



Blue Cross 藍十字

An **AIA** Company 友邦保險成員公司

僱員醫療保障計劃 Employees Medical Contract

專為中小企而設
Exclusively for SME



2022年9月生效
With effect from Sep 2022

藍十字（亞太）保險有限公司

Blue Cross (Asia-Pacific) Insurance Limited

藍十字（亞太）保險有限公司（「藍十字」）乃友邦保險控股有限公司之子公司，於香港經營保險業務逾50年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。藍十字屢獲殊榮，其保險產品及服務均獲廣泛認同。

藍十字在2022年獲得保險行業國際信用評級機構和信息提供商 AM Best 授予財務實力評級及長期發行人信用評級分別為 A（優秀）及「a」（優秀）級別。有關最新評級，請瀏覽 www.ambest.com。

Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) is a subsidiary of AIA Group Limited. With over 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross’ success in insurance products and services is reaffirmed by numerous awards and accolades.

In 2022, Blue Cross is assigned the Financial Strength Rating of A (Excellent) and the Long-Term Issuer Credit Rating of “a” (Excellent) by AM Best, a global rating agency and information provider with a unique focus on the insurance industry. For the latest rating, please access www.ambest.com.

藍十字給您的服務承諾

Blue Cross Service Commitment to You

讓客戶滿意是藍十字的服務宗旨，我們竭誠迅速處理您的醫療索償。收妥所需文件後，我們承諾會在3個工作天內完成經 Super Care 會員平台遞交的門診索償批核。而住院索償批核會在8個工作天內完成。

Customer satisfaction is of Blue Cross’ highest priority, which is why your medical claims are promptly processed. Upon receipt of full documentation, we promise to complete assessment of outpatient claims via Super Care member’s platform in 3 working days. For inpatient claims, we will complete assessment within 8 working days.

此小冊子並不包含保單的完整條款且只供參考之用，中英文版本如有差異，以英文版本為準。有關詳盡條款及細則及所有不保之事項，概以保單為準。

This brochure does not contain the full terms of the policy and is for reference only. Should there be any discrepancy between the English and the Chinese versions of this brochure, the English version shall apply and prevail. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions.

僱員醫療保障計劃

醫療保障是僱員福利的重要一環。周全的醫療保障有助企業吸引及留住人才、維持團隊穩定性及提升生產力，協助營造正面、關懷員工的公司文化。

藍十字深明中小企的需要，精心設計「僱員醫療保障計劃」，令僱主與僱員雙贏。僱主透過相宜保費，即可投保具成本效益與靈活兼備的醫療計劃，為僱員及其家屬提供周全的醫療保障，使僱員可以安心拼搏，推動公司進一步發展業務。

計劃特點

投保容易

- 中小企少至3名僱員，亦可投保
- 如受保僱員人數達5人或以上，無須提交「個人健康記錄」表格
- 投保年齡範圍廣，由12日至70歲均可投保，並可續保至75歲

周全而靈活的醫療保障

- 全面的住院及手術保障，再配搭以下3個附加額外保障，進一步加強守護：
 - 附加額外醫療保障
 - 附加門診保障
 - 附加牙科保障
- 可按員工職級、病房級別及賠償百分比，靈活組合住院及門診保障，配合僱主的預算及需要
- 成員（包括僱員及其家屬）均享有全球保障

輕鬆使用完善、卓越的醫療網絡

- 可於香港及澳門超過3,300個指定服務點使用醫療卡，涵蓋多個醫療範疇，方便快捷
- 除普通科醫生及專科醫生診症外，「附加門診保障」下的中醫治療及物理治療亦可享用免付賬醫療服務
- 於指定網絡診所接受治療，如選擇賠償額80%的門診保障計劃，每次診症只須自付HK\$30；如選擇賠償額100%的計劃，則無須自付費
- 門診專科醫生診症無須書面轉介

海外意外增值醫療保障

一旦於海外因意外受傷而需入院接受治療，「基本住院及手術保障」指定保障項目的最高賠償額將增加100%。

Employees Medical Contract

Medical protection is a key component of employee benefits. Comprehensive medical protection can help attract and retain high-calibre employees, maintain manpower stability, enhance productivity and create a positive, caring company culture.

Blue Cross fully understands the needs of small and medium enterprises and thus we have tailored Employees Medical Contract, a cost-effective and flexible medical plan that benefits both employers and employees. At a modest premium, employers can offer employees and their families an all-round medical coverage, allowing employees to work worry-free, thereby fostering further development of the company.

Plan Highlights

Easy Enrolment

- SMEs with as few as 3 employees can enrol
- Personal health record form is not required if the number of insured employees reaches 5 or above
- Broad enrolment age from 12 days to age 70, with renewal up to age 75

Comprehensive and Flexible Benefits

- All-round Basic Hospital and Surgical Benefits and 3 optional benefits below for extra protection:
 - Optional Supplementary Medical Benefits
 - Optional Outpatient Benefits
 - Optional Dental Benefits
- Flexible combinations of inpatient and outpatient benefits, with options of ward class and reimbursement percentage for different grades of employees, suiting employers' budgets and needs
- Worldwide coverage for members (including employees and their families)

Easy Access to Extensive High-quality Medical Network

- Healthcare Card offers extra convenience at over 3,300 designated service points from different medical disciplines in Hong Kong and Macau
- Apart from General Practitioner's and Specialist's Consultations, credit facilities services are also extended to Chinese Medicine Practitioner Treatment and Physiotherapy under the Optional Outpatient Benefits
- Each consultation at a designated network clinic is only subject to a co-payment of HK\$30 under the 80% reimbursement option, while no co-payment is required under the 100% reimbursement option
- Referral letter is not required for outpatient Specialist's Consultation

Top-up Overseas Accidental Medical Expenses Benefits

In the event of accidental injury requiring hospitalisation overseas, the maximum benefit limit of the designated benefit items under the Basic Hospital and Surgical Benefits will be increased by 100%.

入院前索償評估

只需在入院或接受治療前的最少 3 個工作日致電熱線提交相關資料，或於網上填寫「入院前索償評估」表格，我們即按您的保單估算可賠償金額¹，讓您在財務上更有預算，安心接受治療。

24小時全球緊急援助

我們為您提供 24/7 服務，若您身處外地需緊急支援，可隨時致電熱線，由專人為您安排代繳入院按金、提供當地醫療或法律轉介等，以確保您於緊急情況下得到所需協助。

中國緊急醫療支援

如於中國境內遭遇突發緊急事故，需要入院接受治療，只需隨時致電熱線，便可於全國超過 200 間網絡醫院或醫療單位接受治療，無需繳付入院保證金。

藍十字護理諮詢專線

我們明白您在日常生活護理上需要專業的意見，因此，特意為您提供專屬的護理諮詢專線解答您的疑問。如有需要，我們亦樂意轉介您至合適的家居護理服務，包括手術後護理、日常長者護理、孕婦護理、幼兒及兒童護理、以及其他護理服務轉介。

Blue Cross HK 手機應用程式

貴為 Super Care 會員，您可享一站式數碼醫療保險服務包括定位功能搜尋網絡醫生、網上醫生預約、視像診症、QR code 或電子醫療卡快速門診登記及完成診症、以及 3 步即時遞交索償²，更可隨時隨地查閱索償記錄及保障詳情。



Blue Cross HK App

升級保障

尊享「增值保障」/「轉換保障」以加強或延續保障

「僱員醫療保障計劃」的成員更可在無須核保³的情況下，投保藍十字指定的個人醫療保險計劃（即「摯安心精選」醫療保險計劃⁴），於公司醫保以外，額外為自己加多一重保障。成員只需以相宜的保費，便可槓桿式地全面提高醫療保障額。

此外，如成員退休或轉職，亦可選擇轉換至「摯安心精選」醫療保險計劃，延續與現時同級的醫療保障。「摯安心精選」醫療保險計劃的特點包括：

- 保證承保公司醫保已受保的傷病
- 保證續保至99歲

Pre-hospitalisation Claim Assessment

Simply make a call to our hotline and provide related information, or complete the Pre-hospitalisation Claim Assessment Form online at least 3 working days prior to hospitalisation or treatment. We will help you to estimate the eligible claim amount¹ based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

24-hour Worldwide Emergency Aid

We are here for you 24/7. Simply call our hotline when you need assistance in an emergency situation while travelling overseas, and our dedicated officers will provide you with all-round assistance such as hospital admission deposit guarantee service, local medical or legal referral service, etc.

Emergency Medical Assistance in China

In case of emergency requiring hospitalisation in China, simply call our hotline and you will be able to access a network of over 200 hospitals or medical units without paying any deposits.

Blue Cross Nursing Care Hotline

We understand you need professional advice on daily care, we are here to provide you with an exclusive nursing care hotline to answer your enquiries. We can also refer you to home care services if you need extra care at the comfort of your own home, including post-surgery care, daily care for elderly, maternity care, infant and child care and referral of other care services.

“Blue Cross HK” Mobile App

As a Super Care member, you can enjoy one-stop digital medical insurance services including location-based network doctors search, online doctor appointment, video consultation, speedy registration and completion for outpatient claim submission², keeping track of claim status and benefit details round-the-clock.

Enhanced Protection

Exclusive Top-up Option/Conversion Option to Enhance or Maintain Protection

Without underwriting³, a member of Employees Medical Contract can enrol in a selected individual medical insurance plan offered by Blue Cross (i.e. “Caring Medical Protection Plus”⁴) as a “top-up” cover to the company’s medical protection. At a modest premium, the member can enhance the medical protection by “leveraging” the group cover.

Even if the member retires or moves to a new job, the member will be eligible to join Caring Medical Protection Plus, enjoying the same level of medical cover as before. Features of Caring Medical Protection Plus include:

- Guaranteed acceptance of all disabilities covered by the group medical plan
- Guaranteed renewal up to age 99

基本住院及手術保障

本保障支付100%合資格費用⁵，每宗傷病最高賠償額如下：

Basic Hospital and Surgical Benefits

The benefits cover 100% of eligible expenses⁵ up to the following maximum benefit limit per disability:

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit per Disability (HK\$)				
	HS1	HS2	HS3	HS4	HS5
計劃級別 Plan Level	私家房 Private	半私家房 Semi-private	普通房 Ward	普通房 Ward	普通房 Ward
1. 病房費用 Room and Board 最長182天，每天限額 Max. 182 days, limit per day	2,500	1,650	900	660	500
2. 醫院雜項費用 Miscellaneous Hospital Charges (包括在門診進行的電腦掃描、 磁力共振造影及正電子掃描) (including CT scan, MRI and PET scan performed at an outpatient setting)	30,000	20,000	13,000	10,500	5,500
3. 外科醫生費用 Surgeon's Fees					
▪ 複雜手術 Complex	112,000	96,000	64,000	57,000	42,000
▪ 大型手術 Major	56,000	48,000	32,000	28,500	21,000
▪ 中型手術 Intermediate	28,000	24,000	16,000	14,250	10,500
▪ 小型手術 Minor	11,200	9,600	6,400	5,700	4,200
4. 麻醉科醫生費用 Anaesthetist's Fees					
▪ 複雜手術 Complex	33,600	28,800	19,200	17,100	12,600
▪ 大型手術 Major	16,800	14,400	9,600	8,550	6,300
▪ 中型手術 Intermediate	8,400	7,200	4,800	4,275	3,150
▪ 小型手術 Minor	3,360	2,880	1,920	1,710	1,260
5. 手術室費用 Operating Theatre Charges					
▪ 複雜手術 Complex	33,600	28,800	19,200	17,100	12,600
▪ 大型手術 Major	16,800	14,400	9,600	8,550	6,300
▪ 中型手術 Intermediate	8,400	7,200	4,800	4,275	3,150
▪ 小型手術 Minor	3,360	2,880	1,920	1,710	1,260
6. 醫生巡房費用 Physician's Hospital Visits 最長182天，每天限額 Max. 182 days, limit per day	2,500	1,650	900	660	500
7. 專科醫生費用 Specialist's Fees 需具書面轉介 Referral letter is required	10,000	7,500	5,000	3,000	1,000
8. 深切治療費用 Charges for Intensive Care 最長30天，每天限額 Max. 30 days, limit per day	5,000	5,000	3,000	3,000	2,000
9. 註冊私家看護費用 Registered Private Nurse's Fees 最長45天，每天限額 Max. 45 days, limit per day	2,500	1,650	900	660	500
10. 海外意外增值醫療保障 (不包括中國、香港及澳門) Top-up Overseas Accidental Medical Expenses Benefits (exclude China, Hong Kong and Macau)	以上「基本住院及手術保障」增加100% Increase by 100% of the above Basic Hospital and Surgical Benefits				
11. 每天住院現金津貼 [†] Daily Hospital Cash Allowance [†] 最長182天，每天限額 Max. 182 days, limit per day	1,250	825	450	330	250
12. 門診手術現金津貼* Outpatient Surgery Cash Allowance* 每宗日症手術療程 Per day case surgical procedure	2,500	1,650	900	660	500
13. 住院入息共付賠償 ⁺ Hospital Income for Double Benefit ⁺ 最長182天，每天限額 Max. 182 days, limit per day	1,250	825	450	330	250
14. 24小時全球緊急援助 24-hour Worldwide Emergency Aid	不設上限 Unlimited				
15. 中國緊急醫療支援 Emergency Medical Assistance in China	伸延保障 Extended Benefit				

[†] 只適用於入住香港合資格公立醫院的普通病房。

* 只適用於以下指定日症手術療程：食道胃十二指腸內窺鏡檢查、結腸鏡檢查、膀胱鏡檢查、關節鏡檢查、陰道鏡檢查、支氣管鏡檢查、視網膜脫落的修補手術及宮腔鏡檢查。

⁺ 如受保人同時受保於另一間保險公司，並選擇先向該保險公司索償醫療保障（不論受保人是受保於個人或團體保單），藍十字將支付此保障。

[†] Only applicable to confinement in general ward of eligible public hospitals in Hong Kong.

* Only applicable to the following day case surgical procedures: oesophagogastroduodenoscopy, colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, repair of retinal detachment and hysteroscopy.

⁺ Blue Cross will pay this benefit when the insured is covered by another insurance company which is the first payer of the medical benefits regardless of whether the insured is covered by an individual or group policy.

附加額外醫療保障

必須與「基本住院及手術保障」(相應可享有的病房級別)一併投保

本保障支付超出「基本住院及手術保障」(相應可享有的病房級別)之指定保障項目*最高保障額以外的合資格費用⁵的80%，每宗傷病最高賠償額如下。藍十字將會賠償80%的合資格費用，而受保人將要承擔剩餘20%的金額。

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Benefit Limit per Disability (HK\$)				
	MM1	MM2	MM3	MM4	MM5
計劃級別 Plan Level	MM1	MM2	MM3	MM4	MM5
可享有的病房級別 Entitled Level of Accommodation	私家房 Private	半私家房 Semi-private	普通房 Ward	普通房 Ward	普通房 Ward
賠償百分比 Reimbursement Percentage	80%				
每宗傷病綜合最高賠償額 Overall Maximum Benefit Limit per Disability	150,000	100,000	70,000	60,000	50,000

* 指定保障項目包括病房費用、醫院雜項費用、外科醫生費用、麻醉科醫生費用、手術室費用、醫生巡房費用、專科醫生費用、深切治療費用、註冊私家看護費用及海外意外增值醫療保障。

Optional Supplementary Medical Benefits

Must be enrolled together with the Basic Hospital and Surgical Benefits (with the corresponding entitled level of accommodation)

The benefits cover 80% of eligible expenses⁵ payable in excess of the maximum benefit limit of the designated benefit items* under the Basic Hospital and Surgical Benefits (with the corresponding entitled level of accommodation), up to the following maximum benefit limit per disability. Blue Cross will reimburse 80% of the eligible expenses incurred and the insured will have to bear the remaining 20%.

* The designated benefit items shall mean Room and Board, Miscellaneous Hospital Charges, Surgeon's Fees, Anaesthetist's Fees, Operating Theatre Charges, Physician's Hospital Visits, Specialist's Fees, Charges for Intensive Care, Registered Private Nurse's Fees and Top-up Overseas Accidental Medical Expenses Benefits.

如受保人實際入住之病房級別高於可享受級別，可獲賠償金額將採用下列賠償基準計算：

If the insured is confined in a room of a class higher than the insured's entitled level of accommodation, the eligible expenses will be calculated based on below scale of reimbursement:

可享有的病房級別 Entitled Level of Accommodation	實際入住的病房級別 Actual Level of Accommodation	可獲賠償百分比 [△] Reimbursement Percentage of All Eligible Claims [△]
普通房 Ward	半私家房 Semi-private	50%
普通房 Ward	私家房 Private	25%
普通房 Ward	豪華房 Deluxe	12.5%
半私家房 Semi-private	私家房 Private	50%
半私家房 Semi-private	豪華房 Deluxe	25%
私家房 Private	豪華房 Deluxe	50%

[△] 只適用於「附加額外醫療保障」。

[△] Only applicable to the Optional Supplementary Medical Benefits.

附加門診保障

必須與「基本住院及手術保障」一併投保

「附加門診保障」設有2個賠償計劃，分別是合資格費用⁵的80%或100%。受保人可選擇於任何診所接受治療。受限於最高賠償額，當80%賠償百分比適用時，藍十字將會賠償80%的合資格費用，而受保人將要承擔剩餘20%的金額；而在100%賠償百分比下，藍十字將全數支付合資格費用。

受保人將獲發藍十字醫療卡，可於任何指定網絡診所接受普通科醫生診症、中醫治療、專科治療或物理治療。如選擇賠償費用80%的計劃，每次於網絡診所診症須自付HK\$30；如選擇賠償費用100%的計劃，則無須自付費用。

Optional Outpatient Benefits

Must be enrolled together with the Basic Hospital and Surgical Benefits

The benefits offer 2 reimbursement options – 80% or 100% of eligible expenses⁵. The insured may visit any clinic of their own choice. Subject to the maximum benefit limit, when the 80% reimbursement percentage option applies, Blue Cross will reimburse 80% of the eligible expenses incurred, and the insured will have to bear the remaining 20%; while the full amount of the eligible expenses incurred will be paid by Blue Cross under the 100% reimbursement percentage option.

The insured will be issued with a Blue Cross Healthcare Card which entitles the insured to use it at any designated network clinic for General Practitioner's Consultation, Chinese Medicine Practitioner Treatment, Specialist's Consultation or Physiotherapy. Each consultation at a network clinic is subject to a co-payment of HK\$30 under the 80% reimbursement option; while no co-payment is required for the 100% reimbursement option.

保障項目 Benefit Items	HK\$									
	計劃級別 Plan Level		OP1C	OP1N	OP2C	OP2N	OP3C	OP3N	OP4C	OP4N
賠償百分比 Reimbursement Percentage	80%		100%	80%	100%	80%	100%	80%	100%	80%
1. 普通科醫生診症 [▲] General Practitioner's Consultation [▲] 每天1次，每次限額 1 visit per day, limit per visit	330			260		200		160		140
網絡醫生自付費 Network Doctor Co-payment	30	0	30	0	30	0	30	0	30	0
2. 中醫治療（全科、跌打及針灸） [▲] Chinese Medicine Practitioner Treatment (General practice, bone-setting and acupuncture) [▲] 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	280			220		170		140		120
網絡醫生自付費 Network Doctor Co-payment	30	0	30	0	30	0	30	0	30	0
3. 專科醫生診症 Specialist's Consultation 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	650			520		380		300		260
網絡醫生自付費 Network Doctor Co-payment	30	0	30	0	30	0	30	0	30	0
4. X光診斷及化驗 Diagnostic X-rays and Laboratory Tests 需具書面轉介 Referral letter is required 每保單年度限額 Limit per policy year	2,200			1,700		1,200		1,000		700
5. 物理治療及脊椎治療服務 Physiotherapy and Chiropractic Services 每保單年度10次，每天1次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	330			260		200		160		140
網絡醫生自付費，適用於物理治療 Network Doctor Co-payment for Physiotherapy	30	0	30	0	30	0	30	0	30	0
6. 處方藥物 Prescribed Medicines and Drugs 於醫院或診所以外註冊藥房購買，且 需具處方信件 Procured from outside pharmacy, and prescription letter is required 每保單年度限額 Limit per policy year	2,500			2,000		1,500		1,000		500
7. 接種疫苗或常規健康檢查 [▲] Vaccination or Routine Checkup [▲] 每保單年度1次，每次限額 1 visit per policy year, limit per visit	330			260		200		160		140

[▲] 普通科醫生診症、中醫治療及接種疫苗或常規健康檢查每保單年度合共最多30次。

[▲] Max. 30 visits per policy year for General Practitioner's Consultation, Chinese Medicine Practitioner Treatment and Vaccination or Routine Checkup.

附加牙科保障

必須與「附加門診保障」一併投保

「附加牙科保障」設有2個賠償計劃，分別是合資格費用⁵的80%或100%。受限於最高賠償額，當80%賠償百分比適用時，藍十字將會賠償80%的合資格費用，而受保人將要承擔剩餘20%的金額；而在100%賠償百分比下，藍十字將全數支付合資格費用。

Optional Dental Benefits

Must be enrolled together with the Optional Outpatient Benefits

The benefits offer 2 reimbursement options – 80% or 100% of eligible expenses⁵. Subject to the maximum benefit limit, when the 80% reimbursement percentage option applies, Blue Cross will reimburse 80% of the eligible expenses incurred, and the insured will have to bear the remaining 20%; while the full amount of the eligible expenses incurred will be paid by Blue Cross under the 100% reimbursement percentage option.

保障項目 Benefit Items	HK\$					
	D1C	D1N	D2C	D2N	D3C	D3N
計劃級別 Plan Level						
賠償百分比 Reimbursement Percentage	80%	100%	80%	100%	80%	100%
1. 口腔檢查及洗牙 Oral Examination and Scale & Polish	每保單年度 2 次 2 visits per policy year				每保單年度 1 次 1 visit per policy year	
2. 牙科治療 Dental Treatments	涵蓋由以下引致的合資格費用： Cover eligible expenses incurred by: <ol style="list-style-type: none"> 牙齒服務前所需的X光測驗 X-rays required prior to performance of dental service 牙齒治療所需之藥物（須由牙醫處方） Medication for dental treatments as prescribed by a dentist 膿瘡 Abscesses 補牙 Fillings 脫牙 Extractions 修復齒尖的牙冠釘 Pins for cusp restoration 假牙（必須因意外引致） Dentures (as a result of an accident only) 齒冠與齒橋（必須因意外引致），及 Crowns and bridges (as a result of an accident only), and 減輕急性牙痛 Palliation of acute dental pain 					
每保單年度綜合最高賠償額 Overall Maximum Benefit Limit per Policy Year	3,000	3,000	2,000	2,000	1,000	1,000

保費表 Premium Table (HK\$)^{6,7}

每年保費 ^{△△} Annual Premium ^{△△}										
基本住院及手術保障 Basic Hospital and Surgical Benefits										
僱員／家屬年齡 ^{**} Employee/ Dependant Age ^{**}	HS1 私家房 Private	HS2 半私家房 Semi-private	HS3 普通房 Ward	HS4 普通房 Ward	HS5 普通房 Ward					
僱員／配偶 Employee/ Spouse	65歲或以下 Age 65 or below	6,812	3,811	2,132	1,566	941				
	66歲至70歲 Age 66 to 70	13,624	7,622	4,264	3,132	1,882				
	71歲至75歲 [^] Age 71 to 75 [^]	20,436	11,433	6,396	4,698	2,823				
子女 ^{**} Child ^{**}	12日至25歲 12 days to age 25	5,449	3,049	1,706	1,252	754				
附加額外醫療保障 Optional Supplementary Medical Benefits										
僱員／家屬年齡 ^{**} Employee/ Dependant Age ^{**}	MM1 私家房 Private	MM2 半私家房 Semi-private	MM3 普通房 Ward	MM4 普通房 Ward	MM5 普通房 Ward					
僱員／配偶 Employee/ Spouse	65歲或以下 Age 65 or below	2,248	1,312	721	533	398				
	66歲至70歲 Age 66 to 70	4,496	2,624	1,442	1,066	796				
	71歲至75歲 [^] Age 71 to 75 [^]	6,744	3,936	2,163	1,599	1,194				
子女 ^{**} Child ^{**}	12日至25歲 12 days to age 25	1,799	1,049	577	426	318				
附加門診保障 Optional Outpatient Benefits										
僱員／家屬年齡 ^{**} Employee/ Dependant Age ^{**}	OP1C	OP1N	OP2C	OP2N	OP3C	OP3N	OP4C	OP4N	OP5C	
	賠償百分比 Reimbursement Percentage									
	80%	100%	80%	100%	80%	100%	80%	100%	80%	
僱員／配偶 Employee/ Spouse	65歲或以下 Age 65 or below	3,800	4,940	2,693	3,501	2,088	2,716	1,680	2,184	1,621
	66歲至70歲 Age 66 to 70	7,600	9,880	5,386	7,002	4,176	5,432	3,360	4,368	3,242
	71歲至75歲 [^] Age 71 to 75 [^]	11,400	14,820	8,079	10,503	6,264	8,148	5,040	6,552	4,863
子女 ^{**} Child ^{**}	12日至25歲 12 days to age 25	5,700	7,408	4,041	5,253	3,133	4,073	2,520	3,275	2,432
附加牙科保障 Optional Dental Benefits										
僱員／家屬年齡 ^{**} Employee/ Dependant Age ^{**}	D1C	D1N	D2C	D2N	D3C	D3N				
	賠償百分比 Reimbursement Percentage									
	80%	100%	80%	100%	80%	100%				
僱員／配偶 Employee/ Spouse	70歲或以下 Age 70 or below	1,170	1,490	870	1,100	480	620			
	71歲至75歲 [^] Age 71 to 75 [^]									
子女 ^{**} Child ^{**}	12日至25歲 12 days to age 25									

^{△△} 100%全數保費須由保單持有人支付。

^{**} 年齡以最近生日日期計算。如受保人下一個生日是在投保日期起計6個月之內，保費率將以下一個生日年齡計算，否則以受保人目前年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。

^{**} 申請公司需根據保單條款及細則中「兒童」的釋義，核實其參加資格。

[^] 只適用於續保。

^{△△} 100% of the full premium should be paid by the policyholder.

^{**} Age refers to the nearest birthday. If the insured's next birthday falls within the coming 6 months from the enrolment date, the premium rate will be charged according to the insured's next age attained. Otherwise, it will be charged based on the insured's current age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.

^{**} The applicant needs to verify the eligibility for enrolment in accordance with the definition of "Child" as stated in the Policy Terms and Conditions.

[^] Applicable to renewal only.

計劃摘要 Plan Summary

產品名稱 Product Name	僱員醫療保障計劃 Employees Medical Contract
購買目的及需要 Purchase Objectives and Needs	為將來的醫療需要作準備： Prepare for future health care needs: <ul style="list-style-type: none"> ■ 支付醫療費用；及 ■ 彌補住院期間之收入損失 To settle medical expenses; and To compensate for the loss of income during hospital confinement
產品類型 Product Type	償款，但包含非償款現金保障 Indemnity, but incorporated with non-indemnity cash benefits
保單期 Period of Cover	1年 Year
投保年齡 Enrolment Age	12日至70歲 12 days to age 70
保單續保 Policy Renewal	每年續保至75歲 Annual renewal up to age 75
保單貨幣 Policy Currency	港幣 HKD
保障地域 Cover Area	全球 ⁺⁺ Worldwide ⁺⁺
繳費模式 Payment Mode	年繳 Annual

⁺⁺ 「基本住院及手術保障」下的海外意外增值醫療保障及每天住院現金津貼除外。

⁺⁺ Except for Top-up Overseas Accidental Medical Expenses Benefits and Daily Hospital Cash Allowance under the Basic Hospital and Surgical Benefits.

申請清單 Application Checklist

投保書 Application Form	✓
計劃參加表格 Enrolment Form	✓
商業登記證 Business Registration Certificate	✓
最少參與僱員人數 Minimum Number of Employees	3
「個人健康記錄」表格（如適用） Personal Health Record Form (if applicable)	如受保僱員人數達5人或以上， 無須提交表格 Submission of the form is not required if the number of insured employees is 5 or above
申請免付賬醫療服務 Application for Credit Facilities Services	填妥投保書， 並於申請免付賬醫療服務一欄選擇「是」 Complete the Application Form and tick "Yes" on application for credit facilities services

注釋

1. 可賠償金額之評估只供客戶參考之用，實際賠償金額以最終理賠決定為準。所有保障項目只會在符合保單條款及細則及所有不保事項的情況下支付。
2. 任何索償申請須於出院或完成有關的醫療服務當日起計90天內遞交。客戶可選擇郵寄或親身遞交已填妥的賠償申請表及所需之完整文件予藍十字，亦可經網上遞交索償（藍十字可要求收據正本以作核實）。賠償申請表可於藍十字網頁下載。
3. 只適用於當成員按其現有的「僱員醫療保險計劃」保單投保相應的計劃級別。
4. 有關「摯安心精選」醫療保險計劃之詳情，請參閱相關產品單張及保單。
5. 所有費用必須為「合理慣例」及「醫療必要」的開支。

「合理慣例」指就治療、服務或物料收費而言，不超過在當地由具相若水平的相關服務或物料供應者，為同一性別和年齡的人士針對類似疾病或損傷提供的相類似的治療、服務或物料所收取的收費水平。「合理慣例」的收費在任何情況下均不應高於所招致的實際收費。藍十字會參照以下資料（如適用）以釐定「合理慣例」的醫療費用：

- a) 載列於由香港政府發佈之憲報中香港公立醫院向自費病人收取私家住院醫療服務費用；
- b) 由業界進行的治療或服務費用調查；
- c) 內部索償數據；
- d) 受保程度或水平；及/或
- e) 於提供治療、服務或物料當地之其他適當相關參考資料。

「醫療必要」指需要就傷病或牙科狀況接受治療或服務，而所進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視為「醫療必要」的治療或服務必須符合以下各項：

- a) 需要合資格醫護人員的醫療專業知識；
- b) 與診斷一致，並對傷病治療而言屬必需；
- c) 根據專業而審慎的醫療標準提供，而並非主要為使受保人、其家庭成員、護理人員或主診醫務人員帶來方便或感到舒適而提供；及
- d) 在該情況下以最具成本效益的方式和設備提供。

6. 藍十字保留在續保時調整保費率和保費，例如因索賠歷史記錄，以及更改條款及細則的權利。
7. 保險業監管局將按照法例透過保險公司向保單持有人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料，請瀏覽藍十字網頁 http://bluecross.com.hk/document/general/levy_collection。

Remarks

1. Assessment of the estimated eligible claim amounts is for customer's reference only, the actual eligible claim amounts will be subject to the final claim decision. All benefits will be payable subject to the terms and conditions and the full list of policy exclusions.
2. Any claims must be submitted within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. Customer can submit a completed claim form and full documentation to Blue Cross by post or in person, or via e-submission (original receipts may be requested by Blue Cross for verification). Claim form can be downloaded from Blue Cross website.
3. Only applicable when the members enrol in a corresponding plan level based on their existing Employees Medical Contract policy.
4. For details of Caring Medical Protection Plus, please refer to the respective product brochure and policy.
5. All expenses incurred must be Reasonable and Customary and Medically Necessary.

“Reasonable and Customary” shall mean a charge for medical treatments, services or supplies which does not exceed the general level of charges being charged by the relevant service providers or suppliers of similar standing in the locality where the charge is incurred for similar treatment, services or supplies to individuals of the same sex and age, for a similar disease or injury. The “Reasonable and Customary” charges shall not in any event exceed the actual charges incurred. In determining whether an expense is “Reasonable and Customary”, Blue Cross may make reference to the following (if applicable):

- a) the gazette issued by the Hong Kong government which sets out the fees for the private patient services in public hospitals in Hong Kong;
- b) industrial treatment or service fee survey;
- c) internal claim statistics;
- d) extent or level of benefit insured; and/or
- e) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

“Medically Necessary” shall mean the need to have treatment or service for the purpose of treating a disability or dental condition in accordance with the generally accepted standards of medical practice and such treatment or service must:

- a) require the medical expertise of qualified medical practitioner;
- b) be consistent with the diagnosis and necessary for the treatment of the condition;
- c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of the insured, his family members, caretaker or attending practitioner; and
- d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.

6. Blue Cross reserves the right to adjust the premium rate and the subsequent renewal premium upon policy renewal due to, for example, claim history, and revise the terms and conditions of the policy.
7. The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.

主要條款及細則

保障更改

保單持有人如要求就保單作出的任何保障更改，有關更改將於續保時或經藍十字批准後生效。

就「基本住院及手術保障」及「附加額外醫療保障」而言，若受保人於提升保障前已患上任何一種傷病，受保人就該傷病可獲得的保障應以受保人開始患上該傷病時所生效之保障級別為準。在保障獲提升365天後，如受保人需就保障提升前已患上的傷病接受治療，受保人可享有提升後之保障。然而，若受保人於保障提升生效當天仍然住院，保障提升將不適用於當前之住院，並只會受保人出院後才正式生效。

取消保單

保單持有人可以向藍十字發出不少於30天的書面通知以取消保單。如於首個受保期內符合以下條件：a) 無任何索償；b) 無尚未繳付之每年保費；及c) 已向本公司退還所有醫療卡（如有）及優惠券（如有），保單持有人可獲無息退還部分已繳保費。獲退還之保費金額將按照下表計算：

保單生效期 (由首個受保期 之生效日期起計)		獲退還之保費	
不多於	2 個月	每年保費之	75%
	4 個月		55%
	6 個月		35%
	8 個月		15%
8 個月以上		無	

在首個受保期的第8個月後，保單持有人將不獲退還任何保費。

儘管有任何其他規定，藍十字將在應退還之保費內扣除保單下尚未償還之任何欠款。

若保單持有人於首個受保期續保後取消保單，將不獲退還任何保費。

藍十字可因任何受保人未能遵從保單的任何要求而取消其保障。在該情況下，藍十字可向保單持有人按比例退還該受保人未到期保單期間的保費。為免存疑，就保單之其他受保人而言，保單餘下之保單期間仍然繼續生效。

Major Terms and Conditions

Change of Benefits

Any change of benefits or coverage under the policy as requested by the policyholder shall only take effect at renewal or subject to the approval by Blue Cross.

In respect of the Basic Hospital and Surgical Benefits and the Optional Supplementary Medical Benefits, if an insured is afflicted with a disability prior to the benefit upgrade, the insured shall only be entitled to the benefit level in force at the time when the disability commences. However, if the benefit upgrade has been in force for 365 days when the insured receives medical treatment for a disability that precedes the benefit upgrade, the insured shall be entitled to the benefit level after the benefit upgrade. Nevertheless, if the insured is confined in a hospital at the time when the benefit upgrade first takes effect, the benefit upgrade will not apply to the current confinement and will only take effect after the insured is discharged from the current confinement.

Cancellation

The policyholder may cancel the policy by giving not less than 30 days' prior written notice to Blue Cross. The policyholder may be entitled to a refund of part of the premium paid without interest during the first period of insurance if the following conditions are fulfilled: a) no claims have been made; b) there is no outstanding annual premium under the policy; and c) all healthcare cards (if any) and coupons (if any) are returned to Blue Cross. The premium will be refunded in accordance with the table below:

Period Covered from the Effective Date of the First Period of Insurance		Premium to be Refunded	
Not exceeding	2 months	75%	of the annual premium
	4 months	55%	
	6 months	35%	
	8 months	15%	
Over 8 months		Nil	

No premium will be refunded to the policyholder after the end of the 8th month of the first period of insurance.

Notwithstanding anything to the contrary, any indebtedness which may be owing under the policy shall be deducted from the premium to be refunded.

If cancellation shall take place after the policy has been renewed upon its expiry of the first period of insurance, no premium will be refunded to the policyholder.

Blue Cross may cease to provide cover to any insured if any requirement under the policy has not been complied with and in such event, Blue Cross may refund the premium to the policyholder on a pro-rata basis for the unexpired policy period of that insured. For the avoidance of doubt, the policy shall remain effective for the remainder of the policy period in respect of other insured(s).

不保事項

除於保障利益表或隨後附加於保單的批註內特別列明外，藍十字概不支付涉及以下事項或因其引致的任何索償、支出或費用：

1. 根據任何法例、醫療計劃或其他保單，可向任何政府、公司、其他保險公司或任何第三者追討的任何損失、支出或費用。
2. 並非屬醫療必要的治療或測試，或並非經註冊醫生處方購買的藥物。
3. 純粹因接受一般身體檢查、復康、休養、療養或專職醫療服務，包括但不限於物理治療、職業治療及言語治療，而住院。
4. 任何先天性疾患（疝氣、斜視或包皮開口狹窄除外）或成長障礙狀況或相類似疾病的相關治療。
5. 已存在的狀況，即指受保人已知悉或按合理情況下應知悉已出現病徵或症狀的傷病，或在適用於受保人生效日期前90天內曾接受醫療或手術護理或治療的傷病，該定義在受保人已受保於保單不少於365天後釋除。
6. 直接或間接因後天免疫力缺乏症病毒（「HIV病毒」）及其有關的傷病而引致的費用，包括愛滋病及/或因愛滋病而引發的任何突變、衍生或變異，純因為受保人於受保人生效日期前感染HIV病毒所引致。就本不保事項而言，所有於受保人生效日期後5年內出現與HIV病毒有關的傷病，將推定為受保人於受保人生效日期前已感染HIV病毒所引致。
7. 直接或間接由於或因為以下事項所引致的治療或傷病：
濫用藥物或酒精、自我毀傷或企圖自殺、不法活動、飲用超過規定水平的酒精或服用超過規定水平的藥物後駕駛或操控機器，或經由性接觸傳染的疾病或其後遺症。
8. 以美容或整形為目的之任何服務費用；除非屬於「附加門診保障」下接種疫苗或常規健康檢查的保障範圍，與以下相關的費用，但不限於聽力測試、例行血液測試、一般身體檢查、預防性治療、接種疫苗或防疫注射、頭髮重金屬元素分析、服食燕窩、靈芝、人蔘及其他中醫專用補藥、健康補充品（除非獲藍十字批准）、非處方藥物；為矯正視力或屈光不正而引致之費用，包括但不限於眼部屈光治療、視力測試、驗配眼鏡或鏡片，以及任何相關手術程序及服務。

Exclusions

Unless specifically included in the Schedule of Benefits or any endorsement to the policy, Blue Cross shall not pay any claims, costs or expenses in relation to or arising out of the following:

1. Where any loss, costs or expenses is recoverable under any law, medical program, or other insurance policy provided by any government, company, other insurers or any other third party.
2. Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a Registered Medical Practitioner.
3. Confinement solely for the purpose of general checkup, rehabilitation, rest cures, sanatoria care or allied health service, including but not limited to physiotherapy, occupational therapy and speech therapy.
4. Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.
5. Pre-existing Conditions, which shall mean any disability which presented signs or symptoms of which the insured was aware or should reasonably have been aware or for which the insured received medical or surgical care or treatment within 90 days immediately preceding the Insured Effective Date, unless the insured has been covered under the policy for not less than 365 days.
6. Expenses directly or indirectly arising from Human Immunodeficiency Virus ("HIV") and its related disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations thereof, consequential upon an HIV infection occurring before the Insured Effective Date. For the purposes of this exclusion, any HIV related disability emerging within 5 years after the Insured Effective Date will be conclusively presumed to proceed from an HIV infection occurring prior to the Insured Effective Date.
7. Treatment or disability directly or indirectly arising from or consequent upon:
the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving or maneuvering machines whilst exceeding the prescribed alcohol and drug limit, or venereal and sexually transmitted disease or its sequelae.
8. Any charges in respect of services for beautification or cosmetic purposes; except as otherwise provided by Vaccination or Routine Checkup under the Optional Outpatient Benefits, expenses in relation to but not limited to hearing tests, routine blood tests, general check-ups, vaccinations or inoculations, prophylaxis treatment, Hair Mineral Analysis (HMA), bird's nest, lingzhi, ginseng and other specialised Chinese tonic medicine, health supplements (unless approved by Blue Cross); over-the-counter drugs; charges for correcting visual acuity or refractive errors including but not limited to eye refractive therapy, visual tests, fitting of spectacles or lens and any related operational procedures and services.

不保事項

9. 除非屬於「附加牙科保障」的保障範圍，牙科治療及口腔外科手術（因意外而需在住院期間接受的緊急治療及手術除外）；為跟進該牙科治療及口腔外科手術而於出院後或於門診牙科設施進行的覆診治療或口腔外科手術。
10. 與產科及其併發症有關的檢查、治療、外科程序及諮詢服務，包括驗孕或其後的分娩、墮胎或流產；節育或恢復生育；兩性結紮或變性；不育治療，包括體外受孕或以任何其他人工方法導致懷孕；及性機能失調，包括但不限於任何原因導致的陽萎、不舉、早泄。
11. 購買義肢、身體器官及矯型裝置，包括經由手術植入體內的矯型裝置。購買或租借耐用的醫療設備及儀器，包括但不限於家居使用之輪椅、床及傢俱、呼吸道壓力治療機及面罩、可攜式氧氣及氧氣治療儀器、透析機、運動設備、眼鏡、助聽器、特別支架、輔助步行器具、空氣清新機或空調及供熱裝置。
12. 直接或間接由任何精神或心理狀況，以及其生理及心理表現而引致的治療。
13. 另類療法，包括但不限於指壓、拔罐、天灸、推拿、催眠、氣功、按摩治療、香薰治療及其相類似之療法。
14. 未獲藍十字於參照進行治療當地之普遍標準後認可的試驗性及/或新醫療技術或程序。
15. 非醫療服務，包括但不限於訪客膳食、租用收音機或電視、電話費、影印費、醫療報告費、稅項及相類似項目。
16. 直接或間接因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、暴動、起義或軍事政變或奪權；或因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病。

Exclusions

9. Except as otherwise provided by the Optional Dental Benefits, dental treatment and oral surgery (except emergency treatment and surgery arising from an accident received by the insured during confinement); follow up dental treatment or oral surgery after inpatient stay or at outpatient dental facility.
10. Investigation, treatment, surgical procedure and counselling service relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; and sexual dysfunction including but not limited to impotence, erectile dysfunction, pre-mature ejaculation regardless of cause.
11. Purchase of artificial limbs, body organs and prosthetic devices including those prosthetic devices that are surgically implanted. Purchase or rental of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, air purifiers or conditioners and heat appliances for home use.
12. Treatment directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.
13. Alternative treatment including but not limited to acupuncture, cupping, tianjiu, tui na, hypnotism, qigong, massage therapy, aroma therapy and such alike.
14. Experimental, unproven and/or new medical technology or procedure not yet approved by Blue Cross with reference to the common standard in the locality where the treatment is received.
15. Non-medical services, including but not limited to guest meals, radio or TV rentals, telephone charges, photocopy charges, medical report charges, taxes and the like.
16. Treatment or disability directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, riot, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.

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