



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

全球孕产医疗保险条款

Individual Worldwide Maternity & Pregnancy Insurance Policy

2018-2019

The documents issued by the Insurer consist of a Chinese language and an English language version.

In the event of any discrepancy, the Chinese language version shall prevail.

保险人签发的保险合同包含中、英文版本。若两版本有不同解释，以中文版本为准。

目录Content

总则 GENERAL PROVISIONS	3
保障类型 POLICY TYPE	4
保险责任 INSURANCE BENEFIT	4
责任免除 EXCLUSIONS.....	10
保险金额和保险费 SUM ASSURED AND PREMIUM.....	13
保险期间 POLICY PERIOD	13
医疗服务网络和事先授权 MEDICAL PROVIDER NETWORK AND PRE-AUTHORIZATION.....	13
保险人义务 OBLIGATIONS OF THE INSURER	15
投保人、被保险人义务 THE OBLIGATIONS OF THE POLICYHOLDER AND THE INSURED	15
保险金申请与给付 INSURANCE BENEFITS APPLICATION AND PAYMENT.....	17
医疗费用补偿原则 PRINCIPLE OF MEDICAL EXPENSE COMPENSATION	18
保险合同的变更与解除 ALTERATION AND CANCELLATION	19
争议处理与法律适用 DISPUTE SETTLEMENT AND GOVERNING LAW	19
释义 DEFINITION	20

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【注册编号：C00001032512018102602871】
Registration Number: C00001032512018102602871

总则

General Provisions

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

The insurance provision, the Policy Rider, the Policyholder application forms, the Policy Wording or other insurance certificate, the Insurance Card, the preferred provider network, and any amendments or endorsements, make up the entire Insurance Policy (hereinafter referred to as the "Policy"). Any agreement relating to the Policy shall be made in written.

第二条 年龄在十八周岁（含）至四十五周岁（含），身体健康、能正常工作或者正常生活的女性，可作为本合同的被保险人。

An Eligible Insured is a healthy female at the age from eighteen (18) to forty-five (45) at the time of enrollment.

第三条 有完全民事行为能力的被保险人本人或者对被保险人具有保险利益的其他个人或者组织，可作为本合同的投保人。

The Policyholder is the Insured Person who has full capacity for civil conduct or any person or organization who has insurable interest with the Insured.

第四条 除另有约定外，本合同保险金的受益人（以下简称“受益人”）为被保险人本人。

Except as otherwise agreed, the beneficiary of this Policy (hereinafter referred to as the "beneficiary") is the Insured Person.

第五条 投保人应当为被保险人选择适用的保障类型、可选责任、免赔额、自付比例予以投保，确定具体的保险保障，并在本合同中载明。

The Policyholder shall select for the Insured Person the Policy type, the optional benefits, the Policy Co-payment, the Deductible, insurance coverage, which shall be indicated in this Policy.

第六条 保险人将为每一被保险人发放保险卡，该保险卡将载明被保险人姓名、保险单号码、保险期间、保障类型、一般自付比例、次免赔额或者年免赔额、可选责任、医疗服务网络、医疗服务第三方服务提供商（以下简称“第三方服务商”）、理赔申请等有关信息。

The insurer shall issue every Insured Person an Insurance Card, which outlines name of the Policyholder, Policy number, Policy period, Policy type, general Policy Co-payment, deductible per claim or annual deductibles, optional benefits, medical provider network, third-party medical service provider (hereinafter referred to as the "third-party service provider"), as well as information for submitting claims.

第七条 本合同涉及的责任限额以人民币表示，经投保人、保险人双方约定，也可为其他币别。

The currency of this Policy is expressed in Renminbi ("RMB"). If any other one rather than RMB, it shall be

confirmed between the Policyholder and the Insurer.

保障类型

Policy Type

第八条 本保险条款的保障类型分设有全球保障、国际保障、国际增强保障、大陆及港澳台保障、大陆及港澳台增强保障，具体应当由投保人在投保时为被保险人选择，并载明于本合同中。

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

第九条 对与每一保障类型对应的保障地域具体约定如下，保险人仅对被保险人保险期间内在相应保障地域内发生的保险责任范围内的费用，按照本合同的约定给付保险金：

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

（一）全球保障

保障地域为全球任何国家和地区。

A. Worldwide Plan

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

（二）国际保障

保障地域为除美国、加拿大外的全球任何国家和地区。

B. International Plan

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

（三）国际增强保障

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

C. International Plus Plan

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

（四）大陆及港澳台保障

保障地域为大陆及港澳台。

D. Greater China Plan

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

（五）大陆及港澳台增强保障

保障地域同大陆及港澳台保障，且保险人对对应的被保险人在大陆及港澳台以外地区发生的、与紧急医疗对应的保险责任范围内的费用也提供保险保障。

E. Greater China Plus Plan

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

保险责任

Insurance Benefit

第十条 本保险条款分设助孕医疗保险责任、分娩保险责任、妊娠并发症医疗保险责任、妊娠紧急

医疗保险责任、妊娠身故援助保险责任、新生儿护理保险责任、新生儿住院及手术医疗保险责任和新生儿严重先天畸形保险责任，供选择投保。

This Policy Provisions include the following benefits for choice: pregnancy assistance medical benefit, delivery benefit, pregnancy complications medical benefit, pregnancy emergency medical benefit, pregnancy death aid benefit, newborn infant care benefit, newborn infant inpatient and surgical medical benefit and newborn infant major congenital malformation benefit.

第十一条 助孕医疗保险责任

Pregnancy Assistance Medical Benefit

在保险期间内，被保险人在与其保障类型相对应的保障地域内，经保险人认可的医疗机构确诊患有器质性不孕而接受医师推荐的、医学必需的治疗，或被保险人的配偶因不育症而接受医师推荐的、医学必需的手术治疗，由此发生的符合通常惯例水平的医疗费用（以下简称“合理助孕医疗费用”），保险人根据本合同的约定，按照“（合理助孕医疗费用－免赔额）×（1－自付比例）”计算给付助孕医疗保险金。

During the Policy Period, the Usual and Customary Charges for the Insured Person receiving treatment within the area of coverage that are Medically Necessary, recommended by a Physician after diagnosed with organic infertility by the Insurer approved medical provider, or the Usual and Customary Charges for the spouse receiving Medical Necessary surgical treatment, recommended by a Physician for infertility (hereinafter referred to as “reasonable pregnancy assistance medical cost”) shall be reimbursed by the Insurer in accordance with the calculation of “(reasonable pregnancy assistance medical cost - Deductible amount) * (1 - Policy Co-payment)”.

保险人根据本合同针对每一被保险人给付的助孕医疗保险金累计以其助孕医疗保险金额为上限，当达到该限额时，本合同约定的对该被保险人的助孕医疗保险责任终止。

The aggregate maximum of pregnancy assistance medical benefits payable by the Insurer for each Insured Person under this Policy shall be the maximum benefit of pregnancy assistance medical insurance and when the limit is reached, the Insurer’s pregnancy assistance medical liability under this Policy is terminated.

第十二条 分娩保险责任

Delivery Benefit

在保险期间内，被保险人在与其保障类型对应的保障地域内的医院或者生育中心分娩，由此发生的符合通常惯例水平的分娩费用（以下简称“合理分娩费用”），保险人根据本合同的约定，按照“（合理分娩费用－免赔额）×（1－自付比例）”计算给付分娩保险金。分娩费用包括：

During the Policy Period, the Usual and Customary Charges for the Insured Person delivery in the Hospital or Birth Center within the area of coverage (hereinafter referred to as “reasonable delivery cost”) shall be reimbursed by the Insurer in accordance with the calculation of “(reasonable delivery cost - Deductible amount) * (1 - Policy Co-payment)”. The delivery cost includes:

1、被保险人产前检查费；

Cost of pre-natal checkup for the Insured Person;

2、妊娠期内医师处方开具的维生素和钙剂费；

Pre-natal vitamins and calcium prescribed by a Physician during the term of the pregnancy only;

3、超声波检查费；

Ultrasonic fee;

4、早产费、顺产费、医学必需剖腹产费；

Cost of premature birth, normal childbirth, Medically Necessary C-section;

5、麻醉费；

Cost of anesthesia service;

6、产后复查费；

Post-natal checkup;

7、医学必须的流产费。

The cost of Medically Necessary abortion

保险人根据本合同针对每一被保险人给付的分娩保险金累计以其分娩保险金额为上限，当达到该限额时，本合同约定的对该被保险人的分娩保险责任终止。

The aggregate maximum of delivery benefits payable by the Insurer for each Insured Person under this Policy shall be the sum assured of delivery insurance and when the limit is reached, the Insurer's delivery liability under this Policy is terminated.

第十三条 妊娠并发症医疗保险责任

Complications of pregnancy Medical Benefit

在保险期间内，被保险人在与其保障类型相对应的保障地域内，经保险人认可的医疗机构确诊患妊娠并发症而接受医师推荐的、医学必需的治疗，由此发生的符合通常惯例水平的妊娠并发症医疗费用（以下简称“合理妊娠并发症医疗费用”），保险人根据本合同的约定，按照“（合理妊娠并发症医疗费用－免赔额）×（1－自付比例）”计算给付妊娠并发症医疗保险金。妊娠并发症医疗费用包括：

During the Policy Period, the Usual and Customary Charges for the Insured Person receiving treatment within the area of coverage that are Medically Necessary, recommended by a Physician after diagnosed with pregnancy complications by the Insurer approved medical provider (hereinafter referred to as “reasonable pregnancy complications medical cost”) shall be reimbursed by the Insurer in accordance with the calculation of “(reasonable pregnancy complications medical cost - Deductible amount) * (1 - Policy Co-payment)”. The medical costs of pregnancy complications include:

1、病房床位费、急诊室费、重症监护病房费、陪床费，医院提供的膳食和营养配餐费；

Room and board fee, emergency room fee, Intensive Care Units fee, companion bed fee, meals and special diets fee provided by the hospital

2、被保险人住院期间其出生未满30日的新生婴儿住院加床费；

Companion Bed: A companion bed for a newborn baby aged less than thirty (30) days old accompanying the hospitalized Insured Person.

3、手术室和恢复室费，手术敷料费；

Use of operation room and recovery room, use of surgical dressings

4、输血、血浆、血浆扩容药物以及所有相关化验、操作设备和服务费用；

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

5、药品费、吸氧费、化验费、护理费、医师诊疗费、手术医师费和麻醉师费；

All medicines, oxygen service, laboratory testing, nursing, physician service, anesthesia service and cost for surgeon.

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

Examination fee includes but is not limited to X-ray examination, ultrasonic examination, echocardiography, computed tomography, positron emission tomography and magnetic resonance imaging.

7、由医师或者注册呼吸治疗师实施的呼吸治疗费；

Respiratory therapy rendered by a Physician or registered respiratory therapist;

8、由医师或者具有相应资质的专业医师实施的物理治疗。这些治疗须为该被保险人医师书面治疗计划一部分，且满足下列全部条件：

Physical therapy rendered by a physician or a registered therapist. Services must be pursuant to a Physician's written treatment plan and meet all the following conditions:

（1）在合理的、可预测的时间内症状会明显好转；

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

(2) 疗法复杂或者被保险人病症使得只有医师、注册物理治疗师才能安全、有效实施。

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

9、入住经保险人第三方服务商批准的机构接受的康复治疗和由专业护士实施的专业护理费用。

Rehabilitation treatment received in the institutions approved by the third party service provider and skilled nursing cost of such rehabilitation treatment rendered by a professional nurse.

保险人根据本合同针对每一被保险人给付的妊娠并发症医疗保险金累计以其妊娠并发症医疗保险金额为上限，当达到该限额时，本合同约定的对该被保险人的妊娠并发症医疗保险责任终止。

The aggregate maximum of pregnancy complications medical benefits payable by the Insurer for each Insured Person under this Policy shall be the sum assured of pregnancy complications insurance and when the limit is reached, the Insurer's pregnancy complications medical liability under this Policy is terminated.

第十四条 妊娠紧急医疗保险责任

Pregnancy Emergency Medical Benefit

在保险期间内，被保险人在与其保障类型相对应的保障地域内，因妊娠并发症而接受紧急医疗的，由此发生的下列费用，保险人根据本合同的约定给付妊娠紧急医疗保险金。

During the Policy Year period, the pregnancy emergency medical insurance benefits are payable by the Insurer to the Insured Person in accordance with the Schedule of Benefits for the following costs due to pregnancy complications in the areas of coverage.

1、紧急医疗运送费用

Emergency Ground Ambulance Services

出于医疗必要，以专业救护车将其运至医疗机构发生的费用。

Benefits are provided for Medically Necessary emergency ground ambulance transportation to the medical facility.

2、紧急医疗转运费用

Emergency Medical Evacuation Services

(1) 出于医疗必要，由第三方服务商安排运送被保险人至保障地域内的其他医疗机构发生的费用；
Certain costs for the Insured Person transported to the medical facility in the areas of coverage are covered during a Medically Necessary Evacuation arranged by the third-party service provider.

(2) 被保险人治疗完成或者病情稳定后，由第三方服务商安排其以公共交通工具（飞机限经济舱）返回常住地发生的费用；

The cost of public transportation (economy-class air tickets) to return to the place of residence which arranged by the third-party service provider is also covered for the Insured Person after treatment or being stable.

(3) 一位陪同人员在被保险人医疗转运、住院期间发生的公共交通工具（飞机限经济舱）费用和住宿费用。

Certain public transportation costs (economy-class air tickets) and hotel fees for an accompanying person during an approved Emergency Medical Evacuation and inpatient period are also covered.

保险人根据本合同针对每一被保险人给付的妊娠紧急医疗保险金累计以其妊娠紧急医疗保险金额为上限，当达到该限额时，本合同约定的对该被保险人的妊娠紧急医疗保险责任终止。

The aggregate maximum of pregnancy emergency medical insurance benefits payable by the Insurer for each Insured Person under this Policy shall be the sum assured of pregnancy emergency medical insurance and when the limit is reached, the Insurer's pregnancy emergency liability under this Policy is terminated.

第十五条 妊娠身故援助保险责任

Pregnancy Death Aid Benefit

(一) 妊娠身故保险责任

Pregnancy death benefit

在保险期间内，被保险人在与其保障类型对应的保障地域内，妊娠周期中身故的，保险人按该被保险人妊娠身故保险金额给付妊娠身故保险金，同时本合同约定的对该被保险人的保险责任终止。

During the Policy period, the pregnancy death insurance benefits payable by the Insurer for each Insured Person dying during pregnancy in the areas of coverage under this Policy is the sum assured of Pregnancy death insurance and the Insurer's liability under this Policy is terminated.

(二) 遗体运返或安葬保险责任

Repatriation or Local Burial of Mortal Remains

在保险期间内，被保险人在其国籍国以外的国家或地区因分娩身故的，根据被保险人的保障类型，发生下列情形的，由此发生的合理且必需的遗体运返或安葬费用，保险人根据本合同的约定给付遗体运返或安葬保险金。

During the Policy period, the benefits are payable by the Insurer in accordance with the Schedule of Benefits for the reasonable and necessary expenses for repatriation and local burial of the mortal remains of an Insured Person who dies due to baby delivery procedure outside Home Country in the following circumstances.

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

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

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

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

International Plan:

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

3. 保障类型为大陆及港澳台保障的，若保险期间内被保险人在大陆及港澳台地区因分娩身故，在事发地法律法规许可的情况下，根据其遗愿或者近亲属意愿，保险人负责运送其遗体至其国籍国（限大陆及港澳台），或者安排当地安葬。

Greater China Plan:

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

保险人根据本合同针对每一被保险人给付的遗体运返或安葬保险金累计以其遗体运返或安葬保险

金额为上限，当达到该限额时，本合同约定的对该被保险人的遗体运返或安葬保险责任终止。

The aggregate maximum of Repatriation or Local Burial of Mortal Remains benefits payable by the Insurer for each Insured Person under this Policy shall be the sum assured of Repatriation or Local Burial of Mortal Remains insurance and when the limit is reached, the Insurer's Repatriation or Local Burial of Mortal Remains liability under this Policy is terminated.

第十六条 新生儿护理保险责任

Newborn Infant Care Benefit

在保险期间内，被保险人在与其保障类型对应的保障地域内生产出婴儿，由此发生的符合通常惯例水平的新生儿护理费用（以下简称“合理新生儿护理费用”），保险人根据本合同的约定，按照“（合理新生儿护理费用—免赔额）×（1-自付比例）”计算给付新生儿护理保险金。新生儿护理费用包括：

During the Policy Year period, the Usual and Customary Charge for newborn infant care due to the Insured delivers a newborn infant in the areas of coverage (hereinafter referred to as "reasonable newborn infant care cost"), shall be reimbursed by the Insurer in accordance with the calculation of " (reasonable newborn infant care cost-Deductible amount) * (1- Policy Co-payment) ". The cost of Newborn Infant Care includes:

1、医学必需的新生儿护理费用：因新生儿患疾病产生的专业护理费用。

Medically Necessary cost for newborn infant care: professional nursing costs for any illnesses treatment of newborn infants.

2、常规新生儿护理费用：非因新生儿患疾病产生的、发生在分娩医院的专业护理费用。

Routine cost for newborn infant care: professional nursing costs for any Non-illnesses treatment of newborn infants.

保险人根据本合同针对每一被保险人给付的新生儿护理保险金累计以其新生儿护理保险金额为上限，当达到该限额时，本合同约定的对该被保险人的新生儿护理保险责任终止。

The aggregate maximum of newborn infant care benefits payable by the Insurer for each Insured Person under this Policy shall be the sum assured of newborn infant care insurance and when the limit is reached, the Insurer's newborn infant care liability under this Policy is terminated.

第十七条 新生儿住院及手术医疗保险责任

Inpatient and Surgical Medical Benefit for Newborn Infant

在保险期间内，被保险人在与其保障类型对应的保障地域内生产的婴儿，出生后接受医师推荐的、医学必需的手术治疗或住院治疗，由此发生的符合通常惯例水平的住院及手术医疗费用（以下简称“合理新生儿医疗费用”），保险人根据本合同的约定，按照“（合理新生儿医疗费用—免赔额）×（1-自付比例）”计算给付新生儿住院及手术医疗保险金。

During the Policy Period, the Usual and Customary Charge for newborn infant inpatient and surgical treatment that are Medically Necessary, recommended by a Physician after delivered by the Insured Person within the areas of coverage (hereinafter referred to as "reasonable newborn infant medical cost"), shall be reimbursed by the Insurer in accordance with the calculation of " (reasonable newborn infant medical cost-Deductible amount) * (1- Policy Co-payment) ".

保险人根据本保险合同针对每一新生儿给付的新生儿住院及手术医疗保险金累计以该被保险人的新生儿住院及手术医疗保险金额为上限。当达到该限额时，本保险合同约定的对该被保险人的新生儿住院及手术医疗保险责任终止。

The aggregate maximum of newborn infant inpatient and surgical medical benefits payable by the Insurer for each Insured Person under this Policy shall be the sum assured of newborn infant inpatient and surgical

medical insurance and when the limit is reached, the Insurer's newborn infant inpatient and surgical medical liability under this Policy is terminated.

第十八条 新生儿严重先天畸形保险责任

Major Congenital Malformation Insurance Benefit for Newborn Infant

在保险期间内，被保险人生产的婴儿存活满三十日的，在一周岁前经保险人认可的医疗机构确诊存有本合同列明的严重先天畸形的，保险人按本合同载明的新生儿严重先天畸形保险金额给付新生儿严重先天畸形保险金。

During the Policy Period, in the case of newborn infant delivered by the Insured Person survives more than thirty days after birth, any malformation listed in this Policy found before his/her first birthday, the Insurer shall make payment of Major Congenital Malformation Insurance benefits for Newborn Infant as the sum assured for Newborn Infant Major Congenital Malformation indicated in this Policy.

保险人根据本合同针对每一婴儿给付的新生儿严重先天畸形保险金的次数限一次。

For each eligible infant, The Insurer shall make payment of Major Congenital Malformation Insurance benefits of Newborn Infant under this Policy for only ONE time.

第十九条 若保险期间届满时被保险人或其新生儿住院治疗仍未结束，保险人继续承担保险责任至被保险人或其新生儿该次住院出院之时或者保险期间届满之日起第三十日二十四时（以先发生者为准，本合同另有约定的不在此限）止。

In the case that the Insured Person or the newborn infant is still in hospitalization on the expiration date of the Policy, the Insurer's liability shall terminate when the Insured Person or the newborn infant discharged from hospitalization of this time, or terminate at 24:00 of the thirtieth (30) days after the Policy is expired (whichever is earlier, and except as otherwise agreed in this Policy).

责任免除

Exclusions

第二十条 对被保险人发生的下列任何费用，保险人不承担给付保险金的责任：

The following services, conditions and other items are excluded from coverage under this Policy:

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

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

（二）在本合同约定等待期内对约定的相应病症的治疗及其他相关费用；

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

（三）不符合医学界认可实践的检查、治疗方法、手段、设备、药品等试验性治疗及其他相关费用，没有被医学界临床实践普遍采纳使用的治疗手段产生的费用；

Treatment, procedure, facility, equipment, drug or experimental services not recognized as accepted medical practice by the medical community and related expenses. The cost of treatment which is not universally adopted by clinical practice in the medical community.

（四）代诊费用，无原始发票的费用，电话咨询费，没有按时就诊的预约费用，非医师处方要求的服务费用，不在执业范围的医疗服务费用，不符合专业认可标准或者为进行适当治疗所不必要的医疗，非医学必需的费用，超过通常惯例水平的费用；

Reimbursement for photocopies and any other non-medical non-covered expenses; services been used by non-insured persons Telephonic consultations or missed appointments; Any services not ordered by a Physician or not necessary for medical care, as well as medical services that do not meet professionally recognized standards or are determined by the Insurer to be unnecessary for proper treatment; Treatment, services, benefits, supplies, drugs and/or Emergency Medical Evacuation services that are not Medically Necessary, not recommended or approved by a doctor or not rendered within the scope of a doctor's license; Charges in excess of the Usual and Customary Charges for any covered procedure.

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

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

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

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

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

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

(八) 代孕产生的相关费用;

Any surrogacy Services

(九) 因妊娠并发症导致的引产(包括剖腹产)、因胎儿分娩前身故导致的引产(包括剖腹产)等终止妊娠的治疗而产生的费用;

Abortion caused by pregnancy complications (including C- section), or the death of fetus before delivery (including C- section), and other termination of pregnancy as well.

(十) 对新生儿发生的下列任何畸形, 保险人不承担给付新生儿严重先天畸形保险金的责任:

For any of the following malformation of a newborn infant, the Insurer shall not be responsible for the major congenital malformation benefits under this Policy:

1、投保前被保险人已知悉存在或被医疗机构告知可能存在的畸形;

The malformation that is known by the Insured Person or a possible deformity informed by the medical institution before applying for enrollment.

2、非本保险合同中列明的畸形;

The malformation not listed in this Policy.

3、出生后存活未滿三十日情形下发生的任何畸形;

Any malformation occurring in the case of survival less than thirty days after birth;

4、一周岁后发现的任何畸形。

Any malformation found after his/her first birthday.

(十一) 新生婴儿身故、遗体遣返或安葬费用；

Repatriation or Local Burial of Mortal Remains for the death of a newborn infant.

(十二) 对被保险人在下列任何情形下身故，保险人不承担妊娠身故援助的保险责任：

Pregnancy death liability is excluded from coverage under this Policy if the Insured Person dies in any of the following circumstances:

1、流产致使身故；

Death resulting from abortion

2、投保人的故意行为或被保险人自杀致使身故；

Death arising from the intentional act of the Policyholder or the suicide of the Insured Person

3、被保险人在从事违法犯罪行为或抗拒司法机关依法采取的强制措施过程中发生的身故；

Death of the Insured Person occurring during the commission or perpetration of a violation of law or resistance to the coercive measures enforced by judicial authority according to law.

4、未遵医嘱而私自服用、涂用或注射药物致使身故；

Death arising from taking, injection or applying medicines or substances not in accordance with medical advice

5、因醉酒或受酒精、毒品或管制药品的影响发生的身故。

Death because of intoxication or alcohol, drugs or controlled substances

(十三) 对由酒精、溶剂或者毒品滥用引起的伤害或者疾病的治疗及其他相关费用；对醉酒、使用违犯当地法律的疫苗和药物、非医师处方要求药物或者非医师处方要求用量药物引起的伤害的治疗及其他相关费用；

Alcoholism, solvent abuse, drug abuse or addictive conditions of any kind, and treatment of any Illness or Injury arising directly or indirectly from alcohol or drug abuse or addiction. Medical cost for any Injuries and Illnesses caused by, contributed to or resulting from the Insured Person's intoxication, use of drugs or vaccinations prohibited by local law, or any drugs or medicines that are not taken in the dosage or for the purpose prescribed by the Insured Person's Physician

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

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

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

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

(十六) 对由下列任何异常风险引起的伤害的治疗及其他相关费用：

Exceptional Risks:

1、参加或者受训职业体育运动；

Treatment as a consequence of Injury sustained while participating in or training for any professional sport.

2、战争和恐怖主义活动；

Treatment as a consequence of Injury sustained as a consequence of war and acts of Terrorism.

3、放射材料辐射或者核燃料燃烧；

Contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel

4、无必要但主动置身于风险（抢救他人生命情形不在此限）。

Treatment for any loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with needless self-exposure to peril or bodily Injury, except in an endeavor to save human life.

保险金额和保险费

Sum Assured and Premium

第二十一条 保险金额由投保人与保险人协商确定，并在本合同中载明。

The Sum Assured shall be negotiated and confirmed between the Policyholder and the Insurer, which shall be indicated in this Policy.

第二十二条 保险费由保险人在承保时计算确定。

The Premium shall be determined subject to calculation by the Insurer at the time of acceptance/underwriting.

保险期间

Policy Period

第二十三条 保险期间为一年，具体起讫时间由投保人与保险人约定，并于本合同中载明。

The Policy Period is one year effective from the date confirmed between the Policyholder and the Insurer, which shall be indicated in this Policy.

医疗服务网络和事先授权

Medical Provider Network and Pre-authorization

第二十四条 本合同医疗服务网络如下：

The Medical Provider Network under this Policy is as follows:

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

The Insurer maintains a network of medical providers and will inform the Policyholder and the Insured regularly or irregularly. The relevant information is also available on the website designated by the Insurer or telephone consultation. The services received by the Insured in the medical provider within the Insurer's network (hereinafter referred to as the "Network Provider") shall enjoy direct billing procedures by showing the Insurance Card, without advance payment by the Insured.

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

The Insurer maintains the right to require the use of a Network Provider. For the Insured Person receiving treatment in the Network Provider, the expense not covered by the insurance liability shall be borne by the Insured. If such expense is not charged by the medical provider to the Insured Person, it is required to be refunded within 30 days after receiving the notice from the Insurer or its authorized agencies.

第二十五条 有关事先授权事项如下：

Pre-authorization Requirements are as follows:

（一）事先授权

Pre-authorization

接受下列治疗前，被保险人须在预定开始治疗日期前至少五个工作日向保险人医疗服务第三方服务提供商提交事先授权申请表：

For the following services, the Insured Person shall submit the pre-authorization application form to the third party medical providers of the Insurer, at least 5 working days prior to the performance of those services.

1. 住院；

Hospitalization

2. 紧急医疗转运；

Emergency Medical Evacuation

3. 每剂超过人民币8,000元的药剂或者疫苗。

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

对于被保险人事先授权申请，第三方服务商将予以书面回复并有权要求被保险人在医疗服务网络内接受治疗。被保险人应当在收到书面许可回复后开始接受治疗，保险人要求被保险人在医疗服务网络接受治疗的，被保险人应当予以配合。未获得第三方服务商书面许可回复而擅自接受治疗的，保险人保留不承担相关保险责任的权利。

For the pre-authorized application of the Insured, the third party service provider will reply in writing and have the right to require the use of a Network Provider. The Insured shall start treatment after receiving the written reply. The Insured Person shall cooperate with the Insurer's requirement on the use of a Network Provider. The Insurer reserves the right to deny claims arise from services which are performed without the Insured Person first having our letter of authorization in hand, prior to the performance of those services.

发生紧急情况的，被保险人可在就近网络或者非网络医疗机构接受治疗，但须在开始接受治疗后四十八小时内通知第三方服务商。保险人将对该次治疗是否属紧急情况予以审核。

In instances of an emergency, the Insured Person should go to the nearest Hospital or Provider for assistance even if that Hospital or Provider is not part of the Medical Provider Network. But notice must be sent to the third-party service provider within 48 hours of the service. The Insurer shall verify whether the treatment is an emergency.

（二）其他

Others

1. 被保险人、相关人员或者医疗机构可致电第三方服务商，了解事先授权、网络医疗机构相关情况。

The relevant information of pre-authorization and Network Provider is available through telephone consultation by the Insured, the relevant personnel, or the medical institution.

2. 被保险人获得第三方服务商许可回复，不意味着其发生的全部或者部分医疗费用属保险责任范围，保险人仍按照本合同约定承担保险责任。

The letter of authorization from the third party service provider doesn't mean that all or part of the medical expenses incurred is covered by the insurance. The insurer shall be responsible for the insurance liability according to the Policy.

保险人义务

Obligations of the Insurer

第二十六条 保险人同意承保的，应当及时向投保人签发保险单或者其他保险凭证。

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

第二十七条 保险人认为保险金申请人提供的有关索赔的证明和资料不完整的，应当及时一次性通知保险金申请人补充提供。

If the Insurer considers the claim evidence and documents provided by the Insured as incomplete, it shall

promptly notify the benefit applicant to provide the complementary evidence or documents in one time.

第二十八条 保险人收到保险金申请人提供的本保险条款“保险金申请与给付”部分约定的保险金请求证明和资料后，应当及时作出是否属于保险责任的核定；情形复杂的，应当在三十日内作出核定。The insurer shall, in a timely manner after the receipt of claim evidence and documents as required by “insurance benefit application and payment” in this Policy, ascertain and determine whether the claim is within the liability of the Insurer; in case of complicated situation, the Insurer shall ascertain and determine within thirty (30) days.

保险人应当将核定结果通知保险金申请人。对属于保险责任的，在与保险金申请人达成给付保险金的协议后十日内，履行给付保险金的义务；对不属于保险责任的，应当自作出核定之日起三日内向保险金申请人发出拒绝给付保险金通知书，并说明理由。

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

第二十九条 保险人自收到给付保险金的请求和有关证明、资料之日起六十日内，对其给付保险金的数额不能确定的，应当根据已有证明和资料可以确定的数额先予支付；保险人最终确定给付的数额后，支付相应的差额。

If the amount of the insurance benefits cannot be determined within sixty (60) days of receipt of the claim and relevant evidence and documents thereof, the Insurer shall effect payment of the amount which can be determined by the evidence and documents obtained. The Insurer shall pay the balance after the final amount of the insurance benefits is determined.

投保人、被保险人义务

The Obligations of the Policyholder and the Insured

第三十条 除另有约定外，投保人应当在订立本合同时一次交清保险费。投保人未按照本合同的约定交清保险费的，保险人有权解除本合同。

Unless otherwise specified, the insurance applicant shall pay the total insurance premiums in one time upon entering into this Policy. The Insurer reserves the right to cancel this Policy upon non-payment of the Premium required by the Policy.

第三十一条 订立本合同时，保险人就被保险人的有关情况提出询问的，投保人应当如实告知。If the Insurer, prior to the underwriting of this Policy, inquire about the information of the Insured Person, the Policyholder shall make a full and accurate disclosure.

投保人故意或者因重大过失未履行前款约定的义务，足以影响保险人决定是否同意承保或者提高保险费率的，保险人有权解除本合同。

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

前款规定的合同解除权，自保险人知道有解除事由之日起，超过三十日不行使而失效。The cancellation right under the preceding paragraph shall be extinct if not exercised for thirty (30) days,

commencing on date when the Insurer knows the grounds of cancellation.

投保人故意不履行如实告知义务的，保险人对于本合同解除前发生的保险事故，不承担给付保险金的责任，并不退还保险费。

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

投保人因重大过失未履行如实告知义务，对保险事故的发生有严重影响的，保险人对于本合同解除前发生的保险事故，不承担给付保险金的责任，但退还保险费。

If the Policyholder gross negligently fails to perform the obligation of making a full and accurate disclosure and materially affects the occurrence of an insured event, the Insurer shall bear no obligation for making any payment of the insurance benefits for any insured event occurring before the cancellation of the contract, but the premiums paid shall be refunded.

保险人在本合同订立时已经知道投保人、被保险人未如实告知的情况的，保险人不得解除本合同；发生保险事故的，保险人承担给付保险金的责任。

If the Insurer has known the information that the Insured Person fails to make a full and accurate disclosure, the Insurer has no rights to cancel the contract; in case of the insured event, the Insurer shall bear the obligation of benefits payment.

第三十二条 成为本合同的被保险人，即意味着被保险人同意任何医疗机构、医师、药剂师等向保险人提供保险人认为处理本合同相关事宜所必要的医疗信息（包括完整医疗病历和诊断）。保险人将对这些信息保密。

By applying for enrollment, the Insured agrees to let any Physician, Hospital, pharmacy or Provider give the Insurer all medical information determined by the Insurer to be necessary, including a complete medical history and/or diagnosis. The Insurer will keep this information confidential.

成为本合同的被保险人，也意味着被保险人同意保险人将所有医疗信息提供给相关机构以处理本合同相关事宜。

By applying for coverage, the Insured authorizes the Insurer to furnish any and all records respecting such Insured Person including complete diagnosis and medical information to appropriate authorities for purposes of administration of this Policy.

第三十三条 投保时，被要求填写健康问卷调查表的被保险人须如实告知既往症及保险人要求的其他医疗、症状等信息，保险人将进行医疗核保。根据投保人、被保险人具体情况，保险人对本合同约定的既往症承担一定保险责任或者不承担保险责任，并具体载明于本合同。

A medical questionnaire for each person to be insured requiring for a full and accurate disclosure of pre-existing conditions, treatment or medical symptoms as required, and the Insurer shall be responsible for the medical underwriting. According to the specific circumstances of the Policyholder and the Insured, the insurance liability for the pre-existing conditions stipulated in this Policy shall be partly covered or not covered by the Insurer, which shall be indicated in this Policy.

第三十四条 如果被保险人住址、婚姻状态以及投保本保险时提供的其他信息等发生重大变化，或者身故，投保人或者被保险人应当及时通知保险人。保险人有权调整承保条件或者解除本合同。

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

right to alter the Policy terms or cancel this Policy.

第三十五条 保险人仅对被保险人发生的符合通常惯例水平的医疗费用承担保险责任。对于除保障类型为全球保障外的被保险人，根据医疗机构价格水平，保险期间内保险人将定期或者不定期向投保人及相应被保险人通报不符合通常惯例水平的医疗机构，供被保险人就诊参考。

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

患疾病或者遭受意外伤害后，被保险人应当尽快前往医院、诊所、医师等处接受治疗，尤其是意外伤害情形，应当在意外发生后四十八小时内接受治疗，以免伤情恶化、损害健康。

In instances of an illness or emergency, the Insured Person should go to the Hospital clinic or physician for treatment. Treatment of accidental injury shall be provided within forty-eight (48) hours of the accident, preventing from deteriorating.

第三十六条 投保人、被保险人或者受益人知道保险事故发生后，应当及时通知保险人。故意或者因重大过失未及时通知，致使保险事故的性质、原因、损失程度等难以确定的，保险人对无法确定的部分，不承担给付保险金的责任，但保险人通过其他途径已经及时知道或者应当及时知道保险事故发生的不在此限。

The Policyholder, the Insured Person or the Beneficiary should notify the Insurer in time after being aware of the accident. In the case that the Policyholder, the Insured Person or the Beneficiary intentionally or gross negligently fails to perform such obligation and leads to a difficult determination on the nature, cause of the accident, and the loss, the Insurer shall not be responsible for benefits payment on the part not determined. The case that the Insurer has already known in time through other means or is ought to know in time about the accident is excluded.

前款约定的未及时通知，不包括因不可抗力而导致的通知迟延。

The failure to notify in time under the preceding paragraph shall exclude the delay resulting from the force majeure.

第三十七条 投保人住所或者通讯地址变更时，应当及时以书面形式通知保险人。投保人未及时通知的，保险人按本合同所载的投保人的最后住所或者通讯地址发送的有关通知，均视为已发送给投保人。

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

第三十八条 续保须经保险人同意方可进行。保险人将在续保日期前为符合续保条件的被保险人出具续保通知书。

Renewals shall be undertaken upon the agreement of the Insurer. The Insurer shall send renewal notice to eligible Policyholder before renewal date.

保险金申请与给付

Insurance Benefits Application and Payment

第三十九条 被保险人在网络医疗机构接受治疗，该医疗机构受保险人委托免向被保险人收取与保险人根据本合同本应向保险金申请人给付的保险金数额对应的医疗费用的，或者保险人已承担相应费用的，保险金申请人不得就此向保险人申请保险金。其他情形，保险金申请人可根据本合同向保险人

申请保险金。

The Network Provider has entered into an agreement to arrange direct billing procedures for the Insured Person as agreed with the Insurer. After treatment in the Network Provider, the Insured is free of charge for the covered medical cost. Or in the case that the Insurer has make payment of such covered medical cost, the Insurance Benefit Applicant shall have no right to claim for reimbursement of the same. For the other cases, the Insurance Benefit Applicant may apply for benefits to the Insurer in accordance with this Policy.

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

Claim Forms are downloadable from designated website. The Insurer can also send Claim Forms by fax or e-mail, upon request. The Insurance Benefit Applicant shall complete the first part of the Claim Form, and the second party is to be completed by the Physician of the Insured. The Insurer must receive completed forms together with the original medical expense receipts within 180 days of treatment to be eligible for reimbursement of Covered Expenses. All the Claim documents belong to the Insurer.

第四十条 保险人有权对被保险人进行身体检查或者理赔问卷调查。被保险人有义务向保险人提供保险人要求的所有医疗报告、记录及相关资料，若为处理本合同相关事宜，经保险人要求，被保险人应当授权许可保险人取得其完整全面的医疗病历。被保险人身故的，保险人有权要求对该被保险人进行尸检，法律和宗教禁止情形不在此限。

The Insurer and the Claims Administrator shall have the right and opportunity, to examine any person and/or investigate through claim questionnaire. The Insured Person shall make available all medical reports, records, and related documents, and where required, shall sign all authorization forms necessary to give the Insurer a full and complete medical history. The Insurer and the Claims Administrator shall have the right and the opportunity to require an autopsy in the case of death, unless forbidden by law or religious beliefs.

第四十一条 收到保险金后六十个工作日内，如果保险金申请人对理赔结果有争议，可通过邮寄或者发送电子邮件方式向保险人提交书面申诉书及相关资料，并自行承担获取资料有关费用，保险人将及时予以处理。

If at any time insured persons do not agree with the outcome of a processed claim, they may submit a written appeal by post or email with supporting documents. Appeals should be submitted within sixty (60) days of receiving the result of processed claim. Upon appeal, the Insured Person will pay any fees associated with the request of medical records. The Insurer will review information and provide a response.

第四十二条 保险金申请人向保险人请求给付保险金的诉讼时效期间为二年，自其知道或者应当知道保险事故发生之日起计算。

The limitation period of actions of claiming for indemnity by the Benefit Applicant against the Insurer is two (2) years calculated from the date when the Benefit Applicant know or should have known the insured event.

医疗费用补偿原则

Principle of Medical Expense Compensation

第四十三条 被保险人及其新生儿因每次接受治疗发生医疗费用，保险人针对其给付的医疗保险金以该次治疗发生的合理医疗费用，扣除被保险人已从社会基本医疗、互助保险、除本保险外的其他商业保险、公益慈善机构、第三方责任人等获得的补偿后的余额为上限。

For the cost of each time medical service of the insured and the newborn infant, the covered benefit is the balance of the reasonable medical cost for this treatment after the deduction of compensation the Insured

has been obtained from the basic social insurance, mutual insurance, other commercial insurance other than this Policy, the charity organizations, The responsible third party.

保险合同的变更与解除

Alteration and Cancellation

第四十四条 除另有约定外，经投保人、保险人双方协商同意后，可变更本合同的有关内容，在本合同保险单或者其他保险凭证上加以批注或者附贴批单后生效，或者由投保人和保险人订立合同变更书面协议后生效。

Except as otherwise agreed, the relevant provisions of this Policy can be modified after agreed between the Policyholder and the Insurer, and come into effect after annotated on this Policy or other insurance certificate or with an endorsement, or take effect after a written agreement of alteration signed between the Policyholder and the Insurer.

在本合同成立后，投保人可以书面形式通知保险人解除本合同，但被保险人已经分娩或保险人根据本合同约定已给付保险金的除外。

After this Policy comes into effect, the Policyholder has the right to notify the Insurer to cancel this Policy in written, but the cases that the Insured has already delivered or the Insurer has paid the insurance benefit according to this Policy are excluded.

第四十五条 投保人解除本合同时，应当提供下列证明和资料：

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

(一) 解除合同通知书；

Notice of cancellation

(二) 保险单或者其他保险凭证、批单；

The insurance policy or other insurance certificates, endorsements

(三) 投保人身份证明；

Identity certificate of the Policyholder

(四) 保险费发票或者收据；

Invoice or receipt of the Premium

(五) 保险人合理要求的其他有关证明和资料。

Other relevant certificates and documents reasonably required by the Insurer.

本合同的效力至保险人接到解除合同通知书之日二十四时或者通知书上载明的合同终止时间（以较晚者为准）终止。自收到前款约定的证明和资料之日起三十日内，保险人退还相应未到期净保险费。

The validity of this Policy shall be terminated at 24:00 on the date when the Insurer receives the notice of cancellation, or at the termination time specified in the notice, whichever is later. Within thirty (30) days of receipt of the evidence and documents stipulated in the preceding paragraph, the Insurer may refund the corresponding unused Premium.

争议处理与法律适用

Dispute Settlement and Governing Law

第四十六条 因履行本合同发生的争议，由当事人协商解决。协商不成的，提交本合同载明的仲裁机构仲裁；本合同未载明仲裁机构且争议发生后未达成仲裁协议的，依法向中华人民共和国人民法院（不包括港澳台地区法院）起诉。

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

Court of the People's Republic of China (not including Hong Kong, Taiwan and Macau).

第四十七条 与本合同有关的以及履行本合同产生的一切争议处理适用中华人民共和国法律。

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

释义

Definition

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

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

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

Treatment which is against what could be deemed to have been against medical advice and is directly or indirectly an intention to seek care or treatment outside the areas of coverage

2. 常规医疗；

Routine medical treatment

3. 可以推迟至被保险人返回大陆及港澳台后接受的医疗；

Treatment that could have been postponed until return back to the Mainland China, Hong Kong, Macao and Taiwan

4. 被保险人事先计划好的治疗；

A planned treatment by the Insured Person

5. 因被保险人已知或者应该知道的情形而发生的治疗。

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

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

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

周岁：以法定身份证明文件中记载的出生日期为基础计算的实足年龄。

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

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

Each Time Medical Services - for outpatient, each time medical services refer to the outpatient or emergency visits in one day (from 0:00 to 24:00) of the same physician in the same department of the same hospital. For inpatient, each time medical services refer to one time of being admitted and discharged.

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

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

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

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

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

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

自付额上限：指每一保险期间每一被保险人因相应的自付比例非0%而按该比例承担的保险责任范围内的费用。

Out-Of-Pocket Co-payment Maximum - The maximum amount the Insured Person will pay in Policy Co-payments for Covered Expenses during one Policy Period.

医学必需剖腹产：指符合剖腹产手术医学指征（母性指征、胎儿性指征及母儿性指征）的剖腹产情况。

Medically Necessary C-section - the C-section in conformity with the surgical indications (maternal indication, neonatal indication and maternal-neonatal indication)

器质性不孕：指生殖器的病理解剖发生变化引起的不孕，包括但不限于输卵管阻塞/狭窄/粘连、子宫内膜异位、宫腔粘连。

Organic infertility - infertility caused by pathological changes in the genital organs, including but not limited to tubal obstruction / stenosis / adhesions, endometriosis and intrauterine adhesions.

流产：妊娠不足28周、胎儿体重不足1000g而终止妊娠。

Abortion - termination of pregnancy for less than 28 weeks, fetal weight less than 1000g

妊娠并发症：指由妊娠引起或者加剧的症状，该症状与分娩不同，具体种类以保险合同约定载明的为准。

Complications of Pregnancy – resulting from or deteriorating because of the pregnancy, which is different from the delivery. Details are subject to the terms indicated in the Policy.

试验性治疗：指不符合被保险人接受医疗所在地医学界认可实践的治疗方法、手段、设备、药品等，比如治疗或处方药未被证明有效，治疗或临床试验尚未在被保险人接受治疗的地区获得批准，处方药被用于其许可证规定以外的目的。

Experimental and/or Investigational Treatment - Means any treatment, procedure, facility, drug not recognized as accepted medical practice in the area where the Insured Person receiving treatment, such as the treatment or prescription drugs not proven to be effective, the treatment or clinical experiments not approved in the countries where the Insured Person receiving treatment, the prescription drugs are used for

purposes other than licensed.

严重先天畸形：指先天性心脏病、唇裂合并腭裂、尿道下裂、食道狭窄或闭锁、直肠肛门狭窄或闭锁、膈疝、脊柱裂、胸腹壁缺损内脏外翻、膀胱外翻、马蹄内(外)翻、脑积水、联体双胎、唐氏综合症、先天性甲状腺功能低下、苯丙酮尿症，本保险合同另有约定的按约定。

Major Congenital Malformation - a congenital heart disease, cleft lip and cleft palate, hypospadias, esophageal stenosis or atresia, anorectal stenosis or atresia, diaphragmatic hernia, spina bifida, chest and abdominal wall defect, visceral valvulus, bladder exstrophy, clubfoot (outer) turn, hydrocephalus, conjoined twins, Down syndrome, congenital hypothyroidism, phenylketonuria. Otherwise agreed shall be dealt with in accordance with the agreement in this Policy.

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

Medically Necessary - Means those treatment, services, facilities or drugs which are provided to the Insured are required to be:

(一) 医师处方要求且对治疗被保险人疾病或者伤害合适且必需。

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

(二) 与接受治疗当地普遍接受的医疗专业实践标准一致。

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

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

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

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

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

(五) 非病人学术教育或者职业培训的一部分或者与之相关。

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

(六) 非试验性或者研究性。

Is not Experimental or Investigative.

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

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

通常惯例水平的医疗费用：指以下两者中较低者：提供相应医疗服务的医疗机构对该医疗服务通常收费水平，同一地区其他医疗机构对居住在同一地区的（以邮政编码为准）、病情性质和严重程度类似的人员提供同样医疗服务的平均收费水平。若某医疗服务在当地区不常见或者仅当地区少数医疗机构能够提供，保险人将参考下列因素确定通常惯例水平的医疗费用：治疗复杂性，治疗必要的专业

程度，必要的医疗专业类型，相应医疗机构提供的医疗服务范围和种类，其他地区通常的收费水平。这里，地区指根据普遍认可的国际标准为取得类似医疗机构或者类似医疗服务平均水平所必要的地域范围，可为一个城市、国家或者更广的地域。

Usual and Customary Charge - Means the lower of: a) the Provider's usual charge for furnishing the treatment, service or supply; or b) the charge determined by the Insurer to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons: (1) who reside in the same area (zip code); and (2) whose Injury or Illness is comparable in nature and severity. The Usual and Customary Charge for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of Providers in the area, will be determined by the Insurer. The Insurer will consider such factors as: (1) complexity; (2) degree of skill needed; (3) type of specialist required; (4) range of services or supplies provided by a facility; and (5) the prevailing charge in other areas. The term "area" means a city, a county or any greater area, which is necessary to obtain a representative cross section of similar institutions or similar treatment, based upon the formal international recognized standards.

紧急：指突然发生的、会导致立即死亡或者长期健康问题的疾病或伤害。

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

等待期：即免责期，指在保险期间内，即使被保险人发生保险事故，保险人也不承担给付保险金责任的时期。

Waiting Period - Means a length of time during which no benefit is payable by the Insurer even in the occurrence of an insured event.

监护：包括以下情形：

Custodial Care - Includes:

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

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

（二）对预计医疗或者手术已不能使其在医疗机构外生活人员提供的床位、护理等服务；
in the case of an institutionalized person, room and board, nursing care or such other care which is provided to an individual for whom it cannot reasonably be expected that medical or surgical treatment will enable him to live outside an institution; and （三）休养疗法、喘息照护，以及家庭成员提供的家庭看护。

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

康复治疗：指在既定的疗程内通过设计的维持项目改善病人身体状况，以免恶化并协助康复。被保险人住院接受康复治疗的，保险人仅对处于急性或者亚急性阶段的病人住院承担保险责任，且应经过保险人第三方服务商批准。

Rehabilitation - Therapeutic services designed to improve a patient's medical condition within a predetermined time period through establishing a maintenance program designed to maintain the patient's current condition, prevent it from deteriorating and assist in recovery. Inpatient Rehabilitation is only covered during the acute and sub-acute recovery phase of treatment and only when authorized by the third party service provider of the Insurer.

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

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

医院：指被接受医疗服务所在地国家当地法律或者政府认可的、可收治急症病人的医疗机构。该医疗机构应有常住执业医师管理或者提供医疗服务，并在专业护士指导下每日二十四小时连续提供护理服务。医院不包括护理机构、疗养机构、康复机构、养老院、家居服务机构、酒精或者药物滥用看护机构、以及其他类似目的的机构。

Hospital - Means and includes only Acute Care facilities licensed or approved by the local law and government as a Hospital, and whose services are under the supervision of, or rendered by a staff of Physicians who are duly licensed to practice medicine, and which continuously provides twenty-four (24) hour a day nursing service under the direction or supervision of registered professional Nurses. The term Hospital does not include nursing homes, rest home, health resorts, and homes for the aged, infirmaries or establishments for domiciliary care, Custodial Care, care of drug addicts or alcoholics, or similar institutions.

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

（一）根据当地相关法律批准成立；

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

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

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

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

门诊：指以除占用病床方式外的其他方式在医疗机构接受的治疗。

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

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

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

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

Pre-existing Condition - Means any Illness or Injury, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident

prior to the Effective Date.

毒品：指中华人民共和国刑法规定的鸦片、海洛因、甲基苯丙胺（冰毒）、吗啡、大麻、可卡因以及国家规定管制的其他能够使人形成瘾癖的麻醉药品和精神药品。

Drug - refers to opium, heroin, methamphetamine (methamphetamine), morphine, cannabis, cocaine and other narcotic drugs and psychotropic substances according to Criminal laws of the People's Republic of China and regulated by the State.

管制药品：指根据《中华人民共和国药品管理法》及有关法规被列为特殊管理的药品，包括麻醉药品、精神药品、毒性药品及放射性药品。

Controlled drugs - refers to drugs under special administration, including narcotic drugs, psychotropic substances, toxic drugs and radiopharmaceuticals, according to the People's Republic of China Drug Administration Law and relevant regulations.

处方药：指医师处方开具的药物。

Prescription Drugs - medications which are prescribed by a Physician

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

Physical Therapy - Refers to the application of physical factors (such as light, electricity, magnetism, sound, heat, cold, and so on) to treat diseases, including electrotherapy, light therapy, magnetic therapy, heat therapy and cold therapy, hydrotherapy, and ultrasonic therapy; excluding mud therapy, wax treatment, drug-bathing therapy, and bubble bath. All services must be prescribed by professional physical therapy practitioner with appropriate qualifications with a written treatment plan, and within a reasonable and predictable time, symptoms will be improved markedly.

专业护士：指国家护士注册机构护士登记名册中登记在案的护士。

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

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

War - including invasion, civil war, rebellion, revolution, armed seizing power, explosion of war weapons. A war like action is regarded as a war.

恐怖主义活动：指任何人或者团伙出于政治、宗教、思想意识或者类似目的，为对政府施加影响和（或者）使全体或者部分公众处于恐惧、不安状态的行为。恐怖主义活动包括但不限于实际使用或者威胁使用武力或者暴力。恐怖主义活动，可仅为实施该活动者本身行为，或者代表某一机构、政府，或者与某一机构、政府相关。

Terrorism - Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but is not limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or government(s).

保险金申请人：指受益人、被保险人的继承人或者依法享有保险金请求权的其他人。

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

不可抗力：指不能预见、不能避免并不能克服的客观情况。

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

未到期净保险费：未到期净保险费=保险费×[1-(对该被保险人保险责任已经过日数/该被保险人保险期间日数)]×(1-保险手续费)，手续费为 25%，除非另有说明。已经过日数不足一日的，按一日计算。

Unused net premium - Unused net premium = premium * [1- (the number of days passed for insurance liability to the Insured / total number of days during the Policy Period)] * (1- administration fee). Administration fee is 25% except indicated otherwise. The number of days passed which is less than one day shall be calculated as one day.