

特别约定和保险责任表同为保险合同的组成部分，应与保险条款一起解读、理解。如果《个人全球医疗保险（B款，2024版）条款》的任何条款和本文不一致，以本文为准；所有其他条款及解释细则仍保留其法律效力。

This document includes Schedule of Benefits and Endorsement to <Individual Health Insurance Policy (Version B 2024)>. It is a part of the agreement between the Insurer and the Policyholder, and shall be read and understood together with <Individual Health Insurance Policy (Version B 2024)>. In the event of any discrepancy, this document shall prevail. All other terms and conditions of the <Individual Health Insurance Policy (Version B 2024)> remain in full force and effect.

保障类型：中国大陆及港澳台增强保障/国际增强保障（全球除美国&加拿大）/全球保障  
Policy Type: Greater China Plus Plan/ International Plus Plan (Worldwide excluding U.S. & Canada) / Worldwide Plan  
个人年免赔额：0元/住院：12,000元 免赔额/住院：30,000元 免赔额/住院：50,000元 免赔额  
Individual Annual Deductible: RMB 0 / Inpatient: RMB 12,000/ Inpatient: RMB 30,000/ Inpatient: RMB 50,000  
保险自付比例：0%  
Policy Co-pay: 0%  
可选门诊福利：否/是  
Optional Outpatient Benefit: No / Yes  
可选补充健享包：否 / 2,000元/5,000元（福利请参考保险利益表）  
Optional Supplementary Wellness Benefit: No / RMB 2,000 / RMB 5,000 (Benefit defined in the Schedule of Benefit)  
生育福利：否  
Maternity Benefit: No

## 大地个人全球医疗保险-特别约定（精选个人B款） Policy Rider Advanced Individual Health Plan B

### 1. 核保及等待期

Underwriting and Waiting Period:

所有被保险人需经医疗核保

All Insured Persons are subject to medical underwriting.

- A. 既往症为保险除外责任，不予以涵盖。在保险人对其保险责任生效前被保险人已就此接受诊断、医学咨询或治疗，或服用药物，或显现症状的疾病或损伤不予理赔。  
Pre-existing condition is policy exclusion which will not be covered. Any illness or injury, physical or mental condition, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the Effective Date will not be covered.
- B. 对于首次投保的本保险的被保险人，住院&门诊及其他所有医疗保险责任从首次投保的保险生效日起会有 30 天的等待期，保险人对被保险人或附属被保险人在首次投保的保险生效 30 天后，方承担此责任。（补充健享包福利，以及因意外伤害导致的门诊&住院治疗无等待期，保险人对被保险人或附属被保险人在保险生效后，立即承担此责任）。  
There is a 30 days waiting period for inpatient, outpatient & all other related benefits for all Insured Persons when first enrollment. (The 30 days waiting period will be waived if any **Out-patient & Inpatient** cases resulted from Accidental events treatment, Supplementary Wellness Benefit)
- C. 新生儿如需加入本保险计划，须于出生 30 天后才能加入本计划且需经过第三方服务提供商审核入保。  
Newborn infants should be subject to medical underwriting and can be added after 30 days.

2. 保险人对**中国大陆及港澳台增强保障计划**的被保险人涵盖在中国大陆及港澳台地区发生的符合通常惯例水平的医疗费用提供保险保障。保险人对被保险人涵盖中国大陆及港澳台地区以外任何国家和地区紧急情况下的医疗费用，且最高限额为人民币 1,000,000 元；紧急医疗必须得到**第三方服务提供商的医疗协助机构的认可**。

Greater China plus Plan provides full coverage up to Usual and Customary Charges in Mainland China, Hong Kong, Macaw and Taiwan; Emergency coverage up to RMB 1,000,000 is covered outside Mainland China, Hong Kong, Macaw and Taiwan. Emergency coverage must be approved by Third Party Service Provider.

保险人对**国际增强（全球除美国&加拿大）保障计划**的被保险人涵盖在全球除美国&加拿大外的国家和地区发生的符合通常惯例水平的医疗费用提供保险保障。保险人对被保险人涵盖在美国&加拿大的紧急情况下的医疗费用，且最高限额为人民币 1,000,000 元；紧急医疗必须得到第三方服务提供商的医疗协助机构的认可

International (Worldwide excluding U.S. & Canada) Plus Plan provides full coverage up to Usual and Customary Charges in all countries/areas except U.S and Canada; Emergency coverage up to RMB 1,000,000 is covered in the U.S. and Canada. Emergency coverage must be approved by Third Party Service Provider.

保险人对**全球保障计划**的被保险人涵盖在全球所有国家和地区发生的符合通常惯例水平的医疗费用及紧急情况下的医疗费用提供保险保障。紧急医疗必须得到第三方服务提供商的医疗协助机构的认可。

Worldwide Plan provides full coverage up to Usual and Customary Charges in all countries/areas. Emergency coverage must be approved by Third Party Service Provider.

\*紧急医疗指针对突然发生的、为避免严重终身伤害或者死亡须立即接受药物或者手术治疗的状况，被保险人立即或者因不可抗力因素在症状发作后二十四小时内开始接受的相应医疗。包括但不限于：

- 出现严重哮喘、呼吸困难者；
- 癫痫发作；
- 急性中毒，意外事故（骨折，电击，溺水，烧伤）；

Medical services provided in connection with an Emergency. Which is defined as an injury or illness that is acute, poses an immediate risk to a person's life or long-term health and requires immediate medical intervention, which the Insured Person shall secure after the onset of such condition (or as soon thereafter as care can be made available, but in any case not any later than twenty-four (24) hours after the onset).

3. 对于入保后 180 天内出现的慢性疾病，需进行保前疾病调查。

For Chronic Conditions happened within 180 days after the policy start date, it will be subject to pre-existing investigation

4. 在我们的直接付费网络里，一些直接付费医疗机构有特殊的流程，请参阅直接付费医疗机构列表上的注释。

There are specific terms related to the use of direct billing services at a few direct billing providers. Please refer to the "Direct Billing Providers List" for details.

5. 对于全球保障的被保险人，在以下医疗机构发生的门诊和住院的医疗费用 100%属符合通常惯例水平的医疗费用。（同样适用于本产品优享福利，补充健享包福利）

According to the Usual and Customary guideline, Worldwide Plan members have **FULL coverage** in the providers listed below. This can also apply to Flexible Benefit, Supplementary Wellness Benefit.

对于中国大陆及港澳台增强保障/国际增强保障（全球除美国&加拿大）的被保险人，在以下医疗机构发生的门诊和住院的医疗费用 100%属符合通常惯例水平的医疗费用。（同样适用于本产品优享福利，补充健享包福利）（如选择昂贵医院涵盖）

According to the Usual and Customary guideline, Greater China Plus Plan / International (Worldwide excluding U.S. & Canada) Plus Plan members have **FULL coverage** in the providers listed below. This can also apply to Flexible Benefit, Supplementary Wellness Benefit. (If Choose HCP Coverage)

对于中国大陆及港澳台增强保障/国际增强保障（全球除美国&加拿大）的被保险人，在以下医疗机构发生的门诊和住院的医疗费用将不予涵盖。（同样适用于本产品优享福利，补充健享包福利）（如未选除昂贵医院涵盖）

According to the Usual and Customary guideline, Greater China Plus Plan / International (Worldwide excluding U.S. & Canada) Plus Plan members have **NO coverage** in the providers listed below. This can also apply to Flexible Benefit, Supplementary Wellness Benefit. (Default)

- 全国新世纪集团旗下的医疗机构（除天津和平新世纪妇儿医院、北京怡德医院、青岛新世纪妇儿医院、成都新世纪妇女儿童医院）  
New Century Medical Group in China(Except Tianjin New Century Women's and Children's Hospital & Beijing Eden Hospital & Qingdao New Century Women's and Children's Hospital & Chengdu New Century Woman's and Children's Hospital)
- 北京和睦家医院（将台路院区）、北京和睦家启望诊所、北京和睦家康复医院、天津和睦家医院、青岛和睦家医院、海南博鳌和睦家医疗中心  
Beijing United Family Hospital(Jiangtai Road), United Family New Hope Clinical Center, Beijing United Family Rehabilitation Hospital, Tianjin United Family Hospital, Qingdao United Family Hospital, Hainan Bo'ao United Family Medical Center
- 百汇医疗集团（除香港外的其它城市；除百汇馨康品牌旗下的医疗机构；除上海百汇医院）

ParkwayHealth Medical Group(In all cities except Hong Kong; Except All Parkway Shenton Clinics; Except Parkway Shanghai Hospital)

- 上海东方国际医疗中心  
Shanghai East International Medical Center
- 莱佛士医疗北京/深圳/天津/天津泰达/南京/大连诊所（北京/深圳/天津/天津泰达/南京/大连国际（SOS）救援中心）  
Raffles Medical Nanjing, Beijing, Tianjin, Tianjin Taida, Shenzhen, Dalian Clinic(Formerly International SOS Nanjing, Beijing, Tianjin, Tianjin Taida, Shenzhen, Dalian Clinic)
- 港安医院（香港）  
Hong Kong Adventist Hospital(Hong Kong)
- 明德医院（香港）  
Matilda International Hospital (Hong Kong)
- 养和医院（香港）  
Hong Kong Sanatorium & Hospital(Hong Kong)

6. 保险人对中国大陆地区公立医院直属互联网医院复诊（非首诊）的医生费、处方药费按约定承担保险责任（受限于门诊年限额及自付比例），但不涵盖所有形式的药品配送费用。（如客户选择门诊，不选择请删除）  
The insurer shall be liable the insurance liability for the doctor's fee, prescription drug fees for the subsequent visit (NOT eligible for first consultation) of online consultation directly affiliated to public hospitals in Mainland China( Subject to Overall Outpatient Maximum and Policy Co-pay) . Any forms of drug delivery fees will not be covered. (IF choose OP coverage)

### 7. 《个人全球医疗保险（B款，2024版）条款》第二十七条，医疗网络服务和事先授权

#### <Individual Health Insurance Policy (Version B 2024)> Article 27: The Medical Provider Network

“（二）美国医疗服务网络及非网络自付比例

“B. Preferred Provider Network in the U.S. and Policy Co-payment outside the Network

在美国，被保险人应当在网络医疗机构内接受治疗；未在网络医疗机构内接受治疗的，依据与当地网络医疗机构平均价格水平一致的价格水平确定通常惯例水平的费用，且被保险人应当额外自付一定比例（即非网络自付比例）的保险责任范围内的费用，即保险人按“根据本保险条款‘保险责任’部分计算的医疗保险金数额×（1-非网络自付比例）”给付医疗保险金。美国网络医疗机构和非网络自付比例如下：

In the United States, the Insured is required to receive treatment from a Network Provider. Outside the Preferred Provider Network, benefits are payable according with the Usual and Customary Charges within the Preferred Provider Network, and a Policy Co-payment outside the Network is required to be paid by the Insured. The calculation is as follows “Benefits amount calculated as per Article of “Insurance Benefit” in this Policy \* (1- Policy Co-payment outside the Network)”. Preferred Provider Network in the U.S. and Policy Co-payment outside the Network are as follows:

#### 1. 网络医疗机构

##### Preferred Provider Network

网络医疗机构，包括第一医疗网（First Health Providers）以及保险人指定的美国其他医疗机构。被保险人在网络医疗机构接受治疗的，非网络自付比例为0%。

This Tier consists of all First Health providers as well as other Preferred Providers designated by the Insurer and listed on the website. Policy Co-payment outside the Network is 0%.

#### 2. 非网络医疗机构

##### Out-Of-Network

被保险人本可在位于其居住地方圆三十英里/五十公里内的网络医疗机构接受治疗却自行在非网络医疗机构接受治疗的，非网络自付比例为20%。

When network Provider was available within 30-mile (50 km) radius of where the Insured is staying in the U.S., the Policy Co-payment outside the Network is 20%.

#### 3. 无网络医疗机构

##### Out-of-Market Area

被保险人因其居住地方圆三十英里/五十公里内无网络医疗机构而在非网络医疗机构接受治疗的，非网络自付比例为0%。

When no network Providers located within a 30-mile (50 km) radius of where the Insured is staying in the U.S., the Policy Co-payment outside the Network is 0%.”

不适用于本保险产品。

Does not apply to this plan

所有其他条款及解释细则仍保留其法律效力。

All other terms and conditions of the Individual Health Insurance Policy remain in full force and effect.

## 大地个人全球医疗保险-保障计划利益表（精选个人 B 款）

### Schedule of Benefits- Advanced Individual Health Plan B

单位：（元）人民币/人

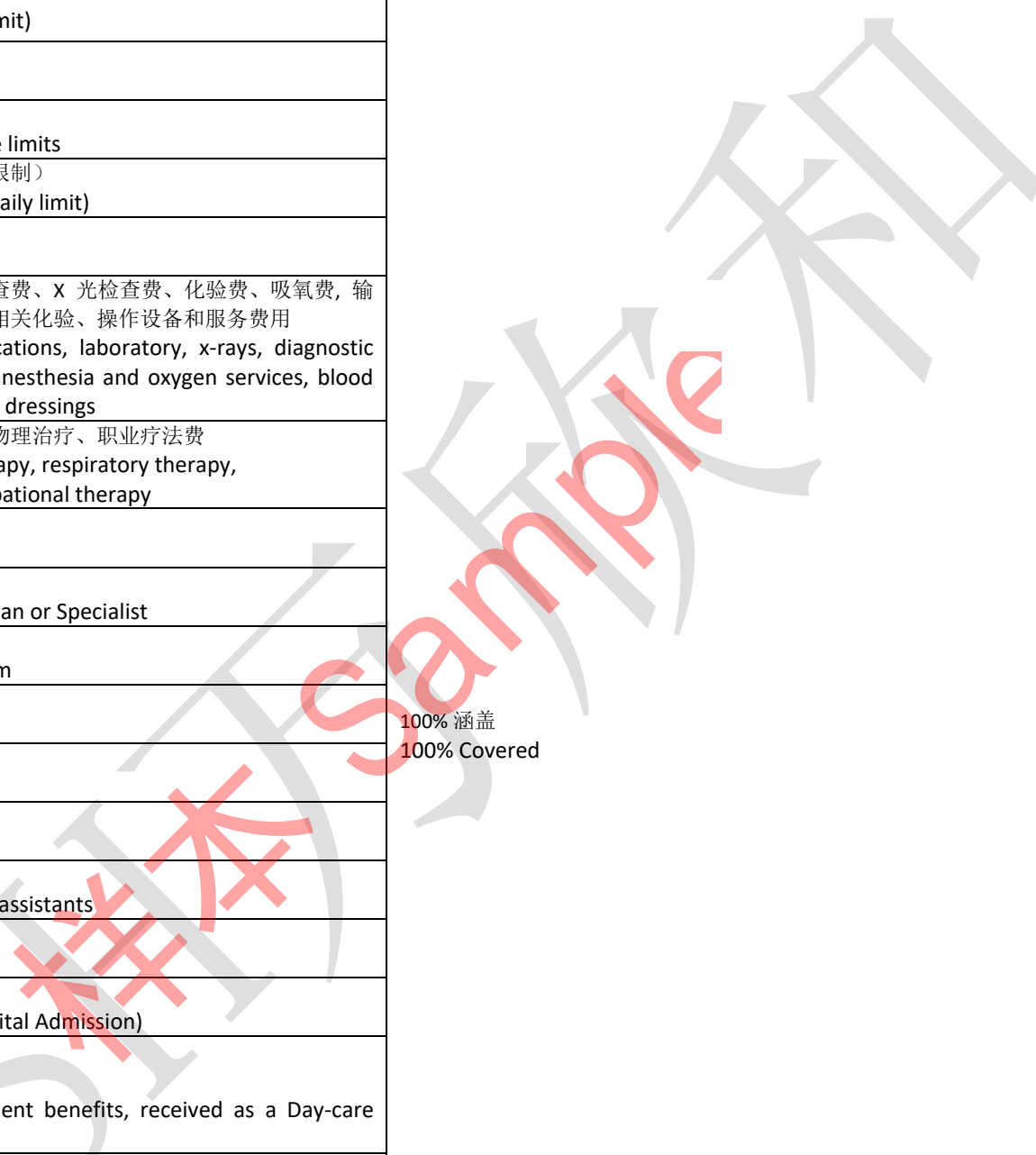
Unit: RMB per Insured Person per Policy Year, unless stated otherwise.

保险年度：一年

Policy year: One year

年度最高保额、免赔额、自付额比例，年度自付额上限	
Annual Maximums, Deductibles, Policy Co-payment and Annual Out-Of-Pocket Co-payment Maximum	
被保险人 Insured Persons	被保险人及其附属被保险人 Insured Persons & Insured Dependents
年度最高保额 Overall Policy Year Maximum per Insured Person	8,000,000 元 RMB 8,000,000
住院医疗上限 Overall Inpatient Maximum	年度最高保额 Up to Overall Policy Year Maximum per Insured Person
门诊医疗上限 Overall Outpatient Maximum	中国大陆及港澳台增强保障：40,000 元 Greater China Plus Plan: RMB 40,000  国际增强保障（全球除美国&加拿大）：80,000 元 International Plus Plan (Worldwide excluding U.S. & Canada): RMB 80,000  全球保障：80,000 元 Worldwide Plan: RMB 80,000
个人年度免赔额 Individual Annual Deductible (per Policy Year)	0 元 / 住院：12,000 元 / 住院：30,000 元 / 住院：50,000 元 RMB 0/ Inpatient: RMB 12,000/ Inpatient: RMB 30,000/ Inpatient: RMB 50,000
保险自付比例 Policy Co-payment after the Annual Deductible	0%
自付额上限 Policy Year Out-Of-Pocket Co-payment Maximum	无 None
<b>先天性疾病和症状</b> (限于门诊医疗和住院医疗上限) <b>Congenital Conditions, Birth Anomalies</b> (subject to Overall Inpatient Maximum or Overall Outpatient Maximum)	
有关先天性疾病和症状的治疗费 All treatment costs for Congenital Conditions or birth anomalies	60,000 元 RMB 60,000
<b>慢性疾病和症状</b> (限于门诊医疗和住院医疗上限) <b>Chronic Conditions</b> (subject to Overall Inpatient Maximum or Overall Outpatient Maximum)	
有关慢性疾病和症状的治疗费 All treatment costs for Chronic Conditions	全额理赔至年度最高保额 Covered up to Overall Policy Year Maximum
<b>重大疾病和症状</b> (限于门诊医疗和住院医疗上限) <b>Catastrophic Illnesses</b> (subject to Overall Inpatient Maximum or Overall Outpatient Maximum)	
重要器官衰竭或移植 Major Organ Failure or Transplant	全额理赔至年度最高保额



重大疾病和症状的治疗费 Catastrophic Illnesses, as defined in the Policy	Covered up to Overall Policy Year Maximum
<b>一般疾病（伤害）和一般项目-住院医疗保险责任（需事先授权）</b> <b>【限于住院年免赔额：50,000元/30,000元/12,000元/0元】</b> <b>Hospitalization and Inpatient Benefits (Pre-Authorization Required)</b> (subject to <b>Inpatient Annual Deductible: RMB 0 / RMB 12,000/ RMB 30,000/RMB 50,000</b> )	
限于标准单人病房（无每天床位费的限制） Standard private room (no daily limit)	 100% 涵盖 100% Covered
膳食和营养配餐费（仅限于病人） Meals (for the patient only)	
陪床费（年龄限制具体见条款） Companion Bed (see Policy for age limits)	
重症监护病房费（无每天床位费的限制） Intensive Care, Cardiac Units (no daily limit)	
护理费 Nursing Care	
治疗费、药品费、手术敷料费、检查费、X光检查费、化验费、吸氧费、输血、血浆、血浆扩容药物以及所有相关化验、操作设备和服务费用 Medical treatment, drugs, medications, laboratory, x-rays, diagnostic procedures and tests, biological anesthesia and oxygen services, blood products and their administration, dressings	
放射治疗、呼吸治疗、化学治疗、物理治疗、职业疗法费 Radiation therapy, inhalation therapy, respiratory therapy, chemotherapy, physical and occupational therapy	
电子喉镜检查费 Video Laryngoscope	
医生诊疗费 Inpatient Consultation by a Physician or Specialist	
手术室和恢复室费 Operating room and recovery room	
手术费 Inpatient Surgery	
外科医生费 Inpatient Surgeon	
助理外科医生费 Assistant Surgeon	
麻醉医生费和助理麻醉医生费 Anesthesiologist & any secondary assistants	
紧急治疗费 Medical Emergency Services	
急诊室费 Emergency Room (if leads to Hospital Admission)	
日间护理费 Day-care treatment As per Hospitalization and Inpatient benefits, received as a Day-care patient.	
耐用医疗设备购买或租赁费 购买或租赁费，以及随后修理、更换费 Durable Medical Equipment Purchase, Rental Up to Purchase Price (as described in the Policy); Repairs or replacements	
精神和心理障碍治疗费 住院医疗和咨询费用，包括但不限于神经性贪食症、神经性厌食症、悲伤辅导和悲伤治疗、失眠症、注意力缺陷障碍、注意缺陷多动障碍。 Mental Health as an Inpatient Psychotherapeutic treatment and psychiatric counseling and treatment in a Hospital or approved facility; Bulimia, anorexia, Bereavement, non-medical causes of insomnia, ADD, and ADHD are covered conditions.	
临终关怀费 Hospice Care (Inpatient basis)	

<p><b>康复治疗和专业护理费</b> 出院之后随即入住经保险人医疗服务第三方服务提供商批准的机构接受的康复治疗 and 由专业护士实施的专业护理费用</p> <p><b>Extended Care Facility, Skilled Nursing, and Inpatient Rehabilitation</b> Must be confined to facility immediately following or in lieu of a Hospital stay</p>	<p>100% 涵盖, 限 90 日/年 100% Covered, up to 90 days per Policy Year</p>
<p><b>门诊手术费</b> (包括本次手术相关的其他医疗费用, 包括但不限于麻醉医生费和助理麻醉医生费等)</p> <p><b>Outpatient Surgery</b> (Include all other related medical expenses of the surgery, such as cost of Outpatient Anesthesiologist &amp; any secondary assistants &amp; Outpatient Anesthesiologist )</p>	
<p><b>特殊门诊费:</b> 肾脏透析治疗以及器官移植的抗排异药物, 恶性肿瘤的电疗, 化学疗法, 放射疗法, 肿瘤靶向疗法, 肿瘤内分泌疗法, 肿瘤免疫疗法, 质子重离子疗法。<b>Special Outpatient</b></p> <p>Including kidney dialysis, anti-rejection drugs for organ transplants and electrotherapy, chemotherapy, radiotherapy for malignant tumors, Tumor targeting therapy, Tumor immunotherapy, Tumor endocrine therapy and Proton heavy ion therapy.</p>	<p>100%涵盖 100% Covered</p>
<p><b>遭受意外伤害紧急治疗</b> (涵盖住院和门诊紧急治疗)</p> <p>1. 限于被保险人在意外事故发生后二十四 (24) 小时内对其因该意外事故造成的伤害进行急症诊疗的费用。 2. 限于同一医师在意外事故发生后三十 (30) 日内提供的后续诊疗的费用 (包括处方医药用品和药品的费用)。</p> <p><b>Emergency Treatment (Inpatient &amp; Outpatient Emergency basis)</b></p> <p>1. The related emergency treatment fee can be covered up to 24 hours after the accident occurs. 2. The afterwards follow-up treatment fee which diagnosed by the same doctor/physician also can be covered up to 30 days after the accident (including prescribed drugs and OTC fee).</p>	
<p><b>紧急意外牙科治疗费 (需事先授权)</b> (住院和门诊)</p> <p>对因遭受意外伤害而受损的、原未经过任何治疗的、完整无损的自身牙齿的紧急治疗和修复费。(不涵盖种植牙, 及其相关产生的费用)</p> <p>注: (紧急意外牙科不包括对咀嚼食物或者咀嚼其他外物引起的牙齿伤害的治疗费、咨询费、检查费)</p> <p><b>Emergency Accidental Dental treatment (Pre-Authorization Required)</b> (Inpatient &amp; Outpatient basis)</p> <p>For Accidental Injury of sound, natural teeth (Excludes Implant and all related medical costs)</p> <p><b>Note: (Emergency Accidental Injury does not include damage to teeth incurred while chewing food or foreign objects.)</b></p>	<p>100%涵盖 100% Covered</p>
<p><b>住院现金补贴</b> (自被保险人每次住院治疗的第六日起)</p> <p><b>Inpatient Cash Allowance</b> <b>(From the 6<sup>th</sup> days of each hospitalization)</b></p>	<p>600 元/日, 限 30 日/年 RMB 600/per day, up to 30 days/year</p>
<p><b>中国大陆公立医院住院护工津贴</b> <b>Public Hospital Inpatient Care Allowance in Mainland China</b></p>	<p>300 元/日, 限 15 日/年 RMB 300/per day, up to 15 days/year</p>
<p style="text-align: center;"><b>特殊就诊医疗保险责任</b> <b>【限于住院年免赔额: 50,000元/30,000元/12,000元/0元】</b> <b>Special Treatment Benefits</b> (subject to <b>Inpatient Annual Deductible: RMB 0 / RMB 12,000/ RMB 30,000/RMB 50,000</b>)</p>	
<p><b>入院前或者日间手术前或者门诊手术前医生诊疗费、相关检查费、化验费和处方药费 (90 天内)</b> Pre-hospitalization or Pre-day Surgery or Pre-outpatient Surgery Doctor's fees, Laboratory Tests, X-rays, Diagnostic Tests, Procedures and Prescribed medicine (Up to 90 days before admission)</p>	<p>100%涵盖 100% Covered</p>
<p><b>出院后或者日间手术后或者门诊手术后医生诊疗费、相关检查费、化验费和处方药费 (90 天内)</b> Post-hospitalization or Post-day Surgery or Post-outpatient Surgery Doctor's fees, Laboratory Tests, X-rays, Diagnostic Tests, Procedures and Prescribed medicine (Up to 90 days after admission)</p>	<p>100%涵盖 100% Covered</p>

<b>医疗及身故援助保险责任</b> (不限于免赔额) (不限于门诊医疗和住院医疗上限) <b>Medical Evacuation &amp; Repatriation of Mortal Remains</b> (Not Subject to Deductible) (Not Subject to Overall Inpatient Maximum or Overall Outpatient Maximum)	
<b>救护车费 (住院和门诊)</b> <b>Ground Ambulance (Inpatient &amp; Outpatient basis)</b>	100%涵盖 100% Covered
<b>在中国大陆及港澳台地域范围之外/美国&amp;加拿大的紧急医疗费用 (住院和门诊)</b> <b>【若全球计划, 请删除整行】</b> <b>Emergency Treatment Outside of Mainland China, Hong Kong, Taiwan &amp; Macau / in the U.S. &amp; Canada (Inpatient &amp; Outpatient basis) (If Worldwide, please delete this)</b>	最高限额 1,000,000 元 Up to RMB 1,000,000
<b>遗体运返或安葬保险责任: 跨国运送其遗体至其国籍国/当地安葬</b> <b>Repatriation of Mortal Remains or Local Burial</b> Repatriate to home country/ Local Burial	160,000 元 RMB 160,000
<b>紧急医疗转运 (由第三方服务机构安排)</b> <b>Emergency Medical Evacuation (Arranged by Third Party Service Provider)</b>	涵盖, 转运途中的陪同人员的住宿费用限 800 元/晚, 每个保险年度累计 12 日 Covered, RMB 800 per night for Hotel fees for the accompanying person, not to exceed 12 nights per Policy Year
1. 紧急医疗转运费 (详见条款) 2. 转运途中的陪同人员的公共交通费 (详见条款) 3. 转运途中的陪同人员的住宿费用 (详见条款) 1. Emergency medical evacuation fee (See Policy for details) 2. Transportation fees for the accompanying person (See Policy for details) 3. Hotel fees for the accompanying person (See Policy for details)	
<b>紧急赴异地就医交通费用现金补贴 (非第三方服务机构安排):</b> 1. 仅限赴异地住院治疗 (往返) 2. 仅限住院前后 14 天 3. 含一名陪同人员交通费用 4. 含长途汽车, 火车, 客轮船, 飞机 (不限舱位); 须提供正规增值税发票, 及车船机票原件; 5. 仅限中国大陆及港澳台/全球除美国加拿大地区内发生的异地就医的交通费用; 6. 须在当地就医并确诊, 得到住院/手术通知后, 获得第三方服务机构 (万欣和) 的书面授权 <b>Emergency Medical Treatment related Travel Cost (Non-Third Party Service Provider arrangement)</b> 1. Only applied to the non-local inpatient treatment (Depart & Return) 2. Only 14 days before and after hospitalization 3. Transportation fees for the accompanying person 4. Cover long distance bus, train, passenger liner, airplane (No class limitation); the formal VAT invoice and the original of tickets are required 5. Only the nonlocal inpatient treatment in Mainland China, Hong Kong, Macau & Taiwan / Worldwide excluding U.S. and Canada allowed. 6. Must be diagnosed locally, received hospitalization / surgery notification, and approved by the Third Party Service Provider prior in written document.	
<b>一般疾病 (伤害) 和一般项目-门诊医疗保险责任</b> (限于门诊医疗年上限40,000元) (中国大陆及港澳台增强保障) (限于门诊医疗年上限80,000元) (国际增强保障 (全球除美国&加拿大)) (限于门诊医疗年上限80,000元) (全球保障) <b>Outpatient Benefits</b> (subject to Overall Outpatient Maximum RMB 40,000) (Greater China Plus Plan) (subject to Overall Outpatient Maximum RMB 80,000) (International Plus Plan (Worldwide excluding U.S. & Canada)) (subject to Overall Outpatient Maximum RMB 80,000) (Worldwide Plan)	
<b>涵盖</b> <b>Include Outpatient Benefits</b>	<b>是 (如选择门诊福利) / 否</b> <b>Yes (If select outpatient benefit) / No</b>
<b>急诊室费</b> <b>Emergency Room (if leads to treatment as an Outpatient)</b>	100%涵盖 100% Covered
<b>紧急治疗费</b>	100%涵盖 100% Covered

<b>Medical Emergency Services</b> 医生诊疗费 <b>Outpatient Physician Visit</b> 专家诊疗费 <b>Consultation by Specialist</b> 超声波心动描记术费、超声波检查费 <b>Echocardiography, Ultrasound</b> 计算机断层扫描、正电子发射计算机断层扫描、核磁共振检查费 <b>CAT Scan, PET Scan or MRI</b> 内窥镜检查费（如，胃镜检查，结肠镜检查，膀胱镜检查） <b>Endoscopy (e.g., gastroscopy, colonoscopy, cystoscopy)</b> X光检查费 <b>X-Rays</b> 化验费 <b>Laboratory</b> 呼吸治疗 <b>Respiratory therapy</b> 外科医生费 <b>Outpatient Surgeon</b> 助理外科医生费 <b>Outpatient Assistant Surgeon</b> 麻醉医生费和助理麻醉医生费 <b>Outpatient Anesthesiologist &amp; any secondary assistants</b> <b>睡眠检查和治疗费</b> 发作性睡眠或阻塞性呼吸暂停症状的检查和治疗费 <b>Sleep Studies/Tests and Treatment</b> for suspected conditions of Narcolepsy or Obstructive Sleep Apnea <b>耐用医疗设备购买或租赁费</b> （需事先授权） 购买或租赁费，以及随后修理、更换费 <b>Durable Medical Equipment (Pre-Authorization Required)</b> Purchase, Rental Up to Purchase Price (as described in the Policy); Repairs or replacements <b>精神疾病的门诊治疗费</b> 涵盖门诊医疗和咨询费用 包括但不限于神经性贪食症、神经性厌食症、悲伤辅导和悲伤治疗、失眠症、注意力缺陷障碍、注意缺陷多动障碍 <b>Mental Health as an Out-patient</b> Psychotherapeutic treatment and psychiatric counseling and treatment in a Hospital or approved facility; Bulimia, anorexia, Bereavement, non-medical causes of insomnia, ADD, and ADHD are covered conditions. <b>处方药费</b> – 美国以外的国家和地区（用量以 90 日为上限） Outpatient Prescription Drugs (up to 90-day supply per filling) <b>临终关怀费</b> <b>Hospice Care (Outpatient basis)</b> <b>专业护士家庭护理费</b> <b>Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing</b> Visiting Nurse Home Health	
处方药费 – 美国以内（用量以 180 日为上限） <b>(仅限全球计划)</b> Outpatient Prescription Drugs - In the U.S. <b>(Up to 180-day supply per filling) (Only for Worldwide Plan)</b>	
<b>中医治疗</b> 咨询费，诊疗费，由具有资质的中医师所开的小草药 <b>Traditional Chinese Treatment</b> Consultation fee, diagnostic fee, Traditional Chinese Medicines prescribed by a registered traditional Chinese physician <b>中医针灸疗法费和顺势疗法费</b> <b>Alternative Medicine</b>	中国大陆及港澳台增强保障：每次最高 1,000 元，累计以 12 次为上限/年 <b>Greater China Plus Plan: RMB 1,000 per visit, up to 12 visits per policy year</b> 国际增强保障（全球除美国&加拿大）：每次最高 1,000 元，累计以 20 次为上限/年 <b>International Plus Plan (Worldwide excluding U.S. &amp; Canada): RMB 1,000 per visit, up to 20 visits per policy year</b>



Homeopathy and Acupuncture treatment for a covered illness	全球保障：每次最高 1,500 元，累计以 20 次为上限/年 Worldwide Plan: RMB 1,500 per visit, up to 20 visits per policy year
<b>理疗费</b> 包括物理治疗、脊柱指压治疗、职业病恢复指导和语言障碍治疗等（含精神疾病的理疗费） <b>Therapy Service</b> Including Physiotherapy, Chiropractic Therapy, Vocational Therapy, Speech Therapy, Occupational Therapy (Including therapy related to mental illness)	
<b>特殊检查费</b> <b>Examinations/Screenings Benefits</b> 常规乳房 X 线照片或子宫颈抹片检查费、医生费 Papanicolaou Screening (PAP) and routine mammogram, including consultation fees 前列腺特异性抗原检查费、医生费 PSA exam, including consultation fees <b>和家族病史有关的病理筛查</b> Screenings recommended by a physician due to family medical history	不涵盖 Not Covered
<b>优享福利一</b> (不限于免赔额) (不限于门诊医疗和住院医疗上限) <b>FLEXIBLE BENEFITS I</b> (Not Subject to Deductible) (Not Subject to Overall Inpatient Maximum or Overall Outpatient Maximum)	
<b>涵盖</b> <b>INCLUDED IN THIS PLAN</b>	<b>是</b> <b>YES</b>
<b>限额</b> <b>Maximum Annual Benefit</b>	中国大陆及港澳台增强保障：2,000 元/年 Greater China Plus Plan: RMB 2,000 per policy year 国际增强保障（全球除美国&加拿大）：2,000 元/年 International Plus Plan (Worldwide excluding U.S. & Canada): RMB 2,000 per policy year 全球保障：3,000 元/年 Worldwide Plan: RMB 3,000 per policy year
<b>健康检查/预防保健</b> <b>Wellness/Preventive Checkup Benefit</b> 全身体检费以及相关检查化验费，免疫费，常规检查化验费 Costs of a full physical examination and the tests and procedures associated with such examination; Immunizations, routine tests and exams.	
<b>牙科保障</b> <b>Dental Benefit</b> 对于以下所列福利，保险人按 100%比例支付保险金。 福利明细： 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。 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，以及相关口腔 X 光费。 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、牙齿矫正（牙齿矫正包括模型研究、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）以及相关口腔 X 光费。 <b>责任免除</b> 不包括以美容为目的的牙齿处理，义齿，高嵌体，种植牙，贴面，以及相关口腔 X 光费用。 Insured Persons will receive 100% reimbursement on all dental treatment described below. <b>Coverage</b> <ul style="list-style-type: none"> <li>Preventive Treatment - including routine examination, dental health instruction, fluoride treatment, scale and polish (prophylaxis). Two routine cleanings per Policy Year are included in coverage.</li> <li>Basic Restorative - including amalgam or composite fillings, simple extractions, periodontal scaling, root planing and related pan oral x-ray.</li> <li>Major Restorative - including root fillings, root canal, crowns and inlays, bridges (including laboratory and anesthetic fees), wisdom teeth extractions, orthodontic treatment and related pan oral x-ray..</li> </ul> <b>Exclusions</b> Cosmetic Treatment (not Medically Necessary), false teeth, dental implants, on-lays, veneers and all associated costs.	
<b>眼科配镜保障</b> <b>Vision Benefits</b> 一次眼科检查费 Examination (one per policy year)	

隐形眼镜（日抛、月抛等抛弃型隐形眼镜费）或每个保险年度一副框架眼镜费 One pair of glasses or contact lenses (for disposables, multiple pairs may be reimbursed)	
<b>责任免除：</b> 不包括太阳镜及相关配件的费用 <b>Exclusions:</b> Sunglasses and/or related accessories.	
<b>优享福利二</b> （不限于免赔额）（不限于门诊医疗和住院医疗上限） <b>FLEXIBLE BENEFITS II</b> (Not Subject to Deductible) (Not Subject to Overall Inpatient Maximum or Overall Outpatient Maximum)	
肠道早期病变无创筛查（常卫清）或者幽门螺旋杆菌筛查（幽幽管）或者 HPV 基因分型自采样试剂盒（HPV-人乳头瘤病毒检测） 筛查三选一此筛查由 MSH 指定机构提供（仅 18 周岁以上成年人） <b>Early intestinal lesions non-invasive screening (Coloclear) or UU Tube(Helicobacterpylori screening) or HPV Genotyping self-sampling Kit(Human Papillomavirus screening)</b> <b>One out of three</b> This screening is provided by MSH designated provider（Only for age 18 above）	限 1 次/年 Once per policy year
<b>优享福利三</b> （不限于免赔额）（不限于门诊医疗和住院医疗上限） <b>FLEXIBLE BENEFITS III</b> (Not Subject to Deductible) (Not Subject to Overall Inpatient Maximum or Overall Outpatient Maximum)	
非处方药费（允许被保险人在未通过医疗机构就诊的情况下自行通过线上或线下药店购买非处方药、设备、耗材） <b>OTC Medicine Expenses（The insured person is allowed to purchase OTC medicine, Equipment and Consumables through online or offline pharmacies without visiting Medical institutions.）</b>	中国大陆及港澳台增强保障：200 元/年 <b>Greater China Plus Plan: RMB 200 per policy year</b>  国际增强保障（全球除美国&加拿大）：300 元/年 <b>International Plus Plan (Worldwide excluding U.S. &amp; Canada): RMB 300 per policy year</b>  全球保障：500 元/年 <b>Worldwide Plan: RMB 500 per policy year</b>
<b>可选补充健享包</b> （不限于免赔额）（不限于门诊医疗和住院医疗上限） <b>Optional Supplementary Wellness Benefits</b> (Not Subject to Deductible) (Not Subject to Overall Inpatient Maximum or Overall Outpatient Maximum)	
<b>涵盖</b> <b>INCLUDED IN THIS PLAN</b>	<b>是 / 否</b> <b>YES / NO</b>
<b>限额</b> <b>Maximum Annual Benefit</b>	2,000 元/5,000 元 RMB 2,000 / RMB 5,000
<b>健康检查/预防保健</b> <b>Wellness/Preventive Checkup Benefit</b>	
全身体检费以及相关检查化验费，免疫费，常规检查化验费 Costs of a full physical examination and the tests and procedures associated with such examination; Immunizations, routine tests and exams.	
<b>牙科保障</b> <b>Dental Benefit</b>	
对于以下所列福利，保险人按 100%比例支付保险金。 福利明细： 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。 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，以及相关口腔 X 光费。 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、牙齿矫正（牙齿矫正包括模型研究、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）以及相关口腔 X 光费。 <b>责任免除</b> 不包括以美容为目的牙齿处理，义齿，高嵌体，种植牙，贴面，以及相关口腔 X 光费用。 Insured Persons will receive 100% reimbursement on all dental treatment described below.	
<b>Coverage</b> <ul style="list-style-type: none"> <li>Preventive Treatment - including routine examination, dental health instruction, fluoride treatment, scale and polish (prophylaxis). Two routine cleanings per Policy Year are included in coverage.</li> <li>Basic Restorative - including amalgam or composite fillings, simple extractions, periodontal scaling, root planing and related pan oral x-ray.</li> <li>Major Restorative - including root fillings, root canal, crowns and inlays, bridges (including laboratory and anesthetic fees), wisdom teeth extractions, orthodontic treatment and related pan oral x-ray..</li> </ul>	
<b>Exclusions</b>	

Cosmetic Treatment (not Medically Necessary), false teeth, dental implants, on-lays, veneers and all associated costs.	
<b>眼科配镜保障</b> <b>Vision Benefits</b>	
一次眼科检查费 Examination (one per policy year)	
隐形眼镜（日抛、月抛等抛弃型隐性眼镜费）或每个保险年度一副框架眼镜费 One pair of glasses or contact lenses (for disposables, multiple pairs may be reimbursed)	
责任免除：不包括太阳镜及相关配件的费用 Exclusions: Sunglasses and/or related accessories.	
<b>分娩和新生儿医疗保险责任</b> <b>Maternity Related Benefits</b>	
<b>涵盖</b> <b>INCLUDED IN THIS PLAN</b>	<b>否</b> <b>NO</b>
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、顺产费、医学必需剖腹产费、麻醉费、产后复查费。 Prenatal care including prenatal vitamins, prenatal checkups, postnatal checkups, ultrasounds, anesthesia, Normal Delivery or Medically Necessary C-Section	不涵盖 Not Covered
妊娠并发症治疗费 Complications of Pregnancy	
新生儿费-出生 14 日内的护理和医疗费 Newborn Infant Care Services - nursery services and medical care during first fourteen (14) days of life	
新生儿费 - 常规体格检查 Newborn Infant Care Services - Child Routine Medical Exams	
新生儿费 - 疫苗，包括白喉、乙型肝炎、麻疹、腮腺炎、百日咳、破伤风、水痘、嗜血杆菌属、B 型流感病毒、肝炎以及其他免疫费。 Well Baby Care: includes child immunizations and routine medical exams. Covered immunizations include diphtheria, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, haemophilus influenza B, hepatitis A and other Medically Necessary pediatric immunizations	

以下受限医院（包含医疗集团旗下所有医疗机构）发生的任何治疗均不涵盖

下列为当前已知的机构供参考，MSH 保留更新此列表的权利

Restricted Providers are medical providers where all treatments are excluded under this policy.

All institutions under these medical groups, are included in this restriction, please see the complete list of currently known institutions for reference below. MSH reserves the right to update this list.

#### 脊近完美 Spine Care

上海脊近完美中医诊所有限公司 Shanghai Jijin Perfect TCM Clinic Co., Ltd  
上海脊近完美中医诊所联洋店 Shanghai Jijin Perfect TCM Clinic, Lianyang Branch  
上海脊近完美中医诊所长宁店 Shanghai Jijin Perfect TCM Clinic, Changning Branch  
昆明市西山区脊近完美按摩店 Kunming Xishan District Jijin Perfect Massage  
丹阳市云阳镇脊近完美推拿馆 Danyang Yunyang town Jijin Perfect Massage

#### 颈医卫 Health Sage

上海颈医卫脊力中医诊所有限公司 Shanghai Cervical Medicine Chiropractic Clinic Co., Ltd  
上海颈医卫脊活中医诊所 Shanghai Jingyiwei Jihuo Chinese Medicine Clinic  
上海颈医卫脊悦中医诊所有限公司 Shanghai Jingyiwei Jiyue TCM Clinic Co., Ltd  
上海颈医卫脊耀中医诊所有限公司 Shanghai Jingyiwei Jiyao TCM Clinic Co., Ltd  
上海颈医卫脊虹中医诊所有限公司 Shanghai Jingyiwei Jihong Chinese Medicine Clinic  
上海颈医卫脊富中医诊所有限公司 Shanghai Jingyiwei Jifu TCM Clinic Co., Ltd  
上海博宛中医诊所有限公司 Shanghai Bowan Traditional Chinese Medicine Clinic  
上海近博中医诊所有限公司 Shanghai Jin Bo TCM Clinic  
上海博近中医诊所有限公司 Shanghai Bo Jin TCM Clinic  
上海镒博中医诊所有限公司 Shanghai Gaobo TCM Clinic  
上海脊安中医诊所有限公司 Shanghai Ji An TCM Clinic  
上海泰脊中医诊所有限公司 Shanghai Tai Ji TCM Clinic  
上海镐然实业有限公司财富店 Shanghai Gaoran TCM Clinic, Wealth Branch  
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#### 明经堂 Mingjingtang

北京明经堂中医诊所 Meridian Traditional Chinese Medicine Clinic  
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#### 优仕美地 Yosemite

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上海优仕美地门诊部 Shanghai Yosemite Clinic

北京医嘉家阖诊所 Beijing Yijia Jiahe Clinic

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