



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

僱員醫療保障計劃 Employees Medical Contract

專為中小企而設
Exclusively for SME



2021年1月生效
With effect from Jan 2021

首年保費九折
10% first year's
premium discount

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」）乃東亞銀行集團成員，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2020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」級別。有關最新評級，請瀏覽www.ambest.com。

Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) is a member of The Bank of East Asia Group. 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 2020, Blue Cross was assigned the Financial Strength Rating of A (Excellent) and the Long-Term Issuer Credit Rating of “a” 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。如有查詢或欲索取保單條款及細則，請瀏覽網址 www.bluecross.com.hk、Blue Cross HK 數碼保險應用程式或致電藍十字客戶服務熱線 3608 2988。

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. For more information or a copy of the policy terms and conditions, please visit www.bluecross.com.hk, Blue Cross HK Digital Insurance App or call Blue Cross Customer Service Hotline on 3608 2988.

僱員醫療保障計劃

醫療保障是僱員福利中重要的一環。周全的醫療保障有助企業留住人材，維持團隊穩定性及提升生產力。藍十字深明中小企的需要，精心設計「僱員醫療保障計劃」，讓僱主為其員工提供既具成本效益而又靈活的醫療計劃，只需相宜的保費，即可為僱員提供周全的醫療保障，讓員工能夠無後顧之憂地專心拼搏，推動企業進一步發展業務。

計劃特點

周全而具靈活性的醫療保障

- 可按員工職級靈活組合所需的住院及門診保障
- 附加額外醫療保障
- 附加門診保障提供兩個賠償額以供選擇，分別是可償門診費用的80%或100%

完善醫療網絡

- 可於香港及澳門超過2,500間網絡診所使用醫療卡，方便快捷
- 除普通科醫生及專科醫生診症外，附加門診保障之中醫治療及物理治療亦可享用免付賬醫療服務
- 於網絡診所接受治療，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，更無須自付費

24 小時全球緊急援助

若您身處外地而需要緊急支援，可隨時致電「24 小時全球緊急援助」熱線，由專人為您安排代繳入院按金、醫療運送、提供當地資訊及醫療或法律轉介等服務，以確保您於緊急情況下得到所需協助。

中國緊急醫療支援

倘於中國境內遭遇突發緊急事故，需要入院接受治療，只須憑本計劃提供的「任中橫」醫療卡，便可於全國超過200間網絡醫院或醫療單位接受治療，無須繳付入院保證金。

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」之最高賠償額將增加100%。

Employees Medical Contract

Medical protection is a key component of staff benefits. Comprehensive medical protection can help retain high calibre staff, maintain manpower stability and enhance productivity. Blue Cross fully understands the needs of small and medium enterprises and thus tailored the Employees Medical Contract, providing their employees with a cost-effective and flexible medical plan. At a modest premium, employers can offer their staff an all-round medical coverage, allowing employees to focus on their work worry-free, thereby fostering the further development of the enterprises.

Plan Highlights

Comprehensive and Flexible Benefits

- Flexible combinations of inpatient and outpatient benefits for different grades of employees
- Optional Supplementary Medical Benefits
- Optional Outpatient Benefits offer two reimbursement options - 80% or 100% of eligible expenses

Extensive Medical Network

- Healthcare Card offers extra convenience at over 2,500 network clinics in Hong Kong and Macau
- Apart from General Practitioner's and Specialist's consultations, Optional Outpatient Benefits are extended to offer credit facilities for Chinese Medicine Practitioner Treatment and Physiotherapy
- Consultations in network clinics are only subject to a co-payment of HK\$30 for the 80% reimbursement option; no co-payment is required for the 100% reimbursement option

24-hour Worldwide Emergency Aid

If you need assistance with an emergency condition while travelling overseas, you can call our 24-hour Worldwide Emergency Aid Hotline at any time, through which the dedicated officer can provide you with appropriate assistance for hospital admission deposit guarantee service, medical repatriation, local information and medical or legal referral service. In case of emergency, you can be sure help is just a call away.

Emergency Medical Assistance in China

In case of emergency requiring hospitalisation in China, simply present the "Medpass Card" and the insured will be able to access a network of over 200 hospitals or medical units without paying any deposits.

Top-up Overseas Accidental Medical Expenses Benefits

In the event of accidental injury requiring hospitalisation overseas, the maximum limits of 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 個工作天前致電專線 3608 2988 (按 1153) 提交相關資料，或於網上填寫「入院前索償評估」表格，我們即按您的保單計算可賠償金額[#]，讓您在財務上更有預算，安心接受治療。

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、3 步遞交 HK\$3,000 或以下之門診索償¹、QR code 或電子醫療卡快速登記及完成診症，您更可隨時隨地查閱索償記錄及保障詳情。



Blue Cross HK App

尊享「增值保障」或「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需核保的情況下，投保藍十字指定的個人醫療保險計劃（「摯安心精選」*），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。即使日後打算退休或轉職，成員亦可選擇轉換至摯安心精選，延續與現時同級的醫療保障。摯安心精選的計劃特點包括：

- 無需核保
- 保證承保於公司醫保內已受保的傷病
- 保證續保

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熱線（3608 2908）由註冊護士解答您的疑問。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、其他護理服務轉介等。

[#] 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所有保單條款及細則及所有不保之事項的情況下支付。

* 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。

Pre-hospitalisation Claim Assessment

Simply make a call to our Hotline on 3608 2988 (press 2153) and provide related information, complete the Pre-hospitalisation Claim Assessment Form online at least 3 working days prior to hospitalisation or the start of treatment. We will help you to estimate the eligible claim amount[#] based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

“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, 3-step instant outpatient claim submission of HK\$3,000 or below¹, speedy registration and completion for consultation with QR code/e-medical card, keeping track of claim status and benefit details round-the-clock.

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

Without underwriting, members under Employees Medical Contract can enrol in a selected individual medical insurance plan offered by Blue Cross (“Caring Medical Protection Plus”*) as a “top-up” cover to their company’s medical protection. At a modest premium, members can enhance their medical protection by “leveraging” their group cover. Even if members retire or move to a new job, they 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:

- No underwriting is required
- Guaranteed acceptance of all disabilities covered by group medical plan
- Guaranteed renewal

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 (3608 2908) supported by registered nurses 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.

[#] 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.

* For details of Caring Medical Protection Plus, please refer to the respective product leaflet and policy.

基本住院及手術保障

Basic Hospital and Surgical Benefits

本保障支付100%可償醫療費用，每宗傷病最高賠償額如下：

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

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Limit Per Disability (HK\$)				
	HS1	HS2	HS3	HS4	HS5
計劃級別 Plan Level					
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
病房費用 Room and Board 最長90天，每天限額 Max. 90 days, limit per day	2,500	1,500	900	600	450
醫院雜項費用 Miscellaneous Hospital Charges	30,000	20,000	12,000	10,000	5,000
外科醫生費用 Surgeon's Fees					
▪ 複雜手術 Complex	112,000	88,000	64,000	52,000	40,000
▪ 大型手術 Major	56,000	44,000	32,000	26,000	20,000
▪ 中型手術 Intermediate	28,000	22,000	16,000	13,000	10,000
▪ 小型手術 Minor	11,200	8,800	6,400	5,200	4,000
麻醉科醫生費用 Anaesthetist's Fees					
▪ 複雜手術 Complex	33,600	26,400	19,200	15,600	12,000
▪ 大型手術 Major	16,800	13,200	9,600	7,800	6,000
▪ 中型手術 Intermediate	8,400	6,600	4,800	3,900	3,000
▪ 小型手術 Minor	3,360	2,640	1,920	1,560	1,200
手術室費用 Operating Theatre Charges					
▪ 複雜手術 Complex	33,600	26,400	19,200	15,600	12,000
▪ 大型手術 Major	16,800	13,200	9,600	7,800	6,000
▪ 中型手術 Intermediate	8,400	6,600	4,800	3,900	3,000
▪ 小型手術 Minor	3,360	2,640	1,920	1,560	1,200
醫生巡房費用 Physician's Hospital Visits 最長90天，每天限額 Max. 90 days, limit per day	2,500	1,500	900	600	450
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
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
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				
每天住院現金津貼* Daily Hospital Cash Allowance* 最長90天，每天限額 Max. 90 days, limit per day	1,250	750	450	300	225
門診手術現金津貼* Outpatient Surgery Cash Allowance* 每宗手術療程 Per surgical procedure	2,500	1,500	900	600	450
24小時全球緊急援助 24-hour Worldwide Emergency Aid	不設上限 Unlimited				
中國緊急醫療支援 Emergency Medical Assistance in China	伸延保障 Extended Benefit				

* 每天住院現金津貼只適用於入住香港公立醫院的普通病房。

* Daily Hospital Cash Allowance applies to general ward of public hospital in Hong Kong only.

* 只適用於以下指定日症手術療程：胃鏡（包括食道、胃、十二指腸鏡）檢查、腸鏡檢查、膀胱鏡檢查、關節鏡檢查、陰道鏡檢查及支氣管鏡檢查。

* Only applicable to the following day-case surgical procedures: gastroscopy (including esophagogastroduodenoscopy), colonoscopy, cystoscopy, arthroscopy, colposcopy and bronchoscopy.

附加額外醫療保障

本保障支付超出基本住院及手術保障（於同等病房級別下）的可償醫療費用的80%，每宗傷病最高賠償額如下：

保障項目 Benefit Items	每宗傷病最高賠償額 Maximum Limit Per Disability (HK\$)				
	MM1	MM2	MM3	MM4	MM5
計劃級別 Plan Level					
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 Limit Per Disability	150,000	100,000	60,000	55,000	50,000

註：

- 附加額外醫療保障根據合索償資格及合理慣例¹的費用支付病房費用、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、專科醫生費用及深切治療費用。
- 附加額外醫療保障必須與同等病房級別的基本住院及手術保障一併投保。

如受保人實際入住之病房和所用服務的級別高於可享有的級別，可獲的賠償金額將採用下列賠償基準計算：

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。Applicable to Optional Supplementary Medical Benefits only.

附加門診保障

門診保障提供兩個賠償額以供選擇，分別是可償門診費用的80%或100%。受保人可選擇於任何診所接受治療，而最高賠償額列於下表。

受保人將獲發藍十字醫療卡，於任何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。如選擇賠償門診費用80%的計劃，每次診症須自付HK\$30；如選擇賠償門診費用100%的計劃，則無須自付費用。

保障項目 Benefit Items	(HK\$)				
	計劃級別 Plan Level				
80% 賠償計劃 80% Reimbursement Option	OP1C	OP2C	OP3C	OP4C	OP5C
100% 賠償計劃 100% Reimbursement Option	OP1N	OP2N	OP3N	OP4N	-
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	300	240	180	140	120
網絡醫生自付費 (80%賠償計劃) Network Doctor Co-payment (80% Reimbursement Option)	30	30	30	30	30
網絡醫生自付費 (100%賠償計劃) Network Doctor Co-payment (100% Reimbursement Option)	0	0	0	0	N/A

Optional Supplementary Medical Benefits

The benefits cover 80% of eligible expenses in excess of Basic Hospital and Surgical Benefits under the entitled level of accommodation, up to the following maximum limit per disability:

Remarks:

- Optional Supplementary Medical Benefits cover Room and Board, Miscellaneous Hospital Charges, Surgeon's Fees, Anaesthetist's Fees, Operating Theatre Charges, Physician's Hospital Visits, Specialist's Fees and Charges for Intensive Care which amount as are reasonable & customary¹.
- Optional Supplementary Medical Benefits must be enrolled together with the Basic Hospital and Surgical Benefits of the same level of accommodation.

If the insured is confined to a level of hospital facilities and services higher than the entitled level, the eligible expenses will be calculated based on below scale of reimbursement:

Optional Outpatient Benefits

Outpatient benefits offer two reimbursement options – 80% or 100% of eligible outpatient expenses. The insured may visit any clinic of their own choice and subject to the maximum reimbursement limits in the table below.

The insured is entitled to use Blue Cross Healthcare Card in any network clinic for general practitioner's consultations, Chinese medicine practitioner treatments, specialist's consultations or physiotherapy. Consultations in network clinics are subject to a co-payment of HK\$30 for the 80% reimbursement option and no co-payment is required for the 100% reimbursement option.

保障項目 Benefit Items	(HK\$)				
	計劃級別 Plan Level				
80% 賠償計劃 80% Reimbursement Option	OP1C	OP2C	OP3C	OP4C	OP5C
100% 賠償計劃 100% Reimbursement Option	OP1N	OP2N	OP3N	OP4N	-
中醫治療 (中醫、跌打及針灸)* Chinese Medicine Practitioner Treatment* (General practice, bone-setting and acupuncture) 每年10次，每天1次，每次限額 10 visits per year, 1 visit per day, limit per visit	250	200	150	120	100
網絡醫生自付費 (80%賠償計劃) Network Doctor Co-payment (80% Reimbursement Option)	30	30	30	30	30
網絡醫生自付費 (100%賠償計劃) Network Doctor Co-payment (100% Reimbursement Option)	0	0	0	0	N/A

*普通科醫生診症及中醫治療每年合共最多30次

*Max. 30 visits per year for General Practitioner's Consultation and Chinese Medicine Practitioner Treatment

專科醫生診症 Specialist's Consultation 需具書面轉介^ Referral letter is required^ 每年10次，每天1次，每次限額 10 visits per year, 1 visit per day, limit per visit	600	480	360	280	240
網絡醫生自付費 (80%賠償計劃) Network Doctor Co-payment (80% Reimbursement Option)	30	30	30	30	30
網絡醫生自付費 (100%賠償計劃) Network Doctor Co-payment (100% Reimbursement Option)	0	0	0	0	N/A
X光診斷及化驗 Diagnostic X-rays and Laboratory Tests 需具書面轉介 Referral letter is required 每年限額 Limit per year	2,000	1,500	1,000	800	500
物理治療及脊椎治療服務 Physiotherapy and Chiropractic Services 物理治療需具書面轉介 Referral letter is required for Physiotherapy 每年10次，每天1次，每次限額 10 visits per year, 1 visit per day, limit per visit	300	240	180	140	120
網絡醫生自付費，適用於物理治療 (80%賠償計劃) Network Doctor Co-payment for Physiotherapy (80% Reimbursement Option)	30	30	30	30	30
網絡醫生自付費，適用於物理治療 (100%賠償計劃) Network Doctor Co-payment for Physiotherapy (100% Reimbursement Option)	0	0	0	0	N/A
處方藥物 Prescribed Medicines and Drugs 於醫院或診所以外註冊藥房購買，需具處方信件 Procured from outside pharmacy, prescription letter is required 每年限額 Limit per year	2,500	2,000	1,500	1,000	500

^ 婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

^ Except Gynaecology, Orthopaedics & Traumatology, Dermatology, Ophthalmology, Oncology, Urology, Nephrology and Paediatrics.

註：

- 附加門診保障必須與基本住院及手術保障一併投保。
- 所有費用必須為「合理慣例」²及「醫療必要」³的開支。

Remark:

- Optional Outpatient Benefits must be enrolled together with Basic Hospital and Surgical Benefits.
- All expenses incurred must be Reasonable and Customary² and Medically Necessary³.

保費表 Premium Table (HK\$)

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/ Dependent 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 Up to 65 years old	6,812	3,811	2,132	1,566	941				
	66歲至70歲 [^] 66 to 70 years old [^]	13,624	7,622	4,264	3,132	1,882				
	71歲至75歲 [^] 71 to 75 years old [^]	20,436	11,433	6,396	4,698	2,823				
子女** Child**	15日至23歲 15 days to 23 years old	5,449	3,049	1,706	1,252	754				
僱員／家屬年齡 Employee/ Dependent 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 Up to 65 years old	2,248	1,312	721	533	398				
	66歲至70歲 [^] 66 to 70 years old [^]	4,496	2,624	1,442	1,066	796				
	71歲至75歲 [^] 71 to 75 years old [^]	6,744	3,936	2,163	1,599	1,194				
子女** Child**	15日至23歲 15 days to 23 years old	1,799	1,049	577	426	318				
僱員／家屬年齡 Employee/ Dependent 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 Up to 65 years old	3,800	4,940	2,693	3,501	2,088	2,716	1,680	2,184	1,621
	66歲至70歲 [^] 66 to 70 years old [^]	7,600	9,880	5,386	7,002	4,176	5,432	3,360	4,368	3,242
	71歲至75歲 [^] 71 to 75 years old [^]	11,400	14,820	8,079	10,503	6,264	8,148	5,040	6,552	4,863
子女** Child**	15日至23歲 15 days to 23 years old	5,700	7,408	4,041	5,253	3,133	4,073	2,520	3,275	2,432

[△] 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。如您下一個生日是在投保日期起計6個月之內，保費將以以下一個生日年齡計算，否則以目前年齡計算。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。

* C – 80%賠償 N – 100%賠償

** 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 your next birthday falls within the coming 6 months from the enrolment date, the premium rate will be charged according to your next age attained. Otherwise, it will be charged based on your current age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.

* C – 80% Reimbursement N – 100% Reimbursement

** The applicant needs to verify the eligibility for enrollment in accordance with the definition of Child as stated in Policy Terms and Conditions.

[^] Applicable to renewal only

註：

■ 藍十字保留在續保時調整保費率和保費，例如因素賠歷史記錄，及更改條款及細則的權利。

■ 保險業監管局將按照法例透過保險公司向投保人收取保費徵費。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:

■ 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 this policy.

■ 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.

計劃摘要 Plan Summary

產品名稱 Product Name	僱員醫療保障計劃 Employees Medical Contract
產品性質 Product Nature	償款保險產品 Indemnity Insurance Plan
保單期 Period of Cover	1年 Year
投保年齡 Enrolment Age	15日至65歲人士 Aged from 15 days to 65
保障期 Protection Period	至76歲 Up to age 76
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	港元 HKD
保障地域 Cover Area	環球 Worldwide
計劃級別 Plan Level	5
保費繳付方法 Premium Payment Mode	年繳 Annual
保費折扣 Premium Discount	首年保費九折 10% first year's premium discount

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位或以上之僱員 3 employees or above
「個人健康記錄」表格（如適用） Personal Health Record Form (if applicable)	如受保僱員人數少於10人，須提交「個人健康記錄」表格 Submission of Personal Health Record Form is required if number of insured employees is less than 10
申請醫療卡（門診） Application of Healthcare Card - Outpatient	填妥投保書並於申請醫療卡（門診）一欄選擇「是」 Complete Application Form and tick "Yes" for Healthcare Card - Outpatient

重要事項

1. 若客戶欲提交HK\$3,000以上之門診收費或任何住院費用的索償申請，客戶須於出院或完成有關的醫療服務當日起計90天內，以郵寄方式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。客戶亦可經網上遞交門診費用索償，惟須向藍十字提供收據正本。

賠償申請表可向藍十字索取或於藍十字網頁下載。

2. 「合理慣例」指，就醫護收費而言，不超過在當地由具相若水平的醫療服務供應者，為同一性別和年齡的人士針對類似疾病或受傷提供的相類似的治療、服務或物料所訂立的收費水平。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。本公司或會參照以下資料（如適用）以釐定合理慣例的醫療費用：
 - a) 由香港政府發佈之憲報，其中列明香港公立醫院向自費病人所收取有關私家住院醫療服務費用；
 - b) 由業界進行的醫療費用調查；
 - c) 內部索償數據；
 - d) 受保程度或水平；及/或
 - e) 其他於當地接受治療之相關醫療參考資料。
3. 「醫療必要」指需要就治療受保傷病接受治療或服務，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) 根據良好而審慎的醫療標準提供，而主要並非為使受保人、其家庭成員、護理人員或其醫生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。

Important Notes

1. If customer wishes to submit claim for an outpatient expense over HK\$3,000 or any hospitalisation reimbursement, a completed claim form and full documentation must be submitted to Blue Cross by post or in person within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. Customer can also submit claims of outpatient expenses via e-submission together with the original receipts to Blue Cross.

Claim form can be obtained from Blue Cross or downloaded from Blue Cross website.

2. “Reasonable and Customary” shall mean, in relation to a charge for medical care, which does not exceed the general level of charges being made by medical service providers 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”, the Company may make reference to the followings (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 medical 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 treatment is received.
3. “Medically Necessary” shall mean the need to have treatment or service for the purpose of treating the subject Disability 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 standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured, his family, caretaker or his Physician; and
 - d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.

重要細則及條款

保障更改

保單持有人如要求就本保單作出的任何保障更改，有關更改將於續保時或經本公司批准後生效。

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患上該傷病時所生效之保障級別為準。

取消保單

保單持有人可以向本公司發出不少於30天的書面通知以取消本保單。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及優惠券，本公司可向保單持有人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，本公司將在應退還之保費內扣除本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本保單，將不獲退還任何保費。

本公司可因任何受保人未能遵從本保單的任何要求而取消其保障。在該情況下，本公司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，就本保單之其他受保人而言，本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 this Policy as requested by the Policyholder shall only take effect at Renewal or subject to the approval by the Company.

If an Insured has afflicted any Disability prior to the benefit upgrade, the Insured shall only be entitled to the benefit level in-force at the time when that Disability was afflicted.

Cancellation

The Policyholder may cancel this Policy by giving not less than 30 days' prior written notice to the Company. 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 and coupons are returned to the Company. 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 this Policy shall be deducted from the premium to be refunded.

If cancellation shall take place after this Policy has been Renewed upon its expiry of the first Period of Insurance, no premium will be refunded to the Policyholder.

The Company may cease to provide cover to any Insured if any requirement under this Policy has not been complied with and in such event, the Company 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).

主要不保事項

除於保障利益表或隨後附加於本保單的批註內特別列明外，本公司概不支付因以下事項引致或相關的任何索償、成本或費用：

1. 倘任何損失、成本或費用可根據任何法例、醫療計劃或其他保單，向任何政府、公司、其他保險公司或任何其他第三者提出的索償。
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、X光診斷、先進造影、化驗或物理治療而住院，除非該測試或治療服務獲醫生建議為治療某傷病而屬醫療必要，而該測試或治療並無法於門診設施有效地進行。
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。「已存在的狀況」指符合以下任何情況之不適、疾病、受傷、身體狀況或生理退化（除非受保人已受保於本保單不少於365天）：
 - a) 於受保人生效日期前已存在或確診；或
 - b) 受保人於受保人生效日期前已知悉或按合理情況下應知悉出現的病徵或症狀；或
 - c) 受保人於受保人生效日期前90天內曾接受任何與該狀況有關之醫療或手術護理或治療。
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，並因為受保人於受保人生效日期前感染HIV病毒而病發。就本不保事項而言，於受保人生效日期後5年內出現與HIV病毒有關的傷病，將推定為於受保人生效日期前已因受HIV病毒感染而病發。
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；並非與醫療有關之狀況及費用，包括但不限於聽力測試、例行血液測試、一般身體檢查、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（除非獲本公司批准）；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。

Major Exclusions

Unless specifically included in the Schedule of Benefits or any endorsement to this Policy, the Company 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, diagnostic X-ray, advanced imaging, laboratory test or physiotherapy unless such test and service is recommended by a Physician for Medically Necessary treatment of a Disability which cannot be effectively performed at outpatient settings.
4. Treatment related to Congenital Conditions (except Hernias, Strabismus and Phimosis) or Developmental Conditions or disease of similar kind.
5. "Pre-existing Conditions" shall mean any Sickness, Disease, Injury, physical condition or physiological degradation which:
 - a) has existed or diagnosed preceding the Insured Effective Date; or
 - b) has manifested signs or symptoms of which an Insured is aware or should have reasonably been aware of preceding the Insured Effective Date; or
 - c) is connected with or related to any medical or surgical care or treatment received by the Insured within 90 days immediately preceding the Insured Effective Date;
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; not medically related conditions and expenses including but not limited to hearing tests, routine blood tests, general check-ups, vaccinations or inoculations, Hair Mineral Analysis (HMA), bird's nest, lingzhi, ginseng and other specialised Chinese tonic medicine, health supplements (unless approved by the Company); 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.

主要不保事項

- 牙科治療及口腔外科手術，因意外而需在醫院接受的緊急治療及手術除外。保障不包括住院期間後所接受有關牙科治療及口腔外科手術後的覆診治療或口腔外科手術。
- 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。
- 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、非處方藥物、空氣清新機或空調及暖爐。
- 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。
- 另類療法，包括但不限於指壓、推拿、催眠、氣功、按摩治療、香薰治療及其相類似。
- 未獲本公司於參照接受治療當地之普遍標準而認可的試驗性及/或新醫療技術或程序。
- 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、稅項及其他。
- 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、起義或軍事政變或奪權；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。

注意：

- 此小冊子僅在香港派發。派發此小冊子並不構成亦不應被詮釋為在香港境外出售、游說顧客購買或提供任何保險產品。
- 「僱員醫療保障計劃」由香港獲授權之保險商 - 藍十字（亞太）保險有限公司承保。
- 藍十字（亞太）保險有限公司乃東亞銀行有限公司之子公司及東亞銀行集團成員，與 Blue Cross and Blue Shield Association 及其任何相關聯機構或許可證持有人並無任何關係。
- 當藍十字就保單提供的保險（包括支付任何賠償或提供任何保障），將使藍十字面臨聯合國決議下或歐盟、英國、美國或適用於藍十字的任何司法管轄區的貿易或經濟制裁、法律或法規項下的任何制裁、禁制或限制，或承受該等風險時，則藍十字不得被視為就該保單提供保險（包括支付任何賠償或提供任何保障）。

Major Exclusions

- Dental treatment and oral surgery except for emergency treatment and surgery arising from an Accident received by the Insured during Confinement. Follow up dental treatment or oral surgery after Inpatient stay will not be covered.
- 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.
- 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, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use.
- Treatment directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.
- Alternative treatment including but not limited to acupuncture, tui na, hypnotism, qigong, massage therapy, aroma therapy and such alike.
- Experimental, unproven and/or new medical technology or procedure not yet approved by the Company with reference to the common standard in the locality where the treatment is received.
- 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.
- Treatment or Disability directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.

Notes:

- This brochure is for distribution in Hong Kong only. The distribution of this brochure is not and shall not be construed as an offer to sell or a solicitation to buy or a provision of any insurance product outside Hong Kong.
- Employee Medical Contract is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.
- Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of The Bank of East Asia, Limited and a member of the BEA Group. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.
- Blue Cross shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose Blue Cross to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to Blue Cross.



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員



客戶服務熱線
Customer Service Hotline
3608 2988

Blue Cross (Asia-Pacific) Insurance Limited

藍十字(亞太)保險有限公司

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
Fax 傳真：3608 2989 Email 電郵：cs@bluecross.com.hk
Website 網址：www.bluecross.com.hk