

TABLE OF BENEFITS

保险福利 责任表



标普全球财智信息服务（北京）有限公司

S&P Global

Mainland China Plan

中国大陆保障

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 24/7/365 Hotline: 400 920 7131

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Table of Benefits 保险福利责任表

All benefit maximums are in CNY per Insured Person per Policy Period. 每位被保险人，每个保险年度的福利最高保额以人民币为计算单位。

Benefit explanation 福利释义

Benefit limitations 福利限额

Overall Annual Maximum

整体保单年度最高赔付限额

This policy will cover reasonable and customary medical expenses incurred during the policy period. All medical expenses incurred must be medically necessary, and be provided in a licensed medical facility (hospital/clinic) by a licensed doctor, as recognized by the local government.

本保险承担在保障期间内发生的医学必需的治疗，就诊的医院/诊所和医生必须具有医疗资质并在当地合法注册。所有接受治疗所产生的费用必须是医学必需且合理的。

Overall Annual Maximum: CNY500,000
年度最高保额：500,000 元

Overall Inpatient Maximum: Covered up to annual maximum.

年度住院医疗上限：赔付至年度最高保额。

Overall Outpatient Maximum: Covered up to annual maximum.

年度门诊医疗上限：赔付至年度最高保额。

Area of Coverage

保障地域范围

This policy will cover medically necessary and reasonable expenses for routine and emergency treatments within the area of coverage.

在保障计划适用的地区发生的医学必需且合理的常规和紧急情况下的医疗费用理赔。

Mainland China.
中国大陆。

Emergency Treatment outside Area of Coverage

保障地域范围外的紧急医疗

This benefit will provide coverage for the medically necessary and reasonable expenses of emergency medical treatments outside the area of coverage.

您的保障计划包含在保障地区范围之外的医学必需且合理的“紧急医疗”。

Included, emergencies are covered worldwide according to the benefits described in this table.

涵盖全球紧急医疗，具体福利见本福利表。

Direct Billing Service

直付服务

The direct billing service provide a quicker and more convenient experience at MSH network providers, where you won't need to pay upfront for your medical expenses.

通过 MSH 直接付费服务，您无需垫付医疗费用，即可在 MSH 网络医院享受更加快捷便利的就医体验。

For details on MSH network providers please refer to the service manual and our online platforms.

详细内容，请参考服务手册及在线服务平台。

Included.
涵盖。

Co-payments and Deductibles

一般自付比例及免赔额

All benefits in this plan are subject to the below deductibles and co-payments, unless otherwise stated.

以下一般自付比例及免赔额适用于本福利表所列的所有福利，除非另有约定。

Provider Co-payment

医院自付比例

The provider co-payment is a fixed percentage that the insured person will pay of covered expenses at a specific provider (hospital or clinic). The provider co-payment applies before the deductible.

医院自付比例是被保险人在某家特定的医院/诊所发生的保险责任范围内的费用须由被保险人自行支付的固定比例，剩余部分再扣除免赔额。

Tier 1: Public hospital, general ward

一类：公立医院普通部

Tier 2: Public hospital, VIP or international department

二类：公立医院VIP或特需部或国际部

Tier 3: Private hospital or clinic, Public hospital international department or Foreign department

三类：私立医院或诊所，公立医院国际部或外宾部

The Tier 3 co-payment does not apply to Maternity Benefits, Wellness Benefit and Dental Benefits

The Tier 3 co-payment does not apply to following private hospitals if Social Medical Insurance is used.

可选福利（包括孕产保险责任、健康检查/预防保健和牙科保障）不受限于三类自付比例。

如下民营医院经过社保结算，则不受限于三类自付比例。

Peking University International Hospital

北京大学国际医院

Beijing Jianguo Hospital

北京市健宫医院

Peking University Shougang Hospital

北京大学首钢医院

Beijing Tongrentang Traditional Chinese Medicine Hospital and Clinics

北京同仁堂中医医院及诊所

Beijing Jingdu Children's Hospital

北京京都儿童医院

Beijing Dongcheng Hospital of Traditional Chinese Medicine

北京中研集团东城中医医院

Beijing Huilan Hospital

北京惠兰医院

Beijing Shijitan Hospital (Beijing Railway General Hospital)

首都医科大学附属北京世纪坛医院（北京铁路总医院）

Shanghai Quyang Hospital

上海曲阳医院

Tier 4: High-cost provider, please refer to the below benefit

四类：昂贵医院，参见如下相关福利

Tier 1: 0%

一类：0%

Tier 2: 0%

二类：0%

Tier 3: 10%

三类：10%

Tier 4: refer to high-cost provider co-payment

四类：请参考昂贵医院自付比例

High Cost Provider Co-payment

昂贵医院自付比例

The high-cost provider (tier 4) co-payment is a fixed percentage that the insured person will pay of covered expenses at one of the below providers (hospital or clinic).

昂贵医院（四类）自付比例是被保险人在下列特定的医院/诊所发生的保险责任范围内的费用须由被保险人自行支付的固定比例。

Direct billing is not available at these providers. 以下医疗机构不享受直付。

Mainland China 中国大陆

- United Family Hospitals and Clinics (In all cities, except Shanghai), 和
睦家医院及诊所（除上海外的其他城市）
- ParkwayHealth Medical Group (In all cities, except Hong Kong and Parkway Shenton brand clinics) 百汇医疗集团（除香港；除百汇馨康品牌旗下的医疗机构）
- Shanghai East International Medical Center 上海东方联合医院（上海东方国际医院）
- Raffles Medical Clinic in Nanjing, Beijing, Tianjin, Tianjin TEDA, Shenzhen, Dalian (Previous International SOS Clinics in Beijing, Tianjin, Nanjing, Shenzhen) 莱佛士医疗南京、北京、天津、天津泰达、深圳、大连诊所（前国际（SOS）紧急救援诊所北京、天津、天津泰达、南京、深圳、大连） 100%
- Shanghai Redleaf International Women's & Children's Hospital
上海红枫国际妇儿医院
- Shanghai Global Healthcare Centers
上海全康医疗中心/上海众康门诊部

Uncovered Provider Co-payment

不赔付医院自付比例

- Spine Care (All clinics)
脊近完美（所有门店）
- Health Sage (All clinics)
颈医卫（所有门店）
- Ming Jing Tang (All clinics)
明经堂（所有门店）
- Yosemite (All clinics) 100%
优仕美地（所有门店）
- Shanghai SinoUnited Hospital GuBei clinics Dermatology, Dr. YanShuXian, Dr. YangJun, Dr. HeYiXuan)
上海曜影医疗古北门诊部皮肤科严淑贤、杨军、贺轶轩三位医生

Annual Deductible

年免赔额

The annual deductible is a fixed amount, for each policy period, payable by each insured person in respect of eligible medical expenses incurred before any benefits are paid under the policy, as specified in the certificate of insurance.

Individual Annual Deductible: CNY 0 个人年度免赔额：0 元

Family Annual Deductible: CNY 0
家庭年度免赔额：0 元

年免赔额是指一个固定的金额，在每一个保险年度期间被保险人发生的保险责任范围内的累计费用中须先由被保险人自行负担的金额，作为特指的保险约定。

Pre-Existing Conditions and Waiting Periods 既往症和等待期

Pre-Existing Conditions Limitations

既往症限制

Pre-existing Conditions are defined as any Illness or Injury, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or distinct symptoms were evident prior to the Effective Date.

既往症是指在保险责任生效前，被保险人就已接受诊断、医学咨询或者治疗，或者服用药物，或者显现症状的疾病或损伤。

All pre-existing conditions are covered.
涵盖所有既往症。

Waiting Period

等待期

Waiting period refers to the time an insured person must wait before coverage for a specific benefit comes into effect. The waiting period starts on the first day the insured person enrolls under this policy.

等待期是指保险期开始时间或被保险人成为本合同的被保险人首日（以较晚者为准）起保险人与投保人约定的期间，保险人对被保险人在此时间段内发生的对约定病症的治疗和诊断费用不承担保险责任。

No waiting period.
无等待期。

Inpatient and Day-care Benefits 住院医疗（日间住院）保险责任

(Pre-authorization required 需要事先授权)

*(Subject to Annual Maximum, Inpatient Maximum, Deductible and Co-payments, and Pre-existing Conditions limitations)
(受限于年度最高保额、住院医疗上限、免赔额及自付比例、既往症的限制)*

Overall Inpatient Maximum

年度住院医疗上限

This benefit refers to medically necessary and reasonable expenses for inpatient (overnight hospital treatments for illnesses or surgeries), and day-care treatments (treatment received while an Insured Person occupies a hospital bed but does not remain overnight).

医学必需且合理的住院费用（疾病或手术的住院治疗），日间住院治疗（目的以占用医疗机构病床但不过夜的方式接受的医疗）。

100% refund, covered up to annual maximum.
100%赔付至年度最高保额。

Accommodation for in-patient treatment & Day case treatment

100% refund, covered up to CNY 1,500 per

住院治疗 and 日间留院治疗 房间费

day, and up to inpatient maximum.

100% 赔付，赔付至 1,500 元/天，且受限于住院医疗上限。

Intensive Care Unit**重症监护病房费**

100% refund, covered up to inpatient maximum.

100% 赔付，赔付至住院医疗上限。

Hospital Meal**住院膳食费**

100% refund, covered up to CNY 200, and up to inpatient maximum.

100% 赔付，赔付至 200 元，且受限于住院医疗上限。

Nursing for in-patient treatment**住院治疗的护理费用**

100% refund, covered up to inpatient maximum.

100% 赔付，赔付至住院医疗上限。

Operating theater and recovery room**手术室与康复室**

100% refund, covered up to inpatient maximum.

100% 赔付，赔付至住院医疗上限。

Prescribed medicines, drugs and dressings for in-patient or day case treatment**住院或日间留院治疗的处方药、药物和包扎**

100% refund, covered up to inpatient maximum.

100% 赔付，赔付至住院医疗上限。

Parental Accommodation**家长留宿**

This applies to insured in-patient under the age of 18. Insurer will pay for reasonable costs for a parent staying in the same hospital with the insured in-patient.

适用于 18 岁以下的住院病人，支付一名家长与住院病人同住一家医院的合理费用。

100% refund, covered up to CNY 1,200 per day, up to CNY 10,000 per policy year and up to inpatient maximum.

100% 赔付，赔付至 1,200 元/天，一年不超过 10,000 元，且受限于住院医疗上限。

Surgeons' and Anesthetists' Fees**外科医生和麻醉师费用**

100% refund, covered up to inpatient maximum.

100% 赔付，赔付至住院医疗上限。

Specialist Physician's Fees**专科医生费用**

This benefit is paid in full for regular visits by a specialist physician during stays in hospital including intensive care by a specialist physician for as long as is required by medical necessity 此项保险责任适用于留院期间专科医生的常规出诊（包括重症监护），时间长短视医疗需要而定

100% refund, covered up to inpatient maximum.

100% 赔付，赔付至住院医疗上限。

Surgical Procedures**外科手术**

100% refund, covered up to inpatient maximum.

100% 赔付，赔付至住院医疗上限。

Physiotherapy**物理治疗**

100% refund, covered up to inpatient maximum.

100% 赔付，赔付至住院医疗上限。

Non-surgical Cancer Treatment**恶性肿瘤的非手术治疗**

100% refund, covered up to inpatient maximum.

Include Radiotherapy, Chemotherapy, Targeted Therapy and Cancer Immunotherapy;

包括放射治疗、化疗、靶向治疗和免疫疗法;

Proton beam therapy and heavy ion therapy only indicated for malignant tumors with evidence show net benefit than normal radiation therapy, including:

质子重离子放疗仅限于已有医疗依据支持且治疗效果明显优于普通光子放疗的恶性肿瘤, 含:

- Gallbladder cancer 胆囊癌
- Head and neck cancer with intracranial, skull base, orbital and perineural invasion 侵犯颅内、颅底、眼眶及周边神经的头颈部肿瘤
- Unresectable intrahepatic malignant tumor 不能切除的肝内恶性肿瘤
- Hepatocellular carcinoma 肝细胞癌
- Ocular melanoma 眼内黑色素瘤
- Skull base tumors including chordomas and chondrosarcomas 颅底软骨瘤及骨软骨肉瘤术后

Radiotherapy, Chemotherapy, Oncology and Physiotherapy

放射治疗、化疗、肿瘤及物理治疗

Radiology, Pathology

放射检查, 病理检查

Surgical Appliance and/or Medical Appliance

外科器具和/或医疗器械

This benefit will be paid in respect of:

针对以下情况:

- an artificial limb, prosthesis or device which is inserted during surgery; 手术中置入的假肢、假体或设备;
- an artificial prosthesis or device which is necessary part of the treatment immediately following surgery for as long as is required by medical necessity; 因医疗所需, 作为术后治疗必需部分的人工装置或辅助设施。时间长短视医疗需要而定;
- a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis. 因医疗所需, 用于短期康复过程的辅助设施或器械。

Psychiatric Care

精神疾病护理

This benefit will be paid in respect of psychiatric conditions, other mental disorders or addictive conditions

此项保险责任针对精神疾病、精神障碍或成瘾病症

Infertility treatment

不孕不育治疗

Treatment required for infertility or related to infertility, including treatment of complications arising from the treatment, including diagnosis of the cause of infertility.

Private Ambulance

私人救护车

100%赔付, 赔付至住院医疗上限。

100% refund, covered up to inpatient maximum.

100%赔付, 赔付至住院医疗上限。

100% refund, covered up to inpatient maximum.

100%赔付, 赔付至住院医疗上限。

100% refund, covered up to CNY 50,000 and up to inpatient maximum.

100%赔付, 一年不超过 50,000 元, 且受限于住院医疗上限。

100% refund, covered up to inpatient maximum.

100%赔付, 赔付至住院医疗上限。

100% refund, covered up to CNY 30,000 for outpatient and inpatient treatment.

100%赔付, 每个保险期间, 住院及门诊治疗合计不超过人民币 30,000 元。

100% refund, covered up to inpatient maximum.

This benefit is payable for transport to or from a hospital when ordered for medical reasons
 此项保险责任适用于支付出于医疗原因而产生的往来医院的交通费用。

100%赔付，赔付至住院医疗上限。

Outpatient and Emergency Benefits

门、急诊医疗保险责任

(Subject to Annual Maximum, Outpatient Maximum, Deductible and Co-payments, and Pre-existing Conditions limitations)

(受限于年度最高保额、门诊医疗上限、免赔额及自付比例、既往症的限制)

Overall Outpatient Maximum

年度门诊医疗上限

Out-patient Insurance Benefit – Combined maximum limit per main insured person or additional insured person per insurance period for out-patient treatments. This limit forms a part of the Insurance Benefit limit.

门诊医疗保险福利 – 每一保险期间内每个主被保险人或附带被保险人可获得的门诊医疗的最高保险金总额。此项保险责任限额属于保险福利限额的一部分。

Covered up to CNY 50,000, and up to annual maximum.

赔付至门诊医疗上限 50,000 元，且受限年度最高保额。

Consultations with Medical Practitioners and Specialists

普通及专家门诊

100% refund, up to CNY 1,500 per day,

100%赔付，每个保险日不超过 1,500 元

Prescribed Medicines, Drugs and Dressings

处方药、药品和敷料

100% refund, up to outpatient maximum.

100%赔付，赔付至门诊医疗上限。

Physiotherapy, Traditional Chinese Medicine Treatment (including Acupuncture, Tuina, Cupping, Chinese medicine for external, Needle-knife therapy),

Chiropractic, Osteopathy, Homeopathy

物理治疗、传统中医治疗（包括针灸，推拿，拔罐，中药外敷，小针刀治疗）、整脊治疗、正骨疗法、顺势疗法

Speech therapy for children

儿童语言矫正疗法

100% refund, up to CNY 5,000 per insurance period

100%赔付，每个保险期间不超过人民币 5,000 元

Chinese Herbal Medicine

中草药

Hormone Replacement Therapy

荷尔蒙替代治疗

100% refund, up to outpatient maximum.

100%赔付，赔付至门诊医疗上限。

Pathology, Radiography, Radiology

病理检查、影像检查、放射检查

100% refund, up to outpatient maximum.

100%赔付，赔付至门诊医疗上限。

Cancer Treatment

恶性肿瘤治疗

Include Radiotherapy, Chemotherapy, Targeted Therapy and Cancer Immunotherapy

包括放射治疗、化疗、靶向治疗和免疫疗法

100% refund, Up to CNY 150,000 per insurance period

100%赔付，每个保险期间不超过人民币 150,000 元

Proton beam therapy and heavy ion therapy only indicated for malignant tumors with evidence show net benefit than normal radiation therapy, including:

质子重离子放疗仅限于已有医疗依据支持且治疗效果明显优于普通光子放疗的恶性肿瘤，含：

- Gallbladder cancer 胆囊癌
- Head and neck cancer with intracranial, skull base, orbital and perineural invasion 侵犯颅内、颅底、眼眶及周边神经的头颈部肿瘤
- Unresectable intrahepatic malignant tumor 不能切除的肝内恶性肿瘤
- Hepatocellular carcinoma 肝细胞癌
- Ocular melanoma 眼内黑色素瘤
- Skull base tumors including chordomas and chondrosarcomas 颅底软骨瘤及骨软骨肉瘤术后

Non-surgical and Minor Surgical Procedures and Treatment

非手术性和小型外科手术及相关治疗

100% refund, up to outpatient maximum.
100%赔付，赔付至门诊医疗上限。

Emergency Dental Treatment

紧急牙科治疗

This benefit will be payable for treatment received during the emergency visit immediately after accidental damage to natural teeth

用于支付在天然牙齿意外受损后紧急治疗期间的支付费用。

100% refund, up to CNY 8,000 per insurance period
100%赔付，每个保险期间不超过人民币8,000元

Psychiatric Care

精神疾病护理

This benefit will be paid in respect of psychiatric conditions, other mental disorders or addictive conditions

此项保险责任针对精神疾病、精神障碍或成瘾病症

100% refund, up to CNY 20,000 per insurance period
100%赔付，每个保险期间不超过人民币20,000元

Maternity and Newborn Infant Care Benefits

孕产和新生婴儿医疗保险责任

No waiting period. 无等待期

(Not subject to Inpatient Maximum, Outpatient Maximum, Deductible and Co-payments, but subject to Annual Maximum)

(受限于年度最高保额，不受限于住院和门诊医疗上限、免赔额及自付比例)

This benefit is only for insured Employee and spouse dependent children are not covered.

(此项福利仅涵盖主被保险人及配偶，不涵盖子女)

Annual maximum of Inpatient and Outpatient Maternity

住院和门诊生育保险

This benefit refers to medically necessary and reasonable expenses for maternity related treatment. Including but not limited to:

医学必需且合理的孕产费，包括但不限于以下合理费用：

1. Prenatal care, including prenatal vitamins, prenatal checkups, ultrasounds, etc.;

产前检查费妊娠期内医师处方开具的维生素和钙剂费、超声波检查费；

2. Natural delivery or medically necessary C-section, miscarriage, including anesthesia.

顺产费或医学必需剖腹产费、医学必需的流产费、包括麻醉费；

3. One postnatal checkup, and postpartum pelvic floor rehabilitation for urinary incontinence.

一次产后复查费用、产后医学必需盆底修复治疗。

100% Refund up to RMB 40,000 limit per pregnancy applies to routine and complicated maternity.

100%赔付，每次怀孕不超过人民币40,000元。

4. Complications of pregnancy are medical treatments occurring during pregnancy, delivery, or afterward resulting from or deteriorating because of a pregnancy. These treatments include but are not limited to gestational diabetes, nephrotic syndrome during pregnancy, hyperthyroidism induced by pregnancy, cardiac decompensation, termination of ectopic pregnancy, and spontaneous termination of pregnancy.

产前、生产时、产后需要接受治疗的、在妊娠以后才出现的疾病，包括但不限于妊娠合并糖尿病、妊娠合并肾病、妊娠合并甲状腺功能亢进、心代偿失调、异位妊娠终止、妊娠期内无法分娩时主动终止妊娠。

This benefit is subject to inpatient room and board fees limitation, but not subject to Inpatient Maximum, Outpatient maximum, and other sub-limitations.

此福利限于床位食宿费上限，但是不限于住院医疗、门诊医疗上限及各项福利限制。

This benefit is only for female Insured Employee or spouse, dependent daughters are not covered.

此福利仅涵盖女性主被保险人或作为配偶的女性附属被保险人，不涵盖作为子女的附属被保险人。

Expand Genetic counseling, screening, testing or treatment, and pay compensation under the limit of RMB40,000 of maternity benefit

拓展基因咨询、筛查、检查和治疗及其他相关费用的福利，赔付在生育责任的40,000元限额下。

Newborn Infant Care and Well Baby Care

婴儿专业护理及治疗费和婴儿常规检查及疫苗费

1. This benefit refers to medically necessary and reasonable expenses for medical treatments and nursery services of newborns during the first fourteen (14) days of life.

出生后 14 日内的医学必需且合理的护理和医疗费。

2. This benefit refers to medically necessary and reasonable expenses for newborn children immunizations and routine medical exams during the first 12 months of life.

3. 新生儿出生 12 个月以内的疫苗费和常规检查的医学必需且合理的费用。

Covered immunizations include diphtheria, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, haemophilus influenza B, hepatitis A and other Medically Necessary pediatric immunizations.

包括白喉、乙型肝炎、麻疹、腮腺炎、百日咳、脊髓灰质炎、风疹、破伤风、水痘、乙型流感嗜血杆菌、B 型流感病毒、甲型肝炎和其他医学必需的儿童免疫费。

Covered up to CNY 5,000 per each child, and up to annual maximum of Maternity Benefit.

每一名新生儿赔付至 5,000 元，且受限于年度孕产福利最高保额。

Wellness Benefit 健康检查/预防保健

(Not subject to Inpatient Maximum, Outpatient Maximum, Deductible and Co-payments, but subject to Annual Maximum)

(受限于年度最高保额，不受限于住院和门诊医疗上限、免赔额及自付比例)

This benefit is only for insured Employee, dependent spouse and children are not covered.

(此项福利仅涵盖主被保险人，不涵盖配偶及子女)

Routine Physical Exams

常规检查

This benefit will be paid for, or in connection with, routine physical examinations for insured persons

被保险人的常规体检费用

100% Refund, covered up to RMB 3,000 per insurance period

100%赔付，每个保险期间不超过人民币 3,000 元

Pap Smear

巴式涂片

charges for an annual Papanicolaou screening

每年一次的巴式涂片检查费用

Prostate Cancer Screening

前列腺癌检查

charges for an annual prostate cancer screening for male insured person over 50 years old

符合 50 周岁以上条件的男性被保险人每年一次的前列腺癌检查费用

Mammograms for Breast Cancer Screening or Diagnostic Purposes

乳腺拍片或诊断检查

This benefit will be paid in respect of:

针对以下情况：

- one baseline mammogram for asymptomatic women aged 35-39;
35-39 岁无症状女性一次性基本拍片检查；
- a mammogram for asymptomatic women aged 40-49 every two years or more if medically necessary;
40-49 岁无症状女性每两年或更频繁的（若医学上有必要）乳腺检查；
- a mammogram every year for women aged 50 and over
50 岁及以上女性每年一次乳腺癌拍片检查

Vaccinations 预防接种

Refers to the cost of immunization based on the health needs of the insured, including physician fees (if applicable), laboratory testing fees and nursing expenses incurred for testing the relevant antigens and antibodies to be vaccinated before vaccination

指基于被保险人的健康需要，注射由免疫疫苗所发生的费用，包括医师费（如适用）、注射疫苗前检测要接种疫苗的相关抗原、抗体而发生的化验费、护理费等

Dental Benefits 牙科保障

(Not subject to Inpatient Maximum, Outpatient Maximum, Deductible and Co-payments, but subject to Annual Maximum)

(受限于年度最高保额，不受限于住院和门诊医疗上限、免赔额及自付比例)

Maximum Benefit per insurance period for Classes One, Two, Three

一类、二类、三类保险期间的最高保险金额

Covered up to CNY 4,000 per policy year

每个保险期间不超过人民币 4,000 元

Class One

一类

Preventive Treatment

检查和预防性治疗

Preventive treatment: Covered Expenses include routine examinations, dental health instruction; fluoride treatment, scale and polish (prophylaxis); cleaning of teeth up to twice (2) per Policy Period.

预防治疗费，包括常规牙科检查、牙齿健康指导、涂氟治疗、洁齿和抛光（预防）、每一保险期间两次以下（含）牙齿清洁检查费

100% covered

100%赔付

Class Two

二类

Basic Treatment

基本牙齿治疗

80% covered

80%赔付

Basic treatment: Covered Expenses include amalgam or composite fillings, simple extractions, periodontal scaling, root planning and related pan oral x-rays.

基础治疗费，包括汞合金或复合树脂充填、简单拔牙、牙周刮治、根面平整费，以及相关口腔 X 光费；

Class Three

三类

Major Treatment*

重大/复杂牙科治疗

Covered Expenses include root fillings, root canal, crowns and inlays; bridges (including laboratory and anesthetic fees), wisdom teeth extractions, orthodontic treatment and related pan oral x-rays. Orthodontic treatment includes study models, impressions, removable string appliances (braces), fixed appliances (including adjustments), extractions, re-cementing of brackets.

50% covered

50%赔付

重大治疗费，包括根管充填、根管治疗、牙冠和嵌体、桥式义齿（包括化验和麻醉费用）、智齿拔除费、牙齿矫正治疗费，以及相关口腔 X 光费。牙齿矫正治疗费包括模型研究、牙齿印模、活动矫治器、固定矫治器（包括调整）、正畸拔牙、托槽的粘接费。

Exclusions 保险责任除外

If the insured has incurred relevant expenses in the following first to twenty-fifth cases, we will not pay any insurance benefits and the evacuation service fees

因下列情形导致被保险人发生相关费用支出的，我们不承担给付任何保险金责任及紧急救援服务所产生的费用

1. Intentional killing or willful injury of the insured acted by you.
一、您对被保险人的故意杀害、故意伤害。
2. Intentional offense or resistance against criminal coercive measures taken in accordance with laws.
二、被保险人故意犯罪或者抗拒依法采取的刑事强制措施。
3. Suicide or self-injury conducted by the insured intentionally, unless the insured is a person without capacity of civil conduct at the time of killing or injury.
三、被保险人自杀或故意自伤，但被保险人自杀或故意自伤时为无民事行为能力人的除外。
4. The insured takes or injects drugs on initiative.
四、被保险人主动吸食或注射毒品。
5. Drunk driving, driving without valid driving license, or driving a motor vehicle without valid vehicle license.
五、被保险人酒后驾驶，无合法有效驾驶证驾驶，或驾驶无有效行驶证的机动车。
6. War, military conflict, terrorism, riot or armed rebellion.
六、战争、军事冲突、恐怖主义行为、暴乱或武装叛乱。
7. Nuclear explosion, nuclear radiation or nuclear contamination.
七、核爆炸、核辐射或核污染。
8. The insured gets drunk.
八、被保险人醉酒。
9. Medical malpractice accident or occupational disease.
九、被保险人遭遇医疗事故或职业病。
10. The disease or symptom that existed before the insured is insured (but except that you or the insured tells the truth when insuring with us).
十、被保险人在投保前已存在的疾病或症状（但您或被保险人在投保时如实告知且我们同意承保的除外）。
11. Medical treatment for injury arising from high-risk sports participated or engaged by the insured, such as diving, parachute, rock climbing, bungee, driving glider or paraglide, exploration, martial competition,

wrestling, stunt performance, horse riding, motorcycle race, etc.

十一、被保险人参加或从事潜水、跳伞、攀岩运动、蹦极、驾驶滑翔机或滑翔伞、探险活动、武术比赛、摔跤比赛、特技表演、赛马、赛车等高风险运动导致的伤害引起的治疗。

12. Genetic disease, congenital malformation, deformation or chromosomal abnormalities of the insured.

十二、被保险人遗传性疾病，先天性畸形、变形或染色体异常。

13. Visual therapy [including but not limited to laser keratotomy, excimer laser in-situ keratomileusis (LASIK), refractive error (myopia, hyperopia) correction surgery].

十三、视觉治疗[包括但不限于激光角膜切开术、准分子激光原位角膜磨镶术、屈光不正（近视、远视）校正手术]。

14. Medicine or treatment that is experimental or unproven in the treatment location.

十四、在治疗所在地属于试验性或任何未经允许的药物或治疗。

15. Expenses for finding and obtaining an organ for transplantation. Expenses for removing the organ from the donor of the relevant complicated conditions in consequence.

十五、因器官移植所产生的器官获取或寻找的费用。为了移植目的而对器官捐赠人进行的器官摘除及与此相关的并发症的治疗。

16. Various plastic surgery items: skin pigmentation, treatment of acne and rosacea; treatment and erasion of benign skin damage (freckle, age pigment, mole and wart); erasion of birthmark, scar and tattoo, treatment or operation of epichrosis; cosmetic treatment, lift operation, removal of pouch with laser, treatment of white hair, baldness, alopecia, hare plantation, hair removal, hump nose, boob job, boob shrink, etc.

Bodybuilding projects like nutrient, weight lose, weight increase, height increase.

十六、各种非意外伤害事故所致的外科整形：如皮肤色素沉着、痤疮治疗、红斑痤疮治疗；良性皮肤损害（雀斑、老年斑、痣、疣等）的治疗和去除；胎记、瘢痕、纹身去除、皮肤变色的治疗或手术；激光美容、除皱、除眼袋、开双眼皮、治疗白发、秃发、脱发、植毛、脱毛、隆鼻、隆胸、缩乳等。

各种健美治疗：如营养、减肥、增胖、增高等。

17. Environmental therapy implemented for rest and observation, service or treatment by any long-term care institution, spa, hydro outpatient service, rehabilitation institution, sanatorium, nursing home and other medical service institutions not agreed in this Contract.

十七、在任何长期护理机构、矿泉疗养地、水疗院门诊、康复机构、疗养院、养老院等非本合同规定的医疗机构接受与疗养、特别护理、静养相关的服务或治疗。

18. Tattoo, puncture with non-medical purpose, transsexual surgery.

十八、因纹身、非治疗目的的穿刺、变性手术。

19. Precious metal materials used in any teeth treatment, teeth treatment, teeth whitening, dental implants, inlays, orthodontic treatments, veneers.

十九、任何牙科治疗过程中使用的含贵金属的材料，以及牙齿处理、美白牙齿、种植牙、嵌体、正畸治疗、贴面。

20. Infant diet, baby supplies, vitamins, minerals or organic supplements, self-bought articles without the doctor's prescription (such as mouth wash, tooth paste, cough sweets or mist spray, shampoo or sun cream). Any drug therapy, medicine and dressings that are not approved by the National Drug Administration, or medication, drugs and dressings that are not prescribed by a physician or prescription.

二十、幼儿饮食、婴儿供应品、维生素、矿物质或有机物补充，以及没有医生处方即可购买的物品（例如，漱口水、牙膏、止咳糖或杀菌喷雾、洗发水或防晒霜等）。任何不被国家药品管理部门认可的药物治疗、药物和敷料，或非经执业医师、处方指示的药物处理、药物和敷料。

21. Durable medical equipment, prosthesis not necessary for surgery operations:

Durable medical equipment includes:

(1) External insulin pump;

(2) Foot care, arm support, neck back-up or bridle;

- (3) Wheelchair;
- (4) Artificial breast;
- (5) Hearing aid;
- (6) External cardiac pacemaker;
- (7) Portable atomizer;
- (8) Household respirator.

二十一、耐用医疗设备、非手术中必需的假体：

耐用医疗设备包括：(1) 外置胰岛素泵；(2) 脚托、臂托、颈背托或束带；(3) 轮椅；(4) 义乳；(5) 助听器；(6) 外置心脏起搏器；(7) 便携式雾化器；(8) 家用呼吸机。

22. Expenses arising from filling in claim application for medical compensation, including but not limited to the administrative fee, registration fee collected by the medical institution (or doctor).

二十二、因填写医疗索赔申请表产生的费用，包括但不限于医疗机构（或医生）收取的管理费、登记费等。

23. Addiction arising from alcohol, drug or other addictive substance and any treatment directly or indirectly arising herefrom.

二十三、被保险人在酒精、药物或其他致瘾性物质造成的成瘾状况和由此直接或间接引起的任何医疗状况。

24. Examination and treatment related to sexually transmitted diseases.

二十四、与性传播疾病相关的检查和治疗。

25. Treatment for any infertility, sterility, auxiliary pregnancy (like artificial insemination) and the complications resulted from these condition (including surrogacy).

二十五、不孕不育治疗、任何辅助生育治疗（包括人工受精）以及由此引起的并发症。

26. If the insured has incurred relevant expenses in the following case, we will not pay other insurance benefits other than the evacuation service fees and the optical care benefit:

- I Optician services

二十六、因下列情形导致被保险人发生相关费用支出的，我们不承担除视力保健保险金以外的其他各项保险金责任及紧急救援服务所产生的费用：

- 验眼配镜。

27. If the insured has incurred relevant expenses in the following cases, we will not pay other insurance benefits other than the evacuation service fees and the maternity related benefits:

- a) Any pregnancy (including ectopic pregnancy) and its complications.
- b) Tubal obstruction, childbirth (including dystocia), miscarriage, abortion, birth control (including contraception and sterilization), prenatal and postnatal examination and complications caused by the above reasons.

二十七、因下列情形导致被保险人发生相关费用支出的，我们不承担除孕产保险金以外的其他各项保险金责任及紧急救援服务所产生的费用：

- 任何妊娠（包括异位妊娠）及其并发症。
- 输卵管阻塞、分娩（含难产）、流产、堕胎、节育（含避孕及绝育）、产前产后检查以及由以上原因引起的并发症。

28. If the insured has incurred relevant expenses in the following case, we will not pay other insurance benefits other than the evacuation service fees and the wellness and vaccinations benefits:

- I Physical examination.

二十八、因下列情形导致被保险人发生相关费用支出的，我们不承担除疫苗接种或健康体检保险金以外的其他各项保险金责任及紧急救援服务所产生的费用：

- 体格检查。

