



中銀集團保險有限公司

BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

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OUT-PATIENT MEDICAL INSURANCE POLICY

WHEREAS the Policyholder by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein has applied to BANK OF CHINA GROUP INSURANCE COMPANY LIMITED. (hereinafter called “the Company”) for the insurance hereinafter contained in respect of out-patient medical treatment during the Period of Insurance and has paid or agreed to pay the premium as consideration for such insurance.

Now this Policy witnesses that subject to the Provisions, Exclusions and Conditions contained herein or endorsed hereon, in case of Medically Necessary, the Insured Person is entitled to the medical services as specified in the Policy Schedule and the Table of Benefits of this Policy provided by the Network Doctor.

TABLE OF BENEFITS

COVERAGE		Plan A	Plan B	Plan C
1.	General Practitioner (GP) Consultation including 3-day medication			
	Co-payment per visit	HK\$40	HK\$45	HK\$45
	No. of visits per year	Unlimited	Unlimited	Unlimited
2.	Specialist Consultation including 3-day medication (GP/Specialist Referral is required)			
	Co-payment per visit	HK\$80	HK\$80	HK\$80
	No. of visits per year	Unlimited	15 visits	15 visits
3.	Chinese Herbalist Consultation including 2 packs of medication			
	Co-payment per visit	N.A.	HK\$50	N.A.
	No. of visits per year	N.A.	15 visits	N.A.
4.	Physiotherapy Treatment/ Chiropractor Consultation (GP/Specialist Referral is required)			
	Co-payment per visit	HK\$40	HK\$40	N.A.
	No. of visits for Physiotherapy Treatment per year	12 visits	10 visits	N.A.
	No. of visits for Chiropractor Consultation per year		10 visits	N.A.
5.	Dietitian Consultation for Disease Management (GP/Specialist Referral is required)			
	No. of visits per year	5 visits	N.A.	N.A.
Limitation : Each of the above benefits 1 to 5 is limited to one visit per day.				
6.	Diagnostic X-ray and Laboratory Tests (GP/Specialist Referral is required)			
	Maximum amount per year	HK\$3,000	HK\$3,000	N.A.
7.	Annual Check-up	Once	N.A.	N.A.

DEFINITIONS

- “Policyholder” means the person to whom this Policy is issued.
- “Insured Person” means the person who is named in the Policy Schedule and is covered under this Policy.
- “Period of Insurance” means the period of coverage as stated in the Policy Schedule.
- “Policy Schedule” means the Schedule, which is attached to and forming part of this Policy.
- “Medically Necessary” means the necessity to have a medical service which is :
 - consistent with the diagnosis of the condition;
 - necessary for such a diagnosis or treatment;
 - not furnished primarily for the convenience of the Insured Person;
 - in accordance with standards of good and prudent medical practice; and
 - furnished at the most appropriate level which can be safely and effectively provided to the Insured Person.

6. "Network Doctor" means the medical practitioner named in the Medical Network Directory, who is appointed by the Service Provider and solely responsible for any services, treatment, advice, prescription, medication, products and/or good supplied or provided to the Insured Person.
7. "Co-payment" means the charges the Policyholder/Insured Person has to bear for the services specified in the Table of Benefits of this Policy.
8. "Referral" means a written recommendation completed by the Network Doctor, which is required for the services as specified in the Table of Benefits of this Policy.
9. "Long Term Repeat Medication" means medication prescribed to the Insured Person required for at least a 14-day period.
10. "Specialized Investigations" means those X-ray investigations, examinations, scans and tests listed in the Appendix I of this Policy.
11. "Service Provider" means MediNet Services Limited or such other company appointed by the Company in writing from time to time for provision of the medical services to the Insured Person.

PROVISIONS FOR MEDICAL SERVICES

1. The Policyholder/ Insured Person should have to make appointment with the Network Doctor in advance and present the medical card issued by the Company to the Network Doctor for verification and registration, and settled the Co-payment and charges of any uncovered services directly with the Network Doctor in case.
2. The following services and subject to the Provisions, Exclusions and Conditions of this Policy and the limits specified in the Table of Benefits available to the Insured Person:
 - Consultations during the Network Doctor's clinical hours;
 - Medications as supplied and prescribed by the Network Doctor;
 - Dressings and injections as recommended by the Network Doctor;
 - X-ray and laboratory tests as performed by the Network Doctor except the Specialized Investigations;
 - Annual Check-up limited to the following:
 - i. Screening Test for Leukemia & Anemia (Complete Blood Count)
 - ii. Screening Test for Coronary Artery Disease (Total Cholesterol)
 - iii. Screening Test for Diabetes (Blood Glucose)
 - iv. Screening Test for Kidney Function (Creatinine)

EXCLUSIONS

This Policy does not cover any medical services directly or indirectly caused by or arising from or in connection with the following:

1. War, invasion, act of foreign enemy, act of terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, strike, riot or civil commotion.
2. Suicide, self-inflicted injury or any attempt thereat whether sane or insane.
3. Any unlawful or illegal act (whether attempted or committed) of the Insured Person.
4. Routine physical examination and investigations unless specially insured by this Policy.
5. Pregnancy test, infertility, contraceptive or contraceptive devices.
6. Any medical services associated with pregnancy including abortion or sterilization, fertility tests and contraceptive techniques.
7. Female hormonal tests or assays and female hormonal replacement therapy unless resulting from a disease.
8. Any Long Term Repeat Medication.
9. Vaccinations and immunizations.
10. Any form of treatment not presently or universally available but only become available subsequent to the contract.
11. Any treatment for sexually transmitted disease, venereal disease and treatment of human immunodeficiency virus, AIDS or AIDS-related complication and tuberculosis.
12. Any medication only on request by the Insured Person including but not limited to medication supply for visiting a malarial area.
13. Specialized Investigations.
14. Minor surgical procedures.
15. Psychiatric, chronic alcoholism, drug addiction or rest cures.
16. Cosmetic or plastic surgery or any treatment for the purpose of beautification.
17. Dental and eye refraction treatment, eyesight test or the supply of hearing aids and prosthetic limbs.
18. All expensive nutrient herbs and tonic including but not limited to Birds' Nest, Ginseng and Lingzhi.
19. Alternative treatment including but not limited to acupuncture, body or foot massage, ear reflexology, moxibustion, cupping and scraping.
20. Pre-packaged commercial health supplement.

CONDITIONS

1. Right to Return Policy

In the event the Policyholder is not satisfied with this Policy for whatsoever reason, it should be returned to the Company within 15 days from the effective date of this Policy. Any premium already paid will be refunded as long as no services rendered by this Policy are obtained during this period.

2. Mis-statement or Fraud

Any false statement made by the Policyholder in the Proposal Form or fraudulent claim made in connection with any medical care and treatment obtained shall result in the Company's right to repudiate liability under this Policy.

3. Renewal and Adjustment

- This Policy is renewable from year to year by mutual agreement between the Policyholder and the Company but in any case will be subject to revision at the end of the Period of Insurance. The Company reserves the right not to renew this Policy.
- The Company also reserves the right to adjust the premium as well as the coverage under the Table of Benefits at the time of renewal.

4. Termination

- The insurance for any individual Insured Person of this Policy shall be terminated when he/she attains the age of 70 years.
- The Policyholder may terminate this Policy or terminate the cover in respect of any individual Insured Person by giving a written notice to the Company and under such circumstances no refund of premium is allowed.
- The Company may terminate this Policy or terminate the cover in respect of any individual Insured Person by sending a seven days' written notice to the Policyholder at his/her last known address and will refund the Policyholder the premium for the unexpired period on a pro-rata basis.

5. Disclaimer

- The Company has entered into an agreement with the Service Provider under which the Service Provider agrees to appoint the Network Doctor to provide the medical services for the purpose of this Policy. The Company does not have any direct relationship with the Network Doctor.
- The Company does not guarantee the provision of services by particular Network Doctor. The Service Provider, Network Doctor and information stated in the Medical Network Directory may change from time to time.
- It is understood that the medical practitioners, clinics, any kind of professionals to whom the Insured Person will be referred by the Service Provider are independent parties. They are responsible for their own acts and are not employees, agents or servants of the Service Provider or the Company. Furthermore, the Service Provider as well as the Company shall not be responsible for any act or failure to act on the part of the Network Doctor.

6. Governing Law And Arbitration

This Policy shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region. If there is a dispute arising in connection with this Policy, both the Policyholder and the Company shall jointly refer the dispute for arbitration by a single arbitrator to be agreed by the parties and in default of this agreement, the single arbitrator shall be appointed by the President for the time being of the Hong Kong branch of the Chartered Institute of Arbitrators. The decision and award made in this matter will be final and binding on both parties.

7. Personal Information Collection Statement

The information you provide to Bank of China Group Insurance Company Limited ("the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy;
- (iii) analysis or investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums and outstanding amounts from you;
- (v) any alterations, variations, cancellation or renewal of any insurance related product or service;
- (vi) contacting you for any of the above purposes;
- (vii) exercising any right of subrogation;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) the Company's legal and professional advisors;

- (h) the Company's related companies (as that term is defined in the Companies Ordinance);
- (i) any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- (j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- (k) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- (l) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (m) government agencies and authorities as required or permitted by law.

The Company is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

Moreover, the Company may also use and disclose your personal data otherwise with your consent.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by the Company. Requests for such access can be made to the Company's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

Use of Personal Data in Direct Marketing

With your written consent given for direct marketing purpose (which includes an indication of no objection), the Company intends to use your data in direct marketing. The Company will only act in accordance with the rules about direct marketing contained in the Ordinance. Please note that:

- (1) your name, contact details, products and services portfolio information and demographic data held by the Company may be used by the Company in direct marketing from time to time;
- (2) the following classes of services, products and subjects may be marketed:
 - (i) financial, insurance and related services and products;
 - (ii) reward, loyalty or privileges programmes and related services and products;
 - (iii) services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and
 - (iv) donations and contributions for charitable and/or non-profit making purposes;
- (3) the above services, products and subjects may be provided to or (in the case of donations and contributions) contributed to by the Company and/or:
 - (i) the Company or BOC Hong Kong (Holdings) Limited or any of its subsidiaries;
 - (ii) third party reward, loyalty, co-branding or privileges programme providers;
 - (iii) co-branding partners of the Company and BOC Hong Kong (Holdings) Limited (the names of such co-branding partners can be found on the application form(s) for the relevant services and products, as the case may be); and
 - (iv) charitable or non-profit making organisations;
- (4) in addition to marketing the above services, products and subjects itself, the Company also intends to provide the data described in paragraph (1) above to all or any of the persons described in paragraph (3) above for use by them in marketing those services, products and subjects, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

If you do not wish the Company to use or provide to other persons your data for use in direct marketing as described above, you shall exercise your opt-out right by notifying the Legal and Compliance Department of the Company (Tel.:2867 0888, Fax no.:3906 9939).

ENDORSEMENT FOR OPTIONAL BENEFITS

Notwithstanding anything contained herein to the contrary and subject otherwise to the Provisions, Exclusions and Conditions of this Policy, in consideration of the additional premium had paid or agreed to pay by the Policyholder, the Insured Person is entitled the Optional Benefit(s) as specified in the Policy Schedule and described hereunder:

OPTIONAL BENEFIT PROVIDED BY NETWORK DOCTOR

COVERAGE	ANNUAL LIMIT
1. DENTAL SCHEME <ul style="list-style-type: none"> • Scaling, Polishing & Prophylaxis • Oral Check Ups & Oral Hygienic Instruction • Intra Oral X-rays • Medications • Fluoride Varnish Treatments • Fillings (due to decay) <ul style="list-style-type: none"> (a) Amalgam Filling for Molar & Premolar (b) Composite Filling for Front Teeth • Emergency Treatments <ul style="list-style-type: none"> (a) Temporary Pain Relief (b) Temporary Filling/Dressing (c) Abscess (Drainage without Surgery) • Simple Extractions (Loose Teeth and Baby Teeth) 	Once a year Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited
2. PAEDIATRIC ASSESSMENT <ul style="list-style-type: none"> • Ear examination to examine the function of ear drums and Eustachian tubes • Eye screening including testing of visual acuity, general eye examination and the detection of squint • Doctor's consultation for explanation of result and advice on how to be healthy 	Once a year
3. HEALTH ASSESSMENT FOR ADULT <ul style="list-style-type: none"> • Medical questionnaire for details of family and personal medical history and lifestyle habits • Blood pressure measurement to exclude high blood pressure • Total cholesterol blood test to screen risk factors for Coronary Artery Disease and Stroke 	Once a year
4. OUT-PATIENT CONSULTATION AT DESIGNATED HOSPITALS IN SHUNDE COUNTRY GARDENS AND CLIFFORD ESTATES, MAINLAND CHINA <ul style="list-style-type: none"> ◇ Including 3-day medication ◇ Limited to 1 visit per day 	20 visits

PROVIDED that no premium paid will refunded either termination of this Optional Benefits by the Policyholder or any service under the Optional Benefits is obtained during the Period of Insurance.

APPENDIX I

Specialized Investigations

24-hours Holter ECG Monitoring	24 小時動態心電圖	Hepatitis C Virus DNA (HCV DNA)	丙型肝炎-DNA
Angiogram	血管造影照片	Human Papillomavirus (HPV) – DNA	人類乳頭狀瘤病毒
Arthrogram	關節造影照片	Hysterosalpingogram (HSG)	子宮輸卵管 X 光造影
Ascending Urethrogram	逆行尿道造影	Intravenous Urogram (IVU)	靜脈尿道造影
Aspiration Cytology	抽取細胞檢查	Lymphogram	淋巴造影照片
Autocyte monolayer cervical smear	雅圖薄層細胞塗片	Oral Cholecystogram	口服膽囊造影照片
Barium Enema	鋇灌腸造影	Magnetic Resonance Imaging (MRI)	磁力掃描
Barium Meal	鋇餐上消化道造影	Mammography	乳房造影
Barium Meal & Follow Through	鋇餐食道及全腸胃造影	Pap Smear	巴氏癌細胞塗片檢查
Barium Swallow	吞鋇食道造影	Pulmonary Function Testing	肺功能測試
Barium Swallow & Meal	鋇餐食道及上消化道造影	Sialogram	唾液腺造影
Body fluid including sputum for cytology	塗片細胞學檢查	Sinogram	竇造影
Bronchogram	氣管造影照片	Tissue biopsy	藥物檢驗
C.T. Scan	電腦掃描	Treadmill Exercise Stress Testing	活體切片檢查
Colour-Doppler Echocardiography	心臟超聲波掃描	IV Cholangiogram	運動心電圖負荷測試
Contrast X-ray	X-ray 造影	T-tube Cholangiogram	靜脈膽管造影照片
Cystogram	膀胱造影照片	Tumour Markers/Cancer Markers	T-管膽管造影
Echocardiogram	心回波圖	Ultrasound Examination	癌指標
Endoscopy	內窺鏡測鑿	Urethrogram	超聲波測試
Event Recorder (2 weeks)	隨身心電圖記錄(2 週)	Venogram	尿道造影照片
Fine Needle Aspiration Cytology	微針抽取及細胞檢查	Voiding Cysto-urethrogram (VCUG)	靜脈造影
Hepatitis B Virus (HBV DNA)	乙型肝炎-DNA	X-ray for Bone Density	排尿膀胱尿道造影



THE FOLLOWING ENDORSEMENT SHALL FORM AN INTEGRAL PART OF THIS POLICY

SANCTIONS LIMITATION AND EXCLUSION CLAUSE (LMA 3100)

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.