

**澳門科技大學 - 學生團體醫療福利表**  
**MUST STUDENT GROUP MEDICAL BENEFIT SUMMARY**  
9/2024-8/2025

Group Hospitalization & Surgical Benefit 團體住院醫療及外科手術保障		每病症最高限額 Limit per disability
(a)	房租及膳食費 Daily Room & Board	370
	每天限額 (每病症最高賠償 45 天) per day (Max. 45 days)	
(b)	深切治療病房費 <sup>1</sup> Intensive Care Unit <sup>1</sup>	900
	每天限額 (每病症最高賠償 7 天) per day (Max. 7 days)	
(c)	住院雜費 Other Hospital Services	5,000
(d)	手術費 Surgeon's Fee	
	※ 複雜手術 Complex Operation	14,250
	※ 大手術 Major Operation	9,500
	※ 中手術 Intermediate Operation	4,750
	※ 小手術 Minor Operation	1,900
(e)	麻醉師費用 Anesthetist's Fee	
	※ 複雜手術 Complex Operation	3,600
	※ 大手術 Major Operation	2,400
	※ 中手術 Intermediate Operation	1,200
	※ 小手術 Minor Operation	480
(f)	手術室費 Operating Room	3,600
	※ 複雜手術 Complex Operation	2,400
	※ 大手術 Major Operation	1,200
	※ 中手術 Intermediate Operation	480
	※ 小手術 Minor Operation	
(g)	醫生巡房費 In-Hospital Physician's Consultation	350
	每天限額 (最高賠償 45 天) per day (Max. 45 days)	
(h)	附加住院醫療福利 <sup>2</sup> <b>Supplementary Major Medical Benefit<sup>2</sup></b>	30,000
	調整比率適用於賠償計算中 <sup>2</sup> An adjustment factor will be applied <sup>2</sup>	80%
	自付費 deductible	500
(i)	額外海外住院醫療保障(若因意外而導致之住院) <b>Increased Overseas Hospitalization Benefit(Due to accidental cause)</b>	最高賠償相等於基本 住院福利之 200% Up to 200% of basic hospitalization benefit

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Group Out-patient Benefits 團體門診醫療保障		每病症最高限額 Limit per disability
(a)	普通西醫門診 <sup>#</sup> <b>General Physician's Consultation<sup>#</sup></b>	180
	賠償比率 (每天限額一次 · 每保單年度最高限額 20 次) Reimbursement percentage (Limit per day)(Max. 20 visits per policy year)	80%
(b)	物理治療 <sup>3#</sup> <b>Physiotherapy<sup>3#</sup></b>	250
	賠償比率 (每天限額一次 · 每保單年度最高限額 20 次) Reimbursement percentage (Limit per day)(Max. 20 visits per policy year)	80%
(c)	中醫及骨科治療 <sup>#</sup> <b>Chinese Herbalist's or Bonesetter's Treatment<sup>#</sup></b>	160
	賠償比率 (每天限額一次 · 每保單年度最高限額 10 次) Reimbursement percentage (Limit per day)(Max. 10 visits per policy year)	80%
(d)	專科門診 <sup>#</sup> <b>Specialist Physician's Consultation<sup>#</sup></b>	250
	賠償比率 (每天限額一次 · 每保單年度最高限額 5 次) Reimbursement percentage (Limit per day)(Max. 5 visits per policy year)	80%
(e)	基本診斷測試 <sup>3,4</sup> <b>Basic Diagnostic Testing<sup>3,4</sup></b>	1,200
	每保單年度最高限額 100% up to \$1,200 per policy year	100%
註:	<sup>#</sup> 每個保單年度門診(a+b+c+d)項目合共最多賠償次數 <sup>#</sup> Overall maximum number of visits per Policy Year for Outpatient Benefits (a+b+c+d) item.	20
<b>一般健康檢查 Routine Physical Examination</b>		250
每保單年度最高限額一次(Max. 1 visits per policy year)		100%
<b>疫苗 Vaccination</b>		160
每保單年度最高限額一次(Max. 1 visits per policy year)		100%
<b>其他福利 Other Benefits</b>		
人壽保障 YEARLY RENEWABLE TERM LIFE		200,000
意外死亡及傷殘保障 ACCIDENTAL DEATH AND DISABLEMENT (CON)		200,000
危疾保障 CRITICAL ILLNESS		100,000

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Remarks for accessing Benefits 接受醫療服務條件之備註:
1. The specified maximum number of days set forth in this benefit shall be included in that of Daily Room & Board. 此保障之最多賠償日數計算在每日膳宿費之最多賠償日數內。
2. An Adjustment Factor shall be applied to the eligible expenses if the average amount of daily room & board charges incurred during hospitalization is higher than the Daily Room & Board Benefit shown in the Benefit Summary. The Adjustment Factor shall be expressed as follows:  <div style="text-align: center;"><u>Daily Room &amp; Board Benefit under the Hospitalization Benefits</u>  Average daily room &amp; board charges incurred during hospital confinement</div> <p>若受保成員住院期間的平均膳宿費高於其保障概要內所示住院膳宿費的賠償限額，在計算賠償時，須包括「調整基數」。「調整基數」之計算方法如下：</p> <div style="text-align: center;"><u>住院保障的膳宿費限額</u>  <u>住院期間的平均膳宿費</u></div>
3. Referral by attending Physician shall be required. 需醫生轉薦信。
4. Basic Diagnostic Testing includes basic diagnostic imaging (X-Ray, mammograms, ultrasound, electrocardiogram, echocardiogram, treadmill, blood test, urinalysis and other laboratory tests). Advanced diagnostic imaging (MRI, CT scans, nuclear medicine) shall be payable under Other Hospital Services. 基本診斷檢驗包括基本診斷性造影(X光·乳房造影·超聲波·心電圖·超聲心動圖·運動心電圖·血液測試·尿液分析及其他實驗室測試)。先進診斷性造影(磁力共振影像·電腦掃描·核子醫學科)保障福利包括於住院雜費內。

Note: All above figures are expressed in the following currency: MOP. 以上限額以澳門元計算。

# 醫療保障賠償申請程序及理賠

## I. 賠償申請

### 1. 門診費用賠償申請

- ➡ 填寫團體醫藥賠償申請表。每名受保成員須獨立填寫一份表格。
- ➡ 醫療機構發出之收據**正本**上應列明：
  - 病人姓名
  - 醫療機構名稱及地址
  - 醫生所作出之診斷（如遞交醫院管理局轄下醫院所發出之病假證明書或醫生證明書，則需註明有關之病名。）
  - 每項醫療服務之詳情
  - 接受醫療服務之日期
  - 每項醫療服務之費用
  - 醫療人員之簽署及醫療服務機構蓋章
- 請連同轉薦信一併寄回（只適用於需要普通科醫生轉薦的醫療服務）
- ➡ 於接受醫療服務日期起計 90 天內，向友邦遞交已填妥之申請賠償表格及有關收據正本。
- ➡ 請於遞交申請前，影印有關收據作為記錄，因所有連同賠償申請表格遞交之收據正本將不會退回。

#### 注意事項：

1. 門診 福利服務一般以每天一次為限，並受限於每年的全年服務次數限額及全年最高賠償金額。受保僱員應按個別所投保計劃參考有關次數及賠償限額。
2. 若閣下受保少於一個保單年度，閣下該保單年可享的服務次數上限及最高賠償額均需根據閣下於該保單年度受保時間之比例計算。

3. 以下之醫療服務需由普通科醫生發出轉薦信，請參考下列簡表：

受保障福利	轉薦信有效期
專科醫生服務	轉薦信由轉薦日起 180 日內，就所有由同一專科醫生因同一病症作出的所有治療均可生效，而每次治療分隔不得超過 90 日。
物理治療及脊醫治療	轉薦信由轉薦日起 180 日內，就所有由同一註冊物理治療師或脊醫因同一病症作出的所有治療均可生效，而每次治療分隔不得超過 90 日。
X 光及化驗室化驗	轉薦信由轉薦日起 180 日內只生效一次。

### 2. 住院費用賠償申請

- ➡ 閣下需於入院前填寫住院及手術賠償申請表「甲部 - 會員資料」。
- ➡ 請主診醫生填妥及簽署申請表背面之「乙部 - 由主診醫生填寫」。
- ➡ 於接受醫療服務日期起計 90 天內，向友邦遞交已填妥之申請賠償表格及住院收據正本。

## II. 理賠

一般符合保障範圍之索償申請會於收到賠償申請後七個工作天內辦妥，而有關賠償款項會以自動轉賬形式轉賬至或以支票形式交送閣下。

備註：如閣下遞交之索償申請資料不正確及 / 或不全，可能會延誤申請賠償的進度或導致有關賠償被拒絕。

# Medical Claim Procedures and Reimbursement

## I. Claim Procedures

### 1. Out-Patient Claim Procedures

- ➔ Complete one Group Medical Claim Form for each claimant.
- ➔ Ensure that original receipt(s) to be submitted include(s):
  - Patient's name
  - Physician's name and address
  - Diagnosis from the Physician  
*(If Sick Leave Certificate or Medical Certificate from any hospital under the Hospital Authority is to be submitted, please make sure diagnosis is included)*
  - Description of each service rendered
  - Date of service
  - Charges for each service rendered
  - Physician's signature and chop
  - Attach a referral letter, if applicable
- ➔ Send the duly completed claim form(s) together with the original itemized receipt(s) to AIA within 90 days after the date of receiving service.
- ➔ Make copies of receipt(s) before submitting the claim as original receipt(s) will not be returned to you.

#### Points to Note:

1. Out-patient benefits are normally subject to a maximum of one (1) visit per day, and a further limit on the maximum number of visits and maximum amount of benefit per policy year, for which you should check the plan in which you are enrolled.
2. If you are covered for less than a full policy year, the maximum number of visits and maximum benefit per policy year entitled shall be pro-rated to the portion of the policy year for which you are covered.

3. A written referral is required for the following benefits as indicated below:

Covered Benefit	Referral Validity Duration
Out-Patient Specialist Consultation	Referral is valid for 180 days from the date of referral for all treatments from the same specialist physician related to the same disability, provided each treatment is not separated from the last one by more than 90 days.
Physiotherapy or Chiropractic Treatment	Referral is valid for 180 days from the date of referral for all treatments from the same registered physiotherapist or chiropractor related to the same disability, provided each treatment is not separated from the last one by more than 90 days.
X-Ray and Laboratory Test	Referral is valid for one time within 180 days from the date of referral only.

### 2. Hospitalization Claim Procedures

- ➔ Complete 'Part I - Member Information' of the Group Hospitalization & Surgical Claim Form before hospital admission.
- ➔ Request the attending Physician to complete 'Part II – Description of Services' at the back of the Claim Form.
- ➔ Send the duly completed claim form together with the original itemized hospital bill(s) and receipts to AIA within 90 days after the date of receiving service.

## II. Claim Reimbursement (for out-patient and hospitalization claims)

Eligible claims will be processed within seven (7) working days upon receipt of completed claim form(s) and all required information. Reimbursement will be made through autopay to your designated bank account or by cheque.

*Remarks: Claims reimbursement may be denied or delayed if any claim is submitted with inaccurate and/or incomplete documentation or information.*

# 一般不保事項

閣下之團體人壽及 / 或醫療保障計劃所載之福利，均受由友邦簽發之團體保單所載之一般不保事項所限，列明不獲賠償的事項或損失。下文所列僅為團體保單所載之一般基本不保事項而並非詳盡、完整的資料，部份不保事項或不適用於閣下之團體保單。有關閣下保障計劃之不保事項的全文及詳情，請參閱閣下之團體保單合約。

## I. 團體人壽保障

團體人壽保障不設不保事項。

## II. 團體人壽附加保障的不保事項

(包括團體意外死亡及傷殘保障、團體完全及永久傷殘保障、團體危疾保障及團體長期傷殘保障等)

1. 不論神智清醒與否，受保成員自致或企圖自致之傷害。
2. 宣戰或不宣戰之戰爭、革命或任何軍事行動。
3. 參與暴動及民事騷亂、罷工或恐怖活動。
4. 抵觸或企圖抵觸法律的行為、拒捕。
5. 除受保人身處由商業航空公司在規定的航線中行駛的客機內為乘客外，凡出入、身處、駕駛、服務或上落於任何航空裝置或空中運輸工具。
6. 早已存在的任何病情 (不適用於團體意外死亡及傷殘保障)
7. 參與賽車或賽馬。
8. 受保成員被診斷證實患有愛滋病 (AIDS)、人體免疫力缺乏病毒 (HIV) (只適用於團體危疾保障及團體長期傷殘保障)。
9. 倘受保人於其保障生效日前已患有心臟病，所有有關冠狀動脈手術或其他嚴重的冠狀動脈疾病、血管成形術或其他冠狀動脈疾病之創傷性療法。

## III. 團體醫療保障

1. 保障生效後首十二 (12) 個月內，屬早已存在的任何病情並不受保障。早已存在的任何病情是指在受保人在保障生效前九十 (90) 日內曾接受治療、診斷或醫生處方藥物的疾病或損傷。
2. 有關心理、情緒、神智及行為的審查或治療；濫用藥物及酗酒的治療；休養或療養性的服務；有意識的或無意識的自殘或自殺所引起的損傷。
3. 因戰爭 (不論已宣戰與否) 直接或間接引致的損傷。
4. 特別康護服務；與傷病治療及診斷無關的一般身體檢驗或化驗；非醫療所須的治療、防疫注射或接種。
5. 購置、使用或配戴特別托架、器具、義肢、植入物、隱形眼鏡或聽覺輔助器；及非醫療服務的開支，如電視、電話等。
6. \* 牙齒 / 口腔檢查、視力測試及有關治療；眼部屈光治療或手術；美容或整容手術，唯在受保期間因意外導致健全身體受損而必須進行的程序則不在此限。
7. 先天性異常或殘缺而引致的研究、治療或手術，不論該先天性異常情況或殘缺於何時被發現。
8. \* 節育的器具、研究或手術、有關不育的研究或治療、基因測試、有關懷孕、分娩或流產的治療。
9. 非醫療所需的服務。
10. 除已獲本公司核准者外，一切實驗及尚待審查性質或未經証實為有效的醫療服務、治療、器具及藥物。
11. 戒煙計劃的服務和器具及尼古丁癮嗜的治療。
12. 提供醫療服務者與受保人同住，或是受保人家庭成員之一，包括配偶、兄弟、姊妹、父母或子女、或提供醫療服務者為本公司的營業員。

13. \* 針灸、穴位按摩、正骨法（跌打）、草本植物（中藥）治療、催眠治療、羅爾夫按摩療法、按摩治療、香薰治療及其他形式的另類治療法。
14. 家居護理；任何情況下的監管護理；日間護理；善終服務；私人護理；舒緩護理，除非已獲網絡醫生及本公司批准。
15. 健康教育服務，例如：語言改進、糖尿病課程、營養服務或團體支援服務。

\* 如有關保障列於閣下之團體保單則不受此限



# General Exclusions

Benefits under your Group Life and/or Medical Insurance Scheme are subject to a set of general exclusions as set out in your group policy contract issued by AIA, setting out the events or losses for which indemnity is not provided. By way of illustration, the following are some of the standard exclusions found in our group policy contracts. This list is not exhaustive and some of these exclusions may not apply to your plan. Please refer to your group policy contract for the complete list and details of exclusions applicable to your plan.

## I. Group Life Insurance

No exclusion for group life insurance.

## II. Group Life Supplementary Benefits [including but not limited to Accidental Death & Disablement (ADD), Total & Permanent Disability Income (TPDI), Critical Illness (CI) and Long Term Disability Income (LTD)]

1. Self-destruction or intentional self-inflicted injuries or any attempt thereof while sane or insane.
2. War, declared or undeclared, civil war, revolution, or any warlike operations.
3. Participating in riot and civil commotion, strikes or terrorist activities.
4. Violation or attempted violation of the law or resistance to arrest.
5. Entering, operating or servicing, riding in or on, ascending or descending from or with any aerial device, or conveyance except while the Insured Person is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
6. Pre-existing conditions (Not applicable to Accidental Death and Disablement)
7. Racing on horse or wheels.
8. Acquired Immune-Deficiency Syndrome (AIDS) or any Human Immunodeficiency Virus (HIV) (Applicable to the supplementary benefits of CI & LTD only)

9. Coronary Artery Surgery and/or Other Serious Coronary Artery Disease and/or Angioplasty and other Invasive Treatment for Coronary Artery Disease if the Insured Person had a diagnosis of "heart attack" prior to the effective date of his coverage.

## III. Group Medical Insurance

1. Pre-existing conditions for which the Insured Person received medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective date of his coverage, unless the Insured Person affected by these conditions has been insured under the Policy continuously for twelve (12) months.
2. Investigation and treatment of psychological, emotional, mental or behavioural conditions; alcoholism or drug addiction; rest cure or sanatoria care; treatment of an optional nature; intentionally self-inflicted injuries while sane or insane.
3. Injuries arising directly or indirectly from war, declared or undeclared.
4. Special nursing care; general physical or medical check-up or tests not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not medically necessary; immunization, vaccination or inoculation.
5. Procurement or use of special braces, any appliances, any equipment or prosthetic devices, any implants, contact lenses, eye glasses, hearing aids or the fitting of the same and non-medical services such as television, telephone and the like.
6. \*Any dental or eye examination/treatment, surgical procedure for correction of eye refraction, cosmetic procedures or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental bodily injuries covered under the Policy.



7. Any investigation, treatment or surgical operation for congenital anomalies or complications arising from such congenital anomalies or physical defects present at and existing from the time of birth regardless of the time of discovery or the time of such treatment or surgical treatment.
8. \*Birth control measures, investigation or treatment pertaining to infertility, genetic testing or counselling, treatment occasioned by or resulting from pregnancy, childbirth or abortion.
9. Non-Medically Necessary treatments.
10. Experimental, Investigational or Unproven Treatments.
11. Treatments and supplies for smoking cessation programs and the treatment of nicotine addiction.
12. Treatments rendered by a Physician with the same legal residence as the Insured Person or who is a member of the Insured Person's family, including spouse, brother, sister, parent or child; or services delivered by an agent of the Insurer.
13. \*Acupuncture; acupressure, bonesetting, herbalist treatment, hypnotism, rolfing; massage therapy; aroma therapy; and other forms of alternative treatments.
14. Clinical home care; custodial care in any setting; day care; hospice, private duty nursing; respite care.
15. Other education treatments such as speech improvement, diabetic classes and nutritional treatments, or group support treatments.

*\*Unless specifically covered under your group policy contract.*