hair, baldness, alopecia, hare plantation, hair removal, hump nose, boob job, boob shrink, etc.

各种健美治疗：如营养、减肥、增胖、增高等。

Bodybuilding projects like nutrient, weight loss, weight increase, height increase.

十七、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、养老院等非合同规定的医疗机构接受与疗养、特别护理、静养相关的服务或治疗。

XVII. Environmental therapy implemented for rest and observation, service or treatment by any long-term care institution, spa, hydro outpatient service, rehabilitation institution, sanatorium, nursing home and other medical service institutions not agreed in this Contract.

十八、因纹身、非治疗目的的穿刺、变性手术。

XVIII. Tattoo, puncture with non-medical purpose, transsexual surgery.

十九、任何牙科治疗过程中使用的含贵金属的材料, 以及非治疗必需的、以美容为目的的牙齿处理、美白牙齿、种植牙、嵌体、正畸治疗、贴面。

XIX. Precious metal materials used in any teeth treatment, teeth treatment that are not necessary for treatment and for cosmetic purposes, teeth whitening, dental implants, inlays, orthodontic treatments, veneers.

二十、幼儿饮食、婴儿供应品、维生素、矿物质或有机物补充, 以及没有医生处方即可购买的物品（例如, 漱口水、牙膏、止咳糖或杀菌喷雾、洗发水或防晒霜等）。任何不被国家药品管理部门认可的药物治疗、药物和敷料, 或非经执业医师、处方指示的药物处理、药物和敷料。

XX. Infant diet, baby supplies, vitamins, minerals or organic supplements, self-bought articles without the doctor's prescription (such as mouth wash, tooth paste, cough sweets or mist spray, shampoo or sun cream). Any drug therapy, medicine and dressings that are not approved by the National Drug Administration, or medication, drugs and dressings that are not prescribed by a physician or prescription.

二十一、耐用医疗设备、非手术中必需的假体：

XXI. Durable medical equipment and prostheses not necessary for surgery:

耐用医疗设备包括：

Durable medical equipment includes:

(1)外置胰岛素泵；

(1) External insulin pumps;

(2) 脚托、臂托、颈背托或束带；

(2) Foot supports, arm supports, neck supports or straps;

(3) 轮椅；

(3) Wheelchairs;

(4) 义乳、义齿；

(4) Artificial breasts, denture;

(5) 助听器；

(5) Hearing aids;

(6) 外置心脏起搏器；

(6) External pacemakers;

(7) 便携式雾化器；

(7) Portable nebulizers;

(8)家用呼吸机;  
 (8) Domestic ventilators;  
 (9)拐杖;  
 (9) Crutch;  
 (10)各种康复治疗器械、矫形器具或保健按摩用品的租赁或购买。  
 (10)Rental or purchase of various rehabilitation equipment, orthopedic appliances or health massage supplies.

二十二、因填写医疗索赔申请表产生的费用,包括但不限于医疗机构(或医生)收取的管理费、登记费等。  
 XXII. Expenses incurred during the completion of the medical claim application form, including but not limited to, administration fees, registration fees, etc., charged by the medical institution (or doctor).

二十三、被保险人在酒精、药物或其他成瘾性物质造成的成瘾状况和由此直接或间接引起的任何医疗状况。  
 XXIII. Dependence on alcohol, drugs or other addictive substances, and any medical condition resulting directly or indirectly there from.

二十四、与性传播疾病相关的检查和治疗。  
 XXIV. Examination and treatment related to sexually transmitted diseases.

二十五、不孕不育治疗、任何辅助生育治疗(包括人工受精)以及由此引起的并发症。  
 XXV. Infertility treatment, any assisted birth treatment (including artificial insemination) and complications resulting there from.

二十六、验眼配镜。  
 XXVI. Optician services.

二十七、任何妊娠(包括异位妊娠)及其并发症。  
 XXVII. Any pregnancy (including ectopic pregnancy) and its complications.

二十八、输卵管阻塞、分娩(含难产)、流产、堕胎、节育(含避孕及绝育)、产前产后检查以及由以上原因引起的并发症。  
 XXVIII. Tubal obstruction, childbirth (including dystocia), miscarriage, abortion, birth control (including contraception and sterilization), prenatal and postnatal examination and complications caused by the above reasons.

二十九、体格检查。  
 XXIX. Physical examination.

除上述责任免除款项外,合同其他免除责任的条款,详见合同“1.6 保险责任”、“1.7 紧急救援服务”、“3.2 预授权”、“3.3 保险事故的通知”、“4.1 被保险人人数的变更”、“4.5 年龄及性别的确定与错误处理”、“4.6 职业或工种的变更”、“5.1 如实告知”以及尾注释义中相关字体加粗内容。  
 In addition to the aforesaid exclusions, other exclusions of this Contract are detailed in “1.6 Insurance Liabilities”, “1.7 Evacuation & Repatriation Services”, “3.2 Pre-authorization”, “3.3 Notice of an Insured Event”, “4.1 Change in Number of the Insured”, “4.5 Confirmation and Error Handling of Age and Gender”, “4.6 Change of Professions or Occupation”, “5.1 Full Disclosure” and relevant bold texts in the description of annotations.

#### 四、保单预期利益 Expected Benefits

本产品的预期利益详见附表《工银安盛人寿寰球尊享团体医疗保险（3.0版）保障计划表》。  
 The expected benefits for this policy are detailed in the “ICBC-AXA Life GlobalCare Group Medical Insurance (Version 3.0)Benefits Table”.

#### 附表 Schedule:

《工银安盛人寿寰球尊享团体医疗保险（3.0版）》保障计划表

ICBC-AXA Life GlobalCare Group Medical Insurance (Version 3.0) Benefits Table

年度总限额 Overall Annual Limit		RMB10,000,000
第 1 部分 Section 1	住院医疗保险金（基本保险责任） In-patient Benefits (Basic Insurance Liability)	

1.1	床位费 Hospital bed fees	全额保障 Full Refund
1.2	膳食费 Meals fees	
1.3	护理费 Nursing fees	
1.4	检查检验费 Diagnostic tests fees	
1.5	治疗费 Medical treatment fees	
1.6	医生诊疗费 Medical practitioners' and specialists' fees	
1.7	药品费 Medicine fees	
1.8	手术费 In-patient surgery fees	
1.9	加床费 Companion bed fees	
第 2 部分 Section 2	其他费用补偿后住院津贴保险金（基本保险责任） Hospital Cash Benefit after Reimbursement of Other Expenses(Basic Insurance Liability)	
2.1	同一保险期间内，我们承担被保险人其他费用补偿后住院津贴保险金的累计给付日数以 30 日为限 We shall cover the cash payment to the insured for each night where the insured receives treatment as a patient whose medical expenses have been reimbursed from other means, up to 30 days per period of cover.	每晚支付 RMB3,000 RMB3,000paid for each night
第 3 部分 Section 3	住院医疗扩展责任保险金 In-patient Medical Expansion Benefits	
3.1	物理治疗费 Physiotherapy treatment fees	全额保障 Full Refund
3.2	脊柱推拿、顺势疗法、针灸疗法费 Chiropractic, homeopathic and acupuncture treatment fees	
3.3	中医治疗费 Traditional Chinese medicine treatment fees	
3.4	精神疾病治疗费（指被保险人在等待期 180 天后被医生首次确诊为精神疾病，在医疗卫生监管部门认可的精神病专科医	

	<p>疗机构或者设有精神病科室的医疗机构住院治疗该精神疾病而发生的治疗费。<b>同一保险期间内，我们承担被保险人累计 30 天内（含）发生的住院精神疾病治疗费用。）</b></p> <p>Psychiatric and psychotherapy treatment fee (Refers to the treatment expenses incurred by the insured with mental illness initially diagnosed by a doctor, for in-patient treatment and daycare in a psychiatric specialist medical institution approved by the medical and health supervision authority or a medical institution with a psychiatric department, available <b>after a waiting period of 180 days. We shall cover the cost of inpatient mental illness treatment incurred by the insured for up to 30 days per period of cover).</b></p>	
<b>第 4 部分</b> <b>Section 4</b>	<b>门、急诊医疗保险金</b> <b>Out-Patient and Emergency Medical Benefits</b>	
4.1	医生诊疗费 Medical practitioners' and specialists' fees	全额保障 Full Refund
4.2	检查检验费 Diagnostic tests fees	
4.3	治疗费 Treatment fees	
4.4	药品费 Medicines fees	
4.5	<p>精神疾病治疗费（指被保险人在<b>等待期 180 天</b>后被医生首次确诊为精神疾病，在医疗卫生监管部门认可的精神病专科医院或者设有精神病科室的医疗机构进行门、急诊治疗该精神疾病而发生的治疗费）</p> <p>Psychiatric and psychotherapy treatment fee (Refers to the treatment expenses incurred by the insured with mental illness initially diagnosed by a doctor, for outpatient and emergency treatment and daycare in a psychiatric specialist medical institution approved by the medical and health supervision authority or a medical institution with a psychiatric department, available <b>after a waiting period of 180 days.</b>)</p>	保障最高为 RMB25,000 Up to RMB25,000
4.6	<p>脊柱推拿、顺势疗法、针灸疗法费</p> <p>Chiropractic, homeopathic and acupuncture treatment fees</p>	保障最高为 RMB25,000 Up to RMB25,000

4.7	中医治疗费 Traditional Chinese medicine treatment fees	
4.8	物理治疗费 Physiotherapy treatment fees	全额保障 Full Refund
4.9	核磁共振,正电子发射计算机断层扫描,X 线断层计算机电子扫描费 MRI, PET and CT scans fees	
4.10	门诊手术费 Out-patient surgical operations fees	
第 5 部分 Section 5	牙科门、急诊医疗保险金 Dental Outpatient and Emergency Medical Benefits	
请注意：此项利益适用于门、急诊牙科医疗，给付比例均为 75%。 Please Note: This benefit is applicable to outpatient and emergency dental care, and the payment ratio is both 75%.		
5.1	预防性牙科治疗（等待期 90 天），包括：常规牙科 X 光检查、牙齿健康指导、涂氟治疗、洁齿和抛光（预防）费，同一保险期间内，我们最多承担两次预防性牙齿清洁费。 Preventative dental treatment. This benefit covers X-rays, dental health guidance, fluoride application , scaling and polishing(two per period of cover), and is available after a waiting period of 90 days	保障最高为 RMB10,000 Up to RMB10,000
5.2	常规牙科治疗（等待期 90 天），包括：常规牙科治疗、汞合金或树脂复合填充物、简单拔牙费 Routine dental treatment. This benefit covers routine dental treatment, amalgam alloy and polyresin filler, extractions, and is available after a waiting period of 90 days	
5.3	重大牙科治疗（等待期 180 天），包括：根管填充、牙体修复（冠、桥、嵌体等）、智齿/阻生牙拔除费（含相关的化验和麻醉费用） Major restorative dental treatment. This benefit covers root canal treatment, crowns, inlays, opsigenes and impacted teeth extractions (include of diagnostic tests and anesthetic fees), and is available after a waiting period of 180 days	
第 6 部分 Section 6	疫苗接种或健康体检保险金 Wellness and Vaccinations Benefits	
6.1	18 周岁及以上成年人的常规健康体检或疫苗接种 Adult aged 18 and over: routine health checks or	保障最高为 RMB8,000 Up to RMB8,000

	vaccinations	
6.2	18 周岁以下未成年人的常规健康体检或疫苗接种 Children and juveniles aged 0-17: routine health checks or vaccinations	
<b>第 7 部分 Section 7</b>	<b>其他医疗保险金 Other Benefits for Medical Treatment</b>	
	家庭护理费和康复治疗费 Nursing at home and rehabilitation fees	保障最高为 RMB60,000 Up to RMB60,000
7.1	<p><b>请注意:</b></p> <p><b>1、同一保险期间内, 我们承担被保险人累计 100 天内 (含) 发生的合理且必要的家庭护理和康复治疗费用。</b></p> <p><b>2、对于被保险人因终末期疾病而需进行家庭护理的, 我们根据相应的项目承担保险责任, 不给付由此产生的家庭护理和康复治疗费。</b></p> <p><b>Please note:</b></p> <p><b>1. We shall cover the reasonable and necessary cost of nursing at home and rehabilitation incurred by the insured for up to 100 days (inclusive) per year.</b></p> <p><b>2. If the insured needs nursing at home due to terminal diseases, we shall cover the insurance liability according to the corresponding project, and will not pay the resulting cost of nursing at home and rehabilitation.</b></p>	
7.2	激素替代治疗费 Hormone replacement therapy fees	保障最高为 RMB2,000 Up to RMB2,000
7.3	艾滋病治疗费 (指被保险人在 <b>等待期 180 天</b> 后被医生首次确诊为感染艾滋病病毒或患艾滋病, 每次在医疗机构治疗所发生的合理且必要的医疗费用) HIV or AIDS treatment fee (Refers to the reasonable and necessary medical expenses incurred by the insured if the insured is infected with HIV or suffers from AIDS confirmed by a doctor, for each treatment received in a medical institution, available after a <b>waiting period of 180 days</b> )	保障最高为 RMB600,000 Up to RMB600,000
7.4	救护车费 Emergency ambulance fees	全额保障 Full Refund
	慢性疾病治疗费 Chronic disease treatment fees	保障最高为 RMB700,000 Up to RMB700,000
7.5	<p><b>请注意: 慢性疾病一旦被确诊为终末期疾病, 则我们根据相应的项目承担保险责任, 不再给付由此产生的慢性疾病治疗费。</b></p> <p><b>Please Note: If a chronic disease condition becomes terminal, we will assume insurance liability according to the corresponding project and no longer pay the resulting chronic disease treatment fee.</b></p>	

7.6	终末期疾病治疗费 Terminal disease treatment fees	保障最高为 RMB700,000 Up to RMB700,000
7.7	器官移植治疗费 Organ transplants fees	全额保障
7.8	癌症治疗费 Cancer care fees	全额保障
7.9	紧急医疗费 Emergency treatment fees	保障最高为 RMB416,500 Up to RMB416,500
	请注意：紧急医疗费保障保障区域外的合理且必需的紧急医疗费用。 Please Note: Reasonable and necessary emergency treatment outside the area of coverage is covered under this item.	
第 8 部分 视力保健保险金 Section 8 Optical Care Plan		
8.1	眼科检查费（同一保险期间内，该项费用以给付 1 次为限） Ophthalmic testing fee (this fee is limited to one payment per period of cover)	保障最高为 RMB2,000 Up to RMB2,000
8.2	眼科配镜费（同一保险期间内，该项费用以给付 1 次为限） Glasses fee (this fee is limited to one payment per period of cover)	
第 9 部分 孕产保险金 Section 9 Maternity Related Benefits		
年度总限额 Overall Annual Limit		RMB6,000,000
1.普通孕产保险金 Normal Uncomplicated Pregnancy and Childbirth		
1.1	分娩费用 Delivery costs	保障最高为 RMB80,000 Up to RMB80,000
1.2	本次怀孕相关的产前和产后 42 天常规检查费用 Prenatal checkups and postnatal checkups for 42 days	
1.3	新生儿费用 Newborn child care	
2.产前并发症和分娩并发症医疗保险金 Complications during Pregnancy and Childbirth		
2.1	产前并发症和分娩并发症医疗保险金 Complications during Pregnancy and Childbirth	全额保障 Full Refund
3.新生儿先天性缺陷及先天性畸形医疗保险金 Birth Defects and Congenital Abnormalities		
3.1	新生儿先天性缺陷及先天性畸形医疗保险金 Birth Defects and Congenital Abnormalities	保障最高为 RMB350,000 Up to RMB350,000
4.终止怀孕保险金 Terminating a Pregnancy		
4.1	终止怀孕保险金 Terminating a Pregnancy	全额保障 Full Refund
5.新生儿住宿医疗保险金 Newborn Child Accommodation		

5.1	<p>因新生儿母亲产后住院（产后并发症所引起）所导致的新生儿留院住宿的食宿费用</p> <p>Hospital accommodation costs for a newborn child to stay with its mother when she is receiving treatment as an in-patient in a hospital for a medical condition covered under this plan</p>	<p>全额保障</p> <p>Full Refund</p>
<b>6.救护车医疗保险金 Ambulance medical</b>		
6.1	<p>被保险人或新生儿因孕产紧急情况或者医疗必需，需要将其运送到最近的、合适的当地医疗机构所发生的救护车运输费用</p> <p>Costs of appropriate ambulance transport needed because of an emergency or medical necessity to the nearest available and appropriate local hospital.</p>	<p>全额保障</p> <p>Full Refund</p>
<b>7.孕产给付比例及等待期 Maternity Co-insurance and Waiting Period</b>		
7.1	<p>给付比例（针对“普通孕产保险金”）</p> <p>Reimbursement ratio on normal uncomplicated pregnancy and childbirth applied to each claim for treatment</p>	100%/90%/80%
7.2	<p>被保险人在<b>等待期 180 天</b>后怀孕，因怀孕实际产生的以上各项费用，我们按约定的比例给付相应保险金。</p> <p>If the insured is pregnant after a <b>waiting period of 180 days</b>, corresponding co-insurance will be made for the foregoing expenses incurred for maternity subject to the reimbursement ratios agreed in the contract.</p>	
<b>第 10 部分 Section10</b>	<b>住院给付比例/年免赔额 Reimbursement Ratio for In-patient Services/Annual Deductible</b>	
10.1	<p>优先医院给付比例(针对第 1、3、7 部分保障)</p> <p>Reimbursement Ratio for Primary Hospital (coverage for sections 1, 3 and 7)</p>	100%
10.2	<p>昂贵医院给付比例(针对第 1、3、7 部分保障)</p> <p>Reimbursement Ratio for Secondary Hospital (coverage for sections 1, 3 and 7)</p>	100%
10.3	<p>年免赔额（针对第 1、2、3、7 部分保障）</p> <p>Annual Deductible (coverage for sections 1, 2, 3 and 7)</p>	RMB0/15000/30000
<b>第 11 部分 Section11</b>	<b>门、急诊给付比例(针对第 4、7 部分保障) Reimbursement Ratio for Out-patient Services (coverage for sections 4 and 7)</b>	
11.1	<p>优先医院</p> <p>Primary Hospital</p>	100%
11.2	<p>昂贵医院</p> <p>Secondary Hospital</p>	<p>100%/80%/不保障</p> <p>100%/80%/Not Covered</p>

备注：“住院医疗保险金”和“其他费用补偿后住院津贴保险金”为必选保险责任，其他保险金责任为可选保险责任，若未经选择、且未载于保障利益表上，则不承担相应的保险责任。

Remarks: The "in-patient benefits" and "hospital cash benefit after reimbursement of other expenses" are mandatory insurance liabilities, and other insurance liabilities are optional ones. If policyholder do not choose it and it is not on the benefit table, we will not be responsible for the corresponding benefit.

#### 紧急救援服务 Evacuation & Repatriation Services

请注意：紧急救援服务的服务范围为全球，适用于年度总限额。

Please Note: Evacuation & repatriation is covered worldwide, applicable to the overall annual limit.

##### 1. 紧急运送和返回 Evacuation & repatriation

1.1	<p>安排被保险人至适合的医疗机构进行治疗，并承担由此产生的相应转送费用</p> <p>Arrange the insured to a suitable medical institution for treatment and cover the corresponding repatriation fee</p>
1.2	<p>紧急运送发生后，被保险人返回居住地的经济舱飞机票费用。 <b>若被保险人使用其他交通方式的，我们承担实际发生的费用，并以对应的经济舱飞机票费用为上限。</b></p> <p>Economy class return ticket following the evacuation, to the residence place of the insured. <b>If the insured uses other means of transportation, the payment made by us will be based on the actual expenses incurred, and limited to the corresponding economy class ticket cost.</b></p>
1.3	<p>紧急运送发生和返回发生时，我们承担被保险人的一名直系亲属因陪同所发生的如下费用：</p> <ul style="list-style-type: none"> <li>-往返经济舱飞机票费用；</li> <li>-一晚住宿费用（包含住宿第二日的早餐）；</li> <li>-从机场、港口或其他交通枢纽到住宿地的往返交通费；</li> <li>-从住宿地到运送医疗机构的往返交通费，<b>限每日一次。</b></li> </ul> <p>When an emergency evacuation or repatriation occurs, we shall cover the following costs incurred by an immediate family member of the insured for accompanying the insured:</p> <ul style="list-style-type: none"> <li>- return economy flight</li> <li>- one overnight accommodation (including breakfast of the next morning)</li> <li>- return transportation from the airport, port or other</li> </ul>

全额保障  
Full Refund

	transportation hub to the accommodation place return transportation from the accommodation place to the medical institution <b>once a day</b>	
2.遗体送返 Repatriation of mortal remains		
3.紧急探亲 Compassionate emergency visit		

注：以上为本产品保障项目概览，具体保障项目以投保人投保时所选责任及合同所附《保障利益表》为准，详细内容及相关事宜以保险条款为准。

**Note: The above is an overview of the covered items in this product. The specific covered items are subject to the liabilities policyholder selected when applying for insurance and the "Insurance Benefit Table" attached to the insurance contract. For details and related matters, refer to the insurance clauses.**

本产品说明仅供参考，具体保障利益详见产品条款并以保险合同约定为准。若英文译本与中文有异，以中文版本为准。

**This Insurance Policy Information is for reference only. The specific benefits are set out in the policy wording and are subject to agreement in the insurance contract. The English version is the translation of Chinese version. In case of any discrepancy between the English and Chinese versions, the Chinese version shall apply and prevail.**