



Blue Cross 藍十字

An **AIA** Company 友邦保險成員公司

一站式門診醫療寶 All-in-one Outpatient Insurance



2026 年 1 月生效
With effect from Jan 2026

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。藍十字通過龐大的分銷渠道銷售其產品，包括友邦香港營業團隊、網上平台、直銷渠道、銀行網絡、保險代理和經紀，以及旅行社代理。

藍十字在 2024 年獲標普全球評級分別授予財務實力評級 A+（展望穩定）及發行人信用評級 A+（展望穩定）。

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 distributes its products through various channels, including AIA agency force, online platform, direct sales, bank network, insurance agents and brokers, as well as travel agencies.

In 2024, Blue Cross was assigned financial strength rating of A+ (stable outlook) and issuer credit rating of A+ (stable outlook) by S&P Global Ratings.

此小冊子並不包含保單的完整條款及細則，且只供參考之用。有關詳盡條款及細則及所有不保之事項，概以保單為準。

在此小冊子內，「藍十字」、「本公司」或「我們」是指藍十字（亞太）保險有限公司。

This brochure does not contain the full terms and conditions of the policy and is for reference only. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions.

In this brochure, “Blue Cross”, “the Company”, “we”, “our”, or “us” refers to Blue Cross (Asia-Pacific) Insurance Limited.

一站式門診醫療寶 All-in-one Outpatient Insurance

健康的身體是我們最大的財富，如果我們感到不適，會主動尋找醫療意見或治療。不過，醫療費用日益上升，財政安排上未必能承擔突如其來的開支，所以一份優質的醫療保險計劃非常重要。

一站式門診醫療寶（「本計劃」）提供廣泛的醫療保障，配合龐大的醫療護理網絡，一站式提供多項醫療服務，細意照顧您的健康需要。透過本計劃，您可以使用網絡醫生提供的服務，包括普通科、專科、中醫及物理治療；同時，更可使用由網絡提供的門診手術、診斷測試及免費預防身體檢查。您可於網絡診所直接使用電子醫療卡，只須支付自付費用，便可使用相關醫療服務，省卻索償的程序。

Health is our greatest wealth, and when we feel unwell, we proactively seek medical advice or treatment. However, medical expenses are on the rise, and at times we may be unable to bear such unexpected costs. Therefore, having a high-quality medical insurance plan is crucial.

All-in-one Outpatient Insurance (the "Plan") provides extensive medical coverage through a vast panel network, offering a wide range of medical services to meet your healthcare needs. With the Plan, you can access services provided by network doctors, including general practitioners, specialists, Chinese medicine practitioners and physiotherapists. Additionally, you can benefit from clinical procedures, diagnostic tests, and free preventive health check-up within the network. You can conveniently use your electronic medical card with a co-payment at network clinics to receive the corresponding medical services, without the need for a claim process.

計劃摘要 Plan Summary

產品名稱 Product Name	一站式門診醫療寶 All-in-one Outpatient Insurance
產品性質 Product Nature	醫療保障保險計劃 Medical protection insurance plan
受保期 ¹ Period of Insurance ¹	1 年 1 year
投保年齡 Enrolment Age	15 日至 65 歲 Age from 15 days to 65 years
保單續保 Policy Renewal	每年續保，保障至 100 歲 Annual renewal with coverage until age 100
保單貨幣 Policy Currency	港元 HK\$
保障地域範圍 Territorial Scope of Cover	香港 Hong Kong
新申請冷靜期 Cooling-off Period for New Applications	15 日 15 days
繳費模式 Payment Mode	年繳 Annual

計劃特點

龐大的醫療護理網絡

為讓您享受方便而優質的門診服務，本計劃提供由多名醫生組成的龐大醫療護理網絡，覆蓋港、九及新界。您可以使用電子醫療卡，於任何網絡診所接受：

- 普通科醫生門診
- 專科醫生門診
- 中醫門診
- 物理治療

普通科醫生門診

每次於醫療護理網絡診所求診時，只須繳付所投保計劃級別的指定自付費用，便可無限次使用普通科醫生門診服務。

專科醫生門診

若經過醫療護理網絡醫生轉介，您可獲得專科醫生門診服務。每次就診時所需的自付費用及每年求診次數的上限，則按您所選的計劃級別而定。

門診手術

本計劃提供門診手術保障，經醫療護理網絡醫生建議，便可在網絡診所內進行指定的手術療程。

X 光診斷及化驗

為配合您的醫療需要，若經過醫療護理網絡醫生轉介，計劃 B 及計劃 C 更包括 X 光診斷及化驗。選擇計劃 C 的客戶更毋須自付費用。

Plan Highlights

Extensive Panel Network

An extensive panel network of doctors throughout Hong Kong Island, Kowloon and the New Territories is ready to serve you. You can use the electronic medical card at the network clinics for:

- General practitioner consultations
- Specialist consultations
- Chinese medicine practitioner consultations
- Physiotherapist treatment

General Practitioner Consultations

By just making the specified co-payment amount according to the selected plan level at the panel network clinics, you will enjoy an unlimited number of general practitioner consultation services.

Specialist Consultations

You are eligible to receive specialist consultation services upon our panel network doctor's referral. The co-payment amount required per visit and the maximum number of visits per year will be based on the plan level selected.

Clinical Procedures

The Plan covers specific clinical procedures performed at our panel network clinics, upon a network doctor's recommendation.

Diagnostic X-ray and Laboratory Test

To provide coverage tailored to your needs, the Plan covers diagnostic X-ray and laboratory test for Plan B and Plan C upon a panel network doctor's referral. No co-payment is required for Plan C.

免費預防性身體檢查

凡參與計劃 B 及計劃 C 的受保人，每年可到指定的醫療中心免費接受預防性身體檢查一次。檢查項目包括基本體格檢查，及於以下 8 項中選取其中 3 項：

- 全血球數量
- 谷草轉氨酶
- 總膽固醇
- 谷丙轉氨酶
- 三酸甘油脂
- 尿酸
- 空腹血糖
- 尿液常規檢驗

「Blue Cross HK」手機應用程式

下載「Blue Cross HK」手機應用程式並登入BlueCross+，即可享用一站式數碼醫療保險服務。您可以快捷搜尋網絡醫生、憑電子醫療卡快速完成指定網絡診所的門診登記，亦可隨時隨地查閱保單資料。



Blue Cross HK App

Free Preventive Health Checkup

Each insured of Plan B and Plan C is entitled to one free preventive health checkup at a designated medical centre, once a year. The checkup includes a basic physical examination and any 3 of the following 8 items of your pick:

- Complete blood count
- AST
- Total cholesterol
- ALT
- Triglycerides
- Uric acid
- Fasting glucose
- Urinalysis

“Blue Cross HK” Mobile App

Download the “Blue Cross HK” mobile app and log in to BlueCross+ to enjoy one-stop digital medical insurance services. You can easily search for network doctors nearby, and enjoy speedy registration at designated network clinics with electronic medical card. You can also check policy details round-the-clock.

受保期

成功投保後，您便可獲得保障直至 100 歲，而保單更可自動每年續保¹。保單將由收到投保申請起計 12 個工作天後生效，有效期為 1 年。

Period of Insurance

After enrolment, you will enjoy the coverage until age 100 and your policy will also be automatically renewed annually¹. Each coverage period is 1 year, with effect from the 12th working day after we received the application.

投保簡易

投保手續既快捷又簡單，所有 65 歲或以下人士均可投保及毋須驗身。

Easy Enrolment

Enrolment is quick and easy. Anyone aged 65 or below is eligible to apply. No medical examination is required.

保障表 Benefit Schedule

保障項目* Benefit Items*	自付費用及每年限額 Co-payment and Limit per Year (HK\$)		
	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C
計劃級別 Plan Level			
1. 普通科醫生門診 General Practitioner Consultation 包括 3 天處方藥物 Including medication for 3 days • 每次自付費用▲ Co-payment per visit▲ • 每年診症次數，每天 1 次 No. of visits per year, 1 visit per day	30 不限次數 Unlimited	30 不限次數 Unlimited	30 不限次數 Unlimited
2. 專科醫生門診 Specialist Consultation 需具書面轉介▽ Referral letter is required▽ 包括 3 天處方藥物 Including medication for 3 days • 每次自付費用▲ Co-payment per visit▲ • 每年診症次數，每天 1 次 No. of visits per year, 1 visit per day	80 5 次 visits	80 12 次 visits	80 不限次數 Unlimited
3. 中醫門診 Chinese Medicine Practitioner Consultation 僅適用於中醫全科 General practice only 包括 2 包中藥處方 Including 2 packs of medication • 每次自付費用▲ Co-payment per visit▲ • 每年診症次數，每天 1 次 No. of visits per year, 1 visit per day	不適用 N/A 不適用 N/A	30 5 次 visits	30 10 次 visits
4. X 光診斷及化驗# Diagnostic X-ray and Laboratory Test# 需具書面轉介▽ Referral letter is required▽ • 每次自付費用▲ Co-payment per visit▲ • 每年限額 Limit per year	不適用 N/A 不適用 N/A	20% 2,000	0% 5,000
5. 物理治療 Physiotherapist Treatment 需具書面轉介▽ Referral letter is required▽ • 每次自付費用▲ Co-payment per visit▲ • 每年診症次數，每天 1 次 No. of visits per year, 1 visit per day	不適用 N/A 不適用 N/A	不適用 N/A 不適用 N/A	60 10 次 visits

保障項目* Benefit Items*	自付費用及每年限額 Co-payment and Limit per Year (HK\$)		
	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C
計劃級別 Plan Level			
6. 門診手術 Clinical Procedures 需獲建議 [▽] Recommendation is required [▽] 等候期：30 日 Waiting period: 30 days <ul style="list-style-type: none"> • 每次自付費用[▲] Co-payment per visit[▲] • 每年限額 Limit per year 	20% 4,000	20% 4,000	20% 4,000
7. 預防性身體檢查 Preventive Health Checkup <ul style="list-style-type: none"> • 每年檢查次數 No. of checkups per year 	不適用 N/A	1 次 checkup	1 次 checkup

* 如根據醫療護理網絡醫生的意見須處方特別及昂貴的藥物，醫療護理網絡醫生保留額外徵收藥費的權利。

The panel network doctors reserve the right to charge extra fee for medication if, in the opinion of the panel network doctors, the prescription required is specific and expensive.

▲ 受限於每年限額，當 20% 自付費用適用時，藍十字將會賠償 80% 的符合索償資格的費用，而客戶將要承擔剩餘 20% 的金額；而在 0% 自付費用下，藍十字將全數支付符合索償資格的費用。

Subject to the limit per year, when 20% co-payment applies, Blue Cross will reimburse 80% of the eligible expenses incurred, and customer will have to bear the remaining 20%; while 100% of the eligible expenses incurred will be paid by Blue Cross if 0% co-payment applies.

▽ 轉介信須由醫療護理網絡醫生發出，而作出建議的醫療護理網絡醫生亦須同時為主診醫生。轉介信及建議均由發出日期起計 6 個月內有效，以同一病症計算。

Referral letter must be issued by a panel network doctor, and recommendation must be made by a panel network doctor who is the attending doctor at the same time. Both referral letter and recommendation are valid for a period of 6 months from the date of issue on a per disability basis.

‡ X 光診斷及化驗包括按醫療護理網絡醫生建議，以門診方式進行的普通 X 光檢驗及化驗測試。

X-rays and laboratory tests include non-specialised X-ray investigations and laboratory tests performed as outpatient treatment upon the recommendation of a panel network doctor.

門診手術表 Table of Clinical Procedures

下列門診手術可於醫療護理網絡醫生診所進行：

The following clinical procedures can be undertaken at the panel network doctors' clinics:

- | |
|--|
| 1. 冷凍治療
Cryotherapy |
| 2. 膿腫/ 囊腫/ 血腫/ 血清腫的切割和排液/ 穿刺抽吸術
Incision and drainage/ puncture aspiration of abscess/ cyst/ hematoma/ seroma |
| 3. 切割及清除皮下組織的異物
Incision and removal of foreign body, subcutaneous |
| 4. 切除良性皮膚損害
Excision of benign skin lesions |
| 5. 永久切除指甲/ 指甲基質
Excision of nail/ nail matrix for permanent removal |
| 6. 楔形切除甲褶/ 撕脫嵌生趾甲的手術
Wedge excision of skin of nailfold/ avulsion of nail plate (ingrown toenail) |
| 7. 癭痕疙瘩注射
Keloid injection |
| 8. 修補表皮創傷
Repair superficial wound |
| 9. 診所內敷藥
Office dressings |
| 10. 注射式硬化痔瘡治療
Injection sclerotherapy for hemorrhoid |
| 11. 清除耳朵異物
Removal of foreign body, ear |
| 12. 清除嵌入性耳垢（洗耳）
Removal of impacted earwax (ear lavage) |
| 13. 抽吸式耳鼓膜穿刺術
Myringotomy with aspiration |
| 14. 以喉鏡清除異物
Laryngoscopy for removal of foreign body |
| 15. 止鼻血
Control of nasal hemorrhage |
| 16. 清除鼻腔異物
Removal of foreign body, nose |
| 17. 沖洗鼻竇
Antral lavage |
| 18. 清除眼睛異物
Removal of foreign body, eye |
| 19. 清除眼挑針/ 眼瘡
Removal of chalazion/ meibomian cyst |
| 20. 清除眼瞼的害病
Removal of eyelid lesions |
| 21. 注射式清除肌腱鞘/ 韌帶/ 彈弓指/ 腱膜囊腫
Injection tendon sheath/ ligament/ trigger points/ ganglion cyst |
| 22. 抽吸及注射式關節穿刺
Arthrocentesis, aspiration and injection |

每年保費表 Annual Premium Table (HK\$)

年齡 Age	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C
0 - 4	2,113	3,026	4,262
5 - 60	1,882	2,679	3,800
61 - 65	2,113	3,026	4,262
以下保費只適用於續保 The premiums below are for renewal only			
66 - 70	4,225	6,052	8,524
71 - 75	5,282	7,564	10,655
76 - 80	6,867	9,834	13,812
81 - 99	8,928	12,784	17,955

- 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，保費將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。
Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from the application 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 application date.
- 「0」歲指出生滿 15 日。5 歲以下受保人須連同年滿 18 - 65 歲的家長一起投保。
Age "0" means age 15 days. Insured(s) under age 5 must join the plan with their parent(s) aged 18 - 65.
- 藍十字保留在續保時調整保費，例如：因應受保人年齡的調整、增加額外保障等，及更改條款及細則的權利。
Blue Cross reserves the right to adjust the premium upon policy renewal due to other factors, for example, age-related adjustment of the insured or subscription to additional benefits, etc. and revise the terms and conditions of the policy.
- 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。
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.
- 保費表並未包括由保險業監管局徵收的保費徵費。
The premium table does not include levy collected by the Insurance Authority.

注釋

Remarks

1. 因風險變動有機會影響保單的保障，保單持有人在受保期內，必須就受保人之地址、居留地、職業變更或其他風險變動即時通知藍十字。
During the period of insurance, the policyholder shall give immediate notice to Blue Cross in respect of any change of address, residency, occupation of an insured or any other change of risk which may affect the cover of the policy.

重要資料 Important Information

1. 此小冊子並不包含保單的完整條款，並非及不構成保險契約的一部分，是為提供本產品主要特點概覽而設。本計劃的精確條款及條件列載於保單契約。有關此計劃條款的定義、契約條款及條件之完整敘述，請參閱保單契約。此小冊子應與可能包括本產品附加資料及重要考慮因素有關的市場推廣資料（如有）一併閱覽。此外，請詳閱相關的產品資料，並在需要時諮詢獨立的專業意見。

This brochure does not contain the full terms and conditions of the policy. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover. This brochure should be read along with other relevant marketing materials (if any), which may include additional information and important considerations about this product. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.

2. 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。
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3. 「一站式門診醫療寶」由香港獲授權之保險商 — 藍十字（亞太）保險有限公司承保。
All-in-one Outpatient Insurance is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.

4. 藍十字（亞太）保險有限公司乃友邦保險控股有限公司之子公司，與 Blue Cross and Blue Shield Association 及其任何關聯公司或持牌人並無任何關聯。

Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of AIA Group Limited. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.

主要產品風險 Key Product Risks

1. 您須為此計劃繳付保費。若您於保費到期日後 30 日內仍未繳交保費，保單將會於保費到期日當天失效，同時您/ 受保人也會失去保障。

You need to pay the premium for the plan. If you do not pay the premium within 30 days of the premium due date, the policy will lapse from the premium due date and you/the insured will lose the cover.

2. 如以下任何一種情況發生，我們將會終止您的保單，而您/ 受保人將失去保障：

- 所有受保人的年齡均達至100 歲；
- 當保單因沒有繳付保費或「錯誤申報年齡及/ 或性別」條款或「失實陳述及/ 或欺詐」條款所列的情況被取消；或
- 所有受保人身故。

We will terminate your policy and you/the insured will lose the cover when one of the following happens:

- all insureds under the policy have attained the age of 100;
- the policy is cancelled due to non-payment of premiums, or any circumstances as set out in the “Misstatement of Age and/or Sex” clause or “Misrepresentation/Fraud” clause occur; or
- all insureds have passed away.

3. 此計劃由我們承保，因此您受我們的信貸風險所影響。若我們無法按保單下的承諾履行我們的財務責任，受保人可能損失其保障，而您亦可能損失保單年度餘下已繳的保費。

We underwrite the plan and you are subject to our credit risk. If we are unable to meet our financial obligations under the policy, the insured may lose the cover and you may also lose the remaining premium paid for that policy year.

4. 通脹會導致未來醫療費用增加。因此，本計劃的賠償金額以及未來保費都有可能受調整，以反映通脹。

Future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium of the plan may be adjusted to reflect the inflation.

主要不保事項

Major Exclusions

1. 毋需付費或費用已由受保人的其他保險或賠償保障支付之護理或治療。

Care or treatment for which payment is not required or payment has been made by any other insurance or indemnity covering the insured.

2. 先天性疾患。

Congenital conditions.

3. 受保前已存在的傷病。

Pre-existing conditions.

4. 長期重複進行的藥物治療，而療程超過三天。藥物治療保障將不適用於慢性疾病，包括但不限於下列各項：(i) 後天免疫力缺乏症（愛滋病）；(ii) 老人癡呆症；(iii) 癌症；(iv) 慢性支氣管炎；(v) 慢性濕疹；(vi) 慢性肝炎；(vii) 冠心病、心臟病及心臟衰竭；(viii) 糖尿病；(ix) 高血脂及高膽固醇血症；及 (x) 高血壓、甲狀腺功能亢進、甲狀腺功能衰退、偏頭痛、甲癬、柏金遜症、牛皮癬、腎衰竭、骨質疏鬆、慢性關節炎及系統性紅斑狼瘡。

Long-term repeated medication that exceeds 3-day treatment. No medication will be provided for chronic disease treatments including but not limited to: (i) Acquired Immunisation Deficiency Syndrome (AIDS); (ii) Alzheimer's Disease; (iii) Cancer; (iv) Chronic Bronchitis; (v) Chronic Eczema; (vi) Chronic Hepatitis; (vii) Coronary Heart Disease, Heart Disease and Heart Failure; (viii) Diabetes Mellitus; (ix) Hyperlipoidemia and Hypercholesterolaemia; and (x) Hypertension, Hyperthyroidism, Hypothyroidism, Migraine, Onychomycosis, Parkinson's Disease, Psoriasis, Renal Failure, Osteoporosis, Chronic Arthritis and Systemic Lupus Erythematosus.

5. 傳染性疾病，例如：經由性接觸傳染的疾病，以及治療免疫力缺乏症病毒、性病、愛滋病或與愛滋病有關的併發症和肺結核之治療。

Any treatment for infectious diseases such as sexually transmitted diseases, and treatment of human immunodeficiency virus, venereal diseases, AIDS or AIDS-related complications and tuberculosis.

6. 蓄意自我毀傷或企圖自殺，不論當時神志是否清醒。

Intentional self-inflicted injury or attempted suicide, while sane or insane.

7. 過量服用酒精或毒品或類似藥物或藥劑引起的傷病，惟由醫生處方用於治療受保傷病的藥物除外。

Disability arising out of excessive consumption of alcohol or narcotics or similar drugs or agents unless they had been prescribed by a doctor for treatment of a covered disability.

8. 接種疫苗、防疫注射及任何預防治療。非由網絡醫生建議或轉介接受的例行身體檢查、健康檢查或檢驗。

Vaccinations, immunisations and any preventive treatment. Routine physical examinations, health checkups or tests not recommended and referred by the network doctors.

上述所提及之不保事項只供參考。有關全部及詳細之不保事項，請參閱保單條款及細則。

The above-mentioned exclusions are for reference only. Please refer to the terms and conditions of the policy for the complete list and details of the exclusions.

保費調整及產品內容改動

Premium Adjustment and Product Features Revision

1. 保費調整

Premium Adjustment

為了持續向您提供保障，我們會每年覆核您計劃下的保費。如有需要，我們會於保單年度終結時就續保保費作出相應調整。我們在覆核時會考慮的因素包括但不限於：

- 此計劃下所有保單的理賠成本及來年的預期理賠支出（反映醫療趨勢、醫療成本通脹和產品內容改動所帶來的影響）
- 與保單直接有關的支出及分配至此產品的間接開支
- 受保人年齡的調整、特定風險級別或風險級別的轉變

重要資料 Important Information

In order to provide you with continuous protection, we will annually review the premium of your plan and if necessary, the renewal premium will be adjusted at the end of the policy year. We will consider factors including but not limited to the following during the review process:

- claim costs incurred from all policies under the plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions
- expenses directly related to the policy and indirect expenses allocated to this product
- age-related adjustment of the insured, a particular risk class or change of risk class

2. 保費調整及產品內容改動

Premium Adjustment and Product Features Revision

我們保留不時修訂保單的保障利益架構的權利，以配合醫療科技的進步，持續為您提供保障。

We reserve the right to revise the benefit structure under the policy, so as to keep pace with the times for medical advancement and to provide you with continuous protection.

產品限制

Product Limitation

1. 我們只會根據「必需醫療服務」的原則，為受保人所需支付的費用及/或開支作出賠償。

「必需醫療服務」指包括傷病護理或治療之必需服務。根據認可健康護理專業標準，此等服務必須在香港特別行政區獲廣泛認為有效、適當及必要的。以下事項（不排除其他）將不被視為必須的：

- (a) 不要求具有相關專業技術服務者所提供之服務；
- (b) 主要是為受保人、護理受保人之任何人士或受保人之任何家庭成員提供個人舒適或方便之服務及設施；
- (c) 受保人之傷病可在不用住院下得到安全及足夠的治療的情況下，以住院病人身分獲得的服務及設施；或
- (d) 超出用於安全及足夠治療受保人傷病的服務或設施費用的額外開支。

We only cover the charges and/or expenses of the insured on the basis of medically necessary services.

“Medically Necessary Services” shall mean the services which are necessary for the care or treatment of the disability involved. Such services must be widely accepted professionally in Hong Kong Special Administrative Region as effective, appropriate and essential based upon recognised standards of the health care specialty involved. In no event will the following (but not to the exclusion of all others) be considered to be medically necessary:

- (a) those services rendered by a provider that do not require the technical skills of such a provider;
- (b) those services and supplies furnished mainly for the personal comfort or convenience of the insured, any individual who cares for him or any individual who is part of his family;
- (c) those services and supplies furnished to an insured solely because he is an inpatient on any day on which the insured's disability could safely and adequately be treated while not confined; or
- (d) that part of the cost which exceeds that of any other service or supply that would have been sufficient to safely and adequately treat the insured's disability.

2. 醫療網絡服務由網絡醫生提供。對於網絡醫生在提供醫療網絡服務中的任何行為或疏忽，藍十字概不負責。藍十字保留修改、暫停或終止網絡醫生名單的權利，恕不另行通知。接受任何醫療服務前，請先向醫生尋求獨立意見以確保您的身體狀況適合接受有關醫療服務。

Medical network services are provided by network doctors. Blue Cross shall not be responsible for any act or omission of network doctors in the provision of medical network services. Blue Cross reserves the right to amend, suspend or terminate the list of network doctors without further notice. Please seek independent advice from doctors before receiving any medical treatment to ensure such treatment is suitable to your health condition.

3. 如您欲在保單生效後更改保障或保障範圍，有關申請須經藍十字批准。

If you would like to change your benefits or coverage after policy inception, such a request shall be subject to Blue Cross' approval.

取消保單權利 Cancellation Right

保單持有人可在冷靜期內行使權利取消保單及獲發還全數已付保費及保費徵費，但行使此項權利時，必須符合以下條件：

- (a) 取消要求必須由保單持有人簽署，藍十字必須於冷靜期內直接收到該要求。冷靜期為緊接保單或冷靜期通知書交付予保單持有人或其指定代表之日起計的 15 日的期間，以較早者為準。為免生疑問，交付保單或冷靜期通知書當天並不包括在計算 15 日的期間內。然而，若第 15 日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內；及
- (b) 如於冷靜期內曾使用醫療卡或健康檢查服務券接受任何醫療服務，則不會獲發還保費。

冷靜期過後，保單持有人可連同健康檢查服務券（如有）以不少於 7 天的書面通知藍十字退保，藍十字便會在收到此書面通知後終止保單。

此外，保單會在以下情況自動終止，以最先者為準：

- (a) 當於受保期內所有受保人的年齡均達至 100 歲，該受保期的最後一天；
- (b) 當保單持有人取消保單或當保單因沒有繳付保費或根據保單條款及細則所列的情形被取消；或
- (c) 保單最後一名在生之受保人身故當日。

The policyholder may exercise the right to cancel the policy with full refund of paid premiums and levy during the cooling-off period. The cancellation right is subject to the following conditions:

- (a) the request to cancel must be signed by the policyholder and received directly by Blue Cross within the cooling-off period. The cooling-off period is the period of 15 days immediately following the day of the delivery to the policyholder or the nominated representative of the policyholder, of the policy or the cooling-off notice, whichever is the earlier. For the avoidance of doubt, the day of delivery of the policy or the cooling-off notice is not included for the calculation of the 15-day period. However, if the last day of the 15-day period is not a working day, the period shall include the next working day; and
- (b) no refund can be made if the medical card or medical check-up coupon was used for receiving any medical services during the cooling-off period.

The policyholder can request to cancel the policy after the cooling-off period by giving not less than 7 days' prior written notice to Blue Cross together with the return of medical check-up coupon (if any) to Blue Cross and the policy will be cancelled on the date Blue Cross receives such written notification.

No premium will be refunded for policy cancelled or terminated after the cooling-off period.

In addition, the policy shall be automatically terminated on the earliest of the following:

- (a) the last day of the period of insurance in which all insureds have attained the age of 100;
- (b) when the policyholder cancels the policy, or the policy is cancelled due to non-payment of premiums or any circumstance as set out in the terms and conditions of the policy; or
- (c) the date of death of the last remaining life insured under the policy.



Blue Cross 藍十字

An **AIA** Company 友邦保險成員公司



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