

Benefit Summary 福利概要

Plan 計劃 001	Out-of-Network 非網絡
Hospitalization Benefits 住院福利 ⁹	100% per disability up to 100%支付・每病症最高
Inpatient Facilities Services 住院設施服務 - Daily Room & Board 每日膳宿費 - Intensive Care Unit 深切治療病房費 ¹ - Operating Room 手術室費 - Complex Operation 複雜手術 - Major Operation 大型手術 - Intermediate Operation 中型手術 - Minor Operation 小型手術 - Other Hospital Services 住院雜費	\$370 per day (Max. 45 days) 每日\$370 (最高 45 日) \$900 per day (Max. 7 days) 每日\$900 (最高 7 日) \$3,600 \$2,400 \$1,200 \$480 \$5,000
Inpatient Physician Services 住院醫生服務 - Surgeon's Fee 手術費 - Complex Operation 複雜手術 - Major Operation 大型手術 - Intermediate Operation 中型手術 - Minor Operation 小型手術 - Anesthetist's Fee 麻醉師費 - Complex Operation 複雜手術 - Major Operation 大型手術 - Intermediate Operation 中型手術 - Minor Operation 小型手術 - In-Hospital Physician's Consultation 醫生巡房費	\$14,250 \$9,500 \$4,750 \$1,900 \$3,600 \$2,400 \$1,200 \$480 \$350 per day (Max. 45 days) 每日\$350 (最高 45 日)
Increased Overseas Hospitalization Benefit (Due to accidental cause) 額外之海外住院福利 (因意外導致之住院)	Up to 200% of basic hospitalization benefits 最高賠償相等於基本住院福利之 200%
Supplementary Major Medical Benefit 附加住院醫療福利 ²	
Supplementary Major Medical Benefit (An adjustment factor will be applied) 附加醫療保障福利 (調整比率適用於賠償計算中) ²	80% up to \$30,000 after \$500 deductible 扣除自付費\$500 後・餘額 80%賠償・最高限額 \$30,000
Death Benefit 人壽保障	\$ 200,000
Accidental Death 意外死亡及傷殘保障	\$ 200,000
Critical Illness 危疾保障	\$ 100,000

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Outpatient Benefits 門診福利 ^{8,9,10}	
General Physician's Consultation 普通科門診諮詢 (GP) Telemedicine Service - General Physician's Consultation 視像診症服務 - 普通科門診諮詢 (TMGP) ⁷ Physiotherapy 物理治療 (PHY) ³ (Overall max. 1 visit per day, max. 20 visits per policy year) (每日最高限額 1 次, 每保單年度最高限額 20 次)	80% up to \$200 per visit 80% 支付, 每次診症最高\$200 80% up to \$200 per visit 80% 支付, 每次診症最高\$200 80% up to \$250 per visit 80% 支付, 每次診症最高\$250
Specialist Physician's Consultation 專科門診諮詢 (SP) ⁶ Telemedicine Service – Specialist Physician's Consultation 視像診症服務 - 專科門診諮詢 (TMSP) ^{6,7} (Max. 5 visits per policy year 每保單年度最高限額 5 次)	80% up to \$250 per visit 80% 支付, 每次診症最高\$250
Chinese Herbalist's or Bonesetter's Treatment 中醫或跌打治療 (HERB) or (BS) Telemedicine Service – Chinese Herbalist's Consultation 視像診症服務 - 中醫門診諮詢 (TMCH) ⁷ (For University Hospital Only) (只適用於科大醫院) (Max. 10 visits per policy year 每保單年度最高限額 10 次)	80% up to \$160 per visit 80% 支付, 每次診症最高\$160
Basic Diagnostic Testing 基本診斷測試 ^{3,4}	100% up to \$1,200 per policy year 100% 支付, 每保單年度最高\$1,200
Routine Physical Examination 一般健康檢查 (Max. 1 visits per policy year 每保單年度最高限額 1 次)	100% up to \$270 per visit 100% 支付, 每次診症最高\$270
Vaccination 疫苗 (Max. 1 visits per policy year 每保單年度最高限額 1 次)	100% up to \$160 per visit 100% 支付, 每次診症最高\$160
Overall maximum number of visits per Policy Year for Outpatient Benefits 每保單年度門診最多賠償次數 (GP)+(TMGP)+(PHY)+(SP)+(TMSP)+(HERB)+(BS)+(TMCH)	20
Other Benefits 其他福利	
Medical Evacuation & Repatriation Benefit 醫療運送及遺體運返福利 ⁵ - Emergency Medical Evacuation 緊急醫療運送 - Repatriation of Remains 遺體運返 - Worldwide Hospitalization Deposit Guarantee 全球住院按金保証 - Compassionate Visit (if the Insured Person is hospitalized for more than 7 consecutive days) 家屬恩恤探訪 (如受保人需住院超過連續 7 日) - Return Common Carrier ticket (economy class) 探訪家屬來回機票乙張 (經濟客位) - Visitor's accommodation expenses 探訪家屬之住宿費用 - Return of Children (under 18 years of age) 子女護送 (只限十八歲以下子女) - One-way Common Carrier ticket (economy class) 單程(送返之)機票乙張 (經濟客位) - Qualified escort when necessary 如有需要將由專人陪同送返 - Overseas Medical Monitoring & Repatriation after discharge from overseas Hospitalization 海外住院期間醫療跟進及出院後醫療運返 - Hotel Room Accommodation for Convalescence (Maximum 5 days per Trip) 療癒期間酒店住宿費用 (每行程最多 5 日)	100% 支付 100% 支付 Maximum \$60,000 per Trip 每行程最高限額 \$60,000 Included 已包括 Maximum \$12,000 per Trip 每行程最高限額 \$12,000 Included 已包括 Included 已包括 Included 已包括 Maximum \$2,000 per day 每日最高限額 \$2,000

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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. Definitions
 - a) "Deductible Amount" shall mean the amount of eligible expenses borne by the insured person before any benefits are payable by the Company.
 - b) "Coinsurance" shall mean the percentage of eligible expenses responsible by the Company after the Deductible Amount is borne by the insured person.

Illustration

If the expenses incurred by the insured person exceed the maximum benefit under the Hospitalisation & Surgical Benefits ("Eligible Expenses"), then subject to the maximum benefit of Supplementary Major Medical Benefit, the Company shall make reimbursement according to the following formula:

$$\text{Actual reimbursement} = (\text{Eligible Expenses} \times \text{Adjustment Factor (if applicable)} - \text{Deductible Amount}) \times \text{Coinsurance (e.g. 80\%)}$$

An Adjustment Factor shall be applied to the Eligible Expenses if the average amount of daily room & board charges incurred during hospitalisation is higher than the Daily Room & Board Benefit shown in the Benefit Schedule. All Eligible Expenses payable under this Supplementary Benefit shall first be multiplied by the Adjustment Factor before deducting the Deductible Amount and then multiplying the Coinsurance percentage. The Adjustment Factor shall be expressed as follows:

Daily Room & Board Benefit in the Benefit Schedule

Average daily room & board charges incurred during hospitalisation

For example, there is HKD500 deductible, for eligible expenses of HKD100,000 with 80% coinsurance, the insured person's Daily Room & Board Benefit is HK\$1,500 while his actual average daily room & board charge was HK\$2,000. An Adjustment Factor of 75% (HKD1,500/HKD2,000) will apply. The Eligible Expenses will become HKD75,000 (HKD100,000 x 75%). After applying the Adjustment Factor, the insured person is firstly responsible for HKD500 (i.e. the deductible amount), and secondly responsible for HKD14,900 (i.e. 20% of remaining eligible expenses after deducting the deductible amount), while we pay the remaining HKD59,600 (i.e. 80% of the remaining eligible expenses after deducting the deductible amount).__

定義

- a) 「扣除額」指本公司支付福利惠益予受保人之前，受保人需先負擔之合資格費用。
- b) 「賠償比率」是指扣除受保人需負擔之「扣除額」後，本公司需負責餘下開支之百分比。

說明

凡超出住院及手術費用保障所列最高福利限額的開支「合資格開支」，可按額外醫療保障最高限額獲得賠償。實際賠償金額計算如下：

$$\text{實際賠償金額} = (\text{合資格開支} \times \text{調節因數(如適用)} - \text{扣除額}) \times \text{賠償比率 (如 80\%)}$$

若受保人住院期間的平均膳宿費高於其保障福利概要內所示住院膳宿費的賠償額，在計算賠償時，須包括「調節因數」。所有於此附加醫療保障福利的受理合資格開支需先乘以「調節因數」，然後減去「扣除額」，再乘以「賠償比率」。「調節因數」之計算方法如下：

住院保障的每日膳宿費福利

住院期間的平均每日膳宿費

假如扣除額為 500 港元，合資格醫療費用為 100,000 港元，賠償比率為 80%，受保人的每日膳宿費福利為 1,500 港元而其實際住院之平均每日膳宿費為 2,000 港元。調節因數將會是 75% (1,500 港元/2,000 港元)。合資格開支將會是 75,000 港元 (100,000 x 75%)。於施以調節因數後，受保人須先負責 500 港元(即扣除額金額)，以及 14,900 港元 (即扣除扣除額後餘下之 20%合資格費用)而我們將會賠償餘下的 59,600 港元 (即扣除扣除額後餘下合資格費用的 80%)。

3. Referral by attending Physician shall be required. 需註冊醫生轉薦信。
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。
5. Prior Authorization by AIA or AIA's Provider shall be required. 需預先通知友邦保險或友邦國際支援服務。
6. Waive referral letter for all Out Patient Specialist Consultation. 所有專科無需普通科西醫之轉薦信。
7. Telemedicine Service excludes medication delivery charge. 視像診症服務不包括藥物送遞服務的費用。
8. Benefit items which are payable on a per-visit basis shall together be subject to a total maximum number of visits per Policy Year according to the Benefit Summary and limited to 1 visit per day per Benefit item. 根據每次限額賠償的福利項目應以福利概要內所列明之全年總次數限額為限，每位受保成員只限享用每福利項目每日一次服務。
9. "Reimbursement percentage" shall mean the percentage of eligible expenses responsible by the Company. The eligible expenses payable shall first be multiplied by the reimbursement percentage and then be capped by the maximum benefit limit (per visit or per day) as well as the maximum number of visit under each benefit. For example, for a benefit with HKD/MOP350 maximum limit per visit and 80% reimbursement percentage, the insured person incurs a claim of HKD/MOP 500 under the benefit. We shall pay HKD/MOP350 (HKD/MOP 500 X 80% = HKD/MOP 400, but capped at HKD/MOP 350), while the insured person pays the remaining HKD/MOP 150. 賠償百分率是指公司所承擔合資格費用的比例。合資格的賠償費用應先乘以賠償百分率，然後以最高保障額 (按每次求診或每天計算) 以及最高求診次數為上限。例如，一個保障的最高保障額為 HKD/MOP 350 及賠償百分率為 80%，而受保人在該保障下的索償金額為 HKD/MOP 500，我們將支付 HKD/MOP 350 (HKD/MOP 500 X 80% = HKD/MOP 400，但以 HKD/MOP 350 為上限)，而受保人則負擔剩餘的 HKD/MOP 150。
10. Benefit items which are payable on a per-visit basis shall together be subject to a total maximum number of visits per Policy Year according to the Benefit Summary and limited to 1 visit per day per Benefit item. 根據每次限額賠償的福利項目應以福利概要內所列明之全年總次數限額為限，每位受保成員只限享用每福利項目每日一次服務。

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

Medical expenses incurred outside the People's Republic of China including Hong Kong SAR and Macau SAR are not covered under this policy, except for hospital confinement overseas resulting from an accidental injury.

於中華人民共和國，香港特別行政區及澳門特別行政區以外產生的醫療費用均不在本保單保障範圍內，惟因意外受傷而需於海外住院治療則屬例外。

If an insured member is 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 such insured member is covered. 若受保人之保障有效期少於一個完整的保單年度，受保人於此保障期間之保單年度次數限額及保單年度最高賠償額會按此期間與保單年度之比例計算。

The final interpretation of the benefit coverage or its applicability is subject to the provisions of the master policy issued by AIA International Limited (Incorporated in Bermuda with limited liability). 此團體保險計劃之福利賠償的最後詮釋及執行，均以友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)之英文保單為準。

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