

承保方



2023年7月1日

卓越住院医疗计划指南

由两大值得信赖的环球医疗保健公司与中国前沿的保险公司合作，携手打造优质计划及服务

管理方



美国网络供应方



**BlueCross
BlueShield**
Global
蓝十字蓝盾

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您好

通过永诚保险全球医疗计划系列，您将从叁大著名医疗保健机构：永诚保险、保柏环球以及蓝十字蓝盾寰球所集合的专业服务。本指南将针对**您的医疗计划**，为您提供易于了解的信息。包括：

- 在**您需要治疗**时提供相关的指引
- 介绍理赔程序的简单步骤
- “**保障福利表**”及“常规除外责任”清单，其中简要说明属于和不属于保障范围的项目，及各个项目可能适用的保障限额
- 协助您了解相关用语的“释义”

为充分使用**您的医疗计划**，请详阅本册的“**保障福利表**”和“常规除外责任”部分，以及“**保险计划细则**”，以充分了解保障范围与各项规定。**您的“保障福利表”**、“常规除外责任”和“**保险计划细则**”详列于您的“**保单内容**”中。

首先，我们想请您特别注意 ...

您所获得的是全球保障不包括美国

只要是属于**您的医疗计划**保障范围，即可于世界各地的**执业医生、医院或诊所接受治疗**，美国除外。

如欲查阅全球**医院**名单，请访问 www.bupaglobal.com/facilitiesfinder 使用其中的**医疗机构**搜寻工具或**联系我们**。

如欲查阅中国**医疗机构**服务网络详情，请访问 <https://www.alltrust.com.cn/healthinsurance>

粗体文字

粗体字词为定义术语，与**您的保障范围**息息相关。您可参考“**释义**”中提供的定义。

保障范围所涵盖的**治疗**

您的卓越住院医疗计划将承担疾病、病症或损伤的**治疗**费用，此类**治疗**为可维持您的健康状况、使您康复或让您恢复原先的健康状况。包括可能享受保障的慢性病症、先天性病症和遗传性病症的**治疗**（以核保结果为准）。

治疗若符合下列条件，即属于保障范围：

- 属于**医疗计划**的保障范围，以及
- 至少符合**治疗**所在国的普遍公认医疗标准，以及
- 不论**治疗**类型、持续期间、地点及频率均符合适当临床要求。

由两大值得信赖的环球医疗保健公司与**中国**前沿的**保险公司**合作，携手打造**优质计划及服务**

凭着于**中国**取得之成功及声誉，**永诚保险**联同**保柏环球**以及**蓝十字蓝盾寰球**，提供**高素质**的**医疗保健计划及服务**。计划中包含**美国地区**保障的客户现可享有更丰富的保障。此**医疗计划**并不包括**美国地区**保障，若您希望加入这项保障，请联系**永诚保险**团队。

有任何问题？**我们很乐意为您解答。**

详细联络方式请见**您的保险卡**。



与您一路相伴

我们会竭尽全力，确保您健康之旅的每一步都得到悉心呵护。在本页中，我们解释了您可享受的服务范围，我们不仅会帮助您解决重大事件和紧急情况，同时还为您的整体健康和幸福保驾护航。

联系我们以获得常规健康支持：

- 常规医疗资料
- 与您保单相关的常见问题
- 国内外的紧急和非紧急情况
- 查询您的保障福利和预授权治疗并安排对于医疗服务提供者的直接付款（参考本指南的“需要治疗时”部分）
- 预防接种及签证资料
- 转介翻译人员及驻外单位

专属健康助理服务

通过您的卓越住院医疗计划，您可以享受专属健康助理服务，由医疗专业人员团队服务您健康的方方面面。专属健康助理服务由保柏环球（管理方）提供。

作出重要治疗决策

第二诊疗意见

您可以从独立的全球医疗专家小组获得关于您诊断和治疗的专家第二诊疗意见，从而确保您能在了解充足信息的情况下做出决定。为获得第二诊疗意见，您将需要或要求并授权您的医生向相关专科医生提供充分的医疗信息，以进行评估。

医生转介

我们可帮助您寻找中国大陆内外的医疗专家和医疗服务提供者——全部依据于您的病情、您所在位置和需求。我们为您提供一份医疗合作服务提供者列表，并由您最终决定选择合适的医疗服务提供者。

环球医疗护理

非紧急情况

如果您计划寻求中国大陆以外的治疗服务或在旅行时需要非紧急医疗服务，其中包括需要与医疗服务提供者安排直付服务和需要获取旅游当地咨询（如果有），我们将帮助您进行必要的安排。

全球紧急援助

如果您在境外时生病或受伤并需要住院治疗，则您可以获得一系列医疗协助服务，其中包括（如果有）向医院的直接付款，以及如果在您所在地点无法提供治疗时需要的医疗运送或及送返服务。

香港医疗礼宾服务

如果您计划在香港进行咨询或治疗，我们可协助您进行医疗预约以及解决从中国大陆到香港的相关交通问题。我们还可协助您确保相关医疗信息的获取并促进翻译服务的提供（如果需要）。当然，我们还可帮助预先授权您的治疗并安排针对医疗服务提供者的直接付款服务（如果可行）。

在整个治疗与康复过程中获得帮助

病案管理

在您住院或需要一系列治疗期间，我们会安排一位病案管理专员，从始至终处理您的案例，方便您随时与了解您情况的人员交谈。病案管理专员可协助进行流程管理，如索赔流程，并确保您明确了解自己的保险覆盖范围。

承保方



永诚保险

ALLTRUST INSURANCE

专属健康助理服务将针对如何获得适合您情况的照护为您提供支持和建议。我们不会提供任何医疗诊断、医疗咨询或治疗建议，但我们会为您从医疗服务提供者处获得这些服务提供协助。这些服务并非临床支持，不能取代治疗。仅香港服务方案和全球紧急援助包含旅游物流安排。

被保险人将负责支付不在本保单保障范围内的费用，例如，与在其他国家/地区已计划进行的治疗相关的旅行费用，或与病例的整理、翻译和提交或现场口译相关的费用。请参考“保障福利表”和“常规除外责任”，以充分了解您的保障范围。

专属健康助理服务由保柏环球（管理方）提供，且不属于您保单中的保障福利。保柏环球保留更改专属健康助理服务的范围，并应在发生任何此类更改时通知您。保柏环球对于获得任何服务伙伴和/或医疗服务提供者的服务不作保证，且对于以下方面概不负责：

- 独立签约的任何服务伙伴和/或医疗服务提供者的任何诊断、治疗或其他行为或疏忽；
- 由永诚保险或保柏环球转介或安排的任何治疗、服务或旅行产生，或因第二诊疗意见发生的费用；因专属健康助理服务产生或与之相关的任何收入或利润损失，或任何直接或间接损失

联系保柏环球（管理方）以获得专属健康助理服务：

4006 107 800

国际号码：+86 10 58541808

mc@bupa.com.cn

更容易阅读信息

如果您想收到大字版、音频格式或者盲文版本的产品资料，请使用您会员卡上的号码与我们联系。

需要治疗时

预授权的重要性

如果您需要接受治疗，我们会尽力使整个过程顺畅无阻，让您能够专注于康复过程。

为什么要预授权治疗？

这样您就可以告诉我们您所需要的治疗。您应在开始治疗之前联系我们，提供详细信息。然后我们可以：

- 查看您的治疗是否在保单保障范围内
- 查看服务提供者是否属于我们的医疗网络
- 帮助您在我们的医疗网络内找到服务提供者
- 解释任何适用的限额
- 告知服务提供者您是保柏全球的被保险人。我们已就治疗收费与我们的医疗网络服务提供者达成一致
- 对复杂治疗实施病案管理。保障福利表会明确列出我们希望您告知的复杂治疗。如果您需要以上任何治疗，请联系我们。我们可能要求您提供更多信息（例如查看任何保单责任免除项目是否适用）
- 确认我们是否可以直接向服务提供者支付任何账单。这意味着您无需先行支付，再向我们申请理赔。

如果您接受非医疗网络内的服务提供者的治疗，我们将仅赔付合理惯例费用。这种情况下您可能需要支付差额。

在我们授权治疗或支付理赔之前，我们可能要求您提供更多信息，例如医疗报告。如果我们没有立刻收到报告，预授权和您的理赔支付可能会延迟。如果我们一直没收到报告，我们可能无法支付您的理赔。

我们可能任命一位独立的医疗从业人员为您进行医疗检查（费用由我们承担）。该人员将向我们提交医疗报告。

如果您在我们医疗网络内的医疗服务提供者处接受的治疗已经取得预授权，则如果您在接受治疗时满足下列条件，我们将承担相关费用：

- 保单有效
- 您的治疗在保单的保障范围内
- 保费已按时支付
- 预授权依然有效。当我们授权治疗时，我们将告诉您授权的有效期。

如何预授权治疗？

登录 MembersWorld app，访问 <https://membersworld.bupaglobal.com> 或者打电话或发送电子邮件联系我们。我们收到详细信息后将向您和服务提供者发送预授权声明。

我的预授权失效了怎么办？我可以重新预授权吗？
可以。只需再次按流程操作即可。

如果我需要去医院看急诊怎么办？

如果发生紧急状况您可能没有时间联系我们。这种情况下关键的一点是，医院要在 48 个小时内联系我们。

请注意，我们会提供第二诊疗意见服务

健康问题的解决方案并非总是非黑即白，这也正是我们为您安排顶尖国际专家为您提供第二诊疗意见的初衷。

我们的费用原则

若您需要医疗服务提供者，我们的专业团队可帮忙寻找网络内的认证医师、医院或医疗保健机构。或者，您也可以访问 Facilities Finder 查看所有医疗服务提供者，网址为 www.bupaglobal.com/en/facilities/finder。如您选择接受网络内医疗服务提供者的治疗与服务，我们将从索赔金额中扣除应由您承担的自付比例或免赔额，承担余下任何保险覆盖范围内符合条件的所有费用。

如您选择的为非网络内的医疗服务提供者，我们将仅赔付合理惯例费用。这意味着，医疗服务提供者收取的费用不得超出惯例费用，且应与该地区医疗水平相似的其他医疗服务提供者收取的费用相近。具体费用根据我们了解的该地区最为普遍的费用标准确定。有些政府或官方医疗机构可能会发布费用及医疗实践指南（包括为某个具体病症或手术制定了最适宜护理流程的固定治疗计划）。在此情况下，或如果存在已经发布的保险行业标准，我们在评估和支付理赔时可参考此类全球通用的指引。如网络外医疗服务提供者的服务费用超出发布指南规定或合理惯例的费用，超出部分不予赔付。

已取得预先授权，并准备接受治疗？

请记得携带您的保险卡，并在到院时交给您的医疗服务提供者。



这意味着，如您选择接受网络外医疗服务提供者的保障利益：

- 我们将合理推定合理惯例费用，超出该部分的任何费用，将由您承担——这部分费用由您选择网络外医疗服务提供者时直接支付；
- 我们无法控制您选择的医疗服务提供者直接向您收取的费用。

在某些情况下，您可能无法获得网络内医疗服务提供者的治疗。比如在紧急情况下，您可能被送至网络外的医疗服务提供者处。如发生上述情况，我们将承担任何保险覆盖范围内符合条件的所有费用（如有自付比例或免赔额，将先行扣除）。

如您紧急情况下被送至网络外的医疗服务提供者处，您或医疗服务提供者应在入住 48 小时内或尽快联系我们。为您最佳考虑起见，我们可能在您情况稳定后将您转移至网络内医疗服务提供者处继续接受治疗。如您拒绝转移至网络内的医疗服务提供者处，我们将仅赔付自转移要求提出之日起产生的任何保险覆盖范围内的合理惯例费用（如有自付比例或免赔额，将先行扣除）。

对于在某些国家的网络外医疗服务提供者处接受的保障福利，可能会运用适用的额外规定。

该费用标准或由相关政府或官方医疗机构发布的指南规定，或根据我们了解的该地区最为普遍收取的费用以确定。

如何申请赔付

无论您选择**我们**直接付款，或“自行缴付并申请赔付”，**我们**都将提供快速简单的理赔程序。部分保障需由**我们**预先授权，请查阅您的“保障福利表”及本指南的“需要治疗时”章节，或是致电您的个人服务团队。

我们有时会进一步要求收集其他医疗资料，以处理您的理赔。

以下仅为理赔程序的摘要说明，请参考您的“保障福利表”、“保险细则”和保险证书，以了解如何赔付。

您可于

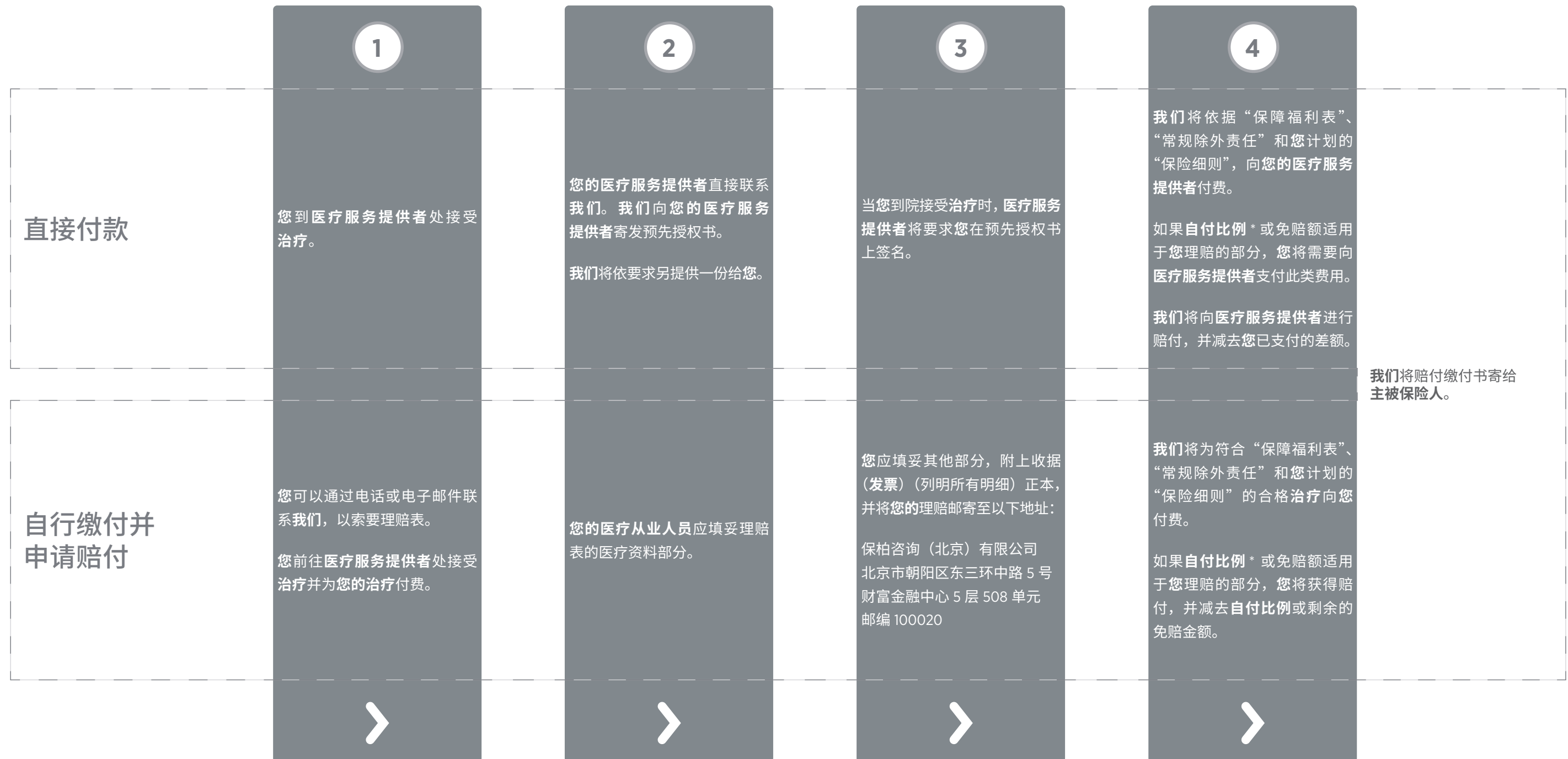
<https://www.alltrust.com.cn/healthinsurance>

直接下载理赔表，或通过以下电话或邮箱向我们索取：

4000 687 866

国际号码：+86 10 58541802

aic@bupa.com.cn



* 在中国大陆的公立医院接受治疗时，自付比例将不适用。

想将更多人纳入 您的医疗计划？

主被保险人可申请将连带被保险人纳入到此医疗计划中，包括被监护人或新生子女。

如果您从保险中介购买了**医疗计划**，请联系该中介或联系**永诚保险**。

若您提出申请，**我们的医疗团队**将审查**连带被保险人的**医疗病史，并决定是否将其**既有病症**纳入保障范围、设定特别限制条款 / 常规除外责任、或完全拒绝承保。特别限制条款或常规除外责任仅适用于您申请加保的人员，并将记载于您的**保险证书**。

加入您的新生子女？
恭喜您家中添了新成员！

您可提交申请表，申请将您的**新生婴儿**纳入本**医疗计划**。若**我们接受您的新生婴儿投保申请**，保障期限将自**我们收到填妥的申请表**，或您所指定的较晚日期起算。

若有下列情况，**我们不会**在新生婴儿出生后**届满 90 日**前接受申请：

- 在小孩出生前，父母双方参加本**医疗计划**均未达 10 个月
- 本**医疗计划**中的成人均非小孩的父母
- 小孩是经由**辅助生殖技术、诱导排卵治疗受孕**、领养或由代母生产

若在**主被保险人**签名后以及**我们接受申请前**，**主被保险人在申请表中提供的资料有所改变**，请立刻通知**我们**。



您的医疗计划保障

“保障福利表”说明医疗计划的保障范围和相关限额。

保障限额

本表中显示的保障限额分为两类：

1. “**保单年度保障最高总额**”：我们在每个**保险期**内，针对每个**被保险人**的所有**保障福利**累计可支付的最高总额。
2. **分项保障限额** — 我们针对**分项保障福利**（例如**康复护理**）的支付金额上限。

在**保险期**内，所有保障限额均适用于每个**被保险人**。

货币

所有保障限额及单据均以两种货币标示：美元和人民币。您支付保费的货币即是适用于**医疗计划**保障限额的货币。

无论您的计划使用哪种货币，针对在**中国大陆**进行**治疗**的理赔将始终以人民币结算，并仅通过银行转帐。请参考“**保险细则**”的第 5.3 款。

等待期

您将会发现等待期适用于部分保障。在您的持续保障期间达到等待期规定的时间以前，您不能申请该项特定保障的赔付。

免赔额将如何运作？

您的免赔额是指在我们开始缴付费用前，您在每个**保险期**针对保障费用需承担的年度费用金额。本计划的标准**免赔额**为 4,000 美元 /25,200 元人民币。

即使赔偿金额低于**免赔额**，您亦应该将您的所有赔偿申请发送给我们。我们将不会支付任何款项，但赔偿金额将计入您的**免赔额**中。若您的赔偿金额高于您的**免赔额**或**剩余免赔额**，我们将依据您的保障限额支付费用。

您将需要于接受**治疗**时向**医疗服务提供者**支付**免赔额**。

免赔额适用于：

- 每个**保险期**
- 分别适用于每个**被保险人**

范例*	
本医疗计划的标准 免赔额 为 4,000 美元或 25,200 元人民币	
您在医院接受了阑尾炎治疗， 该治疗花费了 20,200 元人民币	
您支付的金额为 20,200 元人民币	我们的赔付金额为 0 元人民币
余下 保险期 的 剩余免赔额 为 5,000 元人民币	

如您之后在该 保险年度 内住院 9 日， 费用为 150,000 元人民币	
您支付的金额为 5,000 元人民币	我们支付的赔付金额为 145,000 元人民币
余下 保险期 的 剩余免赔额 为 0 元人民币	

* 范例假设所有费用均属于**保障福利**内的可赔费用。

请注意，“**保障福利表**”中所示**保障限额**是我们赔付的**最大额度**。

保障福利表 一

卓越住院医疗计划

保障与说明	限额
<p>下列保障，包括全额赔付项目，均将计入年度保单最高保障总额</p>	<p>保单年度保障最高总额为 2,000,000 美元或 12,600,000 元人民币</p>
<p>以下必须取得预先授权：</p> <ul style="list-style-type: none"> 体内心脏去颤器 重建手术 康复护理 癌症治疗 运送（医疗运送和医疗送返） 全部住院时间超过 5 天 居家护理 	
<p>免赔额：</p> <p>该免赔额适用于除“健康检查”外的所有保障项目</p>	<p>每个被保险人的年度免赔额 4,000 美元或 25,200 元</p>
<p>预防性治疗</p> <p>健康检查（等待期 180 日）</p> <p>若被保险人参加本医疗计划已达 180 日。</p> <p>健康检查通常包含各种例行检查，其目的在于评估被保险人的健康状况，检查项目可能包括胆固醇与血糖（葡萄糖）数值的检查、肝肾功能检查、血压检查与心脏病风险评估。被保险人亦可接受乳房、子宫颈、前列腺、直肠癌或骨质密度等特定检查。实际检查内容将由为被保险人进行检查的医疗服务提供者决定。</p>	<p>每个保险期最高限 400 美元或 2,520 元人民币</p>
<p>住院服务：住院及日间留院治疗费</p> <p>住院费（包括食宿）</p> <p>适用条件：</p> <ul style="list-style-type: none"> 在医疗上有需要住院 治疗由专科医生操作或管理 被保险人的住院时间在医疗上应属适当 <p>保险人不会支付豪华、行政或 VIP 病房的额外费用。若治疗费用与病房类型有关，保险人支付治疗费用时，将以被保险人入住适用本医疗计划病房可能支付的费用作为根据。</p> <p>若住院达 5 晚以上，请联络我们取得预先授权；此种情况下，被保险人或被保险人的专科医生必须在第 5 晚前向我们提出医疗报告，确认被保险人的诊断、已实施的治疗、计划实施的治疗和出院日期。若未取得预先授权，将无法获得赔付。如果被保险人需要紧急入院，请在被保险人入院后 48 小时内与我们联系以取得授权。</p> <p>保险人亦将针对报纸、电视租用与访客餐点等个人开销每日支付 17 美元或 110 元人民币，但其前提是被保险人必须在医院过夜。</p>	<p>全额赔付 标准单人病房</p>

保障与说明	限额
<p>父母陪伴留宿医院</p> <p>在下列情况下，保险人赔付家长陪同子女留宿医院的病房与膳宿费用：</p> <ul style="list-style-type: none"> 仅一位家长或法定监护人的费用 家长或监护人在与您相同的医院陪护 该子女未满 18 岁，并且 该子女在接受保障范围内的治疗 	<p>全额赔付</p>
<p>手术室、药物及敷料</p> <p>包含下列费用：</p> <ul style="list-style-type: none"> 手术室 恢复室 手术室或恢复室中使用的药物和敷料 被保险人住院期间内使用的药物和敷料 	<p>全额赔付</p>
<p>重症监护</p> <p>重症监护病房的治疗费用，以具有医疗必要性，或属于治疗的必要部分者为限。</p>	<p>全额赔付</p>
<p>手术，包括外科医生及麻醉师费</p> <p>手术，包括外科医生和麻醉师费，以及手术当日所需的治疗（限紧接于手术前后者）。</p>	<p>全额赔付</p>
<p>专科医生诊症费</p> <p>若被保险人在住院期间需要治疗。</p> <p>病理学检测、放射检测和诊断检测及治疗：</p> <ul style="list-style-type: none"> 病理学检测，例如血液检查 放射检测，例如超音波或 X 光检测 诊断检测，例如心电图 (ECG) <p>被保险人住院治疗时，以经被保险人的专科医生建议，有助于诊断或评估被保险人的病症者为限。</p>	<p>全额赔付</p>
<p>先进扫描</p> <p>例如：</p> <ul style="list-style-type: none"> 核磁共振扫描 (MRI) 计算机断层扫描 (CT) 正电子成像检查 (PET) <p>以经被保险人的专科医生建议，有助于诊断或评估被保险人的病症者为限。</p>	<p>全额赔付</p>
<p>心理及精神治疗</p> <p>心理及精神治疗，在医院过夜或作为日间留院，这类费用包括心理及精神疾病的相关病房、膳食及所有治疗费用，整个保险期上限为 90 天，包括续保期。</p> <p>凡是需要在医院过夜或是日间留院 5 天以上的心理及精神治疗，皆需取得预先授权。若未取得预先授权，将无法获得赔付。如果被保险人需要紧急入院，请在被保险人入院后 48 小时内与我们联系以取得预先授权。</p>	<p>全额赔付</p>

保障与说明	限额
<p>物理治疗师、职业治疗师、语言治疗师与营养师</p> <p>由治疗师（例如职业治疗师）提供的治疗、物理治疗、营养师或言语治疗，以属于住院治疗的一部分者为限，即此类治疗不能是被保险人住院的唯一原因。</p> <p>注：感知障碍等发育问题职业治疗费不在保障范围内。</p>	全额赔付
<p>人造器官装置</p> <p>被保险人的治疗所必须的初始人造器官装置。人造器官装置是指外部人工身体器官，例如手术所需的义肢或义耳。</p> <p>针对年龄未满 18 岁的被保险人：保险人将在每个保险期支付一次替换人造器官装置的费用，前提是装置替换必须具有医疗必要性。</p> <p>针对年满 18 岁的被保险人：保险人在任何情况下均不支付替换人造器官装置费。</p>	每项装置以 4,000 美元或 25,200 元人民币为限
<p>植入式人造器官及人造器官设备</p> <p>合格人造器官植入及设备如下表所列。</p> <p>人造器官植入：</p> <ul style="list-style-type: none"> 更换关节或韧带 更换心瓣膜 更换主动脉或动脉血管 更换括约肌 更换晶体或眼角膜 控制尿失禁或膀胱控制 作为心律调节器（或植入体内心脏去颤器，视我们的医疗保单标准而定。请联络我们取得预先授权） 移除脑部积液 植入人工耳蜗，以初次植入在被保险人未满 5 岁时完成为限，保险人将缴付维持及更换费用 癌症手术后重建声带功能 <p>设备：</p> <ul style="list-style-type: none"> 护膝，需为十字（膝部）韧带修补手术的必要部分 护脊，需为脊椎手术的必要部分 外部固定支架，例如开放性骨折或头部、颈部手术后所使用者 	全额赔付
<p>重建手术</p> <p>疾病、损伤或手术后的面颜重建治疗。若原始疾病、损伤或手术及重建手术发生在现有持续投保期间内，保险人可能支付此类手术。</p> <p>请在接受重建手术前联系我们以取得预先授权。若未取得预先授权，将无法获得赔付。如果被保险人需要紧急入院，请在被保险人入院后 48 小时内与我们联系以取得预先授权。</p>	全额赔付
<p>意外事故相关牙科治疗</p> <p>保险人将支付严重意外事故后在医院接受的必要牙科治疗。</p>	全额赔付

保障与说明	限额
<p>住院前及住院后</p> <p>住院前及住院后检查</p> <p>若被保险人基于医疗目的接受预检，以便在住院期间接受手术或治疗，则住院前 30 日的预检可纳入保障范围。</p> <p>若被保险人基于医疗目的接受检查，以便确认被保险人在住院期间接受手术或治疗后顺利复原，则住院后 60 日内的检查可纳入保障范围。</p> <p>注：癌症治疗的住院前后缴付属于癌症治疗的保障范围。</p>	<p>全额赔付，以住院前 30 日内为限</p> <p>全额赔付，以住院后 60 日内为限</p>
<p>居家护理</p> <p>在医院接受本医疗计划所涵盖的治疗之后，并符合下列条件：</p> <ul style="list-style-type: none"> 由被保险人的专科医生开具处方 在被保险人离开医院后立刻开始 减少被保险人的住院天数 在被保险人家中由合格护士提供 提供医疗照护所需，并非个人协助 <p>请在接受治疗前联系我们以取得预先授权。若未取得预先授权，将无法获得赔付。</p>	<p>全额赔付</p> <p>每个保险期以 30 日为限</p>
<p>临终关怀与缓和治疗</p> <p>临终关怀与缓和治疗，当被保险人经诊断为疾病末期，并无任何治疗能使被保险人康复的时候适用。</p> <ul style="list-style-type: none"> 医院或临终关怀中心食宿 护理 处方药物 身心灵及社会照顾 	<p>每个保险期上限为 40,000 美元或 252,000 元人民币</p>
<p>康复护理（跨领域康复）</p> <p>保险人支付例如中风后的康复护理，包括食宿及物理、职业、言语等合并疗法。若治疗内容仅为物理治疗，保险人不支付康复护理的食宿费用。</p> <p>保险人仅在被保险人于治疗开始前已取得管理者的预先授权，方会缴付康复护理费用，每个保险期的治疗时间以 30 日为限。就住院治疗而言，“1 天”是指留宿 1 晚；就日间留院与门诊治疗而言，“1 天”是指某个接受 1 次或以上康复治疗当日。</p> <p>保险人仅支付符合下列条件的跨领域康复：</p> <ul style="list-style-type: none"> 因医疗计划所涵盖的病症（例如外伤或中风）接受医院治疗结束后 6 周内开始 因必须住院的病症造成，或基于治疗该病症所需 <p>注：为审核预先授权申请，管理方必须收到来自被保险人的专科医生的完整临床资料，其中包括诊断、已完成及已计划进行的治疗及预计出院日期（如被保险人曾入住医院进行康复护理）。</p>	<p>全额赔付</p> <p>每个保险期以 30 日为限</p>

保障与说明	限额
<p>处方药及敷料</p> <p>由医疗从业人员开具处方，被保险人可通过处方单取得、且为治疗疾病、病症或损伤所必需的药物和敷料。</p> <p>注：本项保障不包括经开具处方或施用的辅助药物。</p>	<p>每个保险期以 1,000 美元或 6,300 元人民币为限</p> <p>接受住院或日间留院治疗后在医院取得处方</p>
<p>耐用医疗设备</p> <p>具有以下特性的耐用医疗设备：</p> <ul style="list-style-type: none"> 可重复使用多次 非一次性设备 用作医疗用途 在没有疾病、病症或损伤的情况下不可使用 适合在家中使用 <p>例如氧气瓶及轮椅。</p>	
住院及 / 或门诊服务	
<p>癌症治疗</p> <p>自诊断出癌症时起，包括与规划及执行癌症治疗有关费用。包括检测、诊断造影、诊断及处方药物。</p> <p>请在接受治疗前联系我们以取得预授权。若未取得预先授权，将无法获得赔付。如果被保险人需要紧急入院，请在被保险人入院后 48 小时内与我们联系以取得授权。</p> <p>如果您的治疗需要用到 ATMP，则从 ATMP 保障项目中支付。</p>	<p>全额赔付</p>
<p>先进疗法药品 (ATMPs)</p> <p>支付 ATMPs 治疗费用的适用条件如下：</p> <ul style="list-style-type: none"> 在您接受 ATMPs 治疗所在国家由专科医生为您施用此药品；且 您接受 ATMPs 治疗所在国家的许可机构批准将此药品用于您的病症、病程和治疗阶段；且 保柏环球任命的独立专科医生为 ATMPs 担保且确认此 ATMPs 治疗： <ul style="list-style-type: none"> 根据医疗惯例具有医疗合理性；或者 以经过伦理批准且已注册的研究为参考依据（这种情况下将不适用“实验性或未经证实的治疗”责任免除）。 <p>请在接受治疗前联系我们以取得预授权。</p>	<p>每个保险期内每种病症的一次疗程将全额赔付</p>

保障与说明	限额
<p>器官移植</p> <p>下列移植手术的所有医疗费用，包括医生或专科医生诊症，不论是于器官移植后住院、日间留院或门诊治疗，惟器官需由亲人或经认可的来源捐赠：</p> <ul style="list-style-type: none"> 角膜 小肠 肾脏 肾脏 / 胰腺 肝脏 心脏 肺脏 心肺移植 <p>抗排斥药物及骨髓和周边干细胞移植医疗费用，无论治疗癌症时是否使用高剂量化疗，均属癌症治疗保障范围。</p> <p>各项需移植病症的捐赠者费用，无论捐赠者是否为被保险人，包括：</p> <ul style="list-style-type: none"> 摘取器官，无论是活体或遗体捐赠 所有组织配对费用 医院 / 捐赠者手术费 捐赠者并发症，以手术后 30 日内为限 	<p>每个保险期以 500,000 美元或 3,150,000 元人民币为限</p>
<p>肾脏透析</p> <p>涵盖住院、日间留院及门诊。</p>	

保障与说明	限额
运送 / 交通	
<p>医疗运送涵盖至最近适当治疗地的合理交通费，以被保险人需要的治疗无法就近取得者为限。</p> <p>所有医疗运送均必须符合下列条件：</p> <ul style="list-style-type: none"> 被保险人必须在出发前联系我们以取得预先授权 治疗必须由被保险人的专科医生或医生建议 治疗无法于当地取得 治疗属于被保险人的医疗计划保障范围 治疗地所属的国家，以及被保险人在需要接受治疗前所处的国家，皆必须在保障区域内 管理方同意被保险人的安排 本项保障适用于医院治疗，包含住院及日间留院 <p>若被保险人需要先进扫描或癌症治疗（例如放射治疗或化疗），亦可在取得授权后进行医疗运送。</p> <p>除非所有安排皆事先获得管理方的同意与许可，否则保险人不会赔付。若被保险人自行安排医疗计划所涵盖的医疗运送，那么保险人仅会按照由保险人安排处理时的费用额度为限进行支付。</p> <p>注：</p> <ul style="list-style-type: none"> 若被保险人不再接受使被保险人有住院必要的积极治疗（例如等待返程航班期间），保险人将不支付额外住院费用。 若保险人和 / 或管理方依临床及医疗惯例合理判断运送并不适当，保险人将不会同意医疗运送，保险人有权在合理情况下审查被保险人的病案。医疗运送若违反管理方医疗团队的建议，将无法取得授权。 若因当地情况（含地理条件）导致进入该地区不可能、过于危险或不可行（例如钻油平台、战区），保险人和 / 或管理方将不会安排医疗运送。此类情况的介入措施将依当地及 / 或国际可得资源而定，并应符合国内外相关法规。介入措施的进行与否，需视乎保柏环球是否获得相关政府当局的必要授权而定，此事可能超出管理方或管理方的服务伙伴的合理控制或影响范围。 对于因天气条件、机械故障、政府当局或驾驶员施加的任何限制或者保险人和 / 或管理方无法控制的任何其他情况而导致的任何运送延迟或限制，保险人和 / 或管理方将不会承担任何责任。 管理方本身不提供运送 / 交通部分的运送及其他服务，而是代表被保险人安排这类服务。对于某些国家，管理方可能委托服务伙伴在当地安排这类服务，然而管理方将始终为被保险人提供协助。 	
<p>医疗运送</p> <p>医疗运送交通费包括：</p> <ul style="list-style-type: none"> 至最近适当治疗地（可与被保险人的所在地位于同一国家或其他国家） 返回被保险人的运送出发地 <p>适用条件：</p> <ul style="list-style-type: none"> 预先取得我们或保柏环球授权 <p>保险人支付的返程费用为下列费用中较低者：</p> <ul style="list-style-type: none"> 陆运或海运的合理费用 经济舱机票 <p>保险人不支付其他医疗运送相关费用，例如交通费或饭店住宿。在部分情况下，被保险人可能较适合搭计程车到机场，而非采用其他交通方式，例如救护车。在这类情况，若事先取得许可，保险人将支付计程车车资。</p>	<p>全额赔付</p>

保障与说明	限额
同行人士交通费	
<p>陪伴被保险人的家人（配偶 / 伴侣、父母、子女、兄弟姊妹）的合理交通费，以具备合理需求者为限。“合理需求”是指被保险人因为下列原因之一而需要有人陪伴：</p> <ul style="list-style-type: none"> 被保险人需要协助上下交通工具 被保险人需要长途运送（至少超过 1000 英里或 1600 公里） 并无医疗护送人员 罹患急性重病 <p>陪伴人得与接受治疗人搭乘不同舱等，视医疗必要性而定。</p> <p>返回被保险人的运送出发地的合理交通费，应预先取得我们或保柏环球授权</p> <p>保险人支付的返程费用为下列费用中较低者：</p> <ul style="list-style-type: none"> 陆运或海运的合理费用 经济舱机票，以较低者为准 <p>如果若医疗运送目的是让被保险人接受门诊治疗，保险人不支付同行人的交通费。</p>	
同行儿童交通费	
<p>在进行医疗运送中，同行儿童的合理交通费，应以未满 18 岁的儿童，且符合以下条件者为限：</p> <ul style="list-style-type: none"> 被保险人是他们的父母或监护人，且接受医疗运送具有医疗必要性 被保险人的配偶、伴侣或共同监护人是被保险人的医疗运送陪伴人 如果不同行，儿童将没有父母或监护人在身边 	
生活费	
<p>经授权与被保险人同行的家人（配偶 / 伴侣、父母、子女、兄弟姊妹）的生活费，应符合下列条件：</p> <ul style="list-style-type: none"> 因医疗运送而产生 针对其离开指定居住国的期间，以 10 日为限，或至被保险人出院日为止，以较短者为准 <p>若医疗运送目的仅是让被保险人接受门诊治疗，保险人不支付同行人的交通费。</p>	
本地救护直升机	
<ul style="list-style-type: none"> 自意外地点至医院，或 自一家医院转送至另一家 <p>本地救护直升机应符合下列条件：</p> <ul style="list-style-type: none"> 具医疗必要性 用于 100 英里 /160 公里以下的短程运送 与被保险人需要于医院接受的保障范围内治疗相关 <p>若因当地情况导致进入该地区不可能、过于危险或不可行（例如钻油平台、战区），我们将不会安排本地救护直升机运送。保险人不支付山地救援费用。</p>	
<p>全额赔付</p>	

保障与说明	限额
<p>遗体运送</p> <ul style="list-style-type: none"> 自意外地点至医院 自一家医院转送至另一家，或 从被保险人的家中至医院 <p>本地救护车应符合下列条件：</p> <ul style="list-style-type: none"> 具医疗必要性，及 与被保险人需要于医院接受的保障范围内治疗相关 	全额赔付
<p>遗体运返回</p> <p>将被保险人的遗体或骨灰运送至被保险人的原居地或被保险人的指定居住国的合理运送费，应符合下列条件：</p> <ul style="list-style-type: none"> 如果被保险人于国外死亡 符合航空公司规定与限制 <p>若航空主管机关针对运送方法设有规定，保险人仅支付法定安排，例如火化和骨灰瓮，或尸体防腐和锌制棺材。</p> <p>保险人不支付有关埋葬或火化的其他费用、埋葬棺材费用，以及陪伴遗体或骨灰返国者的交通费用。</p>	全额赔付

常规除外责任

在以下“常规除外责任”部分，列出的治疗、病症及情况不属于医疗计划中的保障范围。除此之外，被保险人医疗计划可能还有适用的其他个人常规除外责任或限制条款，如被保险人的保险证书所载。

本医疗计划是否涵盖既有病症？

在申请购买本医疗计划时，主被保险人需要提供针对过去已接受药物、建议或治疗，或在客户成为被保险人前已出现症状的任何疾病、病症或损伤的一切相关信息，保险人将这类情况称为既有病症。

被保险人的病例已通过我们的审查，以判断我们提供本医疗计划所适用的条件。保险人可能以加收保费的方式针对既有病症提供保障，或是决定将特定既有病症纳入常规除外责任，或是针对被保险人的医疗计划订明其他限制。若被保险人的医疗计划有适用的任何个人常规除外责任或限制条款，其将记载于被保险人的保险证书中。这代表该项既有病症、相关症状及因该项既有病症导致或与其相关的病症治疗不在保障范围内。此外，主被保险人未在提出申请时申报的任何既有病症也不在保障范围内。

主被保险人须在申请时明确告知保险人相关的既有病症。若保险人未有在保险证书中订明相关的除外责任或限制条款，即表示该项既有病症已纳入被保险人医疗计划的保障范围。

常规除外责任

本部分的常规除外责任将与前述之个人常规除外责任及限制条款一并适用。

针对本部分的所有常规除外责任，及保险证书所记载的个人常规除外责任或限制条款，保险人不支付与下列项目直接相关的病症费用：

- 不受保的病症或治疗
- 因不受保病症或治疗产生或增加的费用
- 因不受保病症或治疗产生的并发症

重要说明：

我们的全球健康保险计划不针对美国市场，无需满足美国的《患者保护与平价医疗法案》（简称《平价医疗法案》）。我们的保险计划可能并未达到《平价医疗法案》的最低保障要求，也并不满足其个人强制条款。此外，我们无法代表美国纳税人和纳入法案范围的其他人报税。《平价医疗法案》的条款相当复杂，且您或您的连带被保险人能否纳入法案范围取决于多种因素。您应咨询独立的专业财务顾问或税务顾问寻求指导。若您是团体医疗保险计划保障的客户，您应咨询您的医疗保险管理者以了解更多信息。

请注意，如您选择在非网络内医疗服务提供者处接受治疗或服务，并要求提供保障，我们将仅赔付合理惯例费用。对于在某些国家的网络外医疗服务提供者处接受的治疗服务，可能会运用额外规定。

常规除外责任	
手续费 / 行政费	手续费及 / 或行政费（除非依保险人的合理判断，此类费用在相关国家应属适当并可接受的一般惯例）。
预缴款项 / 订金	任何保障福利的预缴款项及 / 或订金。
人工生命维持	<p>保险人不支付超过 90 日的人工生命维持（包括呼吸机）治疗，若此类治疗不会或预期不会使被保险人复原或恢复原有健康状态。</p> <p>范例：若被保险人无法独立进食和呼吸，并需要经皮内窥镜造口术 (PEG) 和鼻胃管连续喂食超过 90 日，保险人不支付人工生命维持相关费用。</p>

避孕	避孕、绝育、输精管结扎、堕胎（除非对母体健康造成威胁）、家庭计划、例如与被保险人的医生讨论怀孕或避孕。如果仅为了确定被保险人是否怀孕，我们将不会为怀孕或 HCG 测试付费。
辅助治疗师	辅助治疗师（包括中医）的治疗与药物。
冲突及灾害	如由于被保险人进入已知冲突地区（如下所列）使自己置身危险之中，从而直接或间接患病或受伤，以及 / 或您积极参与冲突地区的冲突，或完全漠视个人安全，则我们不承担任何相关的治疗费用理赔： <ul style="list-style-type: none"> 核污染或化学污染 战争、侵略、外敌入侵 内战、叛乱、革命、暴动 恐怖行动 军事夺权 军事管制 暴动或任何合法组成的权力机构的行动 交战，陆军、海军或空军行动（无论是否已宣战）
康复疗养和以日间留院诊疗、门诊治疗、常规护理为目的住院治疗，或因以下原因住院	<ul style="list-style-type: none"> 康复疗养、疼痛处理以及监管，或 仅接受一般护理，或 治疗师或辅助疗法医师服务，或 家庭 / 生活帮助，例如沐浴和穿衣
整形治疗	以改变外观为目的，不具医疗必要性的手术及治疗，包括腹壁成形术，或因切除或植入非疾病、多余或脂肪组织而进行，或与此相关的治疗，均不属于保障范围。 我们将不支付瘢痕疙瘩切除的费用。即使瘢痕已造成功能上的问题，我们亦不支付瘢痕修复治疗费。
发育问题	发育问题或与发育问题有关的治疗，包括： <ul style="list-style-type: none"> 阅读障碍等学习障碍 在教育环境中接受与发育相关的治疗或者辅助发育的教育治疗
视力	矫正视力的设备或手术，例如镭射治疗、屈光角膜切除术（RK）和光性屈光性角膜切削术（PRK）。

实验性治疗	<p>实验性或未经证实的治疗</p> <p>在安全性和疗效方面未经证实或研究性的临床试验、治疗、设备、药物、装置或医疗程序。</p> <ul style="list-style-type: none"> 保险人不支付在安全性和疗效方面未列入标准临床用途但（依据保柏环球的合理临床判断）正接受临床试验调查的任何试验、治疗、设备、药物、装置或医疗程序费用。 除非保柏环球已根据其标准临床用途准则预先授权，否则保险人不支付用于许可规定以外目的的任何试验、治疗、设备、药物、产品或医疗程序费用。 <p>标准临床用途包括：</p> <ul style="list-style-type: none"> 英国国家卫生与健康照护优化署（NICE，不包括通过英国癌症药物基金批准的药物）、各皇家学院或治疗实施国同等国家级专业机构制定的国家或国际循证（但非基于共识的）指南中公认为“最佳实践”或“良好实践”的治疗方案； 独立循证卫生技术评估或系统评估（如 Hayes、CADTH、Cochrane 协作网、NCCN 1 级或保柏内部临床疗效团队）所得结论表明，治疗方案安全、有效； 治疗方案已在被保险人治疗申请地通过许可机构（如美国食品药品监督管理局（FDA）、欧洲药品管理局（EMA）、沙特阿拉伯食品药品监督管理局）的全面监管审批，并且适应病症和患者群体申请已正式获批（请注意，全面监管审批要求向当地许可机构提交数据，在已公示的 3 期临床试验中充分证明治疗方案的安全性和疗效）；和 / 或 治疗申请国当地法律法规要求提供的试验、治疗、设备、药物、装置或医疗程序。 <p>备注：</p> <ul style="list-style-type: none"> 病例研究、病例报告、观测研究、评论、软文广告、信函、会议提要以及未经同行评议的已发表或未发表研究成果均不符合循证要求，无法证明在标准临床用途中使用特定试验、治疗、设备、药物、装置或医疗程序的正当性。 如果根据保柏环球的合理临床判断，许可机构批准试验、治疗、设备、药物、装置或医疗程序的市场推广申请不能证明其安全性和疗效，则以标准临床用途准则为准。
胎儿手术	婴儿出生前在子宫内进行的治疗或手术。
足部护理	鸡眼、老茧或是指甲增厚或畸形的治疗。
基因检测	为判断被保险人在基因上是否可能罹患病症的基因检测。 范例：若尚未出现症状，保险人不支付用于判断被保险人是否可能罹患阿兹海默症的检测。
性别问题	变性或性别重置。
酒精、毒品及 / 或药物之伤害性或有害使用	<p>下列治疗费：</p> <ul style="list-style-type: none"> 使用包括酒精、毒品及 / 或药物等伤害性和 / 或有害性物质（包括您完全漠视个人安全或做出与医嘱不相符的行为）直接或间接产生的治疗费；并且， 在任何情况下，非法使用任何此等物质导致的治疗费
保健水疗场所、自然疗法诊所或任何非医院场所	在水疗、自然疗法诊所、浴疗所或类似非医院场所接受的治疗或服务。
非法活动	保险人不赔付因被保险人参与任何（实际或未遂）非法行为（包括道路交通违规行为）而直接或间接导致的治疗费用。

不孕治疗	<p>协助生殖的治疗，例如：</p> <ul style="list-style-type: none"> 体外授精 (IVF) 配子输卵管内植入 (GIFT) 合子输卵管内植入 (ZIFT) 人工授精 (AI) 处方药治疗 胚胎运送（自一地点至另一地点） 捐卵及 / 或捐精及相关费用 <p>注意：如果存在以下情况，则保险人支付针对不孕原因的合理检查费用：</p> <ul style="list-style-type: none"> 被保险人在参加本计划前未知不孕且没有任何不孕不育症状，且 被保险人在检查前已连续参加本计划（或涵盖此类检查的任何由保柏管理的计划）满 180 日 <p>原因确认之后，保险人不会支付未来任何其他检查费用。</p>
产科及分娩	<p>怀孕或生育相关病症的产科治疗（包括生育），下列病症及治疗除外：</p> <ul style="list-style-type: none"> 子宫内异常细胞增生（葡萄胎） 胚胎于子宫外成长（宫外孕） 因怀孕或分娩所导致，但无怀孕者亦可能发生的其他病症
机械或动物捐赠器官	<p>机械或动物捐赠器官（不包括等待移植时暂时使用的机械性设备维持身体功能）、自任何来源购买器官、为预防将来可能疾病而摘取或储存干细胞。</p>
肥胖症	<p>肥胖症或因肥胖症导致的治疗，例如减肥辅助品、减肥课程或减重手术。</p>
持续性植物状态 (PVS) 及神经损伤	<p>保险人不支付因永久性神经损伤或持续性植物状态而住院持续超过 90 日的治疗。</p>
性问题	<p>性问题，例如阳痿，不论原因。</p>
睡眠障碍	<p>失眠、睡眠呼吸中止症、打呼或其他睡眠相关问题的治疗（含睡眠研究）。</p>
干细胞	<p>摘取或储存干细胞。例如卵子、脐带血或精子储存。</p> <p>注：保险人缴付在癌症治疗范围内进行的骨髓及周边干细胞移植。本项赔付属于癌症治疗保障范围。</p>
代孕	<p>与代孕直接相关的治疗。适用于被保险人本身为代母，以及为被保险人担任代母的人。</p>
颞颥关节 (TMJ) 障碍症	<p>颞颥关节障碍症及相关并发症。</p>
保障区域之外的治疗	<p>在美国接受治疗。</p>
未经认可的医疗从业人员、医院或医疗服务提供机构	<ul style="list-style-type: none"> 未经治疗所在国的相关主管部门认证具有治疗正在治疗中的疾病、病症或损伤的专业知识或专门技术的医师、医院或医疗保健机构提供的治疗。 自己治疗，或由与被保险人居住地址相同的任何人、家属（与被保险人有血缘关系、法律关系或其他关系的家庭成员）提供的治疗。如有要求，我们可提供符合本定义的家庭关系完整列表。 我们已发出书面通知，声明不再就我们的医疗保健计划对其提供认证的医师、医院或医疗保健机构提供的治疗。您可以致电联系我们，了解我们已经发送书面通知的治疗提供者的详细信息，或访问 Facilities Finder，网址为 bupaglobal.com/en/facilities/finder。

医疗保险计划细则

编号	条款
1. 保单	
1.1	<p>被保险人医疗计划指南内的释义表之定义，适用于这些保险细则，并以粗体标示。</p>
1.2	<p>本保单为投保人（即主被保险人）与保险人就每个保险期间签订的保险合同。保单条款详列于“保单内容”下（包括这些保险细则）。</p>
1.3	<p>其他人士（除中国法律允许人士外）均不得执行本保险合同下之任何法律权利。</p> <p>连带被保险人可遵循下列第 15 条所述之申诉程序。</p>
1.4	<p>对被保险人享有保险利益的人员可作为投保人 / 主被保险人。连带被保险人投保需由主被保险人代表申请。被保险人如果不是中国公民，则必须持有中国政府签发的有效工作签证或合法的中国长期居住权，并提供中国境内的固定居住地址。</p>
1.5	<p>若主被保险人加连带被保险人至本保单下，则该连带被保险人的起保日期将以寄送给主被保险人的更新保险凭证上所列明的相关日期为准。</p>
2 被保险人的保障范围	
2.1	<p>保险人将按照本保单之条款和被保险人的医疗计划指南之定义，支付属于保障项目范围内的任何费用。</p>
2.2	<p>被保险人的医疗计划可能含有强制之年度免赔额，该额度将于被保险人医疗计划的手册指南中列明。被保险人也可能享有可选的年度免赔额，前提是有此选项，且经主被保险人在申请表上作出此选择。被保险人的免赔额将在被保险人的保险证书和被保险人的保险卡上标明。</p> <p>所有年度免赔额将分别适用于主被保险人和每位连带被保险人。针对每个保险期，被保险人的年度免赔额将重新计算。</p> <p>在年度免赔额适用的情况下，在被保险人达到被保险人的年度免赔额之上限以前，被保险人必须直接向其医疗服务提供者支付任何保障项目费用的免赔部分。</p> <p>超过被保险人医疗保险指南所列最高限额之费用，不会再算入被保险人的年度免赔额。</p> <p>在被保险人的年度免赔额（不包括超过被保险人的医疗计划指南所列明的对应保障额最高限额以外的费用）保障范围内，被保险人所获得的任何保障项目费用，应计入被保险人的医疗计划指南所示之最高保障总额内。</p> <p>即使被保险人索赔金额低于被保险人的年度免赔额额度，被保险人仍应向管理方提交理赔申请，以利被保险人了解被保险人何时已达到其年度免赔额之上限。</p> <p>由于此免赔额为一年度限额，若被保险人的初次理赔申请发生于临近保险期间终止前，且保障项目持续至下一个保险期，则应付免赔额将依据每一保险期间内所使用保障项目对应的当年免赔额分别支付。</p>
2.3	<p>被保险人的医疗计划可能包含强制的自付比例，该自付比例将会于被保险人医疗计划指南中标明。被保险人也可能享有可选的自付比例，前提是此项可供选择，且经主被保险人于被保险人的投保申请表上作出此选择。被保险人的自付比例将在被保险人的保险证书和保险卡上标明。</p> <p>被保险人必须按照规定之任何保障项目所产生费用的自付比例额度，直接向医疗服务提供者支付该费用。</p>

编号	条款
2.4	<p>依照第 2.3 条中所解释，在使用保障项目时，被保险人应在接受属于保单保障范围内的治疗时，就其应承担的自付比例或免赔金额直接向医疗服务提供者支付该费用。保险人支付的理赔金额（可直接支付医疗服务提供者或以赔偿方式支付被保险人）应小于被保险人向医疗服务提供者直接支付的费用总和。</p> <p>若保险人因任何原因，被要求向医疗服务提供者支付任何属于年度免赔额或自付比例的费用，保险人会向被保险人收取有关款项。</p> <p>在可能的情况下，主被保险人会授权保险人根据主被保险人在其申请表或其他更新文件中提供被保险人的付款说明或授权，直接向主被保险人收取此笔款项。</p> <p>若本保单含有年度免赔额或自付比例规定，主被保险人应确保保险人具有有效的付款说明或授权，使保险人能收回保险人已支付之年度免赔额或自付比例款项。</p> <p>当有必要或保险人要求时，主被保险人应向保险人更新付款说明或授权信息。否则，可能造成保险人延后支付理赔费用。如有任何未结清之年度免赔额或自付比例款项，在保险人收讫该等款项前，保险人不会支付任何理赔费用。</p>
2.5	<p>若被保险人的医疗计划指南要求必须就保障项目取得预先授权，则应遵照办理。</p> <p>有关如何就保障项目取得预先授权，请参阅被保险人的医疗计划指南。</p>
2.6	<p>在保险人就任何保障项目或任何理赔进行预先授权之前，保险人和管理方（代表保险人）有权要求被保险人提供额外数据，例如医疗报告，且保险人和管理方可要求由保险人指定之独立医疗从业人员对被保险人进行医疗检查（费用由保险人负担），并由该名医生向保险人和管理方提供医疗报告。</p> <p>若经要求而未及时提供此等数据，可能会延误被保险人取得预授权及其相关理赔支付。若完全未提供予保险人此等数据，则可能导致被保险人的理赔申请遭到拒绝。</p>
2.7	<p>在某些情况下，保柏环球可能会对不在本保单保障范围内的医疗服务或费用付款。这被称为酌情赔付或恩恤金，其中包括由于保险人的失误导致的，且保险人决定不予收回的赔付。保险人据此支付的任何费用均计入适用于本保单的年度最高赔付限额。保险人支付一次此类费用不得视为保险人未来具有支付相同或类似费用的义务。保险人有权自行决定是否支付任何此类酌情赔付或恩恤金，被保险人无权提出相关支付要求。</p>
3	<p>保费与付款</p>
3.1	<p>主被保险人应直接向保险人支付保费。若主被保险人将被保险人的保费支付予其他人，例如中介或保险经纪人，保险人并不负责确保该等人士将保费转交予保险人。</p>
3.2	<p>未经保险人同意另作约定时，主被保险人应当在签订保单时一次付清保费。如在约定的截止日期前未付清保费，保单不会生效。</p> <p>经双方约定同意主被保险人分期支付保费时，如第一期保费未按时缴纳则保单不会生效。如保险人未收到主被保险人在本保单下应缴纳的任何一期保费或任何其他应付款项，保险人将向主被保险人书面告知应在一特定日期前付款，该日期应不早于保险人向主被保险人发送邮件或送信之日起后 30（三十）天。</p> <p>若保险人并未在该特定日期前收到保险人要求的款项，则本保单将会失效，而本保单下之所有权利亦将会由原本应该支付款项的日期起终止。</p> <p>除非一切逾期款项都已付清，否则保险人不会就任何理赔申请进行支付。但如因非主被保险人可控的外在问题，如银行产生差错造成无法支付的情况不在此列。</p>
3.3	<p>针对被保险人所获得之治疗或受保障项目，若该等治疗或保障并不在本保单之保障范围，而保险人或管理方（代表保险人）却误就此支付任何款项予医疗服务提供者或被保险人，则保险人或管理方将保留权利，可能自被保险人未来的赔案中扣回或要求被保险人退回保险人或管理方误付之款项。</p>

编号	条款
4	<p>被保险人的症状由他人所造成或被保险人拥有其他保险保障</p>
4.1	<p>就第三方过错引起的治疗进行追偿</p> <p>被保险人可能需要针对因第三方过错引起的治疗申请理赔。例如，被保险人是车祸受害者。被保险人需要完整填写理赔表的相关部分。被保险人也需根据保险人的要求采取合理措施以帮助保险人：</p> <ul style="list-style-type: none"> ○ 向过错方追偿保险人支付的治疗费。这可以通过过错方的保险公司完成。 ○ 在被保险人有权获得利息的情况下，申索利息。 <p>保险人可通过被保险人的名义进行追偿。被保险人必须按保险人之合理要求，向保险人提供任何协助，以便提出此等理赔申请。例如：</p> <ul style="list-style-type: none"> ○ 向保险人提供任何文件或证人陈述书， ○ 签署法院文件和 ○ 进行医疗检查。 <p>被保险人不得：</p> <ul style="list-style-type: none"> ○ 提起任何法律行动 ○ 就任何赔偿申请案进行和解，或 ○ 进行任何 <p>会对保险人以被保险人名义申请理赔的权利产生负面影响的行为。</p>
4.2	<p>联合或重复保险理赔</p> <p>若被保险人要求保险人支付的费用还可从其他保险保障中获得补偿，则被保险人必须：</p> <ul style="list-style-type: none"> ○ 在向保险人申请理赔时告知保险人这一情况； ○ 完整填写理赔表的适当部分。 <p>保险人将仅支付其应负担之部分。</p>

编号	条款
5	申请理赔
5.1	<p>保险人希望简化被保险人申请理赔的流程。保险人尝试直接向医疗服务提供者付款，但有时会无法实行。</p> <p>理赔表 支付理赔之前，保险人需要确认理赔有效。理赔表为保险人提供检查被保险人的理赔是否有效的必要信息。请确保完整填写理赔表。如果理赔表未填写完整，保险人可能要求您提供更多信息。这需要耗费更多时间，导致赔付延迟。理赔表信息不完整是导致赔付延迟的最常见原因。</p> <p>被保险人可联系保险人 / 管理方索取理赔表。</p> <p>请就以下各项分别填写一份单独的理赔申请表：</p> <ul style="list-style-type: none"> ○ 每位被保险人 ○ 每项病症 ○ 每次住院治疗或日间留院治疗，以及 ○ 每种币种。 <p>如被保险人的治疗时间超过六个月，保险人可要求被保险人填写新理赔表。</p> <p>为处理被保险人的理赔，保险人需要哪些文件 管理方需要收到填写完整的理赔表以及任何理赔相关的发票、收据和处方。这些必须是接受治疗后两年内的文件。对于治疗后超过两年才申请的理赔，保险人不予赔付，被保险人有合理理由无法在两年内申请理赔的情况除外。</p> <p>更多信息 保险人可能要求提供有关被保险人理赔的更多信息。例如：</p> <ul style="list-style-type: none"> ○ 关于被保险人治疗的医疗报告或其他信息 ○ 由我们任命且由保险人支付费用的医疗从业人员开展的任何医疗检查的结果。 <p>如被保险人未提供保险人要求的信息，保险人可能无法支付被保险人的理赔。</p> <p>重要事项 保险人仅在下列情况下支付治疗费：</p> <ul style="list-style-type: none"> ○ 保单中列明的被保险人产生的治疗费 ○ 治疗时适用的保障级别规定的赔付限额内的治疗费 ○ 治疗费为合理惯例费用。 <p>如果有自付比例，保险人和管理方可应被保险人要求，向被保险人退还盖章后的原始发票。</p>

编号	条款
5.2	<p>确认理赔 如被保险人年满 18 岁，保险人将向被保险人解释保险人如何处理其理赔。连带被保险人年龄未满 18 岁时，保险人将书面告知主被保险人。</p> <p>保险人如何支付理赔 保险人将尽可能按照理赔表付款部分中的说明进行操作。</p> <p>保险人支付的对象 保险人仅向下列人士支付：</p> <ul style="list-style-type: none"> ○ 接受治疗的被保险人 ○ 治疗服务提供者 ○ 主被保险人 ○ 被保险人资产的执行者或管理者。 <p>保险人仅在下列情况下向连带被保险人支付：</p> <ul style="list-style-type: none"> ○ 连带被保险人接受治疗 ○ 连带被保险人年满 18 岁，以及 ○ 保险人拥有连带被保险人的银行信息。 <p>保险人不会对任何其他人士进行支付。</p> <p>支付方法 保险人仅通过向被保险人银行账户直接电汇的方式支付。</p> <p>所有银行收费或费用均由被保险人自行承担。</p>
5.3	<p>支付货币与兑换 保障福利表中所述的保障项目的额度是以固定汇率计算的。对于在中国获得的保障项目的相关赔案的申请，保险人与被保险人之间仅以人民币进行结算。</p> <p>对于在任何其他国家获得的保障项目的相关赔案的申请，保险人将以下列货币支付被保险人：</p> <ul style="list-style-type: none"> ○ 保险人收取保费的货币 ○ 被保险人发送给保险人的发票中所列的货币，或 ○ 被保险人银行账户所用的货币。 <p>有时银行规则可能禁止保险人以被保险人想要的货币进行支付。那么保险人将以收取保费的货币进行支付。极少数情况下以特定货币支付属于违法行为，或者将导致保险人（或保柏集团）遭到联合国制裁。在这种情况下：</p> <ul style="list-style-type: none"> ○ 保险人可能无法立即向被保险人支付，或 ○ 以其他许可货币向被保险人支付。 <p>如何兑换货币 兑换货币时保险人使用的汇率为发票日期前一英国工作日英国时间 16:00 的路透社收盘即期汇率。如无发票日期，保险人将使用被保险人的治疗日期。</p>
5.4	<p>其他理赔信息 错误支付 如保险人错误支付了被保险人的理赔，则保险人可：</p> <ul style="list-style-type: none"> ○ 从后续理赔中扣减错误支付的金额，或 ○ 要求被保险人退还错误支付的金额。 <p>酌情支付 如保险人支付了保单中并未涵盖的保障项目，保险人未来无需支付相等或类似的费用。已支付的金额将计入相关保单适用的年度最高保障总额。</p>

编号	条款
5.5	<p>保险人如何发现并预防欺诈行为? 保险人可与下列各方一起核实被保险人的信息:</p> <ul style="list-style-type: none"> ○ 防范欺诈机构 ○ 其他保险公司, 以及 ○ 其他相关第三方。 <p>如果您向保险人提供虚假信息或错误信息, 保险人怀疑您涉嫌欺诈, 则我们可向防范欺诈机构进行登记。我们和其他机构还可将登记记录用于:</p> <ul style="list-style-type: none"> ○ 为您和您计划的被保险人做出关于保障范围的决定 ○ 为您和您计划 / 团体中的被保险人做出关于其他保险方案和理赔的决定 ○ 跟踪债权人、收回债款、预防欺诈和管理您的保险计划 ○ 确定被保险人身份 ○ 开展信用调查和其他欺诈调查。 <p>欺诈赔偿申请 若保单相关赔偿申请在任何方面构成欺诈, 则保险人可:</p> <ul style="list-style-type: none"> ○ 拒绝赔付此赔偿申请或任何后续赔偿申请 ○ 收回保险人就该赔偿申请和任何后续赔偿申请已支付的任何款项。 <p>主被保险人提交欺诈赔偿申请会怎样? 保险人可取消保单。此操作自提出此赔偿申请的日期起生效。</p> <p>连带被保险人提交欺诈赔偿申请会怎样? 保险人可将他们从相应保单中移除。此操作自提出此赔偿申请的日期起生效。</p> <p>在这两种情况下, 保险人均无需退还已收到的任何保费。</p> <p>请举例说明什么是欺诈赔偿申请</p> <ul style="list-style-type: none"> ○ 提出不实或夸大的赔偿申请 ○ 向保险人提供错误的信息。例如伪造、有误或篡改的文件 ○ 未向保险人提供评估赔偿申请所需的信息 ○ 拒绝向保险人提供其合理要求提供的用于评估赔偿申请的信息例如, 病史报告、付款证明和原始发票。
6	保险期结束
6.1	<p>此保单为不保证续保合同, 其保险期不超过 12 个月。</p> <p>保险人 (如果涉及保险中介, 则通过该保险中介) 将在保险期结束之前书面告知主被保险人是否可申请下一个保险期间 (12 个月) 的保单。</p> <p>如主被保险人在收到此通知后提出申请, 且保险人接受了申请, 则保险人将在主被保险人支付适当的保费之后签发新保单。</p> <p>新保单的生效日期为旧保单的失效日期, 从而保障不会中断。</p>
6.2	<p>保险期结束时, 保险人有权以任何理由, 酌情决定不提供新保单。如果保险人决定不提供新保单, 则保险人将在保险期结束前至少 30 (三十) 日内向被保险人寄发通知。</p>
6.3	<p>如主被保险人或连带被保险人存在个人责任免除或既有病症保障, 并且希望我们重新考虑, 则应该在重新申请新保单的时候告知我们。如果我们认为该病症或任何相关病症不再需要直接或间接的进一步治疗, 保险人可能会删除您的责任免除或为保障既有病症额外缴纳的保费。对于有些个人责任免除, 出于其性质考虑, 保险人不会重新考虑。</p> <p>若要重新考虑责任免除, 保险人可能会要求您的家庭医生或诊疗师提供最新的医疗报告。因获取这些资料而产生的任何费用均不在您保单的保障范围之内, 须由您自行承担。</p>

编号	条款
7	保单的变更
7.1	<p>仅在保险人与主被保险人达成一致时才可变更保单。保单变更仅在保险人签字确认后方可生效。</p>
7.2	<p>本保单的有效期为一年:</p> <ul style="list-style-type: none"> ○ 主被保险人只能在重新申请时作出变更 ○ 任何等待期均不会重新起算。
7.3	<p>出现下列情况时, 保险人可在保险期内变更保单:</p> <ul style="list-style-type: none"> ○ 法律或监管机构要求变更, 或 ○ 为了改善所有被保险人在相同产品中所获得的保障。 <p>如需变更保单, 保险人将书面告知主被保险人相关变更事宜。</p>
7.4	<p>如保险人合理认为继续提供本保单保障, 可能会导致保险人或是被保险人违反任何:</p> <ul style="list-style-type: none"> ○ 法律 ○ 法规 ○ 条例或 ○ 法院命令 <p>那么保险人可立即终止本保单。</p> <p>若某项保障将导致保险人或管理方 (或保柏集团及服务伙伴) 遭受下列任何制裁, 则此保单不提供该项保障:</p> <ul style="list-style-type: none"> ○ 联合国决议下的制裁、禁止或限制, 或 ○ 中国、欧盟、英国或美国的贸易或经济制裁、法律法规制裁。
8	被保险人的居住国
8.1	<p>若被保险人迁移到不同国家, 或其列出之居住国或国籍有变更, 被保险人必须立即知会保险人。</p> <p>若被保险人所在国、或被保险人的居住国或国籍地之法律、或任何其他适用保险人或本保单之法律, 禁止保险人提供医疗保障至当地国民、居民或公民时, 本保单将会终止。</p>
8.2	<p>当被保险人变更被保险人的联络地址或其他通讯资料时, 被保险人必须立即知会保险人, 因为保险人会使用被保险人最后给予保险人的地址及通讯资料, 直到被保险人另向保险人作出变更为止。</p>
9	终止本保单或从保障中移除连带被保险人
9.1	<p>只要所有被保险人没有进行或提交任何理赔申请, 主被保险人可随时:</p> <ul style="list-style-type: none"> ○ 取消整个保单, 终止所有被保险人的保障; 或 ○ 取消某个连带被保险人的保障。 <p>如需取消保障, 请通过电话、电子邮件或信函告知保险人。</p> <p>此类变更将在主被保险人告知保险人之后 14 日生效。请注意:</p> <ol style="list-style-type: none"> 1. 保险人将无法在取消日期之前提前停保, 2. 也不会支付保单终止之后发生的治疗理赔申请。

编号	条款
9.2	<p>退款期限： 任何保费的退款日期将取决于主被保险人取消整个保单或某个连带被保险人保单的日期。此时可能出现两种情况：</p> <p>A. 保单生效后 30 日内取消；或 B. 保单生效后 30 日之后取消。</p> <p>A. 保障生效后 30 日内取消： 若主被保险人取消整个保单：</p> <ul style="list-style-type: none"> 相应保险期里保障生效后 30 日内，且 此 30 日内没有提出治疗费理赔， <p>保险人将退回为此保险期支付的所有保费。</p> <p>若主被保险人取消某个连带被保险人的保障：</p> <ul style="list-style-type: none"> 相应保险期内此连带被保险人的保障生效后 30 日内，且 此 30 日内该连带被保险人没有提出治疗费理赔， <p>保险人将退回在此保险期为此连带被保险人支付的所有保费。</p> <p>B. 保障生效后 30 日之后取消： 若主被保险人取消整个保单：</p> <ul style="list-style-type: none"> 相应保险期里保障生效后 30 日之后，及 所有被保险人均未提出或提交任何理赔申请 <p>保险人将在主被保险人提出要求日期起 14 日内取消保单（如前文第 9.1 条所述）。我们将在 14 日取消期后退回已付的所有保费。</p> <p>例如，若主被保险人于 3 月 1 日取消整个保单，则保险人将退回从 3 月 15 日起支付的所有保费。</p> <p>若主被保险人取消某个连带被保险人的保障：</p> <ul style="list-style-type: none"> 相应保险期里保障生效后 30 日之后，及 连带被保险人未提出或提交任何理赔申请 <p>保险人将在 14 日取消期后退回已为此连带被保险人支付的所有保费。</p> <p>例如，若主被保险人于 3 月 1 日取消某个连带被保险人的保障，则保险人将退回从 3 月 15 日起支付的所有保费。</p>
9.3	<p>保费退款： 保险人退给被保险人的保费将按原路退还。这意味着退款将回到被保险人的银行账户、信用卡、借记卡，或通过支票退回。</p> <p>请注意，若被保险人尚有款项还未支付给保险人，则保险人将从退款中扣除未付款项。</p>
9.4	<p>若被保险人不幸身故： 如果：</p> <ul style="list-style-type: none"> 连带被保险人不幸身故，则主被保险人应在 30 日内告知保险人。 主被保险人不幸身故，保单上的任何连带被保险人或主被保险人的家属应在 30 日内告知保险人。 <p>得知身故的情况后，保险人将终止保单。</p> <p>若主被保险人不幸身故，年满 18 岁的连带被保险人可申请成为主被保险人并在保单中新增其他连带被保险人。若无新主被保险人，则保单将终止。</p> <p>不论发生何种情况，若未提出任何理赔，我们将在保单终止后退回相应保险期的保费。</p>

编号	条款
10	保险人在本保单下的职责及受命担任被保险人的代理人
10.1	保险人在本保单下的责任是：为被保险人提供保险保障，有时为被保险人（直接、间接或通过管理方）或者代表被保险人）作出安排以获得任何保障福利。为被保险人提供实际保障福利的相关服务并非保险人或管理方的义务。
10.2	主被保险人代表主被保险人及连带被保险人指派保险人（及代表保险人的管理方）担任为被保险人的代理人，按照被保险人的要求，为被保险人作出预约或安排以获得保障项目。保险人（及代表保险人的管理方）会合理而谨慎地担任被保险人的代理人。
10.3	出于任何原因，若被保险人未能向保险人及管理方给予关于任何保障项目的指示（例如，被保险人无行为能力），则主被保险人可代表主被保险人和连带被保险人，授权保险人（及代表保险人的管理方）担任被保险人的代理人，以便： <ul style="list-style-type: none"> 采取保险人及管理方合理认为符合被保险人最佳利益的行动（依据被保险人在本保单下享有的保障）； 如保险人和管理方于该情况下合理地认为情况适当，向被保险人的医疗服务提供者提供有关被保险人的资料，和 / 或 遵循保险人及管理方合理认为最为适当人士（例如某家庭成员、被保险人的主治医生或被保险人的雇主）所给出的指示。
10.4	担任被保险人的代理人时，保险人（及代表保险人的管理方）可通过服务伙伴提供保障项目服务。
11	保险人对被保险人的责任
11.1	保险人（及代表保险人的管理方）无须对被保险人或其他人士，因被保险人接受任何受保障项目导致的任何损失、损害、疾病和 / 或人身伤害负责，亦无须对任何医疗服务提供者或提供被保险人任何保障项目的其他人士的作为或不作为负责。被保险人应自行向该等医疗服务提供者或其他人士，直接提出赔偿申请。
11.2	被保险人的法定权利不受影响。
12	提供准确完整的信息
12.1	在本第 12 条中，如我们提及“您”或“身为投保人（即主被保险人）的您”，则包括您的任何代表；如我们提及“连带被保险人”，则包括连带被保险人的任何代表。
12.2	您和任何连带被保险人应认真严谨，确保您向我们办理本计划及变更本计划时提供的信息准确完整。如申请表中的问题答案发生任何变化，您和任何连带被保险人必须在本计划实施前告知我们。
12.3	如连带被保险人（或由您代表连带被保险人）提供了不完整或不准确的信息，则上述规定适用于与该连带被保险人相关的保险，或由该连带被保险人提出的理赔申请。
13	资料处理声明
13.1	请参阅保柏环球“隐私声明”部分

编号	条款
14	申诉
14.1	对于因本保单产生或与之相关的任何争议，保险人和被保险人应尝试通过谈判解决争议。如果无法通过谈判解决争议，提交保险单载明的仲裁机构仲裁；保险单未载明仲裁机构或者争议发生后未达成仲裁协议的，依法向人民法院起诉。与本保单相关的所有事项以及由本保单的执行引起的一切争议，均受中华人民共和国相关法律（不包括香港、澳门和台湾法律）管辖。
14.2	若因本保单不同语言版本的解释而产生任何争议，则中文版本应视为具有最终效力的版本，且其效力高于任何其他版本。 请注意，尽管保险人可能会向被保险人提供本文档的其他语言版，但仅出于方便性考虑，与本保单相关的未来函件可能以中英文版提供。

永诚保险 隐私声明

更新日期：2023 年 2 月

为避免疑义，特此明确以下数据处理声明属于永诚财产保险股份有限公司，且仅适用于或约束您与本保险计划承保方永诚财产保险股份有限公司之间的关系。以下数据处理声明不适用于或约束您与保柏环球之间的关系。

目的

永诚保险采集的与您本人及其他任何保单被保险人有关的个人信息可能用于处理您的赔偿申请、管理您的保单、提出合适的临床治疗建议、调查分析、发现并预防欺诈或不当赔偿申请。

保密

对患者和被保险人资料保密是永诚保险最为关心的事情。为此，永诚保险遵守有关资料处理法律及医疗保密准则。

医疗资料

永诚保险会对医疗资料保密。除非法律另有要求或许可，否则永诚保险仅可将医疗资料透露给参与您治疗或护理的人员（包括您的全科医生及内科医生或其代理人），如果适用，还可透露给负责支付您医疗费的任何个人或组织或其代理人。永诚保险还可将医疗信息共享给指定的参与您保单管理和操作的第三方。在您请求永诚保险代理人 / 顾问给予协助的情况下，永诚保险可将医疗信息共享给代理人 / 顾问。

个人资料共享

我们有保密和保护资料的义务，可能会将您的个人资料共享给：

- 出于上述目的与永诚保险相关的公司，且仅限出于上述目的确实需要查阅您个人资料的个人。
- 与永诚保险相关的公司或我们的保险合作伙伴（如您转到其他永诚保险计划或我们的合作伙伴提供的保险计划，我们会将您的病历和理赔申请历史记录共享给新保险公司）。
- 我们的服务供应商

通常我们需要将您的个人资料共享给理赔申请调查员、紧急救援提供商、专业医护人员和律师等专业顾问及其他专业人员。

我们还需雇用第三方服务提供商为我们提供 IT 系统、打印和营销服务、调查分析及类似外包服务。在不同情况下，我们均要求第三方仅在提供服务需要时使用您的个人资料。有时这些第三方与您不在同一个司法管辖区，他们所在的国家或地区可能不提供与像您所在地同等的保护。我们确保他们遵守合同限制条款中的保密及保护义务。

客户资料

我们可将所有保单文件及任何赔偿申请相关信件传送给主被保险人。我们还可与主被保险人共享其他资料，如：保单其他被保险人所得赔偿费、赔偿申请金额、适用免赔额，以及保单其他被保险人的任何病历（这会影响赔偿费的支付）。

电话及网络聊天

为持续改善我们的服务，您的电话及网络聊天内容将被记录并可能被监控，用于培训或改善服务质量。

调查分析

我们可能将您的个人资料用于调查、分析和统计。所得结果将用于发展和改善我们的服务，以及您在永诚保险保单下获得的服务。我们还可能联系并邀请您参与客户调查活动。

欺诈

在某些情况下，永诚保险会依法向执法机构披露涉嫌欺诈性理赔和其他犯罪相关的信息。我们也可能向第三方，包括其他保险公司，披露相关信息作为侦测、预防及调查涉嫌理赔欺诈或其他犯罪行为之用途。

姓名和地址

永诚保险不会将客户或患者的姓名和地址泄露给永诚保险集团及其服务提供者之外的其他组织。但我们必须在监管机构 and 执法机关的要求下披露任何或全部信息。

信息推送

永诚保险可能向您发送我们认为您会感兴趣的产品和服务。您随时可选择停止接收此类信息。

联络地址

根据个人隐私保护的相关规定，如果您想获得一份您个人信息的副本（可能需要支付少量手续费）、更新您的个人资料，或对信息处理有任何其他疑问，欢迎致电保柏环球服务团队 4000 687 866 / +86 10 5854 1802。您也可以发送电子邮件至 aic@bupa.com.cn，或邮寄信件至以下地址：

- 中国上海浦东新区世博馆路 200 号华能上海大厦南楼，邮编：200126
- 中国广州市天河区花城大道 85 号高德置地广场·春 A 座 3801 室 04-06a 单元邮编：510623
- 中国北京市海淀区西三环北路 72 号世纪经贸大厦 A 座 20F 邮编：10089

如欲了解更多有关保险人永诚保险如何收集和处理被保险人资料的更多信息，请参阅永诚保险的《隐私条款》：<https://www.alltrust.com.cn/new/privacyArticle/privacyArticle>

保柏环球 隐私声明

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为避免疑义，特此明确以下数据处理声明属于保柏环球，且仅适用于或约束您与保柏环球之间的关系。以下数据处理声明不适用于或约束您与承保方永诚保险之间的关系。

我们处理您的个人信息时，致力于保护您的隐私。本隐私声明介绍了我们收集的您的信息内容，以及我们如何使用和保护此类信息。本声明还介绍了您的权利。我们处理的您的个人信息类别及原因，将取决于您获取或使用的具体产品和服务。如需更多相关信息，请参阅我们的完整隐私声明：www.bupaglobal.com/privacypolicy。如果您无法访问互联网，并想获取纸质版完整隐私声明，或者如果您对我们处理您信息的方式有任何疑问，请拨打 +44 1273 323563 联系保柏环球服务团队。您也可以发送电子邮件至 info@bupaglobal.com，或邮寄信件至以下地址：**Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom。

有关保柏环球的信息

在本隐私声明中，“我们”和“我们的”指的是以保柏环球名义开展业务经营的保柏公司。如需此类公司的详细信息，请访问 www.bupaglobal.com/legal-notice

根据您咨询、购买或使用的不同产品和服务，您的信息将由不同的保柏公司负责处理。对于我们的保单，您的信息将由保险人和保单主要管理方负责处理，其可按照“分享您的信息”一节所述规定与其他保柏公司分享有关信息。请参阅保单文件，确认保险人和主要管理方。

1. 隐私声明适用范围

本隐私声明适用于就我们产品和服务的有关事宜，通过任何渠道（如电子邮件、网站、电话、app 等）与我们取得联系的任何人（“您”）。

2. 个人信息收集方式

我们从您和某些特定第三方（如您的代理人：经纪人、医疗服务提供者等）处收集个人信息。如果您向我们提供其他人的个人信息，您必须确保其已阅读过本隐私声明并同意您向我们提供他们的信息。

3. 个人信息类别

我们处理下列关于您和您的连带被保险人（如有）的个人信息。标准个人信息（如：我们用以联络您、识别您的身份或管理我们与您的关系的信息）；特殊类别的信息（如：我们为您量身定制医疗服务所需的健康信息，有关您的种族、族裔与宗教的信息）；任何刑事判决及犯罪的信息（我们可能通过反欺诈或反洗钱核查或其他背景审查活动获得此类信息）。

4. 我们处理个人信息的目的和法律依据

我们处理您个人信息的目的收录在我们的完整隐私声明中，包括：管理我们与您的关系（包括索赔和投诉处理），研究与分析，监督我们的业绩预期（包括与您有关的医疗服务提供者），以及保护我们、我们的客户或其他人的权利、财产或安全。我们处理个人信息的法律依据取决于所处理个人信息的类别。通常，我们处理标准个人信息的前提，是为履行合同、保护我们或第三方的合法权益或出于适用法律的要求或许可之必须。我们处理特殊类别个人信息，是为保险目的之必须，且已得到您的许可或按照完整隐私声明规定进行。我们处理有关您的刑事判决及犯罪的信息（如有），为防范或侦查违法行为之必须。

5. 资料搜集和自动决策流程

和许多企业一样，我们有时运用自动化技术为您提供更快、更好、更稳定、更公平的服务，并向您提供我们认为您感兴趣的营销信息（包括我们产品和服务的折扣信息）。这一过程可能涉及评估关于您的信息；在某些情况下，可能会运用技术手段为您提供自动回复或决策。如需更多相关信息，请参阅我们的完整隐私声明。您有权拒绝直接营销和与直接营销有关的资料搜集。您也有权拒绝其他类型的资料搜集和自动决策。

6. 分享您的信息

我们将与以下各方分享您的信息，包括：保柏集团、相关主被保险人（如您通过团体计划参保，则包括您的雇主）、代您安排服务的资助者、您的代表（如：经纪人和其他保险中介），以及帮助我们为您提供服务的机构（如医疗服务提供者）或我们需要获取信息以处理或验证理赔或权利的其他机构（如专业协会）。分享您的信息时，我们也将遵循法律法规。如需了解更多有关信息分享的情况，请参阅我们的完整隐私声明。

7. 国际转移

我们会与位于或服务来自世界各地的伙伴公司或服务提供公司（如医疗服务提供商、其他保柏公司和 IT 提供商）合作。因此，出于本隐私声明中所述的目的，我们会将您的个人信息转移至不同的国家或地区，包括从英国或欧洲经济区（欧盟成员国与挪威、列支敦士登和冰岛）境内转移至其境外。我们会采取措施确保，当我们将您的个人信息转移到另一个国家或地区时，我们会遵循全球数据保护法采取适当的保护措施。

8. 个人信息保留期限

我们遵照资料保留期规定保留您的个人信息，详情请见我们网站上发布的完整隐私声明。

9. 您的权利

您有权访问您的信息，并要求我们更正、删除和限制使用。您还有权：拒绝我们使用您的信息、要求转移您提供给我们信息、撤回您对我们使用您信息的许可，以及拒绝接受会对您产生法律效应或同等重大影响的自动决策。如需行使您的权利，请联系我们。

10. 数据保护联系方式

如您对本声明有任何疑问、意见、投诉或建议，或对我们处理您信息的方式有任何顾虑，可发送电子邮件至 info@bupaglobal.com 联系我们。也可发送电子邮件至此地址联系我们的数据保护官。

我们的监管机构为信息委员会 (www.ico.org.uk)，通讯地址为：Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom。电话：0303 123 1113（本地话费）或 01625 545 745（全国话费）。您有权向当地的隐私监管机构投诉。

释义

Acceptable current clinical evidence 最近可接受的临床证据	有关治疗疗效和安全性的国际医学和科学证据，包括已在医学期刊刊出或接受发表的同行审查科学研究，这些医学期刊均符合出版科技论文的国际公认要求。不包括少部分人的病案报告和研究，以及非注册临床试验。
Active treatment 积极治疗	由医疗从业人员所操作的疾病、病症或损伤之治疗，目的在于使您复原、避免您的情况恶化或使您尽速恢复您的原有健康状态。
Administrator 管理方	保柏环球
Advanced therapy medicinal products (ATMPs) 先进疗法药品 (ATMPs)	基于基因、组织或细胞的治疗，例如嵌合抗原受体 (CAR) T 细胞疗法。
Alltrust 永诚保险	永诚财产保险股份有限公司（为在中国设立的公司，注册地址为中国上海浦东陆家嘴环路 958 号华能联合大厦 2 层，邮编：200120）— 本保单的保险人。
Artificial life maintenance 人工生命维持	为延长生命而对患者提供的医疗程序、技术、药物或治疗。
Assisted Reproduction Technologies 辅助生殖技术	包括但不限于体外授精 (IVF)，不论是否使用单一精子显微注射 (ICSI)、配子输卵管内植入 (GIFT)、合子输卵管内植入 (ZIFT)、捐卵或诱导排卵及宫腔内人工授精 (IUI)。
Benefits provider 医疗服务提供者	为您提供保障福利服务的执业医师、医院、诊所或其他服务提供者。
Blue Cross Blue Shield Association / Blue Cross Blue Shield Global / BCBSA 蓝十字蓝盾协会 / 蓝十字蓝盾寰球 / BCBSA	蓝十字蓝盾协会由 36 家在美国独立经营的蓝十字蓝盾公司组成。蓝十字蓝盾寰球是蓝十字蓝盾协会旗下拥有的品牌。
Bupa Global 保柏环球	保柏保险服务有限公司（为在英国设立的公司，注册号为 03829851，注册地址为 Bupa, 1 Angel Court, London EC2R 7HJ），提供与本保单相关的国际管理服务，和 / 或保柏咨询（北京）有限公司（为在中国成立的公司，注册号为 110000450188396，注册地址为中国北京市朝阳区东三环中路 5 号财富金融中心 5 层 508 单元，邮编 100020），提供与本保单相关的本地管理服务。
Bupa Group 保柏集团	保柏环球、Bupa Insurance Limited 和保柏集团旗下所有其他公司，以及代表保柏环球管理此保单的公司。
Co-insurance 自付比例	您在涉及自付比例的保障福利中必须自行负担的百分比，详情请参阅您的医疗计划指南
Complementary therapist 辅助治疗师	例如受过完整训练、具备合法资格，并经接受治疗当地主管机关许可执业的针灸师、顺势治疗师、反射治疗师、自然治疗师、中医师。
Covered benefits 保障福利	医疗计划指南中纳入保障范围的治疗与保障。
Day-patient 日间留院	基于医疗原因要求您日间在医院卧床的治疗。心理及精神科日间留院治疗不一定需要占用病床。

Deductible 免赔额	在我们缴付任何保障费用前，您在每个保险期应付的费用金额。
Dependant 连带被保险人	参加本保单并列名于保险证书的非主被保险人的其他被保险人。
Diagnostic test 诊断检测	为找出您的症状原因而进行的检测，例如 X 光检测及血液检查。
Dietician 营养师	必须受过完整训练、具备合法资格，并经治疗当地主管机关许可执业。
Doctor 医生	于经认证的医学院完成医疗学程，具备执行医疗业务的合法资格，并于接受治疗地取得行医执照的人员，不需要专科医生训练。经认可的医学院是指世界医学院名录 (World Directory of Medical Schools) (由世界卫生组织不定期出版) 所列的医学院。
Emergency 急诊	因突然发生疾病、病症或损伤而产生严重病症或症状，依合理人士判断必须立即接受治疗 (通常是指在发病后 24 小时内)，否则将对健康造成危害。
Fa Piao 发票	是指在购销商品，提供或者接受服务以及从事其他经营活动中，开具、收取的收付款项凭证
Family Members 家属	具有家庭关系的人员 (通过血缘关系、法律规定或其他方式与您产生关系)。如有要求，我们可提供符合本定义的家庭关系的完整列表。
Guide to your health plan 医疗计划指南	标题为“医疗计划指南”的手册，适用于保险证书中注明适用于您的医疗计划。该手册将详列各项适用于此保单的治疗与保障，以及任何常规除外责任。
Health plan 医疗计划	永诚保险 (保险人) 或其任何伙伴不定期提供的保险计划。
Hospital 医院	指任何根据当地法律注册或承认的治疗中心，其主要功能包括进行大型手术或提供仅得由专科医生提供的治疗。
In-patient 住院	基于医疗原因，该治疗通常要求您在医院病床上过夜或休养更久。
Insurance period 保险期	此保单生效的期限。此期限将不会超过 12 个月。您的保险凭证列出保障的开始日期和结束日期。
Insured or you/your 被保险人或您 / 您的	主被保险人及 / 或连带被保险人。
Insurer or we/us/our 保险人或我们 / 我方 / 我们的	Alltrust 永诚保险
Intensive care 重症监护	重症监护包括：重症护理病房 (HDU)：提供高度医疗照护和监测的病房，例如用于单一器官系统衰竭等情况。重症治疗病房 / 重症监护病房 (ITU/ICU)：提供最高度照护的病房，例如用于多重器官衰竭或安装插喉机械通气等情况。心脏科监护病房 (CCU)：提供高度心脏监测的病房。特别婴儿护理病房：提供最高度婴儿护理的病房。
Mainland China 中国大陆	中华人民共和国 (在本保险合同中不包括澳门、香港和台湾)。
Medical practitioner 医疗从业人员	专科医生、医生、心理医生、心理治疗师、物理治疗师、骨科医生、脊椎指压治疗师、营养师、言语治疗师、辅助治疗师或治疗师。

Medically necessary 具有医疗必要性	符合下列情况的治疗、医疗服务或处方药 / 药物： (a) 与针对该类状况的诊断和治疗相一致； (b) 符合公认的医疗实践标准； (c) 需要进行该等诊断或治疗； (d) 并非为了被保险人或治疗医师之便而进行
Mental health treatment 心理及精神治疗	精神病症 (包括饮食失调症) 治疗。
Network 医疗网络	医院、药房或类似机构，或是与保柏环球或其服务伙伴签有有效协议以向您提供合格治疗的医疗从业人员。
Out-patient 门诊	在医院、诊症室、医生诊所或门诊诊所进行，无需占用床位过夜或日间留院的治疗。
Ovulation induction treatment 诱导排卵治疗	指包括以药物刺激卵巢产生卵泡的治疗，包括排卵药及促性腺激素疗法。
Persistent vegetative state 持续性植物状态	处于深度昏迷状态，无感知或心智功能征兆 (纵使可自主睁眼及呼吸)，对唤其名字、触摸等刺激并无反应。此类状态必须持续至少 4 周，且在尝试减缓此类状态的所有合理方法后，仍无改善征兆。
Pharmacy 药房	处理或出售处方药的机构。
Physiotherapists, osteopaths and chiropractors 物理治疗师、骨科医生及脊椎指压治疗师	此等从业人员必须受过完整训练、具备合法资格，并经治疗当地主管机关许可执业。
Policy 保单	您与永诚的保险合约，并列明于“保险细则”第 1 条。
Policyholder 主被保险人	申请表所列的主要申请人 (即投保人)，主被保险人将于保险合同中列为第一被保险人。
Pre-existing condition 既有病症	<ul style="list-style-type: none"> ○ 保单凭证中，投保申请上列明为“个人责任免除”或既有病症保障的任何病症。 ○ 投保申请已获接受且无“个人责任免除”或承保附加保费的任何病症。 ○ 您已有针对性地服用药物、接受医疗建议或治疗已出现病症症状的任何疾病、病症或伤害申请投保之前未曾透露的病症 (无论是否确诊)。 <p>如您从其他保险产品更换为本计划且未中断保险，并得到我们同意，则上文出现的“投保申请”应视为您对先前保险产品之保障范围的申请。</p>
Psychologist and psychotherapist 心理医生及心理治疗师	指具备合法资格且获许可得于治疗当地执业的专业人员。
Qualified nurse 合格护士	目前于治疗当地法定护士注册机构护士名册登记的护士。
Reasonable and Customary 合理惯例费用	指在特定地区接受由质量及体验相似的医疗服务提供者提供的特定医疗或保健治疗、手术或服务后，应支付的“普遍”或“广为接受的标准”费用。
Recognised medical practitioner, hospital or healthcare facility 执业医疗从业人员、医院及医疗服务提供机构	不属于未经认可的医疗从业人员、医院或医疗服务提供机构

Rehabilitation (Multidisciplinary rehabilitation) 康复护理 (跨领域康复)	指于急性事件 (例如中风) 后, 为恢复完整功能, 以合并疗法 (例如物理、职业及言语治疗) 形式实施的治疗。
Serious acute illness 急性重病	指因突然发病、病症或损伤而产生病征或症状, 根据主诊专科医生及我们的医学顾问合理判断而必须立即接受治疗的; 通常若不在发病后 24 小时内接受治疗, 将对健康造成严重危害。
Service partner 服务伙伴	代表保柏环球提供服务的公司或机构。此类服务可能包括寻找当地医疗服务提供者。
Specialist 专科医生	符合以下条件的外科医生、麻醉师或医生: 于经认可的医学院完成医学课程, 具备执行医疗业务或手术的合法资格, 并经治疗当地主管机关认可为在治疗的疾病、病症或损伤领域或专业具有专科资格。经认可的医学院, 我们是指世界医学院名录 (由世界卫生组织不定期出版) 所列的医学院。
Specified country of nationality 指定国籍国	您在申请表所列明, 或以书面通知我们 (以较晚提供者为准) 的国籍国。
Specified country of residence 指定居住国	您在申请表所指定并显示于保险证书, 或以书面通知我们 (以较晚提供者为准) 的居住国。您所指定的国家必须为该国主管机关 (例如税务机关) 视为被保险人于本保险的保障期内居住的国家。
Speech therapist 言语治疗师	必须受过完整训练、具备合法资格, 并经治疗当地主管机关许可执业。
Surgical operation 手术	涉及使用仪器或设备的医疗程序。
Therapists 治疗师	具备合法资格, 并于治疗当地获许可执业的职业治疗师或视觉矫正师。
Treatment 治疗	用于诊断、纾缓或治愈病况、疾病、病症或损伤所需的手术或医疗服务 (包括诊断检测)。
Unrecognised medical practitioner, hospital or healthcare facility 未受认证的医疗从业人员、医院或医疗服务提供机构	<ul style="list-style-type: none"> ○ 由未经进行治疗地所在国家有关当局认可拥有专门知识或专业技术可治疗有关病症、疾病或损伤的医疗从业人员、医院或医疗服务提供机构提供的治疗。 ○ 自我治疗或同居一处者、家庭成员 (亲属, 无论为血缘、法定或其他) 提供的治疗。我们将依要求提供本定义所涵盖的家庭关系的范围。 ○ 我们曾发出书面通告说明不再为我们保障计划所认可之医疗从业人员、医疗服务提供者或医疗服务提供者所提供的治疗。我们已发出书面通知的合作的治疗提供者详情, 可自 bupaglobal.com/facilities/finder 取得, 或致电我们索取。
We/us/our 我 / 我们 / 我们的	永诚保险以及保柏环球。
You/your 您 / 您的	被保险人及 / 或连带被保险人。

致电管理方，
保柏环球：

一般服务 / 预先授权：

4000 687 866/ 国际号码 +86 10 58541802
周一至周五上午 9:00 至下午 6:00（北京时间）
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4000 568 488/ 国际号码 +86 10 58541801
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电子邮件：preauth@bupa.com.cn

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4006 107 800/ 国际号码 +86 10 58541808
周一至周五上午 9:00 至下午 6:00（北京时间）
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电子邮件：info@bupaglobalaccess.com

销售查询
致电专业销售团队
时间：周一至周五上午 8:30 至下午 5:00（北京时间）
电话：021-58525959
电子邮件：aic-bupa@**alltrust**.com.cn

保险人：

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永诚财产保险股份有限公司
中国上海浦东新区
世博馆路 200 号
华能上海大厦南楼，邮编：200126
www.alltrust.com.cn/healthinsurance

管理方：

保柏保险服务有限公司（为在英国设立的公司，注册号为 03829851，注册地址为 Bupa, 1 Angel Court, London EC2R 7HJ），提供与本保单相关的国际管理服务，和 / 或保柏咨询（北京）有限公司（为在中国成立的公司，注册号为 110000450188396，注册地址为北京朝阳区东三环中路 5 号财富金融中心 5 层 508 室，邮编为 100020），提供与本保单相关的本地管理服务。

Insured by
承保方

1 July 2023



A GUIDE TO YOUR MAJOR MEDICAL GLOBAL HEALTH PLAN

A COLLABORATION BETWEEN TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

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管理方



U.S. access through





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HELLO

With a **health plan** from **Alltrust**, **Bupa Global** and **Blue Cross Blue Shield Global**, **you** benefit from the combined strength, scale, and expertise of three leading names in healthcare. Within this guide, you'll find easy to understand information about **your health plan**, including:

- o guidance on what to do when **you** need **treatment**
- o simple steps to understanding the claims process
- o a 'Table of benefits' and list of 'General exclusions' which outline what is and isn't covered along with any benefit limits that might apply
- o a 'Glossary' to help understand the meaning of some of the terms used

To make the most of **your health plan**, please read the 'Table of benefits' and 'General exclusions' sections carefully to get a full understanding of **your** cover, along with **your** 'Terms and Conditions'. **Your** 'table of benefits', 'General exclusions' and 'Terms and Conditions' are also set out in full in the **Policy** Wording.

BEFORE **WE** GET STARTED, THERE ARE A FEW THINGS **WE** WOULD LIKE TO BRING TO **YOUR** ATTENTION...

YOUR GEOGRAPHICAL AREA FOR COVERAGE IS WORLDWIDE EXCLUDING THE U.S.

As long as it is covered by **your health plan**, **you** can have your **treatment** at any **recognised medical practitioner, hospital** or **clinic** in the world, except in the U.S.

To view a summary of **hospitals** worldwide, visit Facilities Finder at www.bupaglobal.com/facilitiesfinder or contact **us**.

For an overview of **our network** of **medical providers** in China please visit <https://www.alltrust.com.cn/healthinsurance>.

BOLD WORDS

Any words written in **bold** are defined terms that are relevant to **your** cover. **You** can check their meaning in the 'Glossary'.

TREATMENT THAT **WE** COVER

Your Major Medical Global Health Plan covers the **treatment** cost for a disease, illness or injury that leads to the conservation of **your** condition, **your** recovery or **you** getting back to **your** previous state of health. This includes **treatment** for chronic, congenital and hereditary conditions that may be covered, subject to underwriting.

Your treatment is covered if it is:

- o covered under the **health plan**
- o at least consistent with generally accepted standards of medical practice in the country in which **treatment** is being received
- o clinically appropriate in terms of type, duration, location and frequency

A COLLABORATION BETWEEN A LEADING LOCAL INSURER AND TWO OF THE MOST RESPECTED NAMES IN GLOBAL HEALTHCARE

Building on its domestic success and strong reputation in China, **AIC** has teamed up with **Bupa Global** and **Blue Cross Blue Shield Global** to offer a new range of high-quality healthcare products and services. Customers who have U.S. coverage within their **health plan** can now enjoy even bigger benefits. This **health plan** does not include U.S. cover; if **you** would like this included, please contact the **AIC** team.

ANY QUESTIONS? **We'll** be happy to help.
Get in touch using the details printed on **your** insurance cards.

Products underwritten by and issued by **Alltrust Insurance Company**, an independent licensee of **Blue Cross and Blue Shield Association**, and administered by **Bupa Global**. **Bupa Global** is a trade name of **Bupa**, the international health and care company. **Bupa** is an independent licensee of **Blue Cross and Blue Shield Association**. **Bupa Global** is not licensed by **Blue Cross and Blue Shield Association** to sell products branded with the **Blue Cross Blue Shield** marks in Argentina, Canada, Costa Rica, Panama, Uruguay and US Virgin Islands. In Hong Kong, **Bupa Global** is only licensed to use the **Blue Shield** marks. Please consult **your** policy terms and conditions for coverage availability. **Blue Cross and Blue Shield Association** is a national federation of 36 independent, community-based and locally operated **Blue Cross and Blue Shield** companies. **Blue Cross Blue Shield Global** is a brand owned by **Blue Cross and Blue Shield Association**. For more information about **Bupa Global**, visit www.bupaglobalaccess.com and for more information about **Blue Cross and Blue Shield Association**, visit www.BCBS.com



SUPPORTING YOU EVERY STEP OF THE WAY

We want to make sure that **you** are well looked after throughout every step of **your** health journey. On this page **we** have explained the range of services available to **you**, to help **you** not only with the big things and emergencies, but also with **your** overall health and wellbeing.

Contact us for general health support:

- general medical information
- general questions about **your policy**
- emergencies and non-emergencies inside and outside **Mainland China**
- checking **your** cover and pre-authorising **treatment** and arranging for direct payment to the **benefits provider** (see the 'Need treatment' section of this guide)
- information on inoculation and visa requirements
- interpreter and embassy referral

HEALTHPRO CONCIERGE SERVICE

With **your** Major Medical Health Plan **you** have access to HealthPro Concierge Service, a team of healthcare professionals who can provide support on many aspects of **your** overall health. The HealthPro Concierge Service is provided by **Bupa Global** (the **administrator**).

MAKE A CRITICAL TREATMENT DECISION

Second Medical Opinion

You can obtain an expert second medical opinion of **your** diagnosis and **treatment** options from an independent global panel of medical **specialists**, making sure **you** are well informed to make decisions about **your** health. In order to obtain a second medical opinion, **you** will be asked to provide, or request and authorise **your doctor(s)** to provide, sufficient medical information to the relevant **specialist**, for assessment.

Doctor referral

We can help **you** find medical **specialists** and healthcare providers inside and outside **Mainland China**, all based on **your** condition, location and needs. **We** provide **you** with a list of providers and **you** make the final decision on which provider to use.

RECEIVE HEALTHCARE SUPPORT ABROAD

Non-emergency global healthcare support

We can assist in making necessary arrangements if **you** plan to seek **treatment** outside **Mainland China** or require non-emergency medical services while travelling, including, where possible, arranging direct payment to the **benefits provider** and providing travel advice.

Global Emergency Assistance

If **you** are ill or injured when abroad and require **in-patient treatment**, **you** can access a range of medical assistance services, including, where possible, direct payment to the **hospital**, evacuation or repatriation if the **treatment** is not available where **you** are.

Hong Kong Service Package

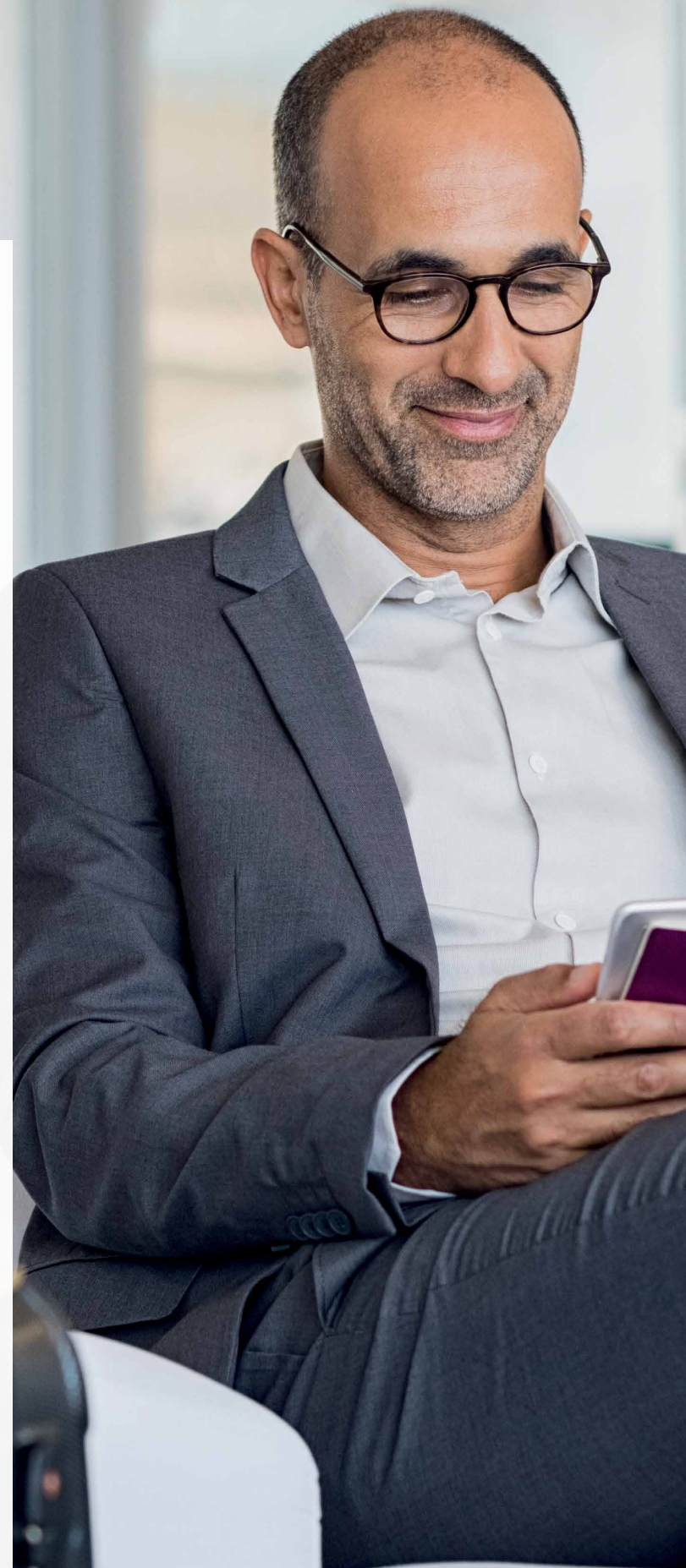
If **you** are planning to have a consultation or **treatment** in Hong Kong, **we** can assist **you** in the booking of medical appointments and related travel logistics to Hong Kong from **Mainland China**. **We** can assist **you** by ensuring that the relevant medical information is consolidated; **we** can also facilitate translation services, if needed. And of course **we** can help by pre-authorising **your treatment** and arranging direct payment to the provider, where possible.

GET HELP THROUGHOUT TREATMENT AND RECOVERY

Care manager and case management

When **you** are hospitalised or need a series of **treatments**, a case manager can handle **your** case from start to finish, so that **you** can always talk to someone who knows **your** situation. The case manager can assist with the administrative processes, for example the claims process and making sure **you** know exactly how **you** are covered.

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HealthPro Concierge Service provides **you** with support and advice on how to access the appropriate care for **your** situation. The service does not provide any medical diagnosis, medical advice or **treatment** recommendations, but it does support **you** in accessing these from medical providers. This service is not clinical support and cannot replace **treatment**. Only the Hong Kong Service Package and the Global **Emergency Assistance** include arranging of travel logistics.

The **insured** will be responsible for meeting any costs not covered by this **policy**, for example: travel expenses in connection with planned **treatment** in another country; expenses incurred in connection with the consolidation, translation and submission of medical records; or expenses related to an on-site interpreter. Please refer to the 'Table of benefits' and 'General exclusions' for a full understanding of **your** cover.

The HealthPro Concierge Service is provided by Bupa Global (the administrator) and is not part of the covered benefits under your policy. Bupa Global retains the rights to make changes to the scope of the HealthPro Concierge Service and shall notify you in any such event. Bupa Global does not guarantee access to any service partner and/or benefits provider and shall not be liable for:

- o any diagnosis or **treatment** or other act or omission of any **service partner** and/or **benefit provider** that is an independent contractor
- o the costs arising from any **treatment**, services or travel referred or arranged by **AIC** or **Bupa Global** or arising from the second medical opinion obtained through the HealthPro Concierge Service; any loss of income or profit, or any indirect or consequential loss arising under or in connection with the HealthPro Concierge Service

CONTACT Bupa Global (THE ADMINISTRATOR) TO ACCESS THE HEALTHPRO CONCIERGE SERVICE

4006 107 800
International number +86 10 58541808
mc@bupa.com.cn

Easier to read information

If **you** would like to receive **your** product literature in large print, audio or Braille format, please contact **us** using the number on **your** membership card.

NEED TREATMENT?

The importance of pre-authorisation

We want everything to run smoothly when **you** need treatment. That way **you** can focus on getting better.

Why should I pre-authorise treatment?

So that **you** can tell **us** about **treatment** that **you** need to have. **You** should contact **us** before **you** have **your treatment** to give **us** the details. **We** can then:

- check if the policy covers **your treatment**
- check if the provider is part of **our network**
- help **you** find a provider within **our network**
- explain any limits that apply
- tell the provider that **you** are a **Bupa Global** member. **We** have agreements with **our network** providers for **treatment** charges
- case-manage complex **treatment**. The table of benefits clearly shows the complex **treatments we** want **you** to tell **us** about. Please contact **us** if **you** need any of these. **We** may ask for more information (for example to check if any policy exclusion applies)
- see if **we** can pay any bills directly to the provider. This will mean **you** don't have to pay and claim the costs from **us**.

If **you** have **treatment** with a provider who is not part of the **network**, **we** may only pay costs that are **reasonable and customary**. This could leave **you** with a shortfall to pay.

Before **we** can authorise **treatment** or pay a claim **we** may ask for more information, for example a medical report. If **we** don't receive this promptly, there may be a delay to pre-authorisation and to paying **your** claim. If **we** do not receive this at all, **we** may not be able to pay **your** claim.

We may appoint an independent medical professional and ask **you** to have a medical examination with them (at **our** cost). They will then give **us** a medical report.

When **you** have pre-authorised **treatment** with one of **our network** providers, **we** will cover the costs if, at the time **you** have that **treatment**:

- the policy is in force
- **you** are covered by the policy
- premiums are paid up to date
- the pre-authorisation is still valid. When **we** authorise **treatment**, **we** will tell **you** how long it is valid for.

Pre-authorisation complete and now going for treatment?

Always remember to keep **your** insurance cards with **you** and present the appropriate card to **your benefits provider** when **you** arrive.

How do I pre-authorise my treatment?

Login to the MembersWorld app, go to <https://membersworld.bupaglobal.com> or contact **us** by phone or email. When **we** have the details, **we** will send **you** and the provider a pre-authorisation statement.

What if my pre-authorisation is no longer valid? Can I get a new one?

Yes. Just follow the process again.

What if I need to go to hospital in an emergency?

In an emergency there might not be time to contact **us**. If this happens, it is important that the hospital contacts **us** within 48 hours.

Remember we can offer a second medical opinion service

The solution to health problems isn't always black and white. That's why **we** offer **you** the opportunity to get another opinion from leading international **specialists**.

Our approach to costs

When **you** are in need of a **benefits provider**, **our** dedicated team can help **you** find a **recognised medical practitioner**, **hospital** or **healthcare facility** within **network**. Alternatively, **you** can view a summary of **benefits providers** on Facilities Finder at www.bupaglobal.com/en/facilities/finder. Where **you** choose to have **your treatment** and services with a **benefits provider** in **network**, **we** will cover all eligible costs of any covered benefits, once any applicable **co-insurance** or deductible amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have **covered benefits** with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **reasonable and customary**. This means that the costs charged by the **benefits provider** must be no more than they would normally charge, and be similar to other **benefits providers** providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation



or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **reasonable and customary** made by an 'out-of-network' **benefits provider** will not be paid.

This means that, should **you** choose to receive **covered benefits** from an 'out-of-network' **benefits provider**:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **reasonable and customary** – this will be payable by **you** directly to **your** chosen 'out-of-network' **benefits provider**;
- **we** cannot control what amount **your** chosen 'out-of-network' **benefits provider** will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **benefits provider** in **network**, for example, if **you** are taken to an 'out-of-network' **benefits provider** in an **emergency**. If this happens, **we** will cover eligible costs of any **covered benefits** (after any applicable **co-insurance** or deductible has been deducted).

If **you** are taken to an 'out-of-network' **benefits provider** in an **emergency**, it is important that **you**, or the **benefits provider**, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **benefits provider** in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **benefits provider** in **network** only the **reasonable and customary** costs of any **covered benefits** received following the date of the transfer being offered will be paid (after any applicable **co-insurance** or deductible has been deducted).

Additional rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefits provider** in certain countries.

These charge levels may be governed by guidelines published by relevant government or official medical bodies in the particular geographical region, or may be determined by **our** experience of usual, and most common, charges in that region.

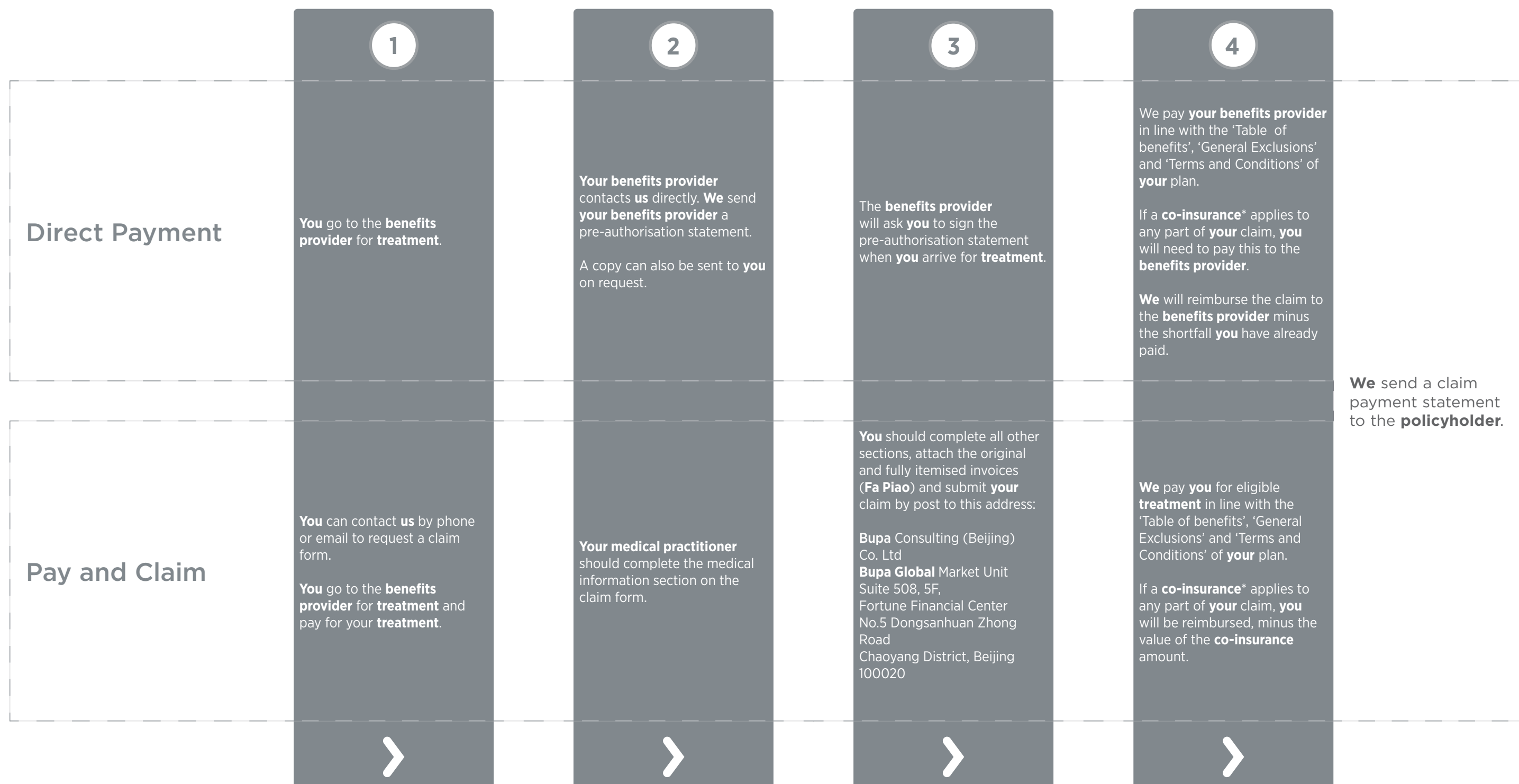
THE CLAIMING PROCESS

Whether **you** choose 'direct payment' or 'pay and claim' **we** provide a quick and easy claims process. Some benefits need to be pre-authorized by us so make sure to check **your** 'Table of benefits' and the 'Need treatment' section of this guide or call **your** personal service team.

We may sometimes ask for further medical information to be able to process **your** claim.

This is a summary of the claiming process, please refer to **your** 'Table of benefits', 'Terms and Conditions' and insurance certificate for full details on how claims will be paid.

You can download a claim form on
<https://www.alltrust.com.cn/healthinsurance>
 or contact us by phone or email to request a claim form:
4000 687 866
 International number: **+86 10 58541802**
aic@bupa.com.cn



*Co-insurance will not apply when receiving **treatment** in a public **hospital** in **Mainland China**.

WANT TO ADD MORE PEOPLE TO YOUR HEALTH PLAN?

The **policyholder** can apply to include **dependants**, including newborn children, to this **health plan**.

If **you** purchased **your** plan from an insurance intermediary, please contact them, otherwise please contact **Alltrust**.

When **you** apply, the **dependant's** medical history will be reviewed by **our** medical team which may result in cover for **pre-existing conditions**, special restrictions or exclusions, or **we** may decline to offer cover. Any special restrictions or exclusions are personal to the person **you** add and will be shown on **your** insurance certificate.

Adding your newborn child?

Congratulations on **your** new arrival!

You can apply to include **your** newborn child on this **health plan**. When **we** accept **your** newborn child, the cover will start from the date **we** receive a fully completed application or a later date specified by **you**.

The application will not be accepted before the 90th day after their birth if:

- neither parent has been covered on this **health plan** for 10 months or more prior to the child's birth
- none of the adults on this **health plan** are the child's parents
- the child is born as a result of **assisted reproduction technologies, ovulation induction treatment**, adopted or born to a surrogate

If there are any changes to the information the **policyholder** provided in the application after the **policyholder** signs it and before **we** accept the application, please let **us** know straight away.



YOUR HEALTH PLAN BENEFITS

The 'Table of benefits' provides an explanation of what is covered on **your health plan** and the associated limits.

Benefit limits

There are two kinds of benefit limits shown in this table:

1. The 'overall annual maximum' – the maximum amount **we** will pay in total for all benefits, for each person, in each **policy year**.
2. Individual benefit limits – the maximum amount **we** will pay for individual benefits such as **rehabilitation**.

All benefit limits apply to each **insured** person during the **insurance period**.

Currencies

All the benefit limits and notes are set out in two currencies: USD and RMB. The currency in which **you** pay **your** premium is the currency that applies to **your health plan** for the purpose of the benefit limits.

Please note, no matter the currency of **your** plan, any claim for **treatment** in **Mainland China** will always be settled in RMB and via bank transfer only. Please also refer to clause 5.3 of the 'Terms and Conditions'.

Waiting periods

You will notice that waiting periods apply to some of the benefits. This means that **you** cannot make a claim for that particular benefit until **you** have been covered for the full duration of the waiting period stated.

How does the deductible work?

Your deductible is the annual amount you must pay each **insurance period** towards covered expenses before **we** start paying. The **deductible** on this plan is USD 4,000 / RMB 25,200 as standard.

It's important that **you** send all **your** claims to **us**, even if the value of **your** claim is less than the **deductible**. **We** won't make any payment, but the claim will count towards **your deductible**. If your claim is for an amount higher than the value of your deductible or remaining deductible, **we** will pay costs in line with **your** benefit limits.

You will need to pay the **deductible** to the **benefits provider** at the point of receiving **treatment**.

The **deductible** applies:

- o per **insurance period**
- o separately for each insured person

EXAMPLE

The standard **deductible** is **USD 4,000** or **RMB 25,200** on this **health plan**

You have **treatment** in **hospital** for appendicitis which costs **RMB 20,200**

Amount paid by you is RMB 20,200	Amount paid by us is RMB 0
---	---

Remaining **deductible** for the rest of the **insurance period** is **RMB 5,000**

Later in the year **you** stay in **hospital** for 9 days which costs **RMB 150,000**

Amount paid by you is RMB 5,000	Amount paid by us is RMB 145,000
--	---

Remaining **deductible** for the rest of the **policy year** is **RMB 0**

** The example assumes that all costs are related to covered benefits.*

*Please note that the benefit limits shown in the 'Table of benefits' is the maximum paid by **us**.*

TABLE OF BENEFITS

MAJOR MEDICAL HEALTH PLAN

BENEFIT AND EXPLANATION	LIMITS
ALL BENEFITS BELOW, EVEN THOSE PAID IN FULL WILL CONTRIBUTE TO THE OVERALL ANNUAL POLICY MAXIMUM LIMIT	Overall annual policy maximum USD 2,000,000 or RMB 12,600,000
MANDATORY PRE-AUTHORISATION REQUIRED FOR: <ul style="list-style-type: none"> internal cardiac defibrillator reconstructive surgery rehabilitation cancer treatment transportation (evacuation and repatriation) all in-patient stays over 5 days home nursing 	
DEDUCTIBLE The deductible applies to all benefits except Health Screening and Wellness	Annual deductible per insured person USD 4,000 or RMB 25,200
PREVENTIVE TREATMENT HEALTH SCREENING AND WELLNESS (WAITING PERIOD 180 DAYS) Once the insured has been covered on this health plan for 180 days. A health screen generally includes various routine tests performed to assess the insured's state of health and could include tests to check cholesterol and blood sugar (glucose) levels, liver and kidney function tests, a blood pressure check, and a cardiac risk assessment. The insured may also have the specific screening tests for breast, cervical, prostate, colorectal cancer or bone densitometry. The actual tests the insured receives will depend on those supplied by the benefits provider where the insured has the screening.	Up to USD 400 or RMB 2,520 each insurance period

BENEFIT AND EXPLANATION	LIMITS
IN-PATIENT CARE: FOR ALL IN-PATIENT AND DAY-PATIENT TREATMENT COSTS	
HOSPITAL ACCOMMODATION, ROOM AND BOARD When: <ul style="list-style-type: none"> there is a medical need to stay in hospital the treatment is given or managed by a specialist, and the length of the insured's stay is medically appropriate The insurer will not pay the extra costs of a deluxe, executive or VIP suite. If the cost of treatment is linked to the type of room, the insurer pays the cost of treatment at the rate which would be charged if the insured occupied a room type appropriate for this health plan . Please contact us for pre-authorisation for in-patient stays of 5 nights or more, the insured or the insured's specialist must send us a medical report before the fifth night, confirming the insured's diagnosis, treatment already given, treatment planned and discharge date. Benefit will not be paid unless pre-authorisation has been provided. If the insured requires an emergency admission, please contact us within 48 hours of the insured's admission for authorisation. The insurer will also pay up to USD 17 or RMB 110 each day for personal expenses such as newspapers, television rental and guest meals when the insured has had to stay overnight in hospital .	Paid in full Standard private room
PARENT ACCOMMODATION IN HOSPITAL The insurer pays room and board costs for a parent staying in hospital with their child when: <ul style="list-style-type: none"> the costs are for one parent or legal guardian only the parent or guardian is staying in the same hospital as you, the child is under the age of 18 years old, and the child is receiving treatment that is covered 	Paid in full
OPERATING ROOM, MEDICINES AND SURGICAL DRESSINGS Costs of the: <ul style="list-style-type: none"> operating room recovery room medicines and dressings used in the operating or recovery room medicines and dressings used during the insured's hospital stay 	Paid in full
INTENSIVE CARE Costs for treatment in an intensive care unit when it is medically necessary or an essential part of treatment .	Paid in full
SURGERY, INCLUDING SURGEONS' AND ANAESTHETISTS' FEES Surgery, including surgeons' and anaesthetists' fees, as well as treatment needed immediately before and after the surgery on the same day.	Paid in full
SPECIALISTS' CONSULTATION FEES When the insured requires medical treatment during the insured's stay in hospital .	

BENEFIT AND EXPLANATION	LIMITS
<p>PATHOLOGY, RADIOLOGY AND DIAGNOSTIC TESTS:</p> <ul style="list-style-type: none"> ◦ pathology such as blood test(s) ◦ radiology such as ultrasound or X-ray(s) ◦ diagnostic tests such as electrocardiograms (ECGs) <p>when recommended by the insured's specialist to help diagnose or assess the insured's condition when the insured is in hospital.</p>	Paid in full
<p>ADVANCED IMAGING</p> <p>Such as:</p> <ul style="list-style-type: none"> ◦ magnetic resonance imaging (MRI) ◦ computed tomography (CT) ◦ positron emission tomography (PET) <p>if recommended by the insured's specialist to help diagnose or assess the insured's condition.</p>	Paid in full
<p>MENTAL HEALTH</p> <p>Mental health treatment, overnight in hospital or as a day-patient, to include room, board and all treatment costs related to the mental health condition.</p> <p>Any mental health treatment overnight in hospital and as a day-patient for 5 days or more will need pre-authorization. Benefit will not be paid unless pre-authorization has been provided. If the insured requires an emergency admission, please contact us within 48 hours of the insured's admission for authorisation.</p>	Paid in full
<p>PHYSIOTHERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS AND DIETITIANS</p> <p>Treatment provided by therapists (such as occupational therapists), physiotherapy and dietitian or speech therapy if it is needed as part of the insured's treatment in hospital, meaning this is not the sole reason for the insured's hospital stay.</p> <p>Note: Occupational therapy for developmental issues, including sensory deficits, is not covered.</p>	Paid in full
<p>PROSTHETIC DEVICES</p> <p>The initial prosthetic device needed as part of the insured's treatment. By this the insurer means an external artificial body part, such as a prosthetic limb or prosthetic ear which is required at the time of the insured's surgical procedure.</p> <p>For an insured aged 17 and under: the insurer will pay for one replacement prosthetic device each insurance period, provided that the replacement is medically necessary.</p> <p>For an insured aged 18 and over: the insurer will not pay for a replacement prosthetic device in any circumstances.</p>	Per device up to USD 4,000 or RMB 25,200

BENEFIT AND EXPLANATION	LIMITS
<p>PROSTHETIC IMPLANTS AND APPLIANCES</p> <p>Eligible prosthetic implants and appliances shown in the following lists.</p> <p>Prosthetic implants:</p> <ul style="list-style-type: none"> ◦ to replace a joint or ligament ◦ to replace a heart valve ◦ to replace an aorta or an arterial blood vessel ◦ to replace a sphincter muscle ◦ to replace the lens or cornea of the eye ◦ to control urinary incontinence or bladder control ◦ to act as a heart pacemaker (internal cardiac defibrillator may be available subject to our medical policy criteria. Please contact us for pre-authorization) ◦ to remove excess fluid from the brain ◦ cochlear implant – provided the initial implant was provided when the insured was under the age of five, the insurer will pay ongoing maintenance and replacements ◦ to restore vocal function following surgery for cancer <p>Appliances:</p> <ul style="list-style-type: none"> ◦ a knee brace which is an essential part of a surgical operation for the repair to a cruciate (knee) ligament ◦ a spinal support which is an essential part of a surgical operation to the spine ◦ an external fixator such as for an open fracture or following surgery to the head or neck 	Paid in full
<p>RECONSTRUCTIVE SURGERY</p> <p>Treatment to restore the insured's appearance after an illness, injury or surgery. The insurer may pay for surgery when the original illness, injury or surgery and the reconstructive surgery take place during the insured's current continuous cover.</p> <p>Please contact us for pre-authorization before proceeding with any reconstructive surgery. Benefit will not be paid unless pre-authorization has been provided. If the insured requires an emergency admission, please contact us within 48 hours of the insured's admission for authorisation.</p>	Paid in full
<p>ACCIDENT RELATED DENTAL TREATMENT</p> <p>The insurer pays for dental treatment that is required in hospital after a serious accident.</p>	Paid in full
PRE- AND POST-HOSPITALISATION	
<p>PRE AND POST HOSPITALISATION</p> <p>Pre-examinations that are medically necessary in order to perform the surgery or treatment which is to take place during hospitalisation are covered 30 days prior to hospitalisation.</p> <p>Check-ups that are medically necessary in order to verify that the insured is recovering successfully from surgery or treatment received while hospitalised are covered up to 60 days after hospitalisation.</p> <p>Note: any pre-and post-hospitalisation for cancer treatment is paid from the cancer treatment benefit.</p>	<p>Paid in full up to 30 days prior to hospitalisation</p> <p>Paid in full up to 60 days after hospitalisation</p>
<p>HOME NURSING</p> <p>Following treatment in hospital which is covered under this health plan, when it:</p> <ul style="list-style-type: none"> ◦ is prescribed by the insured's specialist ◦ starts immediately after the insured leaves hospital ◦ reduces the length of the insured's stay in hospital ◦ is provided by a qualified nurse in the insured's home and ◦ is needed to provide medical care, not personal assistance <p>Please contact us for pre-authorization before proceeding with treatment. Benefit may not be paid unless pre-authorization has been provided.</p>	<p>Paid in full Up to 30 days each insurance period</p>

BENEFIT AND EXPLANATION	LIMITS
<p>HOSPICE AND PALLIATIVE CARE</p> <p>Hospice and palliative care services if the insured has received a terminal diagnosis and can no longer have treatment which will lead to the insured's recovery:</p> <ul style="list-style-type: none"> ◦ hospital or hospice accommodation ◦ nursing care ◦ prescribed medicines ◦ physical, psychological, social and spiritual care 	<p>Up to USD 40,000 or RMB 252,000</p> <p>each insurance period</p>
<p>REHABILITATION (MULTIDISCIPLINARY REHABILITATION)</p> <p>The insurer pays for rehabilitation, including room, board and a combination of therapies such as physical, occupational and speech therapy after an event such as a stroke. The insurer does not pay for room and board for rehabilitation when the treatment being given is solely physiotherapy.</p> <p>The insurer pays for rehabilitation; only when the insured has received the pre-authorization from the administrator before the treatment starts, for up to 30 days' treatment per insurance period. For treatment in hospital one day is each overnight stay and for day-patient and out-patient treatment, one day is counted as any day on which the insured has one or more appointments for rehabilitation treatment.</p> <p>The insurer only pays for multidisciplinary rehabilitation where it:</p> <ul style="list-style-type: none"> ◦ starts within 6 weeks after the end of insured's treatment in hospital for a condition which is covered by this health plan (such as trauma or stroke), and ◦ arises as a result of the condition which required the hospitalisation or is needed as a result of such treatment given for that condition <p>Note: in order to process the request for pre-authorization, the administrator must receive full clinical details from insured's specialist; including diagnosis, treatment given and planned and proposed discharge date if the insured stayed in hospital to receive rehabilitation.</p>	<p>Paid in full</p> <p>Up to 30 days each insurance period</p>
<p>PRESCRIBED MEDICINES AND DRESSINGS</p> <p>Medicines and dressings prescribed by the insured's medical practitioner are required to treat a disease, illness or injury.</p> <p>Note: this benefit does not include costs for complementary medicine prescribed or administered.</p>	<p>Up to USD 1,000 or RMB 6,300 each insurance period</p>
<p>DURABLE MEDICAL EQUIPMENT</p> <p>Durable medical equipment that:</p> <ul style="list-style-type: none"> ◦ can be used more than once ◦ is not disposable ◦ is used to serve a medical purpose ◦ is not used in the absence of a disease, illness or injury and ◦ is fit for use in the home <p>For example oxygen supplies or wheelchairs.</p>	<p>Prescribed at the hospital following in-patient or day-patient</p>

BENEFIT AND EXPLANATION	LIMITS
<p>IN-PATIENT AND/OR OUT-PATIENT CARE</p> <p>CANCER TREATMENT</p> <p>Once it has been diagnosed, including fees that are related specifically to planning and carrying out treatment for cancer. This includes tests, diagnostic imaging, consultations and prescribed medicines.</p> <p>Please contact us for pre-authorization before proceeding with treatment. Benefit will not be paid unless pre-authorization has been provided. If the insured requires an emergency admission, please contact us within 48 hours of the insured's admission for authorisation.</p> <p>If your treatment involves advanced therapy medicinal products (ATMP), this will be paid from the ATMP benefit.</p>	<p>Paid in full</p>
<p>ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS)</p> <p>We pay for ATMP treatment if it is:</p> <ul style="list-style-type: none"> ◦ administered by a specialist in the country where you receive it, and; ◦ approved by the licensing authority in the country where you receive it, for your condition, stage of disease and stage of treatment that you have, and; ◦ endorsed by an independent specialist appointed by Bupa Global who confirms it: <ul style="list-style-type: none"> ◦ as medically appropriate, based on established medical practice, or ◦ is provided under a registered and ethically approved study (in this case we will not apply the 'experimental or unproven treatment' exclusion). <p>Please contact us for pre-authorization before proceeding with treatment.</p>	<p>Paid in full, one course of treatment for each condition each insurance period</p>
<p>TRANSPLANT SERVICES</p> <p>All medical expenses, including consultations with a doctor or specialist and medical treatments whether staying in hospital overnight, as a day-patient or an out-patient for the following transplants, if the organ has come from a relative or a certified and verified source of donation:</p> <ul style="list-style-type: none"> ◦ cornea ◦ small bowel ◦ kidney ◦ kidney/pancreas ◦ liver ◦ heart ◦ lung, or ◦ heart/lung transplant <p>Costs for anti-rejection medicines and medical expenses for bone marrow transplants and peripheral stem cell transplants, with or without high dose chemotherapy when treating cancer, are covered under the cancer treatment benefit.</p> <p>Donor expenses, for each condition needing a transplant whether the donor is insured or not, including:</p> <ul style="list-style-type: none"> ◦ the harvesting of the organ, whether from a live or deceased donor ◦ all tissue matching fees ◦ hospital/operation costs of the donor, and ◦ any donor complications, but to a maximum of 30 days post-operatively only 	<p>Up to USD 500,000 or RMB 3,150,000</p> <p>each insurance period</p>
<p>KIDNEY DIALYSIS</p> <p>Provided as an in-patient, day-patient or as an out-patient.</p>	<p>Paid in full</p>

BENEFIT AND EXPLANATION	LIMITS
TRANSPORTATION/TRAVEL	
<p>Evacuation covers the insured for reasonable transport costs to the nearest appropriate place of treatment, when the treatment the insured needs is not available nearby.</p> <p>For all medical transfers:</p> <ul style="list-style-type: none"> the insured must contact us for pre-authorization before the insured travels the treatment must be recommended by the insured's specialist or doctor the treatment is not available locally the treatment must be covered under the insured's health plan the insured must have cover for the country the insured is going to be treated in and in the country the insured is being taken from before the insured needs the treatment the administrator must agree the arrangements with the insured, and benefit is applicable for hospital treatment, either overnight or as a day-patient <p>Evacuation may also be authorised if the insured needs advanced imaging or cancer treatment such as radiotherapy or chemotherapy.</p> <p>The insurer will only pay if all arrangements are agreed and approved in advance by the administrator. Should the insured arrange transportation covered under the health plan the insurer shall only compensate the insured's expenses to the equivalent cost if the insurer had arranged the insured's transportation.</p> <p>Note:</p> <ul style="list-style-type: none"> the insurer does not pay for extra nights in hospital when the insured is no longer receiving active treatment which requires the insured to be hospitalised, for example when the insured is awaiting a return flight. the insurer and/or administrator will not approve a transfer which in the insurer's and the administrator's reasonable opinion is inappropriate based on established clinical and medical practice, and the insurer is entitled to conduct a review of the insured's case, when it is reasonable for the insurer to do so. Evacuation will not be authorised if it is against the advice of the administrator's medical team. the administrator will not arrange evacuation in cases where the local situation, including geography, makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. Such intervention depends upon and is subject to local and/or international resource availability and must remain within the scope of national and international law and regulations. Interventions may depend on the attainment of necessary authorisations issued by the various authorities concerned, which may be outside of the reasonable control or influence of the administrator or the administrator's service partners. the insurer and/or administrator cannot be held liable for any delays or restrictions in connection with the transportation caused by weather conditions, mechanical problems, restrictions imposed by public authorities or by the pilot or any other condition beyond the insurer's and/ or the administrator's control. The administrator is not the provider of the transportation and other services set out in the transportation/travel section, but will arrange those services on the insured's behalf. In some countries the administrator may use service partners to arrange these services locally, but the administrator will always be here to support the insured. 	
<p>EVACUATION</p> <p>Transport costs for an evacuation:</p> <ul style="list-style-type: none"> to the nearest appropriate place where the required treatment is available. (This could be to another part of the country that the insured is in or to another country), and for the return journey to the place the insured was transferred from <p>When this is authorised in advance by us.</p> <p>The costs the insurer pays for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of an economy class air ticket whichever is the lesser amount <p>The insurer does not pay any other costs related to the evacuation such as travel costs or hotel accommodation. In some cases, it may be more appropriate for the insured to travel to the airport by taxi, than other means of transport, such as an ambulance. In these cases, and if approved in advance, the insurer will pay for taxi fares.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
TRAVEL COST FOR AN ACCOMPANYING PERSON	
<p>Reasonable travel costs for a close relative (spouse/partner, parent, child, brother or sister) to accompany the insured if there is a reasonable need for the insured to be accompanied. By 'reasonable need' the insurer means that there is a need for someone to accompany the insured for one of the following reasons:</p> <ul style="list-style-type: none"> the insured needs assistance to board or disembark from transport the insured needs to be transferred over a long distance (over at least 1000 miles or 1600 KM) there is no medical escort in the case of serious acute illness <p>The accompanying person may travel in a different class from the person receiving treatment depending on medical requirements.</p> <p>Reasonable travel costs for the return journey to the place the insured was transferred from when this is authorised in advance by Bupa Global.</p> <p>The costs the insurer pays for the return journey will be either:</p> <ul style="list-style-type: none"> the reasonable cost of the return journey by land or sea, or the cost of an economy air ticket whichever is the lesser amount <p>The insurer does not pay for someone to travel with the insured when the evacuation is for the insured to receive out-patient treatment.</p>	Paid in full
TRAVEL COST FOR THE TRANSFER OF CHILDREN	
<p>Reasonable travel costs for children to be transferred with the insured in the event of an evacuation, provided they are under the age of 18 when:</p> <ul style="list-style-type: none"> it is medically necessary for the insured as their parent or guardian to be evacuated the insured's spouse, partner, or other joint guardian is accompanying the insured, and they would otherwise be left without a parent or guardian 	Paid in full
LIVING ALLOWANCE	
<p>Costs towards living expenses for a relative (spouse/partner, parent, child, brother or sister) who is authorised to travel with the insured:</p> <ul style="list-style-type: none"> following an evacuation, and for up to 10 days, or the insured's date of discharge whichever is the earlier, whilst away from their usual specified country of residence <p>The insurer does not pay for someone to travel with the insured when evacuation is for out-patient treatment only.</p>	10 days each insurance period up to USD 150 or RMB 945 per day
LOCAL AIR AMBULANCE:	
<ul style="list-style-type: none"> from the location of an accident to a hospital, or for a transfer from one hospital to another <p>When a local air ambulance is:</p> <ul style="list-style-type: none"> medically necessary used for short distances of up to 100 miles/160 kilometres, and related to treatment that is covered that the insured needs to receive in hospital <p>A local air ambulance may not always be available in cases where the local situation makes it impossible, unreasonably dangerous or impractical to enter the area, for example from an oil rig or within a war zone. The insurer does not pay for mountain rescue.</p>	Paid in full

BENEFIT AND EXPLANATION	LIMITS
<p>LOCAL ROAD AMBULANCE:</p> <ul style="list-style-type: none"> from the location of an accident to a hospital for a transfer from one hospital to another, or from the insured's home to the hospital <p>When a local road ambulance is:</p> <ul style="list-style-type: none"> medically necessary, and related to treatment that is covered that the insured needs to receive in hospital 	Paid in full
<p>REPATRIATION OF MORTAL REMAINS</p> <p>Reasonable costs for the transportation of the insured's body or cremated mortal remains to the insured's home country or to the insured's specified country of residence:</p> <ul style="list-style-type: none"> in the event of the insured's death while the insured is away from home, and subject to airline requirements and restrictions <p>The insurer will only pay statutory arrangements, such as cremation and an urn or embalming and a zinc coffin, if this is required by the airline authorities to carry out the transportation.</p> <p>The insurer does not pay for any other costs related to the burial or cremation, the cost of burial caskets, or the transport costs for someone to collect or accompany the insured's mortal remains.</p>	Paid in full

YOUR EXCLUSIONS

In the 'General exclusions' section below, is a list of specific **treatments**, conditions and situations that are not covered as part of this **health plan**. In addition to these the **insured** may have personal exclusions or restrictions that apply to the **insured's health plan**, as shown on the insurance certificate.

Does this health plan cover for pre-existing conditions?

When applying for this **health plan** the **policyholder** was asked to provide all information about any disease, illness or injury for which any **insured** received medication, advice or **treatment**, or any **insured** had experienced symptoms before becoming a customer – the **insurer** calls these **pre-existing conditions**.

The **insured's** medical history was reviewed by **us** to decide the terms on which **we** offered this **health plan**. The **insurer** may have offered to cover any **pre-existing conditions**, possibly for an extra premium, or decided to exclude specific **pre-existing conditions** or apply other restrictions to the **insured's health plan**. If any personal exclusion or other restrictions have been applied to the **insured's health plan**, this will be shown on the insurance certificate. This means costs for **treatment** of this **pre-existing condition**, related symptoms, or any condition that results from or is related to this **pre-existing condition** are not covered. Also there is no cover for any **pre-existing conditions** that the **policyholder** did not disclose in the application.

If no personal exclusion or restriction has been applied to the insurance certificate, this means that any **pre-existing conditions** that the **policyholder** told the **insurer** about in the application are covered under the **insured's health plan**.

General exclusions

The exclusions in this section apply in addition to and alongside any personal exclusions and restrictions explained above.

For all exclusions in this section, and for any personal exclusions or restrictions shown on the insurance certificate, the **insurer** does not pay for conditions which are directly related to:

- excluded conditions or **treatments**
- additional or increased costs arising from excluded conditions or **treatments**
- complications arising from excluded conditions or **treatments**

Important note

Our health plans are non-U.S. insurance products and accordingly are not designed to meet the requirements of the U.S. Patient Protection and Affordable Care Act (the Affordable Care Act). **Our** plans may not qualify as minimum essential coverage or meet the requirements of the individual mandate for the purposes of the Affordable Care Act, and **we** are unable to provide tax reporting on behalf of those U.S. taxpayers and other persons who may be subject to it. The provisions of the Affordable Care Act are complex and whether or not **you** or **your dependants** are subject to its requirements will depend on a number of factors. **You** should consult an independent professional financial or tax advisor for guidance. For customers whose coverage is provided under a group **health plan**, **you** should speak to **your health plan administrator** for more information.

Please note that, should **you** choose to have **treatment** or services with a **benefits provider** who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. Additional rules may apply in respect of **covered benefits** received from an 'out-of-network' **benefits provider** in certain specific countries.

GENERAL EXCLUSIONS	
Administration / registration fees	Administration and/or registration fees (unless the insurer , at the insurer's reasonable discretion, deems that such fees are proper and usual, accepted practice in the relevant country).
Advance payments / deposits	Advance payments and/or deposits towards the costs of any covered benefits .

Artificial life maintenance	The insurer will not pay for artificial life maintenance for more than 90 days - including mechanical ventilation, where such treatment will not or is not expected to result in the insured's recovery or restore the insured to the insured's previous state of health. Example: The insurer will not pay for artificial life maintenance when the insured is unable to feed and breathe independently and require percutaneous endoscopic gastrostomy (PEG) or nasal feeding for a period of more than 90 days.
Birth control	Contraception, sterilisation, vasectomy, termination of pregnancy (unless there is a threat to the mother's health), family planning, such as meeting the insured's doctor to discuss becoming pregnant or contraception. We will not pay for a pregnancy or HCG test if this is carried out solely to determine if the insured is pregnant or not.
Complementary therapists	Treatment and medicine by complementary therapists including any Chinese medicine practitioner.
Conflict and disaster	We shall not be liable for any claims which concern, are due to or are incurred as a result of treatment for sickness or injuries directly or indirectly caused by you putting yourself in danger by entering a known area of conflict (as listed below) and/or if you were an active participant or you have displayed a blatant disregard for your personal safety in a known area of conflict: <ul style="list-style-type: none"> ◦ nuclear or chemical contamination ◦ war, invasion, acts of a foreign enemy ◦ civil war, rebellion, revolution, insurrection ◦ terrorist acts ◦ military or usurped power ◦ martial law ◦ civil commotion, riots, or the acts of any lawfully constituted authority ◦ hostilities, army, naval or air services operations whether war has been declared or not
Convalescence and admission for treatment that could take place as a day-case or out-patient , general care, or staying in hospital for	<ul style="list-style-type: none"> ◦ convalescence, pain management, supervision, or ◦ receiving only general nursing care, or ◦ therapist or complementary therapist services, or ◦ domestic/living assistance such as bathing and dressing
Cosmetic treatment	Non-medically essential surgery and treatment to alter the insured's appearance including abdominoplasty treatment related to or arising from the removal or addition of non-diseased or surplus or fat tissue is not covered. We do not pay for treatment of keloid scars. We also do not pay for scar revision, even if the scar is causing a functional problem.
Developmental problems	Treatment for, or related to developmental problems, including: <ul style="list-style-type: none"> ◦ learning difficulties, such as dyslexia. ◦ developmental problems treated in an educational environment or to support educational development.
Eyesight	Equipment or surgery to correct eyesight, such as laser treatment , refractive keratotomy (RK) and photorefractive keratotomy (PRK).

Experimental treatment	<p>Experimental or unproven treatment</p> <p>Clinical tests, treatments, equipment, medicines, devices or procedures that are considered to be unproven or investigational with regards to safety and efficacy.</p> <ul style="list-style-type: none"> ◦ The insurer does not pay for any test, treatment, equipment, medicine, device or procedure that is not considered to be in standard clinical use but is (or should, in Bupa's reasonable clinical opinion, be) under investigation in clinical trials with respect to its safety and efficacy. ◦ The insurer does not pay for any tests, treatment, equipment, medicine, products or procedures used for purposes other than defined under its licence, unless this has been pre-authorized by Bupa Global in line with its criteria for standard clinical use. <p>Standard clinical use includes:</p> <ul style="list-style-type: none"> ◦ treatment agreed to be "best" or "good practice" in national or international evidence-based (but not consensus-based) guidelines, such as those produced by NICE (National Institute for Health and Care Excellence) (excluding medicines approved through the UK Cancer Drugs Fund), Royal Colleges or equivalent national specialist bodies in the country of treatment; ◦ the conclusions from independent evidence-based health technology assessment or systematic review (e.g. Hayes, CADTH, The Cochrane Collaboration, the NCCN level 1 or Bupa's in-house Clinical Effectiveness team) indicate that the treatment is safe and effective; ◦ where the treatment has received full regulatory approval by the licensing authority (e.g. U.S. Food and Drugs Agency (FDA), the European Medicines Agency (EMA), the Saudi Arabia Food and Drug Agency) in the location where the insured has requested treatment, and is duly licensed for the condition and patient population being requested (please note -full regulatory approval would require submission of data to the local licensing agency that adequately demonstrated safety and effectiveness in published phase 3 trials); and/or ◦ tests, treatments, equipment, medicines, devices or procedures which are mandated to be made available by the local law or regulation of the country in which treatment is requested. <p>Notes:</p> <ul style="list-style-type: none"> ◦ Case studies, case reports, observational studies, editorials, advertorials, letters, conference abstracts and non-peer reviewed published or unpublished studies are not considered appropriate evidence to demonstrate a test, treatment, equipment, medicine, device or procedure should be used in standard clinical use. ◦ Where licensing authority approval to market tests, treatment, equipment, medicines, devices or procedures does not, in Bupa's reasonable clinical opinion, demonstrate safety and efficacy, the criteria for standard clinical use shall prevail.
Foetal surgery	Treatment or surgery undertaken in the womb before birth.
Footcare	Treatment for: corns, calluses, or thickened or misshapen nails.
Genetic testing	Genetic tests, when such tests are performed to determine whether or not the insured may be genetically likely to develop a medical condition. Example: The insurer does not pay for tests used to determine whether the insured may develop Alzheimer's disease, when that disease is not present.
Gender issues	Sex changes or gender reassignments.

Harmful or hazardous use of alcohol, drugs and/or medicines	<p>Treatment for or arising:</p> <ul style="list-style-type: none"> ◦ directly or indirectly, from the deliberate, reckless (including where you have displayed a blatant disregard for your personal safety or acted in a manner inconsistent with medical advice), harmful and/or hazardous use of any substance including alcohol, drugs and/or medicines; and ◦ in any event, from the illegal use of any such substance
Health hydros, nature cure clinics or any establishment that is not a hospital	Treatment or services received in a health hydro, nature cure clinic, spa, or any similar establishment that is not a hospital .
Illegal activity	The insurer will not pay for treatment which arises, directly or indirectly, as result of the insured 's deliberate or reckless participation (whether actual or attempted) in any illegal act, including road traffic offences.
Infertility treatment	<p>Treatment to assist reproduction such as:</p> <ul style="list-style-type: none"> ◦ in-vitro fertilisation (IVF) ◦ gamete intrafallopian transfer (GIFT) ◦ zygote intrafallopian transfer (ZIFT) ◦ artificial insemination (AI) ◦ prescribed drug treatment ◦ embryo transport (from one physical location to another), or ◦ donor ovum and/or semen and related costs <p>Note: the insurer pays for reasonable investigations into the causes of infertility if:</p> <ul style="list-style-type: none"> ◦ the insured had not been aware of any problems before joining, and ◦ the insured has been a member of this plan (or any Bupa administered plan which included cover for this type of investigation) for a continuous period of 180 days before the investigations start <p>Once the cause is confirmed, the insurer will not pay for any additional investigations in the future.</p>
Maternity and childbirth	<p>Treatment for maternity including childbirth for any condition arising from maternity or childbirth except the following conditions and treatments:</p> <ul style="list-style-type: none"> ◦ abnormal cell growth in the womb (hydatidiform mole) ◦ foetus growing outside of the womb (ectopic pregnancy) ◦ other conditions arising from pregnancy or childbirth, but which could also develop in people who are not pregnant
Mechanical or animal donor organs	Mechanical or animal organs, except where a mechanical appliance is temporarily used to maintain bodily function whilst awaiting transplant, purchase of a donor organ from any source or harvesting or storage of stem cells when a preventive measure against possible future disease.
Obesity	Treatment for or as a result of obesity such as: slimming aids or drugs, slimming classes or obesity surgery.
Persistent vegetative state (PVS) and neurological damage	The insurer will not pay for treatment while staying in hospital for more than 90 continuous days for permanent neurological damage or if the insured are in a persistent vegetative state .
Sexual problems	Sexual problems, such as impotence, whatever the cause.
Sleep disorders	Treatment , including sleep studies, for insomnia, sleep apnoea, snoring, or any other sleep-related problem.

Stem cells	Harvesting or storage of stem cells. For example ovum, cord blood or sperm storage. Note: The insurer pays for bone marrow transplants and peripheral stem cell transplants when carried out as part of the treatment for cancer. This is covered under the cancer treatment benefit.
Surrogacy	Treatment directly related to surrogacy. This applies to the insured if the insured acts as a surrogate, or to anyone else acting as a surrogate for the insured .
Temporomandibular joint (TMJ) disorders	Disorders of the Temporomandibular joint (TMJ) and related complications.
Treatment outside area of cover	Treatment in the U.S.
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ◦ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of benefit providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder.

TERMS AND CONDITIONS

No	CLAUSE
1.	The policy
1.1	The definitions set out in the "Glossary" in the Guide to the insured's health plan apply to these Terms and Conditions and are marked in bold.
1.2	This policy is an insurance contract between the policyholder and the insurer for each insurance period . The terms of the policy are set out under the Policy Wording (which includes these 'Terms and Conditions').
1.3	No other persons, unless otherwise permitted under Chinese law, may enforce any legal rights under this insurance contract. Dependants may use the complaints process set out in clause 15 below.
1.4	An individual who has insurable interest in an individual to be insured can be an applicant/ policyholder of the insurance. Policyholders must apply on behalf of their dependents for them to become eligible. Insureds who are not a national of People's Republic of China must hold a valid working visa issued by the government of People's Republic of China or has legal long term residency in China, and provide a fixed residency address inside People's Republic of China.
1.5	If the policyholder adds dependants to this policy , those dependants will be covered by this policy from the date shown on the updated insurance certificate sent to the policyholder .
2.	The insured's cover
2.1	The insurer will pay for the cost of any covered benefits in accordance with the terms of this policy and as defined in the Guide to the insured's health plan .
2.2	The insured's health plan may include a mandatory annual deductible , which will be shown in the insured's Guide to your health plan . The insured may also have an optional annual deductible , if available and selected by the policyholder in the application. The insured's deductibles will be shown on the insured's insurance certificate and the insured's insurance card. All annual deductibles apply to the policyholder and each of the dependants separately. The insured will have a new annual deductible for each insurance period . If an annual deductible applies, the insured must pay, where possible, the cost of any covered benefits received directly to the benefits provider until the insured has reached the level of the insured's annual deductible . Costs in excess of the maximums shown in the Guide to the insured's health plan will not count towards the insured's annual deductible . The cost of any covered benefits the insured receives which are covered by the insured's annual deductible (excluding costs in excess of the maximums shown in the Guide to the insured's health plan), count towards the maximum cover limits shown in the Guide to the insured's health plan . Even if the amount the insured is claiming is less than the amount of the insured's annual deductible , the insured should still submit a claim to the administrator so the insurer knows when the insured has reached the level of the insured's annual deductible . As this is an annual deductible , if the insured's first claim is towards the end of the insurance period and the insured's covered benefits continue into the next insurance period , the annual deductible is payable separately for the covered benefits received in each insurance period .
2.3	The insured's health plan may include a mandatory co-insurance , which will be shown in the Guide to the insured's health plan . The insured may also have an optional co-insurance , if available and selected by the policyholder in the insured's application form. The insured's co-insurance will be shown on the insured's insurance certificate and the insured's insurance card. The insured must pay for the co-insurance proportion of the cost of any covered benefits to which the co-insurance applies directly to the benefits provider .

No	CLAUSE
2.4	As explained under clause 2.3, the insured should pay costs any co-insurance proportion or deductible amount to the benefits provider directly, at the time of receiving the covered benefits . The insurer shall only pay claims (whether directly to the benefits provider , or by way of reimbursement to the insured) less the amount payable by the insured to the benefits provider directly. Should the insurer be required for any reason to pay a benefits provider an amount which is covered by any annual deductible or co-insurance the insurer will then collect payment from the insured for that amount. Where possible, the policyholder authorises the insurer to take this payment from the policyholder under the payment details and authority the policyholder has given to the insurer in the policyholder's application or as updated. If this policy has an annual deductible or co-insurance the policyholder must ensure that the insurer always has valid payment details and authority that enables the insurer to take payment of any annual deductible or co-insurance the insurer has paid. The policyholder must update the payment details and authority the policyholder has given to the insurer when necessary or when requested by the insurer . Otherwise it may cause delays in the insurer paying claims. The insurer will not pay claims until the insurer has received any outstanding annual deductible or co-insurance payments.
2.5	The insured must obtain pre-authorization for any covered benefits where it is stated that this is required in the Guide to the insured's health plan . Details of how to pre-authorise covered benefits are available in the Guide to the insured's health plan .
2.6	Before the insurer pre-authorises any covered benefits or pays any claim, the insurer and the administrator (on behalf of the insurer) are entitled to request additional information, such as medical reports, and the insurer and the administrator may require that the insured has a medical examination by an independent medical practitioner appointed by the insurer (at the insurer's cost) who will then provide the insurer and the administrator with a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorization to the insured and to the insured's claims being paid. If this information is not provided to the insurer at all this may result in the insured's claims not being paid.
2.7	In certain situations Bupa Global may pay for medical services or benefits which are not covered by this policy . This is called a discretionary or ex gratia payment and may include, should the insurer determine not to seek to recover it, a payment made at the insurer's error. Any payment that the insurer may make on this basis will still count towards the overall annual maximum limit that applies to this policy . If the insurer makes a payment like this it does not mean that the insurer is required to pay identical or similar costs in the future. Any such discretionary or ex gratia payments are made solely at the insurer's discretion, the insured has no right to require any such payment be made.
3.	Premium & Payment
3.1	The policyholder should pay the premium direct to the insurer . If the policyholder pays the insured's premium to anyone else, such as an intermediary or insurance broker, the insurer is not responsible for ensuring those persons pass the premium on to the insurer .
3.2	Unless it is otherwise agreed by the insurer , premium shall be paid by the policyholder in one lump sum at the time the policy is entered into. The policy will not take effect if the premium is not paid before the agreed deadline. If it is agreed that the policyholder may pay the premium in instalments, the policy will not take effect if the first instalment is not paid by the due date, and if the insurer does not receive any instalment of the premium or any other payment the policyholder owes the insurer under this policy by the due date, the insurer will write to the policyholder requesting payment by a specific date, which will be not less than 30 (thirty) days after the date the insurer issues its letter or email to the policyholder . If the insurer does not receive payment by that specific date requested by the insurer , this policy will be cancelled and all rights under this policy will cease from the original date on which payment should have been received. The insurer will not pay any claims until all overdue payments have been paid, unless the reason for non-payment is an error outside of policyholder's control, such as a bank error.
3.3	If the insurer or the administrator (on behalf of the insurer) incorrectly make any payment to either a benefits provider for treatment or benefits received by the insured but not covered by this policy , or to the insured , the insurer or the administrator reserve the right to deduct the amount the insurer or the administrator incorrectly paid from the insured's future claims or seek repayment from the insured .

No	CLAUSE
4.	Where another person has caused the insured's condition or the insured hold other insurance cover
4.1	<p><u>Claiming for treatment when others are responsible</u> The insured may need to claim for treatment that the insured needs because someone else is at fault. An example would be if the insured were a victim in a car crash. The insured will need to complete the relevant section of the claim form. The insured will also need to take any reasonable steps the insurer asks of the insured to help the insurer:</p> <ul style="list-style-type: none"> ◦ recover from the person at fault the cost of the treatment the insurer paid for. This could be through their insurance company. ◦ claim interest if the insured is entitled to do so. <p>The insurer may make a claim in the insured's name. The insured must give the insurer any help the insurer reasonably needs to make that claim. For example:</p> <ul style="list-style-type: none"> ◦ giving the insurer any documents or witness statements ◦ signing court documents, and ◦ having a medical examination. <p>The insured must not:</p> <ul style="list-style-type: none"> ◦ take any action ◦ settle any claim or ◦ do anything <p>which has a negative effect on the insurer's right to claim in the insured's name.</p>
4.2	<p><u>Claiming with joint or double insurance</u> If the insured has other insurance for costs the insured have claimed from the insurer, the insured must:</p> <ul style="list-style-type: none"> ◦ tell the insurer about this when the insured makes a claim from the insurer ◦ complete the appropriate section of the claim form. <p>The insurer will only pay its share of the costs.</p>

No	CLAUSE
5.	Making a claim
5.1	<p>The insurer wants it to be simple for the insured to make a claim. The insurer tries to pay providers directly but sometimes this isn't possible.</p> <p><u>Claim forms</u> Before the insurer can pay a claim, the insurer needs to make sure that it is a valid claim. The claim form gives the insurer the information that the insurer needs to check that the insured's claim is valid. Please make sure that to complete the form. If not, the insurer may have to ask for more information. This can take time and delay any payment. An incomplete claim form is the most common reason for delayed payments.</p> <p>The insured can contact the insurer / administrator for a claim form.</p> <p>The insured must make a separate claim for each:</p> <ul style="list-style-type: none"> ◦ insured ◦ condition ◦ in-patient or day-patient stay, and ◦ currency of claim. <p>If the insured needs treatment for more than six months, the insurer can ask the insured to complete a new claim form.</p> <p><u>What the insurer needs for the insured's claim</u> The administrator needs to receive the completed form, with any invoices, receipts and prescriptions related to the claim. This must be within two years of receiving the treatment. The insurer does not pay claims that the insurer receives more than two years after treatment unless there is a good reason why the insured couldn't make the claim earlier.</p> <p><u>More information</u> The insurer may ask for more information about the insured's claim. For example:</p> <ul style="list-style-type: none"> ◦ medical reports or other information about the insured's treatment ◦ the results of any medical examination by a medical practitioner who we appointed and that the insurer paid for. <p>If the insured doesn't give the insurer the information the insurer asks for, the insurer may not be able to pay the insured's claim.</p> <p><u>Important</u> The insurer only pays for treatment:</p> <ul style="list-style-type: none"> ◦ the insured has while the insured is on the policy ◦ up to the benefit levels that apply at the time the insured has it ◦ costs that are reasonable and customary. <p>The insurer and administrator can return original invoices stamped by the insurer, where requested by the insured.</p>

No	CLAUSE
5.2	<p><u>Confirming a claim</u> If the insured is aged 18 or over, the insurer will explain to the insured how the insurer has dealt with the insured's claim. For dependants aged 17 and under, the insurer will write to the policyholder.</p> <p><u>How the insurer pays claims</u> Where possible, the insurer follows the instructions in the 'Payment details' section of the claim form.</p> <p><u>Who the insurer will pay</u> The insurer only makes payments to the:</p> <ul style="list-style-type: none"> ◦ insured who received the treatment ◦ provider of the treatment ◦ policyholder ◦ executor or administrator of the member's estate. <p>The insurer will pay a dependant only if:</p> <ul style="list-style-type: none"> ◦ they received the treatment ◦ they are aged 18 or over, and ◦ the insurer has their bank details. <p>The insurer does not make payments to anyone else.</p> <p><u>Payment method</u> The insurer will only pay by electronic transfer direct to the insured's bank account. All bank charges or fees are the insured's responsibility.</p>
5.3	<p><u>Payment currency and conversions</u> The covered benefits amounts set out in the 'table of benefits' are calculated on a set exchange rate. For claims relating to covered benefits received in China, the insurer will only pay the insured in RMB. For claims relating to covered benefits received in any other country the insurer will reimburse the insured in the currency:</p> <ul style="list-style-type: none"> ◦ in which the insurer receives the premium ◦ of the invoices the insured send the insurer, or ◦ of the insured's bank account. <p>Sometimes banking rules may not let the insurer pay in the currency the insured would like. So, the insurer will pay in the currency the insurer receives the premium in. Very rarely, paying in a certain currency may be illegal or expose the insurer (or the Bupa Group) to United Nations sanctions. If so:</p> <ul style="list-style-type: none"> ◦ the insurer may not be able to pay the insured immediately, or ◦ will pay the insured in a currency which the insurer is allowed to and able to. <p><u>How we convert one currency to another</u> The exchange rate the insurer uses will be Reuters closing spot rate set at 16.00 UK time on the UK working day before the invoice date. If there is no invoice date, the insurer will use the insured's treatment date.</p>
5.4	<p><u>Other claim information</u> Incorrect payment of claims If the insurer incorrectly pays the insured's claim, the insurer can:</p> <ul style="list-style-type: none"> ◦ deduct the incorrectly paid amount from future claims, or ◦ seek repayment from the insured. <p><u>Discretionary payments</u> If the insurer makes a payment for a benefit the policy doesn't cover, the insurer doesn't have to pay identical or similar costs in the future. The payment will count towards the overall annual maximum that applies to this policy.</p>

No	CLAUSE
5.5	<p><u>What does the insurer do to detect and prevent fraud?</u> The insurer can check the insured's details with:</p> <ul style="list-style-type: none"> ◦ fraud prevention agencies ◦ other insurers, and ◦ other relevant third parties. <p>If you give the insurer false or inaccurate information and the insurer suspects fraud, we may record this with a fraud prevention agency. We and other organisations may also use these records to:</p> <ul style="list-style-type: none"> ◦ help make decisions about cover for you and members of your plan ◦ help make decisions on other insurance proposals and claims for you and members of your plan/group ◦ trace debtors, recover debt, prevent fraud and to manage your insurance plans ◦ establish the insured's identity ◦ undertake credit searches and additional fraud searches. <p><u>Fraudulent claims</u> If a claim on the policy is fraudulent in any way, the insurer can:</p> <ul style="list-style-type: none"> ◦ refuse to pay it and any later claim ◦ recover any payments the insurer has already made for it and for any later claim. <p><u>What if the policyholder makes a fraudulent claim?</u> The insurer can cancel the policy. This will be from the date of that claim.</p> <p><u>What if a dependant makes a fraudulent claim?</u> The insurer can cancel their cover. This will be from the date of that claim. In either case the insurer doesn't have to refund any premium already paid to the insurer.</p> <p><u>What is an example of a fraudulent claim?</u></p> <ul style="list-style-type: none"> ◦ making a false or exaggerated claim ◦ giving the insurer false information. For example forged, falsified or manipulated documents ◦ not giving the insurer information which the insurer needs to assess a claim ◦ refusing to give the insurer information which the insurer has reasonably asked for to assess a claim. For example, medical history reports, proof of payment and original invoices.
6.	The end of the insurance period
6.1	<p>This policy is a non-guaranteed renewal contract, and the insurance period of this policy is not more than 12 months. The insurer (through an insurance intermediary if one is involved) will write to the policyholder before the end of the insurance period to tell them if they may apply for a new 12-month policy. If the policyholder makes an application after receiving this notice and the insurer accepts this application, the insurer will issue a new policy once the policyholder pays the appropriate premium. The start date of the new policy will be the day after this policy expires so that there is no break in cover.</p>
6.2	At the end of the insurance period the insurer reserves the right not to offer a new policy at its discretion for any reason. If so, the insurer will issue the insured a notice at least 30 (thirty) days before the end of the insurance period .
6.3	<p>If the policyholder or dependants have personal exclusion(s) or cover for pre-existing conditions and would like us to reconsider this, they should tell us when they re-apply for a new policy. The insurer may remove an exclusion or the additional premium applied for the pre-existing condition if, in our opinion, no further treatment will be either directly or indirectly required for the condition, or for any related condition. There are some personal exclusions that, due to their nature, the insurer will not reconsider. In order to reconsider an exclusion, the insurer may ask for an up-to-date medical report from your family doctor or consultant. Any costs incurred in obtaining these details are not covered under the policy and are your responsibility.</p>
7.	Changes to the policy
7.1	Only the insurer and the policyholder can agree to make changes. Changes will take effect only when the insurer confirms them in writing.

No	CLAUSE
7.2	<p>This policy lasts one year:</p> <ul style="list-style-type: none"> ◦ the policyholder can only make changes at re-application ◦ any waiting periods would not re-start.
7.3	<p>The insurer may make changes to the policy during the insurance period:</p> <ul style="list-style-type: none"> ◦ if laws or regulators say the insurer must, or ◦ to improve cover for all members with the same product. <p>If so, the insurer will write to tell the policyholder about the changes.</p>
7.4	<p>If the insurer reasonably considers that by continuing this policy the insurer or an insured may breach any:</p> <ul style="list-style-type: none"> ◦ law ◦ regulation ◦ code or ◦ court order <p>the insurer can end the policy immediately.</p> <p>This policy does not provide cover if this would expose the insurer or the administrator (or the Bupa group and service partners) to any:</p> <ul style="list-style-type: none"> ◦ sanction, prohibition or restriction under United Nations resolutions or ◦ trade or economic sanctions, laws or regulations of People's Republic of China, the European Union, UK or United States of America.
8.	The insured's country of residence
8.1	<p>The insured must tell the insurer straight away if the insured moves to a different country or the insured's specified country of residence or specified country of nationality changes.</p> <p>This policy will terminate if the law of the country in which the insured is located, or the insured's country of residence or nationality, or any other law which applies to the insurer or this policy, prohibits the provision of healthcare cover by the insurer to local nationals, residents or citizens.</p>
8.2	<p>The insured must tell the insurer straight away if the insured changes the insured's correspondence address or other contact details as the insurer will use the last address and contact details the insured gave the insurer until the insured tells the insurer otherwise.</p>
9.	Ending this policy or removing a dependant insured from cover
9.1	<p>The policyholder can at any time, if all the insureds have not made or submitted any claims:</p> <ul style="list-style-type: none"> ◦ cancel the entire policy, which will end cover for everyone; or ◦ cancel cover for a dependant. <p>To do this, please tell the insurer by telephone, email or post.</p> <p>The change will take effect 14 days after the policyholder tells the insurer about the change. Please note:</p> <ol style="list-style-type: none"> 1. the insurer will not back-date the cancellation date and 2. will not pay claims for treatment which takes place after the policy ends.

No	CLAUSE
9.2	<p><u>Refund timeframes</u></p> <p>The refund of any premium will depend on the date the policyholder cancels the entire policy or the policy of a dependant. There are two scenarios:</p> <p>A. Cancellation within the first 30 days of the policy; or B. Cancellation after the first 30 days of taking out the policy.</p> <p>A. Cancellation within the first 30 days of cover: If the policyholder cancels the entire policy:</p> <ul style="list-style-type: none"> ◦ within the first 30 days of cover starting for that insurance period, and ◦ there have been no claims for treatment which took place in that 30-day period <p>the insurer will refund all premiums paid for that insurance period.</p> <p>If the policyholder cancels cover for a dependant:</p> <ul style="list-style-type: none"> ◦ within the first 30 days of cover starting for that dependant for that insurance period, and ◦ there have been no claims for treatment for that dependant which took place in that 30-day period <p>the insurer will refund all premium paid for that dependant for that insurance period.</p> <p>B. Cancellation after the first 30 days of cover: If the policyholder cancels the entire policy:</p> <ul style="list-style-type: none"> ◦ after the first 30 days of cover for that insurance period, and ◦ all the insureds have not made or submitted any claims <p>the insurer will cancel the policy 14 days from the date the policyholder asked the insurer (as mentioned in section 9.1 above). And we will refund any premiums already paid for after the 14-day cancellation period.</p> <p>For example, if the policyholder cancels the entire policy on 1 March, the insurer will refund any premium paid for 15 March onwards.</p> <p>If the policyholder cancels cover for a dependant:</p> <ul style="list-style-type: none"> ◦ after the first 30 days of cover for that insurance period, and ◦ the dependant has not made or submitted any claims <p>the insurer will refund any premium already paid for that dependant for after the 14-day cancellation period.</p> <p>For example, if the policyholder cancels the cover for a dependant on 1 March, the insurer will refund any premium paid for 15 March onwards.</p>
9.3	<p><u>Refund of premium</u></p> <p>The insurer will refund the insured on the same method used to pay premium. This means the refund will go back into the insured's bank account, credit card, debit card or via a cheque.</p> <p>Please be aware that if the insured has any outstanding payments with the insurer, the insurer may deduct this from the refund.</p>
9.4	<p><u>If a member dies</u></p> <p>If:</p> <ul style="list-style-type: none"> ◦ a dependant dies – the policyholder should tell the insurer within 30 days. ◦ the policyholder dies – any dependants on the policy, or family members of the policyholder, should tell the insurer within 30 days. <p>After the insurer has been informed of the death, the insurer will end the policy.</p> <p>Where the policyholder has died, a dependant aged 18 or over can apply to be the policyholder and can add more dependants to the policy. If there is no new policyholder, the policy will end.</p> <p>In either case, where there have been no claims, we will refund the premium for the period after the policy ended.</p>
10.	The insurer's role under this policy and appointment as the insured's agent
10.1	<p>The insurer's role under this policy is to provide the insured with insurance cover and sometimes to make arrangements (on the insured's behalf, directly, or through the administrator) for the insured to receive any covered benefits. It is not the insurer or the administrator's role to provide the insured with the actual covered benefits.</p>

No	CLAUSE
10.2	The policyholder , on behalf of the policyholder and the dependants , appoints the insurer (and the administrator on behalf of the insurer) to act as agent for the insured , to make appointments or arrangements for the insured to receive covered benefits which the insured requests. The insurer (and the administrator on behalf of the insurer) will use reasonable care when acting as the insured's agent.
10.3	The policyholder , on behalf of the policyholder and the dependants , authorises the insurer (and the administrator on behalf of the insurer) as the insured's agent, if for any reason the insured is not available to give the insurer and the administrator instructions with regard to any covered benefits (for example if the insured is incapacitated), to: <ul style="list-style-type: none"> take such action as the insurer and the administrator reasonably consider to be in the insured's best interests (in accordance with the cover the insured have under this policy); provide any information about the insured to the insured's benefits provider as the insurer and the administrator reasonably consider to be appropriate in the circumstances; and/or take instructions from the person the insurer and the administrator reasonably consider to be the most appropriate person (for example a family member, the insured's treating doctor or the insured's employer).
10.4	When acting as the insured's agent the insurer (and the administrator on behalf of the insurer) may act via the service partners .
11.	The insurer's liability to the insured
11.1	The insurer (including the administrator who acts on behalf of the insurer) shall not be liable to the insured or anyone else for any loss, damage, illness and/or injury that may occur as a result of the insured's receiving any covered benefits , nor for any action or failure to act of any benefits provider or other person providing the insured with any covered benefits . The insured should be able to bring a claim directly against such benefits provider or other person.
11.2	The insured's statutory rights are not affected.
12.	Provision of accurate and complete information
12.1	In this clause 12, where we refer to ' you ' or ' you the policyholder ' this includes anyone acting on your behalf, where we refer to any ' dependant ' this includes anyone acting on behalf of any dependant .
12.2	You and any dependant must take reasonable care to make sure that all information provided to us is accurate and complete, at the time you take out this plan, and at each variation of this plan. You and any dependant must also tell us if any of the answers to the questions in the application form change prior to this plan starting. Otherwise, the following apply with effect from the date the plan was taken out or varied (depending on when we were provided with inaccurate or incomplete information). A. We may treat this plan as if it had not existed if you deliberately or recklessly give us inaccurate or incomplete information. B. Where you negligently or carelessly give us inaccurate or incomplete information, or where A. applies but we choose not to rely on our rights under A, we may treat the plan and any claims in a way which reflects what we would have done if we had been provided with accurate and complete information, as follows: <ul style="list-style-type: none"> if we would have refused to cover you at all, we may treat this plan as if it had not existed; if we would have provided you with cover on different terms, then we may apply those different terms to this plan. This means a claim will only be paid if it is covered by and/or if you have complied with such different terms - for example your plan may contain new personal restrictions or exclusions; and/or if we would have charged you a higher premium, we may reduce the amount payable on any claim by comparing the additional premium to the original premium. For example, we will only pay half of a claim, if we would have charged double the premium.
12.3	Where it is a dependant (or you on their behalf) who has provided incomplete or inaccurate information, the same rules apply but only to that part of the plan which applies to the dependant , or to claims made by that dependant . The same rules apply if someone else provides us with information on your behalf or any dependant's behalf.
13.	Data Processing Notice
13.1	Please see Bupa Global's Privacy Notice.

No	CLAUSE
14.	Complaints
14.1	For any disputes arising out of or in connection with the policy , the insurer and the insured(s) shall attempt to resolve the dispute through negotiation. If the dispute cannot be resolved through negotiation, it shall be submitted to the arbitration commission as specified in the policy . If there is no arbitration commission specified in the policy or no agreement has been reached regarding the choice of arbitration commission after the occurrence of the dispute, the dispute shall be adjudicated at the People's Court of China.
14.2	If any dispute arises as to the interpretation of this policy as between different language versions, then the Chinese version shall be deemed to be conclusive and take precedence over any other versions. Please note that although the insurer may provide this document in other languages for the insured's convenience only, future correspondence relating to this policy may be serviced in English.

PRIVACY NOTICE

Last updated: February 2023

For the avoidance of doubt, it is clarified that the below data processing notice is of **Alltrust** Insurance Company and is only applicable to / governs your relationship with **Alltrust** Insurance Company as your **insurer**. The below data processing notice does not apply to or govern your relationship with **Bupa Global**.

Purpose

Personal data collected about you and any additional people to be covered by the **policy**, may be used by **Alltrust** to process your claims, administer your **policy**, make suggestions about clinically appropriate **treatment**, for research and analytics, in undertaking audits and to detect and prevent fraud or improper claims.

Confidentiality

The confidentiality of patient and member information is of paramount concern to **Alltrust**. To this end, **Alltrust** comply with applicable data processing legislation and Medical Confidentiality Guidelines.

Medical information

Medical information will be kept confidential. Unless otherwise required or permitted by law it will only be disclosed to those involved with your **treatment** or care, including your General Practitioner and Physician, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your **treatment** expenses, or their agents. Information may also be shared with appointed third parties involved in the management and handling of your **policy**. Information may be shared with your AIC Agent/Adviser where you have requested that they assist you.

Sharing of personal data

Subject to our obligations of confidentiality and data protection, we may share your personal data with:

- **Alltrust** group companies for the purposes set out above, and access is restricted to those individuals who have a need to access the information for those purposes.
- **Alltrust** group insurers or our insurance partners (if you transfer to another **Alltrust** plan or a plan offered by one of our partners, we will share your medical and claims history with the new **insurer**).
- our service providers

Often we will need to share your personal data with professional advisors such as claim investigators, **emergency** assistance providers, medical professionals, lawyers and other experts.

We also engage third party service providers to provide our IT systems; printing and marketing services; research and analytics, auditing and similar outsourced services. In each case, we require these third parties only use the personal data as is necessary to carry out their services. Sometimes these third parties are located outside your jurisdiction, in countries which do not provide the same protection as your own. We ensure they are subject to contractual restrictions with regard to confidentiality and security obligations.

Customer details

All **policy** documents and correspondence about any claim may be sent to the **policyholder**. We may also share other information with the **policyholder** such as benefits received by other persons covered by the **policy**, claims paid, amount of **deductible** used and if relevant any medical history of another person covered by the **policy**, which impacts on the provision of the benefits.

Telephone calls and webchat

In the interest of continuously improving our services, your calls and webchats will be recorded and may be monitored for training and quality purposes.

Research and analytics

Your personal data may be used for research, analytics and statistical purposes, or in the course of undertaking audits. The outputs of this will be used to develop and improve our services and the services you receive which are funded by your **Alltrust policy**. We may also contact you to invite you to participate in customer research activities.

Fraud

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention, detection or investigation of crime including reasonable suspicion about fraud or otherwise improper claims.

Names and addresses

Alltrust do not make the names and addresses of customers or patients available to other organisations outside the **Alltrust** group and its service providers. We are required to share any and all information to regulators and law enforcement agencies upon request.

Keeping you informed

Alltrust would, on occasion, like to keep you informed of their products and services which it considers may be of interest to you. You will be able to opt out of receiving these communications at any time.

Contact address

In accordance with relevant regulations relating to protection of personal data, if you would like a copy of your personal information (for which a small fee may be payable or you would like to update your personal information, or if you have any other data processing queries please call the Customer Service Team on 4000 687 866 / +86 10 5854 1802. Alternatively you can email or write via aic@bupa.com.cn, or

- South Building, Huaneng Shanghai Tower, No. 200 Shiboguan Road, Pudong, Shanghai, China. Postcode: 200126
- Unit 04-06a, Room 3801, Area A. Gaode Land Spring Plaza, 85 Huacheng Avenue, Tianhe District, Guangzhou, China. Postcode: 510623
- 20F, Building A, Shiji Jingmao Tower, No72 North Xisanhuan Road, Haidan District, Beijing, China: Postcode: 10089

For further information on how the **insurer Alltrust** collects and handles the **Insured's** your data, please see the **Alltrust** privacy **policy** at: <https://www.alltrust.com.cn/new/privacyArticle/privacyArticle>

PRIVACY NOTICE OF BUPA GLOBAL

Last updated: November 2022

For the avoidance of doubt, it is clarified that the below privacy notice is of **Bupa Global** and is only applicable to / governs **your** relationship with **Bupa Global**. The below privacy notice does not apply to or govern **your** relationship with **Alltrust**, as **your insurer**.

We are committed to protecting **your** privacy when dealing with **your** personal information. This privacy notice provides an overview of the information **we** collect about **you** and how **we** use and protect it. It also provides information about **your** rights. The information **we** process about **you**, and **our** reasons for processing it, depends on the products and services **you** use. **You** can find more details in **our** full privacy notice available at:

www.bupaglobal.com/privacypolicy. If **you** do not have access to the internet and would like a paper copy of the full privacy notice, or if **you** have any questions about how **we** handle **your** information, please contact the **Bupa Global** service team on +44 1273 323563. Alternatively, **you** can email or write to the team via info@bupaglobal.com or **Bupa Global**, Victory House, Trafalgar Place, Brighton BN1 4FY, United Kingdom.

Information about Bupa Global

In this privacy notice, "we", "us" and "our" mean the Bupa companies trading as **Bupa Global**. For details of these companies visit www.bupaglobal.com/legal-notices

The Bupa companies that process your information will depend on which of our products and services you ask us about, buy or use. For our insurance policies, your information will be processed by the **insurer** and the lead **administrator** of your **policy** who may share it with other Bupa companies as set out in the 'Sharing your information section'. Please refer to your **policy** documentation for confirmation of the **insurer** and lead **administrator**.

1. What this privacy notice covers

This privacy notice applies to anyone who interacts with us in relation to our products and services ("you", "your"), in any way (for example email, website, telephone, app).

2. How we collect personal information

We collect personal information from you and from certain third parties (for example those acting on your behalf, like brokers, healthcare providers and so on). If you give us information about other people, you must make sure that they have seen a copy of this privacy notice and are comfortable with you giving us their information.

3. Categories of personal information

We process the following categories of personal information about you and, if it applies, your **dependants**. This is standard personal information (for example information we use to contact you, identify you or manage our relationship with you), special categories of information (for example health information, information about race, ethnic origin and religion that allows us to tailor your care), and information about any criminal convictions and offences (we may get this information when carrying out anti-fraud or anti-money-laundering checks or other background screening activity).

4. Purposes and lawful grounds of our processing personal information

We process your personal information for the purposes set out in our full privacy notice, including to deal with our relationship with you (including for claims and complaints handling), for research and analysis, to monitor our expectations of performance (including of health providers relevant to you) and to protect our rights, property, or safety, or that of our customers, or others. The legal reason we process personal information depends on what category of personal information we process. We normally process standard personal information on the basis that it is necessary so we can perform a contract, for our or others' legitimate interests or it is needed or allowed by applicable law. We process special categories of information because it is necessary for an insurance purpose, because we have your permission or as described in our full privacy notice. We may process information about your criminal convictions and offences (if any) if this is necessary to prevent or detect a crime.

5. Processing for profiling and automated decision-making

Like many businesses, we sometimes use automation to provide you with a quicker, better, more consistent, and fair service, as well as with marketing information we think will interest you (including discounts on our products and services). This may involve evaluating information about you and, in limited cases, using technology to provide you with automatic responses or decisions. You can read more about this in our full privacy notice. You have the right to object to direct marketing and profiling relating to direct marketing. You may also have rights to object to other types of profiling and automated decision-making.

6. Sharing your information

We share your information within the **Bupa Group**, with relevant **policyholders** (including your employer if you are covered under a group scheme), with funders who arrange services on your behalf, those acting on your behalf (for example brokers and other intermediaries) and with others who help us provide services to you (for example healthcare providers) or who we need information from to handle or check claims or entitlements (for example professional associations). We also share your information in accordance with the law. You can read more about what information may be shared in what circumstances in our full privacy notice.

7. International transfers

We work with companies that we partner with, or that provide services to us (such as health-care providers, other Bupa companies and IT providers) that are in, or run their services from, countries across the world. As a result, we transfer your personal information to different countries including transfers from within the UK to outside the UK, and from within the EEA (the EU member states plus Norway, Liechtenstein, and Iceland) to outside the EEA, for the purposes set out in this privacy notice. We take steps to make sure that when we transfer your personal information to another country, appropriate protection is in place, in line with global data protection laws.

8. How long we keep your personal information

We keep your personal information in line with periods using the criteria shown in the full privacy notice available on our website.

9. Your rights

You have rights to have access to your information and to ask us to correct, erase and restrict use of your information. You also have rights to object to your information being used, to ask us to transfer information you have made available to us, to withdraw your permission for us to use your information and to ask us not to make automated decisions which produce legal effects concerning you or significantly affect you. Please contact us if you would like to exercise any of your rights.

10. Data-protection contacts

If you have any questions, comments, complaints or suggestions about this notice, or any other concerns about the way in which we process information about you, please contact us at info@bupaglobal.com. You can also use this address to contact our Data Protection Officer.

We are regulated by the Information Commissioner's Office (www.ico.org.uk) who can be contacted at, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF, United Kingdom. Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate). You have a right to make a complaint to them or to your local privacy supervisory authority

GLOSSARY

Acceptable current clinical evidence	International medical and scientific evidence of effectiveness and safety of the treatment , which include peer-reviewed scientific studies published in or accepted for publication by medical journals that meet internationally recognised requirements for scientific manuscripts. This does not include individual case reports, studies of a small number of people, or clinical trials which are not registered.
Active treatment	Treatment from a medical practitioner of a disease, illness or injury that leads to your recovery, conservation of your condition or to restore you to your previous state of health as quickly as possible.
Administrator	Bupa Global.
Advanced therapy medicinal products (ATMPs)	Treatments that are based on genes, tissues or cells, for example Chimeric Antigen Receptor (CAR) T-cell treatment .
Alltrust	Alltrust Insurance Company Ltd (a company incorporated in the PRC whose registered office is at 2/F, Huaneng Union Tower, No.958 Lujiazui Circle Road, Pudong, Shanghai, Post code: 200120, the PRC) – the insurer of this policy .
Artificial life maintenance	Any medical procedure, technique, medication or intervention delivered to a patient in order to prolong life.
Assisted Reproduction Technologies	Technologies including but not limited to in-vitro fertilisation (IVF) with or without intra-cytoplasmic sperm injection (ICSI) gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), egg donation and intra-uterine insemination (IUI) with ovulation induction.
Benefits provider	The recognised medical practitioner, hospital or clinic, or any other service provider, which provides you with any covered benefits .
Blue Cross and Blue Shield Association / Blue Cross Blue Shield Global / BCBSA	The Blue Cross and Blue Shield Association is a national federation of 36 independent, community-based and locally-operated Blue Cross and Blue Shield companies. Blue Cross Blue Shield Global is a brand owned by the Blue Cross Blue Shield Association .
Bupa Global	Bupa Insurance Services Limited (a company incorporated in England with registered number 03829851 whose registered office is at Bupa, 1 Angel Court, London EC2R 7HJ, UK, who provides international administration services in relation to this policy), and/or Bupa Consulting (Beijing) Co Ltd (a company incorporated in the People's Republic of China, with registered number 110000450188396 whose registered office is Suite 508, 5F, Fortune Financial Center, No.5 Dongsanhuan Zhong Road, Chaoyang District, Beijing, 100020, People's Republic of China), who provides local administration services in relation to this policy .
Bupa Group	Bupa Global , Bupa Insurance Services Limited, Bupa Insurance Limited and all other companies in the Bupa Group, and those companies which provide any administration of this policy on behalf of Bupa Global .
Co-insurance	The percentage you have to pay towards those covered benefits to which co-insurance applies, as indicated in your membership certificate and membership guide.

Complementary therapist	Such as an acupuncturist, homeopath, reflexologist, naturopath or Chinese medicine practitioner who is fully trained and legally qualified and permitted to practise by the relevant authorities in the country in which the treatment is received.
Covered benefits	The treatment and benefits shown as covered in the Guide to your Bupa Global health plan .
Day-patient	Treatment which for medical reasons requires you to stay in a bed in hospital during the day only. We do not require you to occupy a bed for day-patient mental health treatment .
Deductible	The amount payable by you in any insurance period before we will pay for any covered benefits .
Dependants	Any other people covered by this policy , as named on the insurance certificate.
Diagnostic tests	Investigations, such as X-rays or blood tests, to find the cause of your symptoms.
Dietician	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Doctor	A person who: is legally qualified in medical practice following attendance at a recognised medical school to provide medical treatment , does not need a specialist's training, and is licensed to practise medicine in the country where the treatment is received. By recognised medical school we mean a medical school which is listed in the World Directory of Medical Schools as published from time to time by the World Health Organisation.
Emergency	A serious medical condition or symptoms resulting from a disease, illness or injury which arises suddenly and, in the judgment of a reasonable person, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at risk.
Fa Piao	Issued by the party who received the money and serves as a proof to the tax authorities for tax-related activities.
Family Members	Persons of a family relationship (related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition is available on request.
Guide to your health plan	The booklet entitled " Guide to your health plan " for the health plan which is stated to apply to you on your insurance certificate. This sets out which treatments and benefits are included under and any exclusions that apply to this policy .
Health plan	Any insurance plans made available by Alltrust (the insurer) or any of its partners from time to time.
Hospital	A centre of treatment which is registered, or recognised under the local country's laws, as existing primarily for carrying out major surgical operations , or providing treatment which only specialists can provide.
In-patient	Treatment which for medical reasons normally means that you have to stay in hospital bed overnight or longer.
Insurance period	The period of time for which this policy is effective. This period of time will be no longer than 12 months. Your insurance certificate shows the start date and end date of this cover.
Insured or you/your	The policyholder and/or any dependants .

Insurer or we/us/our	Alltrust.
Intensive care	Intensive care includes; High Dependency Unit (HDU): a unit that provides a higher level of medical care and monitoring, for example in single organ system failure. Intensive Therapy Unit/ Intensive Care Unit (ITU/ICU): a unit that provides the highest level of care, for example in multi-organ failure or in case of intubated mechanical ventilation. Coronary Care Unit (CCU): a unit that provides a higher level of cardiac monitoring. Special care baby unit: a unit that provides the highest level of care for babies.
Mainland China	People's Republic of China (excluding Macau, Hong Kong and Taiwan for the purpose of this insurance contract).
Medical practitioner	A specialist, doctor, psychologist, psychotherapist, physiotherapist, osteopath, chiropractor , dietitian, speech therapist, complementary therapist or therapist who provides active treatment of a known condition.
Medically necessary:	Treatment , medical service or prescribed drugs/medication which is: (a) consistent with the diagnosis and medical treatment for the condition ; (b) is consistent with generally accepted standards of medical practice; (c) necessary for such a diagnosis or treatment ; (d) not being undertaken primarily for the convenience of the insured or the treating medical practitioner
Mental health treatment	Treatment of mental conditions, including eating disorders.
Network	Hospitals , pharmacies or similar facilities, or medical practitioner's that have an agreement in effect with Bupa Global or a service partner to provide you with eligible treatment .
Out-patient	Treatment given at a hospital , consulting room, doctor's office or out-patient clinic where you do not stay overnight or as a day-patient to receive treatment .
Ovulation induction treatment	Treatment including medication to stimulate production of follicles in the ovary including but not limited to clomiphene and gonadotrophin therapy.
Persistent vegetative state	A state of profound unconsciousness, with no sign of awareness or a functioning mind, even if the person can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name, or touching. The state must have remained for at least four weeks with no sign of improvement, when all reasonable attempts have been made to alleviate this condition.
Pharmacy	A facility where prescribed drugs are prepared or sold.
Physiotherapists, osteopaths and chiropractors	Practitioners must be fully trained and legally qualified and permitted to practise by the relevant authorities in the country where the treatment is received.
Policy	Your contract of insurance with Alltrust as described in Clause 1 of the 'Terms and Conditions'.
Policyholder	The main applicant set out in the application and who will be the first person named on the insurance certificate.

Pre-existing condition	<ul style="list-style-type: none"> Any medical condition declared in your application for cover which has been noted on your membership certificate as a 'personal exclusion' or covered pre-existing condition. Any medical condition declared in your application for cover which has been accepted with no 'personal exclusion' or underwriting loading applied Any disease illness or injury for which you received medication, advice or treatment, or you had experienced symptoms of whether the condition was diagnosed or not, prior to becoming a member which was not disclosed on your application for cover <p>Where we have accepted your transfer to this plan from another insurance product on a continuous cover basis, the above reference to 'application for cover' shall be deemed to mean your original application for cover under that previous insurance product.</p>
Psychologist and psychotherapist	A person who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Qualified nurse	A nurse whose name is currently on any register or roll of nurses maintained by any statutory nursing registration body in the country where the treatment is received.
Reasonable and Customary	Reasonable and Customary means the 'usual', or 'accepted standard' amount payable for a specific healthcare treatment , procedure or service in a particular geographical region, and provided by benefits providers of comparable quality and experience.
Recognised medical practitioner, hospital or healthcare facility	Any provider who is not an unrecognised medical practitioner, hospital or healthcare facility .
Rehabilitation (Multidisciplinary rehabilitation)	Treatment in the form of a combination of therapies such as physical, occupational and speech therapy aimed at restoring full function after an acute event such as a stroke.
Serious acute illness	A medical condition, or symptoms resulting from a disease, illness or injury which arises suddenly and in the reasonable opinion of the attending specialist and our medical consultants, requires immediate treatment , generally within 24 hours of onset, and which would otherwise put your health at serious risk.
Service partner	A company or organisation that provides services on behalf of Bupa Global . These services may include location of local medical facilities.
Specialist	A surgeon, anaesthetist or physician who: is legally qualified to practise medicine or surgery following attendance at a recognised medical school, is recognised by the relevant authorities in the country in which the treatment is received as having specialised qualification in the field of, or expertise in, the treatment of the disease, illness or injury being treated. By 'recognised medical school' we mean a medical school which is listed in the World Directory of Medical Schools, as published from time to time by the World Health Organisation.
Specified country of nationality	The country of nationality specified by you in your application or as advised to us in writing, whichever is the later.
Specified country of residence	The country of residence specified by you in your application and shown in your insurance certificate, or as advised to us in writing, whichever is the later. The country you specify must be the country in which the relevant authorities (such as tax authorities) consider you to be resident for the duration of the policy .
Speech therapist	Practitioners must be fully trained and legally qualified and permitted to practice by the relevant authorities in the country where the treatment is received.
Surgical operation	A medical procedure that involves the use of instruments or equipment.

Therapists	An occupational therapist or orthoptist, who is legally qualified and is permitted to practise as such in the country where the treatment is received.
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure disease, illness or injury.
Unrecognised medical practitioner, hospital or healthcare facility	<ul style="list-style-type: none"> ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are not recognised by the relevant authorities in the country where the treatment takes place as having specialist knowledge, or expertise in, the treatment of the disease, illness or injury being treated. ◦ Self treatment or treatment provided by anyone with the same residence, Family Members (persons of a family, related to you by blood or by law or otherwise). A full list of the family relationships falling within this definition are available on request. ◦ Treatment provided by a medical practitioner, hospital or healthcare facility which are to whom we have sent a written notice that we no longer recognise them for the purposes of our health plans. You can contact us by telephone for details of benefit providers we have sent written notice to or visit Facilities Finder at bupaglobal.com/en/facilities/finder
We/us/our	AIC and Bupa Global
You/your	The policyholder and/or any dependants .

**Call the administrator,
Bupa Global:**

For general services/Pre-authorisation

4000 687 866 / international number +86 10 58541802
9am to 6pm (Beijing time), Monday to Friday
email: aic@bupa.com.cn

For provider pre-authorisation

4000 568 488 / international number
+86 10 58541801
9am to 6pm (Beijing time), Monday to Friday
email: preauth@bupa.com.cn

For HealthPro Concierge Services

4006 107 800 / international number
+86 10 58541808
9am to 6pm (Beijing time), Monday to Friday
email: mc@bupa.com.cn

For global emergency assistance

+44 (0) 1273 718 493
email: emergency.cn@bupaglobal.com

**For services in the U.S.
Blue Cross Blue Shield Global**

U.S. Service Center
Palmetto Bay Village Center
17901 Old Cutler Road,
Suite #400
Palmetto Bay, FL 33157
info@bupaglobalaccess.com
+1 786-257-4741

Sales enquiries

Call the dedicated sales team between
8.30am and 5pm Beijing time, Monday to Friday
Tel: 021-58525959
Email: aic-bupa@alltrust.com.cn

Insurer:

IPMI Department,
Alltrust Insurance Company Ltd.
South Building, Huaneng Shanghai Tower,
No. 200 Shiboguan Road, Pudong,
Shanghai, China. Postcode: 200126
www.alltrust.com.cn/healthinsurance

Administrator:

Bupa Insurance Services Limited (a company incorporated in England with registered number 03829851 whose registered office is at Bupa, 1 Angel Court, London EC2R 7HJ, UK, who provides international administration services in relation to this **policy**), and/or Bupa Consulting (Beijing) Co Ltd (a company incorporated in the People's Republic of China, with registered number 110000450188396 whose registered office is Suite 508, 5F, Fortune Financial Center No.5 Dongsanhuan Zhong Road Chaoyang District, Beijing 100020), who provides local administration services in relation to this **policy**.