中銀國際控股有限公司

暨

附屬聯營公司

團體醫療保險計劃

員工手冊

(2022-2023)

承保人：
Insurer :

中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

前 言

本團體醫療保險計劃為中銀國際控股有限公司暨附屬聯營公司員工提供醫療保障。每年的9月1日至翌年8月31日為一保單年度。

本手冊簡述計劃的保障範圍及索償手續，以供受保人參閱循照。此中條款之最終闡釋以中銀集團保險有限公司（以下簡稱「中銀集團保險」）簽發之保單為依據。

本手冊自 2022 年 9 月 1 日起生效，在當日之前印發的中銀國際控股有限公司暨附屬聯營公司的團體醫療保險計劃員工手冊自當日起廢止。

網絡醫療服務由中銀集團保險有限公司指定之醫療網絡供應商提供，本公司保留增加、更改或刪減此服務之權利，並無需就此另行通知。由於有關醫療網絡之醫生/診所名單時有更改，受保人可登入網址中銀集團保險醫療紀錄查詢系統 www.bocgins.com (員工編號為各行/司員工編號，預設密碼為身份證號碼中間六個阿拉伯數字，無需輸入英文字母及括號內之數字〉，瀏覽最新的有關資料，或就診前直接致電醫療網絡之熱線電話查詢所選擇之診所查詢，確認接納以本公司之醫療卡掛賬。醫療網絡之熱線電話查詢，詳情如下。

醫療網絡	查詢熱線
Dr Vio & Partners 韋予力醫生醫務所	2810 9718
HMMP Ltd. 維健醫務有限公司	2302 0400(辦公時間) / 9011 4095(非辦公時間)
Medinet 醫匯服務有限公司	2887 0099
Prodent Health & Care Co. Ltd. (Dental Service) 匯健醫務中心有限公司 (牙科服務)	2973 0037
QHMS Limited 卓健醫療集團	8301 8301
MEDICONCEN LIMITED 醫結	95316485

受保人亦可透過中銀集團保險醫療紀錄查詢系統瀏覽保障內容、索賠總計、索賠記錄及下載申請表格等。

受保人收到本手冊後請詳細閱讀，如對計劃尚有任何疑問，可向中銀國際控股人力資源部或中銀集團保險客戶服務部查詢：

中銀集團保險客戶服務部：

客户服務熱線 : 3187 5100

客户服務電郵 : med_cs@bocgroup.com

2022 年 8 月編製

目 錄

受 保 人 範 圍

受保人範圍共分六個種類，按下列所屬的計劃種類享受保障：

受保人範圍		計劃種類	保障項目
員工	1. 董事總經理、執行董事	種類一	一般住院及重病住院及門診醫療
	2. 副總裁	種類二	
	3. 助理副總裁、服務年資達十五年或以上之正式員工	種類三	
	4. 已過試用期但服務年資少於十五年之其他正式員工	種類四	
直系家屬	種類一至四的正式員工之配偶和21歲以下的子女 ・種類一之直系家屬 ・種類二之直系家屬 ・種類三之直系家屬 ・種類四之直系家屬	 種類一A 種類二A 種類三A 種類四A	一般住院及門診醫療
試用員工	試用期內之員工	種類五	門診醫療
退休員工	根據中銀控股(包括前中銀集團)規定辦理退休的員工	種類六	

1. 專業人員所屬的投保種類，以投保單位的批示及書面通知中銀集團保險為準。

保 障 範 圍

一般住院保障 (員工)

保障項目

	種類一		種類二		種類三		種類四	
	每一傷病最高賠償額 (HK$)	每天最高賠償額 (HK$)	每一傷病最高賠償額 (HK$)	每天最高賠償額 (HK$)	每一傷病最高賠償額 (HK$)	每天最高賠償額 (HK$)	每一傷病最高賠償額 (HK$)	每天最高賠償額 (HK$)
a. 住院膳宿費 (每一傷病最高賠償 180 天)	$324,000	$1,800	$270,000	$1,500	$270,000	$1,500	$180,000	$1,000
b. 醫生巡房費 (每一傷病最高賠償 180 天)	$324,000	$1,800	$270,000	$1,500	$270,000	$1,500	$252,000	$1,400
c. 醫院服務費	$55,000	--	$33,000	--	$33,000	--	$21,500	--
d. 外科手術費(賠付 100%)								
複雜手術	$112,000	--	$112,000	--	$112,000	--	$62,500	--
大型手術	$86,154		$86,154		$86,154		$48,077	
中型手術	$43,077		$43,077		$43,077		$24,039	
小型手術	$17,231		$17,231		$17,231		$9,615	
e. 麻醉師費								
複雜手術	$32,000	--	$30,000	--	$30,000	--	$26,000	--
大型手術	$27,570		$25,846		$25,846		$14,423	
中型手術	$13,785		$12,923		$12,923		$7,212	
小型手術	$5,514		$5,169		$5,169		$2,885	
f. 手術室費								
複雜手術	$33,000	--	$31,500	--	$31,500	--	$27,000	--
大型手術	$28,430		$27,138		$27,138		$14,978	
中型手術	$14,215		$13,569		$13,569		$7,489	
小型手術	$5,886		$5,428		$5,428		$2,996	
g. 專科醫生診療費	$4,000	--	$4,000	--	$4,000	--	$2,750	--
h. 政府醫院住院醫療費	此項目提升至可於住院其他項目賠償							
i. 出院後覆診費	$3,500	--	$3,000	--	$3,000	--	$1,500	--
j. 深切治療費 (每一傷病最高賠償 15 天)	$54,000	3,600	$45,000	$3,000	$45,000	$3,000	$30,000	$2,000
k 指定門診手術現金津貼 (每年每一傷病最高賠償限額)	$1,800		$1,500		$1,500		$1,000	
l 綠通服務	$15,000		$15,000		$5,000		$5,000	
m 每日政府醫院住院現金津貼 (需入住政府醫院普通病房並每天住院收費不超過$120元) (每年每一傷病最高賠償45天)	$81,000	$1,800	$67,500	$1,500	$67,500	$1,500	$45,000	$1,000

Hospitalization Benefits (Staff Members)

	Plan 1		Plan 2		Plan 3		Plan 4	
	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)
a. Room & Board (Maximum 180 Days Per Disability)	$324,000	$1,800	$270,000	$1,500	$270,000	$1,500	$180,000	$1,000
b. In-hospital Doctor's Visit (Maximum 180 Days Per Disability)	$324,000	$1,800	$270,000	$1,500	$270,000	$1,500	$252,000	$1,400
c. Hospital Services Charges	$55,000	--	$33,000	--	$33,000	--	$21,500	--
d. Surgical Fees (100% Reimbursement)								
Complex	$112,000	--	$112,000	--	$112,000	--	$62,500	--
Major	$86,154		$86,154		$86,154		$48,077	
Intermediate	$43,077		$43,077		$43,077		$24,039	
Minor	$17,231		$17,231		$17,231		$9,615	
e. Anaesthetist's Fees								
Complex	$32,000	--	$30,000	--	$30,000	--	$26,000	--
Major	$27,570		$25,846		$25,846		$14,423	
Intermediate	$13,785		$12,923		$12,923		$7,212	
Minor	$5,514		$5,169		$5,169		$2,885	
f. Operating Theatre Fees								
Complex	$33,000	--	$31,500	--	$31,500	--	$27,000	--
Major	$28,430		$27,138		$27,138		$14,978	
Intermediate	$14,215		$13,569		$13,569		$7,489	
Minor	$5,886		$5,428		$5,428		$2,996	
g. Specialist Fees	$4,000	--	$4,000	--	$4,000	--	$2,750	--
h. In-patient Government Hospital Charges	This item is upgraded to be reimbursed under other items of Hospital Benefit							
i. Post-hospital Follow Up Consultation Fee	$3,500	--	$3,000	--	$3,000	--	$1,500	--
j. Intensive Care (Maximum 15 Days Per Disability)	$54,000	3,600	$45,000	$3,000	$45,000	$3,000	$30,000	$2,000
k. Designated Clinical Surgery (Gastroscopy and Colonoscopy) Cash Allowance	$1,800		$1,500		$1,500		$1,000	
l. 綠通服務	$15,000		$15,000		$5,000		$5,000	
m. Daily Public Hospital In-Patient Cash Allowance (Inaptient in a public ward of public hospital & daily fee charged by Hospital should not be exceed $120) Maximum 45 Days Per Disability Per Year)	$81,000	$1,800	$67,500	$1,500	$67,500	$1,500	$45,000	$1,000

一般住院保障 (家屬)

保障項目

	種類一 A		種類二 A		種類三 A		種類四 A	
	每一傷病最高賠償額 (HK$)	每天最高賠償額 (HK$)	每一傷病最高賠償額 (HK$)	每天最高賠償額 (HK$)	每一傷病最高賠償額 (HK$)	每天最高賠償額 (HK$)	每一傷病最高賠償額 (HK$)	每天最高賠償額 (HK$)
a. 住院膳宿費 (每一傷病最高賠償90天)	$81,000	$900	$67,500	$750	$67,500	$750	$45,000	$500
b. 醫生巡房費 (每一傷病最高賠償90天)	$81,000	$900	$67,500	$750	$67,500	$750	$45,000	$500
c. 醫院服務費	$14,850	--	$12,375	--	$12,375	--	$8,250	--
d. 外科手術費(賠付100%)								
複雜手術	$27,000	--	$22,500	--	$22,500	--	$15,000	--
大型手術	$20,769		$17,308		$17,308		$11,538	
中型手術	$10,385		$8,654		$8,654		$5,769	
小型手術	$4,154		$3,462		$3,462		$2,308	
e. 麻醉師費								
複雜手術	$8,100	--	$6,750	--	$6,750	--	$4,500	--
大型手術	$6,231	--	$5,192	--	$5,192	--	$3,461	--
中型手術	$3,116		$2,596		$2,596		$1,731	
小型手術	$1,246		$1,039		$1,039		$692	
f. 手術室費								
複雜手術	$8,100	--	$6,750	--	$6,750	--	$4,500	--
大型手術	$6,231	--	$5,192	--	$5,192	--	$3,461	--
中型手術	$3,116		$2,596		$2,596		$1,731	
小型手術	$1,246		$1,039		$1,039		$692	
g. 專科醫生診療費	$2,000	--	$1,700	--	$1,400	--	$700	--
h. 政府醫院住院醫療費	此項目提升至可於住院其他項目賠償							
i. 出院後覆診費	$2,300	--	$2,000	--	$1,700	--	$1,000	--
j. 深切治療費 (每一傷病最高賠償15天)	$27,000	$1,800	$22,500	$1,500	$22,500	$1,500	$15,000	$1,000
k 指定門診手術現金津貼 (每年每一傷病最高賠償限額)	$900		$750		$750		$500	
l 綠通服務	$15,000		$15,000		$5,000		$5,000	
m 每日政府醫院住院現金津貼 (需入住政府醫院普通病房並每天住院收費不超過$120元) (每年每一傷病最高賠償45天)	$40,500	$900	$33,750	$750	$33,750	$750	$22,500	$500

Hospitalization Benefits (Dependents)

	Plan 1A		Plan 2A		Plan 3A		Plan 4A	
	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)
a. Room & Board (Maximum 90 Days Per Disability)	$81,000	$900	$67,500	$750	$67,500	$750	$45,000	$500
b. In-hospital Doctor's Visit (Maximum 90 Days Per Disability)	$81,000	$900	$67,500	$750	$67,500	$750	$45,000	$500
c. Hospital Services Charges	$14,850	--	$12,375	--	$12,375	--	$8,250	--
d. Surgical Fees (100% Reimbursement)								
Complex	$27,000	--	$22,500	--	$22,500	--	$15,000	--
Major	$20,769		$17,308		$17,308		$11,538	
Intermediate	$10,385		$8,654		$8,654		$5,769	
Minor	$4,154		$3,462		$3,462		$2,308	
e. Anaesthetist's Fees								
Complex	$8,100	--	$6,750	--	$6,750	--	$4,500	--
Major	$6,231		$5,192		$5,192		$3,461	
Intermediate	$3,116		$2,596		$2,596		$1,731	
Minor	$1,246		$1,039		$1,039		$692	
f. Operating Theatre Fees								
Complex	$8,100	--	$6,750	--	$6,750	--	$4,500	--
Major	$6,231		$5,192		$5,192		$3,461	
Intermediate	$3,116		$2,596		$2,596		$1,731	
Minor	$1,246		$1,039		$1,039		$692	
g. Specialist Fees	$2,000	--	$1,700	--	$1,400	--	$700	--
h. In-patient Government Hospital Charges	This item is upgraded to be reimbursed under other items of Hospital Benefit							
i. Post-hospitalization Follow-up Charges	$2,300	--	$2,000	--	$1,700	--	$1,000	--
j. Intensive Care (Maximum 15 Days Per Disability)	$27,000	$1,800	$22,500	$1,500	$22,500	$1,500	$15,000	$1,000
k. Designated Clinical Surgery (Gastroscopy and Colonoscopy) Cash Allowance	$900		$750		$750		$500	
l. 綠通服務	$15,000		$15,000		$5,000		$5,000	
m. Daily Public Hospital In-Patient Cash Allowance (Inaptient in a public ward of public hospital & daily fee charged by Hospital should not be exceed $120) Maximum 45 Days Per Disability Per Year)	$40,500	$900	$33,750	$750	$33,750	$750	$22,500	$500

保障項目定義

a. 每一傷病 — 意指在同一保單年度內之同一傷患或疾病又或因同一意外事故引致的身體受傷及上述傷病引起之併發症。在同一保單年度內，倘因上述傷病及其引致之併發症須接受治療一次以上，而每次治療時間相隔在九十天以內，應視為一次傷病處理，一切保險給付的金額計算將依照承保表規定辦理。

b. 醫院 — 在其經營地區提供醫院服務的合法註冊醫院，但不包括復康院、療養院、戒毒所及養老院。如在中國境內，則指縣級或以上並以西醫診治為依歸的醫院，但不包括中醫院。

c. 住院膳宿費 — 病房之每日房租和膳食費用。

d. 醫生巡房費 — 主診醫生之每日巡房費用。

e. 醫院服務費 — 指藥物、繃帶、綿紗、X光檢驗、化驗等一般性之醫院服務的費用。於門診作先進類型之造影，例如鋇餐造影、腎盂造影等先進影像包括但不限於電腦素描、磁力素描、正離子核磁素描、涉及放射性物質的化驗等費用及於門診進行之電療、化療、腎透析治療等費用。

f. 外科手術費 — 住院期間接受外科手術之費用〔按該項手術之分類計算〕。其中包括經主診註冊西醫書面證明，在註冊西醫診所或醫院門診部內接受手術、麻醉注射及藥物的費用。

g. 麻醉師費費 — 接受外科手術時，麻醉師收取的費用〔按該項手術之分類計算〕。

h. 手術室 — 接受外科手術時，醫院收取租用手術室的費用〔按該項手術之分類計算〕。

i. 專科醫生診療費 — 住院期間經主診醫生書面轉介接受專科醫生治療之診費。

j. 政府醫院醫療費 — 此項目已提升至可於住院其他項目賠償。

k. 出院後覆診費 — 出院後120日內，因住院主診醫生要求，往該醫生診所覆診所需之費用。

l. 深切治療費 — 住院期間經主診醫生書面轉介在醫院轄下的深切治療部接受治療。

m. 指定門診手術現金津貼 — 倘受保人在註冊西醫書面證明下，因醫療需要在其醫務所或醫院門診部(醫院沒有收取病房收費)內接受胃部內窺鏡或大腸內窺鏡檢查，本保險公司將根據承保表內訂明之金額之規定作出賠償(只限香港地區)。

n. 綠通服務 — 本綠通服務乃由中銀集團保險指定之服務供應商提供予本保單列明之受保人。倘受保人因疾病或意外受傷需要在中國內地使用綠通服務，本保險公司會按服務供應商所收取之實際費用賠償，並以不超過承保表之規定為限。服務內容如下：

(一) 住院安排服務

1.服務內容

服務供應商為受保人提供住院安排服務，在收到受保人的住院安排服務申請之日起（按電子郵件或電話日期為准）3 個工作日內，與受保人以電話或電子郵件方式確認可入住醫院的時間。住院日應在受保人提出明確申請之日起 10 個工作日內或與受保人協商確定的其他日期。服務供應商在條件允許的情況下，盡可能安排受保人儘早就醫。若服務供應商基於受保人、醫療機構的具體情況無法向受保人提供本次服務的，也在收到受保人的住院安排服務申請之日起（按電子郵件或電話日期為准）3 個工作日內向受保人告知。

2. 服務說明

受保人發出住院安排明確申請後，服務供應商在安排服務後以電話或者短信通知受保人為准，如受保人在服務供應商發出電話或者短信通知之前取消住院服務，服務供應商不收取該次服務費用；如服務供應商發出電話或者短信通知後，受保人不可取消服務，記成功服務一次。

(二) 住院手術服務

1. 服務內容

服務供應商為受保人提供住院手術安排服務，在收到受保人的住院手術服務申請之日起（按電子郵件或電話日期為准） 3 個工作日內，與受保人以電話或電子可入住醫院的時間。住院日應在受保人提出明確申請之日起 10 個工作日內或與受保人協商確定的其他日期。服務供應商在條件允許的情況下，盡可能安排受保人儘早就醫。如受保人在住院期間需要接受手術治療的，由主管醫生根據病人自身情況確定手術日期。服務供應商在條件允許的情況下，盡可能與主管醫生溝通以便受保人及時接受治療。若服務供應商基於受保人、醫療機構的具體情況無法向受保人提供本次服務的，也在收到受保人的住院手術服務申請之日起（按電子郵件或電話日期為准） 3 個工作日內向受保人告知。

2. 服務說明

受保人發出住院安排明確申請後，服務供應商在安排服務後以電話或者短信通知受保人為准，如受保人在服務供應商發出電話或者短信通知之前取消住院服務，服務供應商不收取該次服務費用；如服務供應商發出電話或者短信通知後，受保人不可取消服務，記成功服務一次。

綠通服務乃由指定服務供應商安排有關服務，如遇供應商之行為不當，本保險公司概不負責。有關法律事務將以內地法律為依歸。

o. 每日政府醫院住院現金津貼 — 倘受保人因疾病或意外受傷，經主診註冊西醫證明，入住香港政府醫院、醫院管理局或政府津貼的公益團體醫院之公眾病房接受治療，而其每天住院所收取之實際費用合共不超過港幣一百二十元（不包括入院登記費及因手術所需額外收取的醫療用品費用）。本保險公司將根據承保表內訂明之每天入住政府醫院現金津貼金額之規定，按實際住院天數計算賠償金額，但不能超過承保表中規定的最高賠償天數。

保障說明

1. 員工因患傳染病而需入住隔離病房或深切治療室者，經主診醫生書面證明，一律可獲得「種類一」的保障額。重病住院保障額則維持不變。

2. 女員工在分娩期間，在私家醫院進行病理性剖腹產手術，其外科手術費、手術室費、麻醉師費均按大型手術賠付，或各項「一般住院保障」項目（包括外科手術費）均按實際支付費用的 80%，兩者取其低者賠付；或懷孕期間因自然流產、小產等，在持有醫生書面證明下，其外科手術費、手術室費、麻醉師費均按小型手術賠付，或各項「一般住院保障」項目（包括外科手術費）均按實際支付費用的 80%，兩者取其低者賠付；賠償不足的費用亦不能在「重病住院保障」中索賠。入住政府醫院則不在此限，原保障條款不變，唯出院後覆診費將不獲賠償。

重病住院保障（只適用於員工）保障項目

	種類一 (HK$)	種類二 (HK$)	種類三 (HK$)	種類四 (HK$)
自付額	$1,000	$900	$800	$500
賠付率	80%	80%	80%	80%
每一傷病 最高賠償額	**$100,000**	**$90,000**	**$80,000**	**$50,000**

Supplementary Major Medical Benefit（Applicable for Staff Members Only）

	Plan 1 (HK$)	Plan 2 (HK$)	Plan 3 (HK$)	Plan 4 (HK$)
Deductible	$1,000	$900	$800	$500
Percentage of Reimbursement	80%	80%	80%	80%
Maximum Benefit Per Disability	**$100,000**	**$90,000**	**$80,000**	**$50,000**

保障說明

1. 受保員工因傷病入住醫院接受治療，所支出的醫療費用超過「一般住院保障」中的「每一傷病最高賠償額」時，可獲得「重病住院保障」賠償；但不包括女員工在懷孕或分娩期間所進行的任何手術。

2. 「重病住院保障」的「合資格醫療費用」包括住院膳宿費、醫生巡房費、醫院服務費、外科手術費、 手術室費、麻醉師費、專科醫生診療費、深切治療費及政府醫院醫療費。

3. 若住院膳宿費、醫生巡房費、深切治療費或政府醫院住院醫療費超過「一般住院保障」中該保障項目所規定的每天最高賠償額，則不能在「重病住院保障」中獲得賠付。

4. 賠償將按下列公式計算：
   （合資格醫療費用 － 一般住院保障賠償 － 自付額）x 賠付率

5. 賠償以每一傷病最高賠償額為限。

6. 合資格費用項目：

   6.1 住院膳宿費
   已超過基本住院醫療保險利益中的最高賠償天數，並由醫院提供之病房房租及膳食費用。但每天的住院膳宿費若超過基本住院醫療保險利益中的每天最高賠償限額，所超額費用則不能在此項目獲得賠償。

   6.2 醫生巡房費
   已超過基本住院醫療保險利益中的最高賠償天數，並在住院期間內接受主診註冊西醫治療之費用。但每天的醫生巡房費若超過基本住院醫療保險利益中的每天最高賠償限額，所超額費用則不能在此項目獲得賠償。

門診醫療保障（員工）

保障項目

	種類一	種類二	種類三	種類四
	每次最高賠償額(HK$)	每次最高賠償額(HK$)	每次最高賠償額(HK$)	每次最高賠償額(HK$)
a 註冊西醫診療費 (每年最高賠償 30 次) 賠付比率	$550 80%	$450 80%	$350 80%	$250 80%
b 醫療網絡轄下註冊西醫診療費 (每年最高賠償 30 次)	*免自負額			
c 物理治療及脊醫診療費 (每年最高賠償30次) 賠付比率	$550 80%	$450 80%	$350 80%	$250 80%
d 醫療網絡轄下物理治療/脊骨神經科醫生診療費 (每年最高賠償 30 次)	*免自負額			
(c)及(d)項每天只賠付其中一項一次。 (a)至(d)項全年合共最高賠償 30 次。				
e 疫苗注射 每次最高索償金額 賠償百份比 每年最高賠償次數	$440 100% 3	$440 100% 3	$440 100% 3	$440 100% 3
f 中醫師 / 跌打醫師 / 針灸醫師診療費 (每年最高賠償 30 次) 賠付比率	$550 80%	$450 80%	$350 80%	$250 80%
g 網絡普通科中醫診療費	*免自負額			
網絡跌打醫師及針灸醫師診療費 (每年最高賠償 30 次)	*免自負額			
(f)至(g)項每天只賠付其中一項一次及全年合共最高賠償 30 次。				
h 聯合醫務中心診療費 (每年最高賠償 50 次) 賠付比率	$300 100%	$280 100%	$250 100%	$200 100%
i 門診津貼差額 (每年最高賠償 30 次) 賠付比率	$300 100%	$280 100%	$250 100%	$200 100%
(a),(b)及(h)項每天只賠付其中一項一次。				
j 專科醫生診療費 (每年最高賠償 10 次) (包括一次營養師診症) 賠付比率	$1000 80%	$800 80%	$600 80%	$500 80%
k 網絡專科醫生診療費 (每年最高賠償 10 次)	*免自負額			
(j)至(k)項全年合共最高賠償 10 次。每天只賠付其中一項一次。				
(a)至(k)項全年合共最高賠償 50 次。				
	全年最高賠償額(HK$)	全年最高賠償額(HK$)	全年最高賠償額(HK$)	全年最高賠償額(HK$)
l X光及化驗費 (註 1: 延伸至註冊西醫處方購買藥物費) (延伸至新冠肺炎測試) 賠付比率	$3,300 80%	$2,800 80%	$2,300 80%	$1,800 80%
m 註冊牙科醫生診療費 賠付比率 (包括每年一次洗牙$600元, 100%賠付比率)	$5,500 80%	$4,500 80%	$3,500 80%	$2,500 80%
n 醫療網絡轄下註冊牙科醫生診療費	$5,500	$4,500	$3,500	$2,500
	除每年二次洗牙$355 免自負額外，每次自負額按網絡牙科醫生實收費用的 20%			
(m)至(n)項全年合共最高賠償金額（HK$） (內含最高洗牙次數合共 2 次)	$5,500	$4,500	$3,500	$2,500
o 綠通服務 每次最高索償金額 賠償百份比 每年最高賠償次數	$1,000 100% 5	$500 100% 5	$380 100% 5	$230 100% 5

註:

1. 如受保人選擇掛帳服務，額外藥物及自付額必須即時支付，而合資格的額外藥物費用可連同附有病因的正本收據向中銀集團保險申請索賠為處方購買藥物費。同時, 必須填寫索償表格並特別註明需索償該項保障項目。

2. *自付額費用並不能向中銀集團保險申請索賠。

Clinical Benefits（Staff Members）

	Plan 1	Plan 2	Plan 3	Plan 4
	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)
a Out-patient Consultation (Maximum 30 Visits per Year)	$550	$450	$350	$250
Percentage of Reimbursement	80%	80%	80%	80%
b Network Doctor Clinical Consultation (Maximum 30 Visits per Year)	*Co-payment HK$0			
c Physiotherapist / Chiropractor (Maximum 30 Visits per Year)	$550	$450	$350	$250
Percentage of Reimbursement	80%	80%	80%	80%
d Network Physiotherapist / Chiropractor (Maximum 30 Visits per Year)	*Co-payment HK$0			
The above items (c)&(d) are limited to one visit per day.				
Overall visits for the above items (a) to (d) are limited to 30 per year.				
e Vaccination	$440	$440	$440	$440
Maximum Limit Per Visit	100%	100%	100%	100%
Percentage of Reimbursement	3	3	3	3
(Maximum No. of Visits Per Year)				
f Chinese Herbalist / Bonesetter / Acupuncturist Consultation				
(Maximum30 Visits per Year)	$550	$450	$350	$250
Percentage of Reimbursement	80%	80%	80%	80%
g Network Chinese Herbalist	*Co-payment HK$0			
Network Bonesetter or Acupuncturist	*Co-payment HK$0			
(Maximum30 Visits per Year)				
Overall visits for the above items (f) to (g) are limited to one visit per day and 30 visits per year.				
h Union Polyclinic Consultation				
(Maximum 50 Visits per Year)	$300	$280	$250	$200
Percentage of Reimbursement	100%	100%	100%	100%
i out-patient claim balance				
(Maximum 30 Visits per Year)				
Percentage of Reimbursement	$300	$280	$250	$200
	100%	100%	100%	100%
The above items (a), (b) & (h) are limited to one visit per day.				
j Specialist Consultation (Maximum 10 Visits per Year)	$1000	$800	$600	$500
Percentage of Reimbursement	80%	80%	80%	80%
(extend to cover one visit of dietitian consultation)	*Co-payment HK$0			
k Network Doctor Specialist Consultation (Maximum 10 Visits per Year)				
The above items (j) & (k) are limited to one visit per day.				
Overall visits for the above items (j) & (k) are limited to 10 per year.				
Overall visits for the above items (a) to (k) are limited to 50 per year.				
	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)
l X-Ray & Laboratory Tests	$3,300	$2,800	$2,300	$1,800
(Note 1: extend to cover prescribed medication)				
(extend to cover COVID-19 test)	80%	80%	80%	80%
m Registered Dentist Consultation	$5,500	$4,500	$3,500	$2,500
Percentage of Reimbursement	80%	80%	80%	80%
(include 1 visit of scaling and polishing at $ 600 per visit, at 100% reimbursement)				
n Network Dentist Consultation	$5,500	$4,500	$3,500	$2,500
	Every time an amount of 20 % of the actual charge should be paid as a deductible to the Network Dentist, except for two scaling of HK $ 355 per year that requires no Co-payment.			
Overall maximum benefit per year for the above (m) and (n) items are limited to (included maximum 2 visits of scaling and polishing)	$5,500	$4,500	$3,500	$2,500

o 綠通服務				
Maximum Limit per Visit	$1,000	$500	$360	$230
Percentage of Reimbursement	100%	100%	100%	100%
(Maximum No. of Visits Per Year)	5	5	5	5

Note:

1. For panel consultation, any extra medication and panel co-payment has to pay at the clinic. Any eligible extra medication expenses can be reimbursable by BOCGI as prescribed medication fee with original receipt and diagnosis. In addition, member must specify in claim form to claim for prescribed medication benefit.

2. *Panel co-payment is not reimbursable by BOCGI.

門診醫療保障〔家屬〕

保障項目

	種類一 A	種類二 A	種類三 A	種類四 A
	每次最高賠償額(HK$)	每次最高賠償額(HK$)	每次最高賠償額(HK$)	每次最高賠償額(HK$)
a 註冊西醫診療費 (每年最高賠償 30 次) 賠付比率	$380 80%	$320 80%	$250 80%	$180 80%
b 醫療網絡轄下註冊西醫診療費 (每年最高賠償 30 次)	*免自負額			
c 物理治療及脊醫診療費 (每年最高賠償 30 次) 賠付比率	$275 80%	$225 80%	$175 80%	$125 80%
d 醫療網絡轄下物理治療/脊骨神經科醫生診療費 (每年最高賠償 30 次)	*免自負額			
(c)及(d)項每天只賠付其中一項一次。 (a)至(d)項全年合共最高賠償 30 次。				
e 疫苗注射 每次最高索償金額 賠償百份比 每年最高賠償次數	 $300 100% 3	 $300 100% 3	 $300 100% 3	 $300 100% 3
f 中醫師 / 跌打醫師 / 針灸醫師診療費 (每年最高賠償 30 次) 賠付比率	$380 80%	$320 80%	$250 80%	$180 80%
g 網絡普通科中醫診療費	*免自負額			
網絡跌打醫師及針灸醫師診療費 (每年最高賠償 30 次)	*免自負額			
(f)至(g)項每天只賠付其中一項一次及全年合共最高賠償 30 次。				
h 聯合醫務中心診療費 (每年最高賠償 30 次) 賠付比率	$240 100%	$210 100%	$180 100%	$150 100%
i 門診津貼差額 (每年最高賠償 30 次) 賠付比率	$150 100%	$140 100%	$125 100%	$100 100%
(a),(b)及(h)項每天只賠付其中一項一次。				
j 專科醫生診療費 (每年最高賠償 10 次) (包括一次營養師診症) 賠付比率	$500 80%	$400 80%	$300 80%	$250 80%
k 網絡專科醫生診療費 (每年最高賠償 10 次)	*免自負額			
(j)至(k)項全年合共最高賠償 10 次。每天只賠付其中一項一次。				
(a)至(k)項全年合共最高賠償 30 次。				
	全年最高賠償額(HK$)	全年最高賠償額(HK$)	全年最高賠償額(HK$)	全年最高賠償額(HK$)
l X光及化驗費 (註1: 延伸至註冊西醫處方購買藥物費) (延伸至新冠肺炎測試) 賠付比率	$1,750 80%	$1,500 80%	$1,250 80%	$1,000 80%
m 註冊牙科醫生診療費 賠付比率 (包括每年一次洗牙$600 元, 100%賠付比率)	$2,750 80%	$2,250 80%	$1,750 80%	$1,250 80%
n 醫療網絡轄下註冊牙科醫生診療費	$2,750	$2,250	$1,750	$1,250
	除每年二次洗牙$355 免自負額外，每次自負額按網絡牙科醫生實收費用的 20%			
(m)至(n)項全年合共最高賠償金額（HK$） (內含最高洗牙次數合共 2 次)	$2,750	$2,250	$1,750	$1,250
o 綠通服務 每次最高索償金額 賠償百份比 每年最高賠償次數	 $1,000 100% 5	 $500 100% 5	 $380 100% 5	 $230 100% 5

註:

1. 如受保人選擇掛帳服務，額外藥物及自付額必須即時支付，而合資格的額外藥物費用可連同附有病因的正本收據向中銀集團保險申請索賠為處方購買藥物費。同時, 必須填寫索償表格並特別註明需索償該項保障項目。

2. *自付額費用並不能向中銀集團保險申請索賠。

Clinical Benefits（Dependents）

	Plan 1A	Plan 2A	Plan 3A	Plan 4A
	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)
a Out-patient Consultation (Maximum 30 Visits per Year)	$380	$320	$250	$180
Percentage of Reimbursement	80%	80%	80%	80%
b Network Doctor Clinical Consultation (Maximum 30 Visits per Year)	*Co-payment HK$0			
c Physiotherapist / Chiropractor (Maximum 30 Visits per Year)	$275	$225	$175	$125
Percentage of Reimbursement	80%	80%	80%	80%
d Network Physiotherapist / Chiropractor (Maximum 30 Visits per Year)	***Co-payment : HK$0**			
The above items (c)&(d) are limited to one visit per day.				
Overall visits for the above items (a) to (d) are limited to 30 per year.				
e Vaccination				
Maximum Limit per Visit	$300	$300	$300	$300
Percentage of Reimbursement	100%	100%	100%	100%
(Maximum No. of Visits Per Year)	3	3	3	3
f Chinese Herbalist / Bonesetter / Acupuncturist Consultation				
(Maximum30 Visits per Year)	$380	$320	$250	$180
Percentage of Reimbursement	80%	80%	80%	80%
g Network Chinese Herbalist	*Co-payment HK$0			
Network Bonesetter or Acupuncturist (Maximum30 Visits per Year)	*Co-payment HK$0			
Overall visits for the above items (f) to (g) are limited to one visit per day and 30 visits per year.				
h Union Polyclinic Consultation				
(Maximum 30 Visits per Year)	$240	$210	$180	$150
Percentage of Reimbursement	100%	100%	100%	100%
i out-patient claim balance				
(Maximum 30 Visits per Year)				
Percentage of Reimbursement	$150	$140	$125	$100
	100%	100%	100%	100%
The above items (a), (b) & (h) are limited to one visit per day.				
j Specialist Consultation	$500	$400	$300	$250
(Maximum 10 Visits per Year)				
(extend to cover one visit of dietitian consultation)				
Percentage of Reimbursement	80%	80%	80%	80%
k Network Doctor Specialist Consultation (Maximum 10 Visits per Year)	***Co-payment : HK $0**			
The above items (j) & (k) are limited to one visit per day.				
Overall visits for the above items (j) & (k) are limited to 10 per year.				
Overall visits for the above items (a) to (k) are limited to30 per year.				
	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)
l X-Ray & Laboratory Tests	$1,750	$1,500	$1,250	$1,000
(Note 1: extend to cover prescribed medication)				
(extend to cover COVID-19 test)				
Percentage of Reimbursement	80%	80%	80%	80%
m Registered Dentist Consultation	$2,750	$2,250	$1,750	$1,250
Percentage of Reimbursement	80%	80%	80%	80%
(include 1 visit of scaling and polishing at $ 600 per visit, at 100% reimbursement)				
n Network Dentist Consultation	$2,750	$2,250	$1,750	$1,250
	Every time an amount of 20 % of the actual charge should be paid as a deductible to the Network Dentist, except for two scaling of HKD $355 per year that requires no Co-payment.			

Overall maximum benefit per year for the above (m) and (n) items are limited to (included maximum 2 visits of scaling and polishing)	$2,750	$2,250	$1,750	$1,250
o 綠通服務 Maximum Limit per Visit Percentage of Reimbursement (Maximum No. of Visits Per Year)	$1,000 100% 5	$500 100% 5	$380 100% 5	$230 100% 5

Note:

1. For panel consultation, any extra medication and panel co-payment has to pay at the clinic. Any eligible extra medication expenses can be reimbursable by BOCGI as prescribed medication fee with original receipt and diagnosis. In addition, member must specify in claim form to claim for prescribed medication benefit.

2. *Panel co-payment is not reimbursable by BOCGI.

門診醫療保障〔試用員工/退休員工〕

	種類五 〔試用員工〕	種類六 〔退休員工〕
聯合醫務中心診療費 賠付比率	100%	100%
每年最高賠償限額	HK$600	不設限額

	Plan 5 〔Probationary Staff〕	Plan 6 〔Retired Staff〕
Union Polyclinic Consultation Percentage of Reimbursement	100%	100%
Maximum Benefit Per Year (HK$)	HK$600	Unlimited

保障項目定義

a. 註冊西醫診療費 — 受保人在註冊西醫診所接受治療、注射或藥物的各項收費。

b. 網絡普通科西醫診療費 — 受保人憑醫療咭到醫療網絡指定普通科西醫診所接受治療、注射或藥物的各項收費。

c. 物理治療及脊醫診療費 — 員工經主診註冊西醫書面轉介，接受物理治療及脊醫治療的費用。

d. 網絡物理治療師、脊醫診療費 — 員工經主診註冊西醫書面轉介，並憑醫療咭到醫療網絡指定物理治療師、脊醫診所接受治療的費用。

e. 疫苗注射 — 倘受保人接受註冊西醫注射預防疫苗，本保險公司按其所收取之實際注射費用賠付。每次賠償金額應以實際收取金額乘以承保表中所列的賠付比率計算。此項索償，以承保表中所列的每次最高賠償金額及每年最高賠償次數為限。

f. 中醫師、跌打醫師、針灸醫師診療費 — 受保人在中醫師、跌打醫師及針灸醫師接受治療，藥費、包紮、針灸等各項收費。

g. 網絡普通科中醫診療費 — 受保人憑醫療咭到醫療網絡指定普通科中醫診所接受治療、藥費的各項收費。

網絡跌打中醫、針灸中醫診療費 — 受保人憑醫療咭到醫療網絡指定跌打、針灸中醫診所接受治療、包紮的各項收費。

h. 聯合醫務中心診療費 — 員工(包括試用員工)在聯合醫務中心支付的診費、藥費(包括主診醫生書面處方的自購藥費)及直系家屬在聯合醫務中心支付的診費及藥費。直系家屬及退休員工支付的化驗費及自購藥物費不在保障範圍內。

i. 門診津貼差額 — 如受保人自行購買其他醫療保險，需先向該保險公司申請賠償，餘額可憑該保險公司蓋章確認已賠償金額之正式單據，向中銀集團保險申請賠償。賠償額由中銀集團保險按「門診醫療保障」的各個項目所規定計算應付賠償金額。

j. 專科醫生診療費 — 員工經主診註冊西醫書面轉介接受專科醫生的門診治療費用。若該專科醫生之專科醫學資格與其診斷之病症相符，則可豁免註冊西醫轉介信之限制。另外, 延伸至包括一次營養師診症。

k. 網絡專科醫生診療費 — 員工經主診註冊西醫書面轉介，憑醫療咭到醫療網絡指定專科醫生診所接受治療的費用。若該專科醫生之專科醫學資格與其診斷之病症相符，則可豁免註冊西醫轉介信之限制。

l. X 光及化驗費 — 員工經主診註冊西醫、中醫師、物理治療師或脊醫書面轉介，接受 X 光或化驗的費用。另外, 亦延伸至新冠肺炎測試及註冊西醫處方購買藥物費 - 於任何合資格註冊藥房或診所 ：
1. 如該次診症收費有分開註明為藥物收費, 及受保人在索賠申請書上有特別要求索償處方購買藥物費，藥費將於此保障賠償

2. 如於合資格註冊藥房購買處方藥物, 必須由註冊西醫推薦及註明病因, 藥物名稱及劑量, 另推薦信的有效期為發出後之九十天內。

m. 註冊牙醫診療費 － 員工因意外或牙科疾病而接受註冊牙科醫生治療、每年一次洗牙HK$600、注射、X光檢驗及藥物等各項收費。

n. 網絡牙科醫生診療費 － 員工憑醫療咭到醫療網絡指定牙科醫生診所接受治療、注射、X 光檢驗及藥物等各項收費。〔除每年二次洗牙 HK$355免自負額外，每次需繳付網絡牙科醫生實收費用的 20%作為自負額。〕

o. 綠通服務 — 本綠通服務乃由中銀集團保險指定之服務供應商提供予本保單列明之受保人。倘受保人因疾病或意外受傷需要在中國內地使用綠通服務，本保險公司會按服務供應商所收取之實際費用賠償，並以不超過承保表之規定為限。服務內容如下：

(一) 門診安排服務

1. 服務內容

(1) 為受保人提供三甲醫院的專家門診預約服務，服務供應商在收到受保人門診安排服務申請之日起（按電子郵件或電話日期為准） 3 個工作日內，與受保人以電話方式確認具體門診時間。若服務供應商基於受保人、醫療機構的具體情況無法向受保人提供本次服務的，也在收到受保人的門診安排服務申請之日起（按電子郵件或電話日期為准） 3 個工作日內向受保人告知。

(2) 導醫導診：陪診人員將在受保人就診當天，陪同受保人就診，協助取號、劃價、取化驗單、付費、取藥等，時間不超過 4 個小時。

2. 門診分類

(1) 不指定專家：服務供應商為受保人提供三甲醫院的不指定專家門診預約服務，可指定醫院及科室、不指定醫師，醫師級別為副主任（含）以上。

(2) 指定專家：服務供應商為受保人提供指定專家門診預約服務。

3. 服務說明：

(1) " 正常 " 是指門診日應安排在受保人提出明確申請起 7 個工作日內，" 加急 " 是指門診日應安排在受保人提出明確申請起 3 個工作日內。

(2) 因受保人補充檢查項目於同一日在同一醫生處的多次就診，僅視為一次安排門診。

保障說明

1. 醫療咭只限咭上所印姓名之受保人使用，不得轉讓。

2. 家屬醫療咭只限有關員工已申報中銀集團保險，並經審批受保的家屬使用。

3. 受保人到聯合醫務中心接受治療後，不需即時繳付醫療費用，聯合醫務中心會將是次帳單送中銀集團保險索取醫療費用，但受保人如屬員工，而當是次醫療費用超過每次最高賠償額時，該員工必須即時繳付其差額。如員工已獲得賠償次數達50次或直系家屬已獲得賠償次數達30次後，再往聯合醫務中心接受治療時，需即時以現金繳付醫療費用，聯合醫務中心並即時簽發收據，受保人便可憑此收據向中銀集團保險索賠有關金額。

4. 受保人到網絡醫生診所就診時，只需出示醫療咭及身份證，診治費用可以掛帳方式，由中銀集團保險直接支付予網絡醫生 / 治療師，員工事後無須再填寫申請表索賠。

5. 受保人在醫療網絡指定的醫生 / 治療師診所就診，可自由選擇是否使用網絡醫療咭的掛帳服務。如選擇以非掛帳的方式支付費用，需於接受醫療服務時以現金支付全部費用，然後填具索償申請表，連同醫生收據正本及一切有關證明文件的正本，按正常途徑向中銀集團保險申請賠償。

6. 如受保人選擇掛帳服務，不論任何原因而引致醫療費超出醫療咭所預定支付的費用，所超出的醫療費需以現金即時支付，除合資格的額外藥物費用外，其他則不能向中銀集團保險申請索賠。

7. 受保人所繳付的自負額費用，不能向中銀集團保險申請索賠。

8. 受保人如在保單年度內已用罄醫療保險計劃的每年最高賠償次數或每年最高賠償金額，受保人在該年度內的剩餘受保期將不能再使用醫療網絡掛帳服務，直至續保後的下一保單年度起保日為止。

9. 退休員工憑「退休人員醫療證」在聯合醫務中心治病可免費接受治療。

除外責任

由於下列任何原因所引致的醫療費用，不在本計劃的保障範圍內：

1. 與就診傷病無關之住院膳宿費、陪人費、特別看護費、客人膳食費、額外病床、非醫療性的個人服務、非合理及慣常的費用及其他特殊費用，包括但不限於器官、輪椅、拐杖、正壓呼吸器等費用。以手術植入之晶體、心臟起博器、心臟支架、人造關節等費用則不在此限。
2. 非治療傷病之任何費用，或於任何牙醫診所進行之鑲牙、植牙、牙套、牙橋、箍牙、牙齒矯正，非意外引起的矯視包括但不限於近視、遠視、散光、老花、斜視，以及其他驗眼、配鏡、聽覺測驗、配助聽器、醫療輔助器材、體格檢查、接受預防性疫苗注射、節育手術、義肢、美容治療及整容手術等。如為減輕身體所受的意外傷害而進行手術，則不在此限。
3. 因戰爭（不論宣戰與否）、罷工、暴亂、革命、叛變、恐怖主義活動或其他類似戰爭的行為或參加軍警工作直接或間接引致的傷害或疾病。
4. 因行為不檢所造成的傷病，如打架受傷、吸毒、有關性能力、性病愛滋病及其併發症等。
5. 自加傷害、自殺（不論其清醒與否）、酒醉及神經錯亂或吸食軟性藥物(包括吸食毒品)所造成的傷病。
6. 因懷孕而進行的產前產後檢查、分娩、安胎、墮胎、避孕、節育、不育、生育及上述情形的併發症引起的治療費用等，均不屬保障範圍。唯受保員工如有主診註冊西醫書面證明，在分娩期間需要入院接受病理性手術或懷孕期間因自然流產、小產之住院，則不在此限。
7. 屬補養性質的藥品，包括但不限於保健產品如靈芝、人參、燕窩、商業健康補健包、滋養的草本植物或補品等及中醫調理。
8. 法律及其他保險計劃已支付的賠償，包括中國內地之醫保。
9. 另類治療，包括但不限於推拿、按摩、拔罐、刮痧、自然療法、催眠、香薰治療、瑜珈、足部治療、職業治療、營養治療及其他預防治療〈例如中醫的冬病夏治、夏病冬治、三伏天灸……等等〉、語言治療、職業治療、營養治療及心理治療、光學及激光皮膚療程等。
10. 在水療中心、天然治療中心、復康院、療養院、老人院或類似機構提供的醫療服務費用。
11. 體重控制及其相關之治療。
12. 醫療報告之費用。
13. 新生嬰兒住院費用及常規檢查費用。
14. 預防及調理性質之治療。
15. 觸犯或參與不合法行為所致的傷害。
16. 不經本公司同意的實驗治療。

申請賠償手續

住院醫療保障索賠

1. 索賠時限 – 索賠住院醫療保障，須於出院後九十天內或保單滿期日起九十天內 (兩者以較先者為準) 向本 司遞交有關表格及證明文件，於每月截單日前交所屬部 / 支負責同事匯總，轉中銀集團保 險，逾期恕不受理。如因先向其他保險公司索賠，而需延遲遞交予中銀集團保險，中銀集團保險可酌情處理。

2. 所需表格及證明件：
   a. 住院醫療索賠申書
   b. 住院醫療保險主診醫生證明書 (必須由主診醫生簽發，員工如入住政府醫院，而醫療費用不超過 HK$1,000.00者，可豁免此證明書，但需遞交由醫院發出之出院紙-病人備本或由主診醫生簽發並顯示住院病因的醫生証明書。
   c. 住院醫療費用之正式單據正本
   d. 索償專科醫生診療費，需提供住院主診西醫的轉介信，否則不會獲得此項賠償。
   e. 綠通服務繳費單(如有)

如未能提供「主診醫生證明書」，中銀集團保險可協助代辦，詳情可直接聯絡中銀集團保險醫療保險部(如需繳付有關費用，須由受保人負責)。

門診醫療保障索賠

1. 索賠時限 － 索賠門診醫療保障，需於診症後90日內遞交有關表格及證明文件，於每月截單日前交所屬部／支負責同事匯總，轉中銀集團保險，逾期恕不受理。如因先向其他保險公司索賠，或因先前退回及需補回不足的資料，而引致延遲遞交予中銀集團保險，中銀集團保險可酌情處理。

2. 所需表格及證明文件：
   a. 門診醫療索賠申請書

   (必須清楚填寫各項資料 – 包括直系家屬，如有資料不足或不清楚，而致中銀集團保險不能即時處理的申請，將退回有關員工。)

   b. 門診診症收據正本

   如接受專科醫生治療、物理治療、脊骨神經科治療、X光、化驗、註冊西醫處方購買藥物費或小型手術等，除提供有關診症收據外，尚需提供下列文件：

   主診註冊西醫轉介信正本 (轉介信內必須說明受保人所患何病、需接受那種專科治療或何種治療或何種專業意見)。若該專科醫生之醫學專科資格與其診斷之病症相符，則可豁免主診醫生轉介信之要求(索償X光、化驗費之轉介信須經主診註冊西醫、中醫師、物理治療師或脊醫書面轉介)。

   索償專科醫生診療費、物理治療及脊骨神經科治療費的轉介信，由簽發日起計一年內有效，一年內由於同一傷病往覆診者，索賠時只需附該轉介信副本存案；如在主診註冊西醫診所或聯合醫務中心進行物理治療，則可豁免轉介信。索償X光、化驗費或註冊西醫處方購買藥物費之轉介信則由簽發日起計九十天內有效。

   物理治療在主診註冊西醫診所或聯合醫務中心進行。則按註冊西醫診療費或聯合醫務中心診療費賠付。

   若主診註冊西醫在診症收據上闡述有關事項及簽章，而中銀集團保險認為資料足夠，此收據亦可作為「主診註冊西醫轉介信」之用。

   物理治療中心或化驗所如需收取轉介信正本，受保員工應即時要求該物理治療中心或化驗所提供轉介信的副本，並在上面蓋章，中銀集團保險亦會接受作處理賠償之用。

   索償註冊西醫處方購買藥物費，如該次診症收費有分開註明為藥物收費，及受保人在索賠申請書上 有特別要求索償處方購買藥物費，藥費將於此保障賠償; 如於合資格註冊藥房購買處方藥物，必須由註冊西醫推薦及註明病因, 藥物名稱及劑量，而推薦信的有效期為簽發日的九十天內。另受保人亦需 在索賠申請書上有註明要求索償處方購買藥物費。

3. 證明文件的規格要求 – 門診收據是指註冊西醫、中醫師、跌打醫師、針灸醫師、註冊牙醫、化驗所、物理治療中心、脊骨神經科治療或註冊西醫處方購買藥物費的收據，上面必須清楚顯示下列資料：

a) 病人姓名(必須與投保時所提供之姓名相同)
b) 診症/接受治療/服務的日期
c) 診治病症（如為針灸或跌打，必須列明相關治療方法。收據上亦必須註明主診醫師姓名及註冊編號、醫館名稱、醫館地址及電話等。）
   * ***注意：「病症」不等於治療方法，例如「牙科診治」等字眼或太概括性的說明，如「眼科病」、「外科問題」等不能接受為「病症」。***
d) 診治費用 (如接受多於一項的醫療服務，例如同時接受門診治療及小型手術，需詳列各項費用。)
e) 主診註冊西醫、專科醫生、牙科醫生、物理治療師、脊醫、中醫師、跌打醫師或針灸醫師的簽署或蓋章，或化驗所、物理治療中心的蓋章。
f) 如於中國內地接受診治，則必須提交相應日期之病歷紀錄〈包括封面〉之副本。
g) 可申領醫療索賠的中醫師名單統一為香港特區政府公佈的註冊及表列中醫師名單。

其他

1. 貴司已安排每月定期將各員工的住院 / 門診單據、表格和其他證明文件收集，送中銀集團保險辦理。

2. 員工在截單日前所遞交其本人及/或其直系家屬的索償申請，獲賠付的款項在截單日後14個工作天內由中銀集團保險以自動轉帳方式直接存入員工的發薪帳戶。如入帳不成功，中銀集團保險會另發支票予員工 (以員工為抬頭人)。

3. 中銀集團保險會在賠付日後三個工作天內向有關員工發出一份「醫療賠款資料通知表」，上面列出該員工及家屬在該次獲賠付和不獲賠付的每一筆申請，不獲賠付的會列出原因及退回有關單據。

4. 如索償文件不全，或門診收據欠缺任何一項內容 (請參閱門診醫療保障索賠第3點)，中銀集團保險將不予受理。

5. 網絡醫療服務由中銀集團保險有限公司指定之醫療網絡供應商提供，本公司保留增加、更改或刪減此服務之權利，並無需就此另行通知。由於有關醫療網絡之醫生/診所名單時有更改，受保人可登入網址中銀集團保險醫療紀錄查詢系統www.bocgins.com (員工編號為各行/司員工編號，預設密碼為身份證號碼中間六個阿拉伯數字，無需輸入英文字母及括號內之數字)，瀏覽最新的有關資料，或就診前應先致電所選擇之診所查詢，確認接納以本公司之醫療卡掛賬。

6. 任何受保人遺失醫療咭，必須盡快通知其所屬的人力資源部，並簽署遺失聲明及辦理補領手續〔可影印所附的【醫療咭遺失聲明及補領申請表】使用〕。補領新咭需繳付補領費每張HK$50.00。

7. 員工或其直系家屬不論任何原因超額使用醫療掛帳服務，必須於收到中銀集團保險的通知後，即時退還超額款項予中銀集團保險。

8. 員工在離職後，其本人及家屬均不能再使用任何醫療網絡服務，並需於最後工作天，將其本人及家屬的所有醫療咭一併交回人力資源部，轉退回中銀集團保險註銷。

9. 員工及其家屬應妥善保存其個人網絡醫療咭，以免被他人冒充使用。

其他規定

1. 員工的發薪帳戶或直系家屬資料如有變動，需儘快填寫「直系家屬資料申報/更正表」報人力資源部；由人力資源部定期向中銀集團保險提供員工及其直系家屬的最新資料，中銀集團保險在收到這些最新資料前的任何賠付，將根據原有資料決定。
2. 持有其他醫療保險的員工，須先向該保險公司申請賠償，餘額亦可憑正式單據或該保險公司蓋章確認已賠償金額之副本，按申請賠償手續各條規定向中銀集團保險申請索賠。其計算辦法為醫療費用總額扣除首間保險公司賠償金額，餘額按本計劃各條規定計算應付賠償金額。
3. 中銀集團保險已作賠付的原始正本收據或核實副本，將不會以任何形式退回予受保人。
4. 可申領醫療索賠的中醫師名單統一為香港特別行政區政府公佈的表列中醫師名單，日後如香港特別行政區政府公佈註冊中醫師名單，則以該名單為準。
5. 受保人在香港以外接受醫療診治並以外幣支付診治費用，按處理賠償手續當天中銀集團保險所定的兌換率折算港幣賠付。
6. 員工自離職日起，其原有之保障即時終止；離職日前支付的醫療費用，在符合本計劃條款規定下仍可獲得原來保障下應得之賠付。
7. 員工自正式退休後，將自動轉為「退休員工」，並可獲「計劃種類六」的有關保障。退休日前支付的醫療費用，在符合本計劃各條規定下仍可獲得原來保障下應得之賠付。
8. 員工自轉正日起，將根據轉正後職級，自動更改計劃種類，各項保障項目的額度和次數不用折算。轉正日前支付的醫療費用，在符合本計劃各條規定下定按原來保障賠付。
9. 投保單位如發現受保人弄虛作假，騙取本計劃之賠償及病假者，有權著其到指定醫生處覆查，一經證實，除追回已發給的賠款及假期工資外，並得視情節輕重，按「員工獎懲規則」處分。

附錄

海外緊急救援服務

〔不適用於種類五及種類六〕

本緊急救援服務乃由“國際救援(亞洲)公司(以下稱為“國際救援”)”提供。

定義

1. 原居地 — 意指香港特別行政區。
2. 緊急情況 — 意指受保人因意外事故或急病所致情理上無法防止且急需外來援助之嚴重醫療情況或災難。
3. 急病 — 意指於本保單起保日後所發生及不可預知、必須入院接受治療的疾病。

有效期，限制及責任

1. 有效期

以下所述之緊急救援服務保障有效期將由本保單生效日期起至保單周年終止。唯受保障之事故發生逾兩年後，將終止提供由該事故而引致的緊急支援服務。

2. 地區及時期限制

以下所述之緊急救援服務保障適用於受保人的原居地以外之地區所發生之緊急情況，而該緊急情況須發生於離開原居地 180 日內。

3. 本保險公司及國際救援的責任

獲推介的專業人士、醫生、診所及醫院，均非本保險公司或國際救援的職員、代理或僱員，這些專業人士、醫生、診所及醫院乃獨立人士或機構而需對自己所作的行為負責。在推介前，國際救援將查核這些專業人士、醫生、診所及醫院是否具備資格，並確實其獲當地政府的認可。如遇這些專業人士、醫生、診所及醫院之行為不當，本保險公司及國際救援概不負責。

緊急醫療救援服務及保障

如受保人在原居地以外地方旅行或公幹時因意外嚴重受傷、急病或死亡，又或在此期間需要法律、行程折回之緊急服務 (旅遊諮詢服務可在任何情況下查詢) 而該旅程或公幹並非在罔顧醫療人員的勸止下進行，或/及該旅程或公幹並非為接受或尋求海外醫療或手術治療，則受保人或其代表可致電國際救援及要求提供下列服務及保障。求救電話號碼：(852)28619235。任何受保人自行支付之有關費用，將不會獲發還。

1. 電話醫療建議、評估及轉介約見

當需要醫療建議時，受保人或其代表可致電國際救援的緊急中心向中心內當值醫生索取醫療建議及評估，但該項電話對話只屬建議性質，並不能視作對受保人之診斷。若醫療上有需要，受保人可轉介至合適之醫生或專科醫生，以獲取其個人評估；而國際救援可代為預約有關醫生。但所有醫療費用及相關之費用需由受保人自行支付。

2. 緊急護送

若受保人身體受傷或患上急病，而國際救援中心的醫療隊伍及受保人的主診醫生均建議受保人需要於其他醫院接受所需之適當治療，國際救援會安排並支付：

2.1 運送受保人至最就近的醫院；及

2.2 如站在醫療的角度上有需要：

i) 利用一切方法(包括但不限於救護機，固定班次之商務客機及救傷車)以運送受保人至一所在設備上就該項身體受傷或急病更為適合的醫院。

ii) 直接遣返受保人至其原居地的醫院。以上安排須由國際救援中心的醫療隊伍及受保人的主診醫生共同決定。這決定包括運送時間表、運輸工具及目的地。

國際救援會根據情況作出以下安排：

- 安排救護車連接醫院及機場
- 安排離境及入境手續
- 提供醫療器材
- 提供合適醫務人員護送受保人
- 安排救護車於機場接載受保人和護送的醫務人員
- 安排合適專科醫生在目的地候診

- 安排入住醫院
- 跟進病人入院後病情
- 與家屬聯絡並知會運送進展

3. 治療後之護送服務

於接受緊急護送服務後，並在受保人的主診醫生及國際救援緊急中心的醫生的共同診斷下，受保人仍需被護送回原居地，而其機票並不能用於護送服務，則國際救援將妥善安排受保人乘坐固定班次之航機或其他運輸方法(以經濟客位為準)返回其原居地，一切護送費用包括往來機場的附加費用將由國際救援支付，唯受保人須把原有機票之未使用部份交回國際救援。

4. 運返遺體/骨灰回國

如受保人不幸因意外或急病身故，國際救援將支付並安排 1)運返其遺體或骨灰至受保人原居地內之安葬地點，或 2)應受保人之繼承人或代表之要求，安排當地安葬，但該費用不得超過運送受保人遺體返回原居地之費用。棺木費用於任何情況下都不受保障。

5. 跟進病情

當受保人身在原居地以外地方接受住院治療，國際救援將會跟進受保人的醫療狀況，並在有需要時向受保人或其家屬代表提供有關治療的意見。

6. 旅遊諮詢

受保人可在旅程前或旅程期間，向國際救援諮詢以下資料或服務：

最新的免疫及防疫要求及需要
世界各地天氣
機場稅
海關條例
護照/簽證要求
領事館/大使館之地址及聯絡電話
貨幣兌換率
銀行工作日
當地語言及翻譯服務
護送小童回國
因醫療緣故需轉遞緊急訊息

7. 代尋行李

如運送機構遺失或誤送受保人的行李，國際救援可代為向有關機構包括航空公司、海關及政府機關查詢代尋。若尋回行李將轉送到受保人之指定地點。

8. 更改行程之緊急安排

若受保人遇緊急事故需更改原先行程，國際救援將會協助受保人重新安排所乘坐之飛機班次。

9. 護照補發遞送

當受保人旅程所需之文件或個人證件(如護照、簽證等)遺失或被盜竊，國際救援將向受保人提供所需資料，以便受保人向有關當局補辦證件。

10. 法律轉介

應受保人要求，國際救援可提供律師及律師行的地址及電話。

11. 親友探病費用

若受保人在原居地以外地方，因嚴重之身體損傷或急病，住院連續十天以上，國際救援將安排受保人一名親屬或其指定人士，由受保人原居地乘坐固定航班之客機(經濟艙)前往探望受保人，並代其支付來回機票及最長連續五天，每天不超越港幣 1,200 元之酒店普通房間之合理住宿費，但膳食費及額外房間服務費將不予負責。

12. 護送隨行之未成年子女返回原居地 若受保人在原居地以外地區，因嚴重之身體損傷或急病而住院或不幸去世，遺下同行而未滿十六歲受供養之子女，在其子女之回程機票失效時，國際救援將安排該名(或多名)子女乘坐固定航班之客機(經濟艙)返回原居地，並支付有關機票費用(包括往返機場之附加交通費)。而該子女未被使用且未能用於此次護送服務之機票須退給國際救援緊急支援中心處理。如有需要，國際救援亦會聘請符合資格人士，陪同受保人子女返回原居地。

13. 住院按金保證

當國際救援緊急支援中心之醫生及當地主診醫生均同意受保人因意外受傷或患上急病須入住醫院時，國際救援可在受保人無法即時支付住院按金的情況下，提供達港幣 40,000 元之住院按金保證。國際救援緊急支援中心有權在替受保人支付住院按金前，索取有效之信用保證。

14. 出院後療養住宿

若受保人之主診醫生及國際救援之醫生均認為受保人於出院後需即時進行療養，國際救援將會為受

保人安排及支付出院後之酒店住宿費用，每天上限則為港幣1,200元，並最長可達連續5天。

15. 安排緊急回國料理親人後事

當受保人身在海外(不包括移民)而獲悉其直系親屬身故，須立即折返其原居地，國際救援將安排受保人乘坐客機(單程經濟客位)返回原居地及支付有關的機票費用。

16. 任中橫服務

若受保人在中國大陸身體受傷或患上急病，必須入院接受治療，受保人可致電國際救援。國際救援會根據情況安排受保人至最就近的任中橫服務旗下醫院，及提供掛帳服務，受保人不需要交付入院定金。當受保人出院後必須繳交全部住院費用包括入院定金給國際救援。

任中橫服務之程序

當受保人需要至任中橫服務旗下醫院，受保人可以1) 致電國際救援求救電話號碼：(852)2861 9235 尋找協助或2)出示印有任中橫標識的緊急救援咭，及提供以下文件或資料給急診室之醫院員工：

(a) 身份証號碼/住宅電話號碼/護照號碼
(b) 如有需要請提供保單編號或員工編號
(c) 聯絡方法，例如手提電話

<u>遇事通知程序/責任</u>

若受保人在通知國際救援之前遇上身體受傷或患上急病而需住院，受保人或其代表應盡可能於緊急 事故發生後三日內聯絡國際救援。在未有收到上述通知情況下，國際救援將不會承擔有關事件的救援責任。

<u>代位追償權</u>

如國際救援因提供支援予受保人而需支付任何費用，其將取代受保人的權利向任何在法律上須承擔 責任的第三者取回因有關支援而支付了的款項，唯金額將不超過國際救援及其他保險或支援計劃就是項救援所支付的費用或賠償。

<u>不保項目</u>

受保人若因下列情況導致身體損傷或患上疾病，國際救援將不提供緊急支持服務及支付任何費用：

1. 在旅程出發前已存在的疾病或損傷, 不論受保人察覺與否；
2. 故意自傷、神經錯亂、神智不清、濫用酒精或藥物所引致的損傷、長期休養或療養、及患有可傳染而按法律規定需隔離的疾病；
3. 先天的疾病及異常；
4. 所有與懷孕及分娩有關的費用或情況；
5. 間接或直接由於參與職業運動或競賽運動 (競走除外)、水上或水內運動、冬季運動、賽車、越野賽車、探穴、攀石、需輔以繩索或由嚮導帶領的登山活動、跳降傘、綁繩跳、武術或搏擊運動；
6. 由於參與非法活動所致的損傷；
7. 並未經國際救援授權或介入提供的服務；
8. 在無國際救援介入的情況下，受保人理應支付或早已產生的費用；
9. 任何更適當地由其他保險承保的費用；
10. 根據國際救援醫生的意見，受保人在當地獲妥當的治療後，便能繼續旅程或返回工作的輕微疾病或損傷；
11. 經國際救援之醫生意見認為受保人在無醫療人員陪同下，仍能如一般乘客可乘坐普通航班返回原居地，國際救援將不負責所支出的費用。除非國際救援的醫生認為有需要的則除外；
12. 一切與精神病有關的個案；
13. 受保人參與任何空中飛行活動。如以持票乘客身份，乘坐固定航班或領有飛行執照及固定航線的包機則除外。

<u>不可抗力之免責事由</u>

本保險公司及國際救援將不負責因罷工、戰爭、敵國入侵、武裝衝突（不論是否正式宣戰）、內戰、內亂、叛亂、恐怖行動、政變、暴動、群眾騷擾、政治或行政干預、輻射或自然災難等的不可抗力事項或不可歸責於國際救援之事由所導致救助行動延誤、無法提供或進行而產生的任何責任。

<u>合約</u>

國際救援乃本海外緊急救援服務保障的服務提供者，不論本保單其他保障條款所定，如遇有國際救援之行為不當，本保險公司概不負責。

BOC INTERNATIONAL HOLDINGS LIMITED

and

Its Affiliated Companies

Medical Insurance Handbook

(2022-2023)

承保人：
Insurer :

中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

Foreword

This booklet contains general information about the employee benefits provided to the eligible members of BOC International Holdings Limited and its affiliated companies (hereinafter collectively called " BOC International") underwritten by Bank of China Group Insurance Company Limited (" BOCGI"). The policy period is from 1st September to 31st August of the year.

This booklet is designed for reference only as the information contained herein is extracted from the Insurance Master Policy issued to BOC International and subject to the terms and conditions of the policy. The final interpretation of any specific provision or its applicability is subject to the Master Policy issued by BOCGI.

With effective from 1st September 2022, this booklet replaces all the previous issued booklets for BOC International.

Network panel medical services are provided by BOCGI designated panel service provider and BOCGI reserves the right to add, change or delete this service without prior notice. As the panel doctor / clinic under the Network may have some changes from time to time, the insured can login in BOCGI medical enquiry system: www.bocgins.com (insured no. is the staff no, and the default password is the middle 6 digit of HKID number, without having to enter English alphabet and number within brackets), browse the latest information, or call the hotline medical network telephone you choose for inquiries to confirm they accept our medical card. Enquiry Hotline of the Panel Service providers is as below.

Name of Panel Network	Enquiry Hotline
Dr Vio & Partners	2810 9718
HMMP Ltd.	2302 0400(office hr) / 9011 4095(non-office hr)
MediNet Services Limited	2887 0099
Prodent Health & Care Co.Ltd (Dental Service)	2973 0037
QHMS Limited	8301 8301
MEDICONCEN LIMITED 醫結	95316485

Insured Member can also browse through the BOCGI medical enquiry system to check their coverage information, total claims record, claims history and download the application forms, etc.

Please read this booklet carefully and familiarize yourself with the benefits described herein, you may contact your Human Resource Department or Bank of China Group Insurance Company Limited (BOCGI) Customer Service Department if you have any queries.

Customer Service Hotline : 3187 5100

Customer Service email : med_cs@bocgroup.com

Contents

Page

SCOPE OF COVER FOR INSURED MEMBER

The Benefit levels to which the insured members are entitled have been determined in accordance with the following four groupings:

Insured Member		Plan	Benefits
Employees	Managing Director and Executive Director	1	Hospitalization & Supplementary Major Medical & Clinical
	Vice President	2	
	Assistant Vice President, permanent staff serving for 15 years or above	3	
	All other permanent staff serving less than 15 years	4	
Dependents	Employees' spouse and unmarried children aged below 21. · Dependents of Plan 1 employees · Dependents of Plan 2 employees · Dependents of Plan 3 employees · Dependents of Plan 4 employees	 1A 2A 3A 4A	Hospitalization & Clinical
Staff under Probation	Probationary Staff	5	Clinical
Retired Staff	Retired Staff	6	

1. The Plan and category of the insured is based on the instruction and written notice to BOCGI by policyholder.

Hospitalization Benefits (Staff Members)

	Plan 1		Plan 2		Plan 3		Plan 4	
	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)
a. Room & Board (Maximum 180 Days Per Disability)	$324,000	$1,800	$270,000	$1,500	$270,000	$1,500	$180,000	$1,000
b. In-hospital Doctor's Visit (Maximum 180 Days Per Disability)	$324,000	$1,800	$270,000	$1,500	$270,000	$1,500	$252,000	$1,400
c. Hospital Services Charges	$55,000	--	$33,000	--	$33,000	--	$21,500	--
d. Surgical Fees (100% Reimbursement)								
Complex	$112,000	--	$112,000	--	$112,000	--	$62,500	--
Major	$86,154		$86,154		$86,154		$48,077	
Intermediate	$43,077		$43,077		$43,077		$24,039	
Minor	$17,231		$17,231		$17,231		$9,615	
e. Anaesthetist's Fees								
Complex	$32,000	--	$30,000	--	$30,000	--	$26,000	--
Major	$27,570		$25,846		$25,846		$14,423	
Intermediate	$13,785		$12,923		$12,923		$7,212	
Minor	$5,514		$5,169		$5,169		$2,885	
f. Operating Theatre Fees								
Complex	$33,000	--	$31,500	--	$31,500	--	$27,000	--
Major	$28,430		$27,138		$27,138		$14,978	
Intermediate	$14,215		$13,569		$13,569		$7,489	
Minor	$5,886		$5,428		$5,428		$2,996	
g. Specialist Fees	$4,000	--	$4,000	--	$4,000	--	$2,750	--
h. In-patient Government Hospital Charges	This item is upgraded to be reimbursed under other items of Hospital Benefit							
i. Post-hospital Follow Up Consultation Fee	$3,500	--	$3,000	--	$3,000	--	$1,500	--
j. Intensive Care (Maximum 15 Days Per Disability)	$54,000	3,600	$45,000	$3,000	$45,000	$3,000	$30,000	$2,000
k. Designated Clinical Surgery (Gastroscopy and Colonoscopy) Cash Allowance	$1,800		$1,500		$1,500		$1,000	
l. 綠通服務	$15,000		$15,000		$5,000		$5,000	
m. Daily Public Hospital In-Patient Cash Allowance (Inaptient in a public ward of public hospital & daily fee charged by Hospital should not be exceed $120) Maximum 45 Days Per Disability Per Year)	$81,000	$1,800	$67,500	$1,500	$67,500	$1,500	$45,000	$1,000

Hospitalization Benefits (Dependents)

	Plan 1A		Plan 2A		Plan 3A		Plan 4A	
	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)	Maximum Benefit Per Disability (HK$)	Maximum Benefit Per Day (HK$)
a. Room & Board (Maximum 90 Days Per Disability)	$81,000	$900	$67,500	$750	$67,500	$750	$45,000	$500
b. In-hospital Doctor's Visit (Maximum 90 Days Per Disability)	$81,000	$900	$67,500	$750	$67,500	$750	$45,000	$500
c. Hospital Services Charges	$14,850	--	$12,375	--	$12,375	--	$8,250	--
d. Surgical Fees (100% Reimbursement)								
Complex	$27,000	--	$22,500	--	$22,500	--	$15,000	--
Major	$20,769		$17,308		$17,308		$11,538	
Intermediate	$10,385		$8,654		$8,654		$5,769	
Minor	$4,154		$3,462		$3,462		$2,308	
e. Anaesthetist's Fees								
Complex	$8,100	--	$6,750	--	$6,750	--	$4,500	--
Major	$6,231		$5,192		$5,192		$3,461	
Intermediate	$3,116		$2,596		$2,596		$1,731	
Minor	$1,246		$1,039		$1,039		$692	
f. Operating Theatre Fees								
Complex	$8,100	--	$6,750	--	$6,750	--	$4,500	--
Major	$6,231		$5,192		$5,192		$3,461	
Intermediate	$3,116		$2,596		$2,596		$1,731	
Minor	$1,246		$1,039		$1,039		$692	
g. Specialist Fees	$2,000	--	$1,700	--	$1,400	--	$700	--
h. In-patient Government Hospital Charges	This item is upgraded to be reimbursed under other items of Hospital Benefit							
i. Post-hospitalization Follow-up Charges	$2,300	--	$2,000	--	$1,700	--	$1,000	--
j. Intensive Care (Maximum 15 Days Per Disability)	$27,000	$1,800	$22,500	$1,500	$22,500	$1,500	$15,000	$1,000
k. Designated Clinical Surgery (Gastroscopy and Colonoscopy) Cash Allowance	$900		$750		$750		$500	
l. 綠通服務	$15,000		$15,000		$5,000		$5,000	
m. Daily Public Hospital In-Patient Cash Allowance (Inaptient in a public ward of public hospital & daily fee charged by Hospital should not be exceed $120) Maximum 45 Days Per Disability Per Year)	$40,500	$900	$33,750	$750	$33,750	$750	$22,500	$500

DEFINITIONS

a. Any One Disability — means injury, sickness, disease or illness and shall including all disabilities arising from the same cause including any and all complications arising therefrom in the same policy year. Treatment for more than once within 90 days in the same policy year arising from same disability and their complications, will be regarded as one disability for the purpose of all insurance payments in accordance with the provisions of Benefit Schedule.

b. Hospital — means only an institution licensed as a Hospital and operated pursuant to law for the care and treatment of sick and injured persons. "Hospital" does not include any institutions or that portion of any institutions which is operated as a rehabilitation, convalescent, a place for drug addiction and home for the aged. For Mainland China, "Hospital" means an institution licensed as a Hospital at and above the County/District Level and use western medicine as medical treatment, but does not include any institution or that portion of any institutions which is below the County level or use traditional Chinese medicine as medical treatment.

c. Daily Room & Board — means the amount of room and board benefit shall be equal to the actual charges furnished by the Hospital during the Insured Member's confinement.

d. In-hospital Doctor's Visit — means an amount equal to the charges for in-hospital doctor's visit.

e. Hospital Services Fees — means an amount equal to the actual charges for miscellaneous services (such as medication, bandage, cotton yarn, x-ray, laboratory test etc) made by the Hospital during the Insured Member's confinement. Advanced imaging done in out-patient setting (x-ray investigations using contrast media such as Ba Meal, intravenous pyelogram) including but not limited to computerized axial tomography scan, magnetic resonance imagingscan, positron emission tomography scan, investigations involving radioactive substance. Radiotherapy, Chemotherapy and Renal Dialysis done in out-patient setting.

f. Surgical Fees — means an amount equal to the sum actually charged for such operation during Hospital Confinement, or the insured person obtain a written referral from a Registered Medical Practitioner and Surgical Fees for Operation, charged of anaesthetic drugs, or medication incurred by the Insured Person in an outpatient setting, such as at doctor's clinic or outpatient department of a hospital.

g. Anesthetist's Fees — means the operation is performed during the Hospital confinement, BOCGI shall pay to the Insured Member an amount equal to the actual charges made by the Anesthetist during the Insured Member's confinement.

h.	Operation Theatre's Fees	— means the operation is performed during the Hospital confinement, BOCGI shall pay to the Insured Member an amount equal to the actual charges of Operation Theatre made by the Hospital during the Insured Member' s confinement.
i.	In-hospital Specialist's Fees	— means should the attending physician or surgeon require a second opinion or special treatment by another qualified specialist physician or surgeon for the Insured Member. No benefit shall be payable if there is not a written recommendation from the attending physician or surgeon.
j.	In-Patient Government Hospital Charges	— This item is upgraded to be reimbursed under other items of Hospital Benefit.
k.	Post Hospitalization Follow-Up Fee	— means Charges for post-hospitalization consultation/ treatment from the attending doctor within 120 days after discharge from hospital/ clinic, are also paid under the Surgical Fees.
l.	Intensive Care	— means Hospital Charge incurred for Intensive Care Unit recommended by the doctor in charge.
m.	Designated Clinical Surgery Cash Allowance	— If the Insured Person undergo Gastroscopy or Colonscopy in an Outpatient Setting, such as at doctor's clinic or Outpatient Department of a Hospital and no ward charges from the hospital, due to medically necessary reason with written referral from a Registered Medical Practitioner, the Company will pay the amount specified in the Benefits schedule(within HKSAR).
n.	綠通服務	— Refer to Chinese Version of Handbook
o.	Daily Public Hospital In-Patient Cash Allowance	— A daily Hospital cash allowance shall be payable on a daily basis when upon recommendation of a Registered Medical Practitioner an Insured Person is registered as an Inpatient in a Public ward or third class ward only of a Public Hospital in Hong Kong (Hong Kong Government Hospital, a Hospital Authority Hospital or a subsidized charity Hospital) for the treatment of a covered Disability and incurs charges therefore. The actual daily fee charged by the Hospital should not exceed HK$120 (excluding admission fee or extra charges for medical items incurred from an operation). The Company shall grant cash allowance to the insured person in accordance with the amount as laid down in the Schedule and in accordance with the actual period of Hospitalization, but it shall not exceed the maximum number of days as specified in the Benefit Schedule.

ILLUSTRATION

1. Employees suffering from infectious diseases and need to stay an isolation ward or intensive care unit with written recommendation by the attending physician, such hospitalization expenses shall be reimbursed in accordance to Plan 1 benefit. The Supplementary Major Medical benefit shall remain unchanged.

2. If the insured female employee undergo pathological caesarean operation during childbirth in private hospital, its surgery fee, operating theatre fees, anesthesiologist fees will be paid according to major surgery; or each items under Hospitalization Benefit (include surgeon' s fee) will be paid up to 80% of the actual expenses up to the maximum limit, the lesser amount will be paid; or during pregnancy due to spontaneous abortion, miscarriage, with the documentary evidence held by the doctor, its surgical fees, operating room fees, anesthesiologist fees will be paid according to minor surgery, or each items under Hospitalization Benefit (include surgeon' s fee) will be paid up to 80% of the actual expenses up to the maximum limit, the lesser amount will be paid. That excess amount will not be paid under the Supplementary Major Medical Benefit. However, the above condition will not be applied when the insured admitted in the government hospital, but no benefit will paid for the post hospitalization expenses.

Supplementary Major Medical Benefit (Applicable for Staff Members Only)

	Plan 1 (HK$)	Plan 2 (HK$)	Plan 3 (HK$)	Plan 4 (HK$)
Deductible	$1,000	$900	$800	$500
Percentage of Reimbursement	80%	80%	80%	80%
Maximum Benefit Per Disability	$100,000	$90,000	$80,000	$50,000

ILLUSTRATION

1. This benefit shall be paid while the medical expenses excess the “per disability” limit under Hospitalization & Surgical Benefit of the Policy but excluding the medical expenses in related to maternity.

2. Covered Expenses(Eligible expenses) of Supplementary Major Medical Benefits shall mean charges made for any of the services or supplies in Daily Room & Board, In-hospital Doctor’s Visit, Hospital Service’s Fees, Surgical Fees, Operation Theatre’s Fees, Anesthetist’s Fees, In-hospital Specialist’ s Fees.

3. This benefit shall not be paid when the actual amount charged of Daily Room and Board, In-hospital Doctor’s Visit & In-patient Government Hospital Charges exceed the daily limit set forth in the benefit schedule of the Hospitalization & Surgical Benefit.

4. The benefits payable shall be determined in accordance with the following formula:
   The Major Medical Benefit Payable Amount
   = (Hospital Expenses – Basic Policy Benefit - Deductible) x Percentage of Reimbursement.

5. The total payment made under this benefit shall not exceed the maximum amount stated in the BENEFIT SCHEDULE for any one Disability.

6. Items of eligible expenses

   6.1 Room and board fees

   Fees in respect of room and board services provided by a Hospital which exceed maximum days per disability, but if thedaily room and board fees exceed the daily maximum limit of cover in the basic Hospitalization benefits, the excess will not be recoverable under this item.

   6.2 Doctor visit fees

   Fees for medical treatment by a Registered Medical Practitioner during Hospitalization which exceed maximum days per disability, but if the daily doctor visit fees exceed the daily maximum limit of cover in the basic Hospitalization benefits, the excess will not be recoverable under this item.

Clinical Benefit (Staff Members)

	Plan 1	Plan 2	Plan 3	Plan 4
	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)
a Out-patient Consultation (Maximum 30 Visits per Year)	$550	$450	$350	$250
Percentage of Reimbursement	80%	80%	80%	80%
b Network Doctor Clinical Consultation (Maximum 30 Visits per Year)	*Co-payment HK$0			
c Physiotherapist / Chiropractor(Maximum 30 Visits per Year)	$550	$450	$350	$250
Percentage of Reimbursement	80%	80%	80%	80%
d Network Physiotherapist / Chiropractor (Maximum 30 Visits per Year)	*Co-payment HK$0			
The above items (c)&(d) are limited to one visit per day.				
Overall visits for the above items (a) to (d) are limited to 30 per year.				
e Vaccination	$440	$440	$440	$440
Maximum Limit Per Visit	100%	100%	100%	100%
Percentage of Reimbursement	3	3	3	3
(Maximum No. of Visits Per Year)				
f Chinese Herbalist / Bonesetter / Acupuncturist Consultation				
(Maximum30 Visits per Year)	$550	$450	$350	$250
Percentage of Reimbursement	80%	80%	80%	80%
g Network Chinese Herbalist	*Co-payment HK$0			
Network Bonesetter or Acupuncturist	*Co-payment HK$0			
(Maximum30 Visits per Year)				
Overall visits for the above items (f) to (g) are limited to one visit per day and 30 visits per year.				
h Union Polyclinic Consultation				
(Maximum 50 Visits per Year)	$300	$280	$250	$200
Percentage of Reimbursement	100%	100%	100%	100%
i out-patient claim balance				
(Maximum 30 Visits per Year)				
Percentage of Reimbursement	$300	$280	$250	$200
	100%	100%	100%	100%
The above items (a), (b) & (h) are limited to one visit per day.				
j Specialist Consultation (Maximum 10 Visits per Year)	$1000	$800	$600	$500
Percentage of Reimbursement	80%	80%	80%	80%
(extend to cover one visit of dietitian consultation)	*Co-payment HK$0			
k Network Doctor Specialist Consultation (Maximum 10 Visits per Year)				
The above items (j) & (k) are limited to one visit per day.				
Overall visits for the above items (j) & (k) are limited to 10 per year.				
Overall visits for the above items (a) to (k) are limited to 50 per year.				
	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)
l X-Ray & Laboratory Tests	$3,300	$2,800	$2,300	$1,800
(Note 1: extend to cover prescribed medication)				
(extend to cover COVID-19 test)	80%	80%	80%	80%
m Registered Dentist Consultation	$5,500	$4,500	$3,500	$2,500
Percentage of Reimbursement	80%	80%	80%	80%
(include 1 visit of scaling and polishing at $ 600 per visit, at 100% reimbursement)				
n Network Dentist Consultation	$5,500	$4,500	$3,500	$2,500
	Every time an amount of 20 % of the actual charge should be paid as a deductible to the Network Dentist, except for two scaling of HK $ 355 per year that requires no Co-payment.			
Overall maximum benefit per year for the above (m) and (n) items are limited to (included maximum 2 visits of scaling and polishing)	$5,500	$4,500	$3,500	$2,500
o 綠通服務				
Maximum Limit per Visit	$1,000	$500	$360	$230
Percentage of Reimbursement	100%	100%	100%	100%
(Maximum No. of Visits Per Year)	5	5	5	5

Note:

1. For panel consultation, any extra medication and panel co-payment has to pay at the clinic. Any eligible extra medication expenses can be reimbursable by BOCGI as prescribed medication fee with original receipt and diagnosis. In addition, member must specify in claim form to claim for prescribed medication benefit.

2. *Panel co-payment is not reimbursable by BOCGI.

Clinical Benefits (Dependents)

	Plan 1A	Plan 2A	Plan 3A	Plan 4A
	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)	Maximum Benefit Per Visit (HK$)
a Out-patient Consultation (Maximum 30 Visits per Year)	$380	$320	$250	$180
Percentage of Reimbursement	80%	80%	80%	80%
b Network Doctor Clinical Consultation (Maximum 30 Visits per Year)	*Co-payment HK$0			
c Physiotherapist / Chiropractor (Maximum 30 Visits per Year)	$275	$225	$175	$125
Percentage of Reimbursement	80%	80%	80%	80%
d Network Physiotherapist / Chiropractor (Maximum 30 Visits per Year)	***Co-payment : HK$0**			
The above items (c)&(d) are limited to one visit per day.				
Overall visits for the above items (a) to (d) are limited to 30 per year.				
e Vaccination				
Maximum Limit per Visit	$300	$300	$300	$300
Percentage of Reimbursement	100%	100%	100%	100%
(Maximum No. of Visits Per Year)	3	3	3	3
f Chinese Herbalist / Bonesetter / Acupuncturist Consultation				
(Maximum30 Visits per Year)	$380	$320	$250	$180
Percentage of Reimbursement	80%	80%	80%	80%
g Network Chinese Herbalist	*Co-payment HK$0			
Network Bonesetter or Acupuncturist (Maximum30 Visits per Year)	*Co-payment HK$0			
Overall visits for the above items (f) to (g) are limited to one visit per day and 30 visits per year.				
h Union Polyclinic Consultation				
(Maximum 30 Visits per Year)	$240	$210	$180	$150
Percentage of Reimbursement	100%	100%	100%	100%
i out-patient claim balance				
(Maximum 30 Visits per Year)				
Percentage of Reimbursement	$150	$140	$125	$100
	100%	100%	100%	100%
The above items (a), (b) & (h) are limited to one visit per day.				
j Specialist Consultation	$500	$400	$300	$250
(Maximum 10 Visits per Year)				
(extend to cover one visit of dietitian consultation)				
Percentage of Reimbursement	80%	80%	80%	80%
k Network Doctor Specialist Consultation (Maximum 10 Visits per Year)	***Co-payment : HK $0**			
The above items (j) & (k) are limited to one visit per day.				
Overall visits for the above items (j) & (k) are limited to 10 per year.				
Overall visits for the above items (a) to (k) are limited to30 per year.				

	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)	Maximum Benefit Per Year (HK$)
l X-Ray & Laboratory Tests	$1,750	$1,500	$1,250	$1,000
(Note 1: extend to cover prescribed medication)				
(extend to cover COVID-19 test)				
Percentage of Reimbursement	80%	80%	80%	80%
m Registered Dentist Consultation	$2,750	$2,250	$1,750	$1,250
Percentage of Reimbursement	80%	80%	80%	80%
(include 1 visit of scaling and polishing at $ 600 per visit, at 100% reimbursement)				
n Network Dentist Consultation	$2,750	$2,250	$1,750	$1,250
	Every time an amount of 20 % of the actual charge should be paid as a deductible to the Network Dentist, except for two scaling of HKD $355 per year that requires no Co-payment.			
Overall maximum benefit per year for the above (m) and (n) items are limited to (included maximum 2 visits of scaling and polishing)	$2,750	$2,250	$1,750	$1,250

o 綠通服務 Maximum Limit per Visit Percentage of Reimbursement (Maximum No. of Visits Per Year)	$1,000 100% 5	$500 100% 5	$380 100% 5	$230 100% 5

Note:

1. For panel consultation, any extra medication and panel co-payment has to pay at the clinic. Any eligible extra medication expenses can be reimbursable by BOCGI as prescribed medication fee with original receipt and diagnosis. In addition, member must specify in claim form to claim for prescribed medication benefit.

2. *Panel co-payment is not reimbursable by BOCGI.

Clinical Benefits (Probationary and Retired Staff)

	Plan 5 (Probationary Staff)	Plan 6 (Retired Staff)
Union Polyclinic Consultation Percentage of Reimbursement	100%	100%
Maximum Benefit Per Year (HK$)	HK$600	Unlimited

DEFINITIONS

a.	Clinical Consultation	- BOCGI shall pay if the Insured Person suffers illness or accidental injury and has received medical treatment, injection or medication from a Registered Medical Practitioner.
b.	Network Doctor Clinical Consultation	- BOCGI shall pay if the Insured Person suffers illness or accidental injury and has received medical treatment including consultation, injection or medication from network Registered Medical Practitioner.
c.	Physiotherapist & Chiropractor Treatment	- BOCGI shall pay if the Insured Person suffers illness or accidental injury with a written referral from the Registered Medical Practitioner in-charge requires treatment by a Physiotherapist or Chiropractor.
d.	Network Physiotherapist & Chiropractor Treatment	- BOCGI shall pay if the Insured Person suffers illness or accidental injury and has received treatment from a network Physiotherapist or Chiropractor with a written referral from Registered Medical Practitioner. The insured person shall present his medical card and relevant document (if required).
e.	Vaccination	- If the Insured Person has received vaccination from a Registered Medical Practitioner, the Company will pay the actual expenses incurred during the consultation. The amount payable under this benefit shall be according to the reimbursement percentage, and subject to the maximum amount per visit and maximum visits per year as specified in the Benefit Schedule.
f.	Chinese Herbalist, Bonesetter or Acupuncturist Treatment	- BOCGI shall pay if the Insured Person suffers illness or accidental injury and receives medical treatment, medication, wrap up, or acupuncture from a Registered Chinese Herbalist / Bonesetter / Acupuncturist.
g.	Network Chinese Herbalist	- BOCGI shall pay if the Insured Person suffers illness or accidental Injury and receives medical treatment, medication from network Registered Chinese Medical Practitioner. The insured person shall present his medical card.
	Network Bonesetter or Acupuncturist Treatment	- BOCGI shall pay if the Insured Person suffers illness or accidental injury and receives medical treatment, wrap up from network Registered Chinese Medical Practitioner. The insured person shall present his medical card.
h.	Union Medical Center Consultation	- BOCGI shall pay if the Insured employee (include probationary staff) , dependent and retired staff suffers illness or accidental injury and receives medical treatment, and medication from Union Medical Center Doctors, BOCGI shall pay the consultation and medication fees (but excluding laboratory tests performed or purchase of prescribed drug or medication paid by dependents and retired staffs).
i.	Out-patient claim balance	- BOCGI shall pay if the Insured Person is being covered by other medical insurance scheme, he/she should first apply for claims reimbursement from other insurance company, remaining balance of the consultation fees will be reimbursed by BOCGI, provided that there is a signed confirmation of the reimbursed amount on the original receipt by the other insurance company.
j.	Specialist Consultation	- BOCGI shall pay if the Insured Person suffers illness or accidental injury and has received treatment from a qualified specialist doctor with a written referral from Registered Medical Practitioner. However, a written referral may be waived if the cause of sickness corresponds with the specialist qualification of the attending specialist doctor. - In addition, this benefit also extends to cover one visit of dietitian consultation.

k.	Network Doctor Specialist Consultation	- BOCGI shall pay if the Insured Person suffers illness or accidental injury and has received treatment from a network specialist doctor with a written referral from Registered Medical Practitioner. The insured person shall present his medical card during consultation. However, a written referral may be waived if the cause of sickness corresponds with the specialist qualification of the attending specialist doctor.
l.	X-Ray & Laboratory Test	- BOCGI shall pay if the Insured Person suffers illness or accidental injury and recommended by the Registered Medical Practitioner to undergo diagnostic X-Ray or Laboratory Test. In addition, this benefit also extends to cover COVID-19 test and prescribed medication - all legitimated source Note: i. If there is breakdown of medicine fee for that consultation, and it is specially requested on the claim form by the insured member to claim the medicine fee under prescribed medication, the medicine fee will be reimbursed under this benefit item. ii. If the prescribed medication is purchased in licensed pharmacy, referral letter prescribed by a registered medical practitioner with diagnosis, medication name and dosage are required. (Referral letter is valid for 90 days from the date of issuance.)
m.	Dental Treatment	- BOCGI shall pay if the Insured Person suffers dental disease and require treatment, one visit of dental scaling of up to $600 each per year, injection, dental x-ray and medication by a Registered Dentist.
n.	Network Dental Treatment	- BOCGI shall pay if the Insured Person suffers dental disease and require dental treatment injection, dental x-ray and medication by Network Dentist. The Insured Person should present the medical card and also every time an amount of 20% of the actual charge as a deductible, (except for twice visit of dental scaling of $355 each) should be paid by cash in the Network Dentist' s office.

ILLUSTRATIONS

1. The medical card is solely hold by the insured person and cannot be transferrable.

2. Medical card will only be issued for dependents who has been declared by the employee and final approved by the Policyholder.

3. No payment is required for medical expenses if the Insured Person receives treatment at Union Medical Center. Union Medical Center will send the medical bill to BOCGI for claim processing. However, if the insured person is an employee, and such consultation fee exceed the max. limit per visit at that consultation, he/she requires to pay the balance immediately. For example, if employee already reached the maximum 50 visits per year or dependents already visited 30 consultation per year, the Insured Person requires to pay the medical expenses by cash for any consultation already reached the maximum visit per year, and Union Medical Center will then issue official receipt to the Insured.

4. If the Insured Person visit network doctors, just present the medical card and HKID card to the clinic's receptionist and no claim procedure is needed.

5. If the Insured Person visit network doctors and opt to pay the medical expenses by cash, he/she is required to complete the claim form and return to BOCGI together with the original official receipt and relevant documents for reimbursement.

6. When the Insured Person uses the medical card for consultation, he/ she are required to pay money at the clinic if the medical expenses exceeded the benefit limit & such expenses (except eligible extra-medication) are not reimbursable by BOCGI.

7. Co-payment is not reimbursable by BOCGI.

8. The medical card will be suspended when the max. benefit limit has been exceeded, it will be resumed until the policy has been renewed.

9. Retired Staff can receive free medical treatment in Union Medical Centre by presenting " Retired Staff Medical Card" .

EXCLUSIONS

BOCGI will not be liable for any medical expenses arising from causes listed below:

1. Room and board fees which is not related to the treatment of the disease. Non-medical expenses such as companion bed or seats, extra bed, private nurse, guest tray or charges for personal consumables, non-medically and customary expenses and other expenses, including but not limited to organ, procurement or use of special braces, appliances, wheel chair, medical accessories, walking frame, crutches or any other similar equipment. Except for surgical implants, such as lens, pacemakers, coronary stents and artificial joint. .

2. Expenses not relating to medical treatment, or dental implants, crowns, bridges and orthodontic performed in dental clinic and other eye refraction correction including but not limited to myopia, hyperopia, astigmatism, presbyopia, strabismus, eye examination, eyeglasses, contact lens, hearing test or aids, medical aids, physical examination,, immunization and vaccination injection, birth control surgery, prosthesis and any cosmetic treatment or plastic surgery (except for surgery taken to mitigate the physical injury suffered by accident)

3. Injury or illness directly or indirectly caused by war or act of war (whether war be declared or not), invasion, strike, riot, revolution insurrection, acts of terrorism or participating in military services or police force.

4. Any injury or illness arising from misbehavior such as fighting, drug abuse, sexual dysfunction, venereal disease or their sequelae; AIDS(acquired immune deficiency syndrome) and or/ or ARC (AID Related Complex) and its complications and any complication therefrom.

5. Any bodily injury causing by self-inflicted, suicide (whether sane or insane), intoxication, psychoses or willful misuse of drugs (including the taking of narcotics).

6. Any medical expenses arising from pregnancy (including antenatal and postnatal checkup), delivery, tocolysis, abortion, contraception, infertility, birth control, blindness and any complication therefrom (except that with the written prove from a registered medical practitioner, the Insured Member need to undergo any pathological operation during delivery or miscarriage, etc.).

7. All health supplements including but not limited to healthcare product such as lingzhi, ginzeng, swallow' s nest, commercial healthcare pack, nutrient herbs and tonic.

8. Insured Member is entitled to benefits payable under Employees' Compensation Ordinance or other insurance plans (including the Medical Insurance in Mainland China). For the balance of expenses not covered by the Ordinance or other insurance plans will be paid by the insurance company subject to the terms exclusions and conditions of this Policy and will not exceed the maximum limit of cover as specified in the benefits schedule.

9. Alternative treatment including but not limited to Tui Nai, massage therapy, cupping, scraping, naturopathy, hypnotism, aromatherapy, yoga activities, podiatry, speech

therapy, occupational therapy or dietitian consultation, psychotherapy, light and laser skin treatment and other preventive treatment (such as moxibustion therapy) etc.

10. Any charges for accommodation, nursing and services received in health hydros, nature cure clinics, convalescent or rehabilitation home, rest home, home for aged or similar establishments.

11. Treatment related to weight control.

12. Fees in relation to provision of medical reports.

13. Hospitalization charges incurred for New Born Baby and its routine checkup charges.

14. Treatment of preventive and recuperative nature.

15. Injury due to committing or participating in an illegal activity.

16. Experimental procedure and / or treatment not yet approved by the Company.

CLAIM PROCEDURE

HOSPITAL & SURGICAL BENEFIT

1. Submission Period – The claim documents must be submitted to BOCGI through the Human Resources Department within 90 days from the date of discharge of hospital or 90 days from the policy expiry date (whichever is the earlier). All claims should be passed to Human Resources Department before cut-off date for forwarding to BOCGI. Otherwise the claim shall be for all purposes considered to be abandoned and shall not be recoverable thereafter (except BOCGI as a second payer of the claim or the claim was returned for the request of additional information).

2. The Insured Person is required to submit the following documents to BOCGI within 90 days following the discharge from Hospital.

    a. Hospitalization and Surgical Claim Form ;

    b. Attending Physician' s Statement ;
    (must be issued by the attending medical practitioner; if the Insured Person admitted to the Hospital of HA and the medical expenses does not exceed HK$1,000, this requirement will be waived provided the discharge summary-patient copy issued by the Hospital or the medical certificate issued by attending medical practitioner with diagnosis can be provided)

    c. Original Hospital receipt and itemized bills.
    d. Referral letter from In-Hospital Attending Physician is required for reimbursement on In-hospital Specialist's Fees.
    e. 綠通服務Invoice (if any)

OUT-PATIENT BENEFIT

1. Submission Period – The claim documents must be submitted to BOCGI through the Human Resources Department within 90 days from the date of discharge of hospital or 90 days from the policy expiry date (whichever is the earlier). All claims should be passed to Human Resources Department before cut-off date for forwarding to BOCGI. Otherwise the claim shall be for all purposes considered to be abandoned and shall not be recoverable thereafter (except BOCGI as a second payer of the claim).

2. The Insured Person is required to submit the following documents to BOCGI within 90 days from the date of consultation.

    a. Group Clinical Benefit Claim Form ;
    (BOCGI will return the claim document to Insured Person if the information provided on the form is insufficient or unclear)
    b. Original Official Receipt from the Clinic / Doctor / Dentist ;
    In addition, please note the below required information for Specialist Consultation, Physiotherapy, Chiropractor, X-ray, Laboratory Test, Prescribed Medication and Minor Operation etc.

    Original referral letter issued by a Registered Medical Practitioner. Diagnosis, specialty or treatment or professional ideas needed should be stated on the referral letter. For specialist consultation, referral letter may be waived if the cause of sickness corresponds with the medical specialist qualification of the attending physician (For X-Ray and laboratory Test, referral letter by the Registered Medical Practitioner is required) .

    Original referral letter from the Registered Medical Practitioner in-charge must be attached together with the original receipt for claims in respect of Specialist or Physiotherapist and Chiropractor Consultation. (The referral letter shall be valid for one year from the date of issue, and a copy of such letter must be attached for subsequent follow-up visits). If the physiotherapy treatment is carried out in clinic of Registered Medical Practitioner or Union Medical Center, the referral letter will be waived. Referral letter for x-ray and laboratory test and prescribed medication shall be valid for 90 days from the date of issue.

    If Physiotherapy is performed in the clinic of attending Registered Medical Practitioner or Union Medical Center, it is payable in Outpatient General Practitioner benefit or Union Polyclinic Consultation benefit.

    If the Registered Medical Practitioner in-charge stated in their signed official receipt the required of the Insured Member for specialist or physiotherapy treatment, BOCGI shall, based on such information, accept it as the referral letter instead.

    If the Laboratory or Physiotherapist require to collect the original referral letter, the Insured Person shall request the Laboratory or Physiotherapist provide a copy of referral letter with their chop, BOCGI shall, based on such information, accept it.

    For prescribed medication benefit, if there is breakdown of medicine fee for that consultation, and it is specially requested on the claim form by the insured member to claim the medicine fee under prescribed medication, the medicine fee will be reimbursed under this benefit item; If the prescribed medication is purchased in licensed pharmacy, referral letter prescribed by a registered medical practitioner with diagnosis, name of medication and dosage is required. (Referral letter is valid for 90 days from the date of issuance)

3. Requirements Specification Documents – Out-Patient Receipt means a receipt from a registered medical practitioner, Chinese Medicine Practitioner, Bonesetter, Acupuncturist, Registered Dentist, Diagnostic Lab Center, Physiotherapy or Chiropractor Consultation, Prescribed Medication benefit and information of below must be shown clearly in the receipt :

    (a) Name of the Patient (must be the same as the enrolment record)
    (b) Date of consultation/ treatment;
    (c) Diagnosis as certified by the attending doctor (If that is the Acupuncturist or Bonesetter claims, treatment must state clearly on receipt by attending practitioner. Also, receipt must include the name, registration number, address and telephone number of the clinic.);
    *Note: "Diagnosis" does not mean what treatment is it, e.g. if diagnosis is "Dental treatment" that will be too non-specific, or "eye disease" or "surgical problem", etc. will not be accepted as a diagnosis.
    (d) Consultation Fee (if more than one medical service is performed, e.g. consultation with minor operation performed for the same visit, breakdown of medical expenses is needed to show)
    (e) Doctor' s chop and signature by Registered attending doctor, Specialist, Dentist, Physiotherapist, Chiropractor, Chinese Medical Practitioner, Bonesetter or Acupuncturist or Company chop from Laboratory Center, Physiotherapy Centre. ;
    (f) For consultation in China, submit the copy of medical history of such consultation (including the front cover)
    (g) The registered Chinese Doctor list are referred to Hong Kong Listed Chinese Medicine Practitioner of Hong Kong SAR Government

OTHERS

1. The claim documents to be collected by Human Resources Department and send to BOCGI for claim processing monthly.

2. The claim shall be proceeded and reimbursed through autopay to employee' s bank account within 14 working days from the receive date of BOCGI. Cheque will be issued to the Employee if the autopay is unsuccessful.

3. The Payment Advice with details of each claim transactions (including the reject reason together with the relevant claim document) will be issued and returned within 3 working days from the autopay date.

4. BOCGI will return the claim document to Insured Person if the provided information is insufficient (details please refer to no. 3 of out-patient claim procedure).

5. Network of medical services are the medical network service providers designated by BOCGI, and BOCGI reserves increase, change or deletion of the rights of this service, and without this notice. Because of changes to the network of the medical doctor / clinic list, the insured can visit the website of the BOCGI medical records inquiry system www.bocgins.com (employee number for each line / Division staff numbers, pre-password for the middle six digit ID number, without having to enter the letters and figures within brackets>, browse the latest information, call or visit should be preceded by the clinic selected inquiries, confirm acceptance of BOCGI's medical card losses.

6. Replacement card fee of HK$50 per each is required, please complete the Lost Card Declaration Form and send it together with the cheque made payable to "Bank of China Group Insurance Company Limited" to Human Resources Department.

7. A shortfall invoice will be issued to the Insured Person when he/she excess to use the medical card. The Insured Person should settle the shortfall to BOCGI immediately upon receipt of the shortfall invoice.

8. All medical cards issued to the Insured Person and his/her dependent must be returned to Human Resources Department on his/her last day of employment.

9. The Insured Person should keep the medical card properly and avoid used by third party.

OTHER PROVISIONS

1. To ensure that your Personal Information such as bank account no. is up-to-date in BOCGI data base, please be reminded to update the changes timely via HR eform system [Click Here] . The claim will be paid in accordance to the existing BOCGI records until received the changes request.

2. If the Insured Person has medical insurance with other insurance company, the claim document should send to the other insurance company for claim reimbursement first and send the original receipt or certified true copy by other insurer to BOCGI for claim the balance if it is not fully reimbursed. BOCGI will reimburse the balance amount in accordance to the benefit schedule and deduct the reimbursed amount paid by the first insurer.

3. All original receipt or certified true copy will not be returned in any form if the claim has been reimbursed by BOCGI.

4. For Chinese Medical Practitioner claim, BOCGI shall reimburse the claim if the Chinese Medical Practitioner is on list of Listed / Registered Chinese Medical Practitioner of HKSAR Government, the most updated list shall prevail.

5. If the medical expenses are in other currency, the reimbursement will be paid in HKD and the exchange rate shall follow BOCGI's data on the date of the claim processing.

6. The medical coverage will be ceased from the date of termination of Insured Person. However, all the medical expenses incurred before the date of termination can be reimbursed subject to the benefit schedule.

7. Insured employee under official retirement process by BOC International will be automatically became retired staff, and can entitle the Plan 6's benefit. Any medical expenses incurred before the day of retired staff will be payable according to the benefit entitled before the change of plan.

8. Benefit plan will be changed according to the grading of the employee after probation, and the benefit limit whatever the no. of visit and amount will not be on pro-rata. Any medical expenses incurred before the day of completed probation, will be payable according to the benefit entitled before the change of plan.

9. In the event that BOC International suspects the insurance fraud from Insured Person on claim and sick leave, BOCI International has the right to request the Insured Person to their designed clinic for medical review. Depending on the seriousness of the circumstances, BOC International may take disciplinary action according to the Employee Handbook.

APPENDIX - EMERGENCY ASSISTANCE SERVICES AND BENEFITS

These Emergency Assistance Services and Benefits are issued and provided by Inter Partner Assistance Hong Kong Limited (hereinafter called "IPA") to the Insured Person who is insured under the Policy with Bank of China Group Insurance Company Ltd.

Section 1: Definitions

1. Country of Residence

   Shall mean Hong Kong Special Administrative Region.

2. Emergency

   Shall mean a serious medical situation or distress which could not be reasonably prevented and for which specific external help is required.

3. Illness

   Shall mean any unforeseen sickness, illness or disease first manifested after the effective date of the Policy.

Section 2: Duration of Cover, Limitations and Liabilities

1. Duration of Cover

   The benefits mentioned in Section 3 are granted for a period of 12 consecutive months during the period of validity of the Policy. Every assistance cases in respect of a covered event shall be absolutely barred unless commenced within two years from the date of occurrence of such event.

2. Geographical and Time Limits

   The benefits mentioned in Section 3 apply worldwide outside Country of Residence of the Insured Person and for the trips not exceeding 180 consecutive days.

3. Liability of the Company and IPA

   It is understood that the physicians, Hospitals, clinics, any kind of professionals to whom the Insured Person will be referred by IPA are for most of them independent contractors responsible for their own acts and are not employees, agents or servants of the Company and IPA. Furthermore, the Company as well as IPA shall not be responsible for any act or failure to act on the part of those professionals such as, and not limited to, physicians, Hospitals, and clinics.

Section 3: Emergency Assistance Services and Benefits

If the Insured Person shall suffer serious Bodily Injury or Sudden Illness or death outside Country of Residence or require legal referral or emergency rerouting arrangements (travel information services can be obtained under any circumstances) while arising out of and in the course of his/her journey, provided that the trip is not undertaken against the advice of the physician, and/or for the purpose of obtaining or seeking any medical or surgical treatment abroad, the following emergency assistance services and benefits are available directly from IPA upon specific verbal notification by the Insured Person or his/her personal representative to any of the specified 24-hour alarm centre. The telephone number is (852)28619235. It shall be stressed that the Insured Person shall not be entitled to the reimbursement of any such expenses incurred or paid directly by him/her.

1. Medical Attention Telephone Medical Advice, Evaluation and Referral Appointment

   When medical advice is needed, the Insured Person or his/her personal representative may telephone IPA's alarm centre for medical advice and evaluation from the attending physician. However, it shall be stressed that telephone conversation cannot establish a diagnosis and shall be considered as an advice only. If medically necessary, the Insured Person shall be referred to another physician or to a medical specialist for personal assessment and IPA will assist the Insured Person in making the medical appointment. All physician's fees and related charges shall be borne entirely and directly by the Insured Person without any reimbursement from IPA.

2. Medical Evacuation

   Should the Insured Person suffer from Bodily Injury or Sudden Illness such that IPA' s medical team and the attending physician recommend Hospitalization in a hospital or another medical facility where the Insured Person can be suitably treated, IPA will arrange and pay for:

   2.1 The transfer of the Insured Person into one of the nearest Hospital and,

   2.2 If necessary, on medical grounds:

   i. The transfer of the Insured Person with necessary medical supervision by any means (including but not limited to air ambulance, scheduled commercial flight, and road ambulance) to an Hospital more appropriately equipped for the particular Bodily Injury or Sudden Illness, or

   ii. The direct repatriation of the Insured Person to an appropriate Hospital or other health care facility in his/her Country of Residence.

   The IPA's medical team and attending physician will determine the necessary arrangements including timing, means of transfer, destination of evacuation according to the circumstances. All decisions base on medical necessity.

To complete the Medical Evacuation, if medically necessary IPA will arrange for the following:

- ambulance to transfer the patient to the airport of departure
- emigration / immigration and customs clearances at the airport of departure / destination
- intensive care equipment
- qualified medical escort to stabilize the patient and monitor his/her condition during the transport
- ambulance on the tarmac to meet the patient and the medical escort at the airport of arrival
- immediate consultation by appropriate specialist upon arrival
- reservation of bed in Hospital
- constant monitoring of the medical condition of the Insured Person during his Hospitalization by IPA doctor
- liaison with the family of the Insured Person and updating of the evolution of the treatment.

3. Repatriation After Treatment

Following the Medical Evacuation in Section 2 above and if medically necessary, IPA will arrange and pay for the repatriation of the Insured Person to the medical facility in his Country of Residence by scheduled airline flight or any other appropriate means of transportation (on economy class), including any supplementary cost of transportation to and from the airport, if his/her original ticket is not valid for the purpose, provided that the Insured Person shall surrender any unused portion of his/her ticket to IPA. Any decision on the repatriation of the Insured Person shall be made jointly and exclusively by both the attending physician and IPA' s alarm centre under constant medical supervision.

4. Repatriation of Mortal Remains/Ashes

Upon the death of the Insured Person due to Accident or Sudden Illness, IPA will arrange and pay for 1) the repatriation of the Insured Person' s body or ashes to the place of burial in the Insured Person' s Country of Residence, or 2) the local burial of the Insured Person at the request of the Insured Person' s heirs or representative provided that the costs of local burial responsible will not exceed the equivalent costs of repatriation of the Insured Person' s body or ashes to the place of burial in the Insured Person' s Country of Residence. In no case shall IPA be responsible for the cost of coffin.

5. Medical Monitoring

In the event of the Insured Person being Hospitalized outside Country of Residence, IPA' s medical team will monitor the Insured Person' s condition as closely as possible with the attending doctor and IPA will give second opinion to the Insured Person or his/her representative in respect of treatment and medical charges, whenever possible.

6. Travel Information

The Insured Person may contact IPA to obtain the following information and services before starting or during his/her journey.

- Update immunizations and vaccinations requirement and needs
- Weather information worldwide
- Airport taxes
- Customs requirements
- Passport and Visa requirements
- Consulate and embassies addresses and contact numbers
- Exchange rates
- Banking days
- Language Information / Arrangement of interpreter services
- Arrangement of children escort
- Transmission of urgent messages for medical reasons

7. Luggage Retrieval

In the event of loss or misrouting of the Insured Person' s luggage by a common carrier, IPA will liaise with the relevant entities such as but not limited to airline companies, customs officials, and will organize the dispatch of such luggage, if recovered, to such place as the Insured Person may direct.

8. Emergency Rerouting Arrangements

IPA will assist the Insured Person in reorganizing his/her flight schedule should an emergency oblige him/her to alter his/her original plan.

9. Assistance on Loss of Travelling Document

In case of loss or theft of essential documents or personal identification documents (e.g. passport, entry visa, etc.), IPA will provide the Insured Person with the necessary information regarding the formalities to be fulfilled with the appropriate local authorities or entities, in order to obtain the replacement of such lost or stolen documents.

10. Legal Referral

Upon the request of the Insured Person, IPA can provide the names, addresses, telephone numbers of lawyers and solicitors firms to the Insured Person.

11. Compassionate Visit

In the event of the Insured Person suffering from serious Bodily Injury or sudden Illness resulting in Hospital confinement outside his/her Country of Residence for more than 10 (ten) consecutive days, IPA will arrange and pay for the cost of a return scheduled airline (on economy fare basis) for a relative or designated person of the Insured Person to travel from the Insured Person 's Country of Residence to the Insured Person 's bedside, including the cost of an ordinary room accommodation in any reasonable hotel up to HKD1,200.00 per day for a maximum period of 5 (five) consecutive days, but excluding the cost of drinks, meals and other room services.

12. Return of Unattended Dependent Child(ren) to Country of Residence

If any of the Insured Person' s travelling dependent child(ren) under 16 years of age is left unattended by reason of the Insured Person 's Bodily Injury or sudden Illness or the death of the Insured Person resulting in Hospital confinement outside his/her Country of Residence, IPA will organize and pay for the cost of a scheduled airline ticket (on economy fare basis), for such child(ren) to return to his/her home in the Insured Person' s Country of Residence, including any supplementary cost of transportation to and from the airport, if the original ticket is not valid for the return, provided that the Insured Person shall surrender any unused portion of the return ticket to IPA. If necessary, IPA will also hire and pay for a qualified attendant to accompany any such dependent child(ren) for return journey.

13. Deposit Guaranteeing of Hospital Admission

In case of Hospital admission duly approved by both the attending physician and IPA' s alarm centre doctor and the Insured Person is without means of payment of the required Hospital admission deposit, IPA will on behalf of the Insured Person guarantee or provide such payment up to HKD40,000.00. Prior to arranging the above service, IPA shall obtain the approval and confirmation for the reimbursement by the Company to IPA for the advanced sum of deposit.

14. Hotel Room Accommodation for Convalescence

IPA will arrange and pay for the cost of an ordinary room accommodation in any reasonable hotel up to HKD1,200.00 per day for a maximum of 5 (five) consecutive days, incurred by the Insured Person for the sole purpose of convalescence immediately following his/her discharge from the Hospital, and if deemed medically necessary by the attending physician and IPA' s doctor.

15. Unexpected Return to the Country of Residence

In the event of the death of the Insured Person's immediate relative in his/her Country of Residence while the Insured Person is travelling overseas (excluding the case of immigration) necessitating an unexpected return to his/her Country of Residence, IPA will arrange and pay for the cost of a scheduled return airline ticket (on economy class basis) for the return of the Insured Person.

16. China Hospitals Network Service

If the Beneficiary suffers from Bodily injury or sudden illness and needs to be hospitalized in PRC the Beneficiary may contact IPA. IPA will refer the nearest hospital under IPA' s China Hospital Network to the Beneficiary and provide guarantee for the required admission deposit required by hospital. Under any circumstances the Beneficiary shall fully and directly settle the medical expenses including the hospital admission deposit guaranteed by IPA while the Beneficiary is discharged.

Procedure only applicable to Service 16

When the Beneficiary goes to the network hospital, the Beneficiary can either 1) call collect to IPA' s Alarm Centre at (Hong Kong) 2861 9235 for the assistance of hospital admission or 2) present the emergency card will " MedPass" logo to the hospital staff of the Accident & Emergency Department and produce the following document and information to hospital staff:

(a) I.D. number/ Home Permit number/ Passport number

(b) If possible or applicable, policy number or certificate number

(c) Contact i.e. phone number

Section 4: Failure to Notify IPA

In the event of a Bodily Injury or sudden Illness resulting in the Hospitalization of the Insured Person prior to notify IPA, the Insured Person or his representative, where possible, shall contact IPA within three days of the occurrence of such emergency or any complication directly relating to such emergency. In the absence of such notice, IPA may not be responsible for his/her assistance case.

Section 5: Subrogation

In the event that IPA makes any payment in connection with the provision of assistance to the Insured Person, IPA shall be subrogated to the rights of such Insured Person to obtain payments from any third party found legally responsible for the assistance, up to the amount of such payment made by IPA, and any other insurance or assistance plan which provides compensation to the assistance events.

Section 6: General Exclusions

IPA shall not be required to provide the assistance services in any form or manner to the Insured Person or his/her representative with respect to Bodily Injury or Sudden Illness of the Insured Person which is caused by the followings:

1. Pre-existing Illness or disabilities prior to the commencement of the trip during which the illness manifests, regardless the Insured Person is aware of the illness or not.

2. Injuries due to insanity or self-infliction or conditions related to functional disorders of

the mind; rest cure or sanatorium care; drug addiction or alcoholism; communicable diseases requiring by law isolation or quarantine.

3. Congenital Abnormalities.
4. Pregnancy and Maternity.
5. Injuries arising directly or indirectly as a result of participation in any professional or competitive sports (other than on foot), water sports, winter sports, racing, rallies, potholing, rock climbing or mountaineering normally involving the use of ropes or guides, parachuting, bungee jumping or martial arts.
6. Injuries sustained contracted as a result of participation in illegal acts.
7. Services rendered without the authorization and/or intervention of IPA.
8. Costs which would have been payable if the event giving rise to the intervention of IPA had not occurred.
9. Any expense more specifically covered under any insurance policy.
10. Cases of minor Illness or injury which in the opinion of the IPA's doctor can be adequately treated locally and which do not prevent the Insured Person from continuing their travels or work.
11. Expenses incurred where the Insured Person in the opinion of the IPA' s doctor is physically able to return to his/her Country of Residence sitting as a normal passenger and without medical escort, unless deemed necessary by the IPA'sdoctor.
12. Cases related to psychiatric disorders.
13. The Insured Person engaging in any form of aerial flight except as a fare paying passenger on a regular scheduled airline or licensed charter aircraft over an established route.

Section 7: Force Majeure

The Company and IPA shall not be held responsible for delays or failures in providing assistance caused by any strike, war, invasion, act of foreign enemies, armed hostilities, (regardless of a formal declaration of war), civil war, rebellion, insurrection, terrorism, political coup, riot and civil commotion, administrative or political impediments or radioactivity or acts of God or any other event of force majeure which prevents IPA from providing such assistance services.

Section 8: Contract

Notwithstanding any other provisions in the Policy, IPA is the service provider of this emergency assistance program. The Company shall assume no liability in any default of the provision of the said benefits and service.

Should there be any discrepancy between the English and the Chinese versions, the Chinese version shall prevail.