



「醫療綜合保障計劃(系列一)」為個人綜合醫療保險產品，綜合三項基本保障，包括住院及手術、附加重症住院及住院現金，以及涵蓋門診、牙科、產科或危疾等自選保障，讓您及家人倍添安心！

Medical Comprehensive Protection Plan (Series 1) is an individual comprehensive medical insurance plan and puts three basic benefits¹ including Hospital and Surgical, Supplementary Major Medical and Hospital Cash under one roof. Together with the optional benefits including Out-patient, Dental, Maternity or Critical Illness, the Plan provides you and your family with added peace of mind.

推廣期內於南洋商業銀行成功投保
「醫療綜合保障計劃(系列一)」可享**首年保費 9 折優惠**
Enjoy first year premium discount of 10% off by applying Medical
Comprehensive Protection Plan (Series 1) via Nanyang
Commerical Bank during promotion period

案例一 Case 1

客戶背景：30 歲在職會計師，已有公司團體醫療保險，但希望能獲得更周全的保障

Client's background: Accountant, age of 30, with group medical insurance plan, looking for a comprehensive medical insurance plan

➤ 建議加購「醫療綜合保障計劃(系列一)」計劃 4

Suggest to apply Medical Comprehensive Protection Plan (Series 1) Plan 4

計劃特點 Product Highlights

1. 15%無索償續保保費折扣優惠 15% No Claim Renewal Premium Discount Offer

每名受保人如連續 3 個保單年度或以上沒有任何基本保障的索償紀錄，下一個保單年度的基本保障可享 15%續保保費折扣優惠。Each Insured Person with no claim record of basic benefits for 3 consecutive policy years or above will be entitled to 15% renewal premium discount for basic benefits in the next policy year.

2. 保證終身續保 **Guaranteed lifetime renewal**

本計劃的保障期為一年，並每年續保。住院及手術、門診及牙科保障可保證終身續保。受保人的保單生效後，中銀集團保險不會因受保人的健康或索賠情況而額外收費或另增附加條款⁵。Period of insurance of the Plan is 1 year and the Plan would be renewed on yearly basis, The Plan offers you guaranteed lifetime renewal for Hospital and Surgical, Out-patient and Dental benefits. Regardless of the Insured Person's health or claim conditions, BOCG Insurance will not charge any additional fees or impose any additional terms on the Insured Person after the policy has taken into effect⁵.

3. 多項增值保障，讓您倍感安心 **Value-added benefits for your extra protection**

- **門診手術延伸保障**：包括在醫院進行的日症手術或在診所進行的診所手術⁶。Extended coverage of Clinical Surgery : includes day case surgery performed in a hospital or clinical surgery at clinic⁶.
- **特設進補現金津貼**：手術後可獲進補津貼，且毋須在索賠時出示購買進補食品的單據。Special cash allowance for health supplement food: Allowance for health supplements will be provided after surgical operation. The receipts of purchasing health supplementary food are not required to be provided upon submission of the claim.
- **醫療增值計劃**：為您及/或家人³現有的住院及手術醫療保險(例如僱主所提供的醫療保險)提供額外保障。Medical top-up plan: A supplementary top-up protection will be provided for you and/or your family members³ to supplement the existing Hospital and Surgical insurance (e.g. the medical insurance offered by your employer).
- **危疾保障**：除為 40 種常見危疾提供保障外，更特設癌症、中風或心肌疾病的額外醫療費用保障。此外，若受保人被確診患上指定的男性、女性危疾或嚴重疾病，本計劃將提供額外保障。Medical top-up plan: A supplementary top-up protection will be provided for you and/or your family members³ to supplement the existing Hospital and Surgical insurance (e.g. the medical insurance offered by your employer).
- **不設等候期**：投保一經批核，保障即時生效(「產科保障」、「危疾保障」、「已存在的病狀」內指定疾病及其他不保事項⁷除外)。Once the application for insurance is approved, the protection will take effect immediately without waiting period (except "Maternity Benefit", "Critical Illness Benefit", any designated disease as specified under "Pre-existing Medical Conditions" and other excluded items⁷).

4. 免費健康檢查及 24 小時服務 **Free health check-up and 24-hour services**

- **健康檢查**：每名受保人可在首個保單年度獲享基本健康檢查乙次，其後連續受保的每兩個保單年度可獲享為男性、女性或兒童而設的全面體檢服務乙次。Health check-up: Each Insured Person will be entitled to a basic health check-up in the first policy year. A comprehensive health check-up for male, female or child will be provided every 2 consecutive policy years thereafter.
- **24 小時全球緊急救援服務**：本計劃提供 24 小時全球緊急支援服務。此外，若您身處香港以外並須緊急入院，可獲享高達 HK\$40,000 的住院代墊保證金。24-hour worldwide emergency assistance service: The Plan provides 24-hour worldwide

emergency assistance service. Besides, you can enjoy a hospital deposit guarantee of up to HK\$40,000 in the event of emergency hospital confinement outside Hong Kong.

● **24 小時網上服務**：您可隨時隨地透過中銀集團保險網頁計算身體質量指數、查閱索償申請進度及紀錄、下載保單文件、索償表格及網絡醫生資料等。24-hour online service: You can visit BOCG Insurance's website anytime and anywhere for calculation of Body Mass Index, enquiry of claim status and record, downloading of policy document, claim forms and information of the network doctors, etc.

保費金額 Premium Amount

基本保障 - 住院及手術+ 住院現金 (A + C 保障)

Basic Benefits – Hospital and Surgical + Hospital Cash (A+C Benefits)

年齡組別 Age Group	計劃 4 Plan 4
18 – 30 歲 years old	原價 Original Price : HK\$2,043 9 折後 10%off : HK\$1,838.7

案例二 Case 2

客戶背景：35 歲在職教師，育有一子，因教師沒有團體醫療保險

Client's background: School teacher with no group medical insurance plan, age of 35, with a son

➤ 建議一家三口一同投保，推廣期內最高可享 81 折

Suggest the family of 3 to apply Medical Comprehensive Protection Plan (Series 1) and enjoy 19% off

計劃特點 Product Highlights

1. 家人同時投保，可享保費 9 折優惠並可靈活選配計劃組合 10% premium discount and flexible plan combination² for family enrolment
 - 兩名或以上家人同時受保於同一份保單，可享保費 9 折優惠。Enjoy 10% premium discount if two or more family members³ are insured under the same policy.
 - 每位家人於同一份保單內可自由選配不同計劃及自選保障。子女⁴亦可單獨受保，惟其投保申請須由家長或監護人辦理。Each family member can opt to take up different plans and optional benefits¹ under the same policy. Child(ren)⁴ can be insured on his/her own while the applications are required to be arranged by the parent or legal guardian.
2. 15%無索償續保保費折扣優惠 15% No Claim Renewal Premium Discount Offer
每名受保人如連續 3 個保單年度或以上沒有任何基本保障的索償紀錄，下一個保單年度的基本保障可享 15%續保保費折扣優惠。Each Insured Person with no claim record of basic benefits for 3 consecutive policy years or above will be entitled to 15% renewal

premium discount for basic benefits in the next policy year.

3. 保證終身續保 **Guaranteed lifetime renewal**

本計劃的保障期為一年，並每年續保。住院及手術、門診及牙科保障可保證終身續保。受保人的保單生效後，中銀集團保險不會因受保人的健康或索賠情況而額外收費或另增附加條款⁵。Period of insurance of the Plan is 1 year and the Plan would be renewed on yearly basis, The Plan offers you guaranteed lifetime renewal for Hospital and Surgical, Out-patient and Dental benefits. Regardless of the Insured Person's health or claim conditions, BOCG Insurance will not charge any additional fees or impose any additional terms on the Insured Person after the policy has taken into effect⁵.

4. 多項增值保障，讓您倍感安心 **Value-added benefits for your extra protection**

- **門診手術延伸保障**：包括在醫院進行的日症手術或在診所進行的診所手術⁶。Extended coverage of Clinical Surgery：includes day case surgery performed in a hospital or clinical surgery at clinic⁶.

- **特設進補現金津貼**：手術後可獲進補津貼，且毋須在索賠時出示購買進補食品的單據。Special cash allowance for health supplement food: Allowance for health supplements will be provided after surgical operation. The receipts of purchasing health supplementary food are not required to be provided upon submission of the claim.

- **醫療增值計劃**：為您及/或家人³現有的住院及手術醫療保險(例如僱主所提供的醫療保險)提供額外保障。Medical top-up plan: A supplementary top-up protection will be provided for you and/or your family members³ to supplement the existing Hospital and Surgical insurance (e.g. the medical insurance offered by your employer).

- **危疾保障**：除為 40 種常見危疾提供保障外，更特設癌症、中風或心肌疾病的額外醫療費用保障。此外，若受保人被確診患上指定的男性、女性危疾或嚴重疾病，本計劃將提供額外保障。Medical top-up plan: A supplementary top-up protection will be provided for you and/or your family members³ to supplement the existing Hospital and Surgical insurance (e.g. the medical insurance offered by your employer).

- **不設等候期**：投保一經批核，保障即時生效(「產科保障」、「危疾保障」、「已存在的病狀」內指定疾病及其他不保事項⁷除外)。Once the application for insurance is approved, the protection will take effect immediately without waiting period (except "Maternity Benefit", "Critical Illness Benefit", any designated disease as specified under "Pre-existing Medical Conditions" and other excluded items⁷).

5. 免費健康檢查及 24 小時服務 **Free health check-up and 24-hour services**

- **健康檢查**：每名受保人可在首個保單年度獲享基本健康檢查乙次，其後連續受保的每兩個保單年度可獲享為男性、女性或兒童而設的全面體檢服務乙次。Health check-up: Each Insured Person will be entitled to a basic health check-up in the first policy year. A comprehensive health check-up for male, female or child will be provided every 2 consecutive policy years thereafter.

- **24 小時全球緊急救援服務**：本計劃提供 24 小時全球緊急支援服務。此外，若您身處香港以外並須緊急入院，可獲享高達 HK\$40,000 的住院代墊保證金。24-hour

worldwide emergency assistance service: The Plan provides 24-hour worldwide emergency assistance service. Besides, you can enjoy a hospital deposit guarantee of up to HK\$40,000 in the event of emergency hospital confinement outside Hong Kong.

- **24 小時網上服務**：您可隨時隨地透過中銀集團保險網頁計算身體質量指數、查閱索償申請進度及紀錄、下載保單文件、索償表格及網絡醫生資料等。24-hour online service: You can visit BOCG Insurance’s website anytime and anywhere for calculation of Body Mass Index, enquiry of claim status and record, downloading of policy document, claim forms and information of the network doctors, etc.

保費金額 Premium Amount

基本保障 - 住院及手術 + 附加重症住院 (A + B 保障)

Basic Benefits – Hospital and Surgical+ Supplementary Major Medical (A+B Benefits)

年齡組別 Age Group	計劃 1 Plan 1	計劃 2 Plan 2
15 日 days – 17 歲 years old	原價 Original Price : HK\$2,534	原價 Original Price : HK \$3,612
31 – 45 歲 years old	原價 Original Price : HK\$3,533	原價 Original Price : HK \$5,640
一家三口投保 可享 81 折 3 family members enroll with 19%off	$(\$3,533 \times 2 + \$2,534) \times 0.81$ 81 折後 19%off : HK \$7,776	$(\$5,640 \times 2 + \$3,612) \times 0.81$ 81 折後 19% off : HK \$12,062.52

案例三 Case 3

客戶背景：55 歲中產男士，準備退休，已有穩定被動收入，惟怕老年時較多病痛

Client’s background: Middle class man, age of 55, planning for retirement with a stable passive income, concern about health care cost

- 建議盡早投保醫保，以確保以後生活富足

Suggest to apply Medical Comprehensive Protection Plan (Series 1) to enjoy a better quality of life

計劃特點 Product Highlights

1. 15%無索償續保保費折扣優惠 15% No Claim Renewal Premium Discount Offer

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- **門診手術延伸保障**：包括在醫院進行的日症手術或在診所進行的診所手術⁶。
Extended coverage of Clinical Surgery : includes day case surgery performed in a hospital or clinical surgery at clinic⁶.
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- **危疾保障**：除為 40 種常見危疾提供保障外，更特設癌症、中風或心肌疾病的額外醫療費用保障。此外，若受保人被確診患上指定的男性、女性危疾或嚴重疾病，本計劃將提供額外保障。
Medical top-up plan: A supplementary top-up protection will be provided for you and/or your family members³ to supplement the existing Hospital and Surgical insurance (e.g. the medical insurance offered by your employer).
- **不設等候期**：投保一經批核，保障即時生效(「產科保障」、「危疾保障」、「已存在的病狀」內指定疾病及其他不保事項⁷除外)。
Once the application for insurance is approved, the protection will take effect immediately without waiting period (except "Maternity Benefit", "Critical Illness Benefit", any designated disease as specified under "Pre-existing Medical Conditions" and other excluded items⁷).

4. 免費健康檢查及 24 小時服務 **Free health check-up and 24-hour services**

- **健康檢查**：每名受保人可在首個保單年度獲享基本健康檢查乙次，其後連續受保的每兩個保單年度可獲享為男性、女性或兒童而設的全面體檢服務乙次。
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- **24 小時全球緊急救援服務**：本計劃提供 24 小時全球緊急支援服務。此外，若您身處香港以外並須緊急入院，可獲享高達 HK\$40,000 的住院代墊保證金。
24-hour worldwide emergency assistance service: The Plan provides 24-hour worldwide emergency assistance service. Besides, you can enjoy a hospital deposit guarantee of

up to HK\$40,000 in the event of emergency hospital confinement outside Hong Kong.

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保費金額 Premium Amount

基本保障 - 住院及手術 + 附加重症住院 (A + B 保障)

Basic Benefits – Hospital and Surgical+ Supplementary Major Medical (A+B Benefits)

年齡組別 Age Group	計劃 1 Plan 1	計劃 2 Plan 2
46 – 55 歲 years old	原價 Original Price : HK\$4,638 9 折後 10%off : HK\$ 4,174.2	原價 Original Price : HK\$7,476 9 折後 10%off : HK\$ 6,728.4

*有關「已存在的病狀」及其他不保事項，請參閱保單。Please refer to the policy for the definition of pre-existing medical conditions and other excluded items.

註Remarks :

1. 受保人須投保基本保障，方可申請其他自選保障。The Insured Person should enrol in the basic benefits prior to the application for optional benefits.
2. 不同受保人於同一保單可申請不同的基本保障、計劃及自選保障。Different Insured Person under the same policy can apply for different basic benefits, plans and optional benefits.
3. 家人指投保人及/或其合法配偶及/或其子女。Family members refer to the Proposer and/or his/her legally married spouse and/or his/her child(ren).
4. 子女指投保人的合法子女，包括繼子女、領養子女或監護兒童。Child(ren) refer(s) to the legal child of the Proposer, including step child, adopted child, or guardian child.
5. 中銀集團保險保留對所有「醫療綜合保障計劃」(系列一)保單在每個續保年度為計劃按同一類別保單作出調整標準保費及/或不時更改條款及賠償限額的權利。BOCG Insurance reserves the right for all policies covered under Medical Comprehensive Protection Plan (Series 1) to adjust standard premiums on a portfolio basis and amend the terms and/or benefits limit from time to time upon renewal for the coming policy year.
6. 「日症手術」指任何無須住院但在醫院進行的手術。「診所手術」指任何在診所進行的手術。“Day Case Surgery” means any surgery performed in the hospital that does not require hospitalisation. “Clinical Surgery” means surgery that can be undertaken at the clinic.
7. 有關「已存在的病狀」及其他不保事項，請參閱保單。For the details of designated disease as specified under "Pre-existing Medical Conditions" and other excluded items, please refer to the policy.

本計劃資料並不包含保單的完整條款，而有關完整條款載於保單文件中。

The Plan information does not contain the full terms of the policy and the full terms can be found in the policy document.

醫療綜合保障計劃(系列一)

中銀集團保險有限公司(「中銀集團保險」)特別為您及您的家人呈獻具全面醫療保障的「醫療綜合保障計劃」(系列一)(「本計劃」)。本計劃為個人綜合醫療保險產品，綜合三項基本保障，包括住院及手術、附加重症住院及住院現金，以及涵蓋門診、牙科、產科或危疾等自選保障¹，讓您及家人倍添安心。

產品特點：

1. 家人同時投保，可享保費 9 折優惠並可靈活選配計劃組合²

- 兩名或以上家人³同時受保於同一份保單，可享保費 9 折優惠。
- 每位家人於同一份保單內可自由選配不同計劃及自選保障¹。子女⁴亦可單獨受保，惟其投保申請須由家長或監護人辦理。

2. 15%無索償續保保費折扣優惠

每名受保人如連續 3 個保單年度或以上沒有任何基本保障的索償紀錄，下一個保單年度的基本保障可享 15%續保保費折扣優惠。

3. 保證終身續保

本計劃的保障期為一年，並每年續保。住院及手術、門診及牙科保障可保證終身續保。受保人的保單生效後，中銀集團保險不會因受保人的健康或索賠情況而額外收費或另增附加條款⁵。

4. 多項增值保障，讓您倍感安心

- **門診手術延伸保障：**包括在醫院進行的日症手術或在診所進行的診所手術⁶。
- **特設進補現金津貼：**手術後可獲進補津貼，且毋須在索賠時出示購買進補食品的單據。
- **醫療增值計劃：**為您及/或家人³現有的住院及手術醫療保險(例如僱主所提供的醫療保險)提供額外保障。
- **危疾保障：**除為 40 種常見危疾提供保障外，更特設癌症、中風或心肌疾病的額外醫療費用保障。此外，若受保人被確診患上指定的男性、女性危疾或嚴重疾病，本計劃將提供額外保障。
- **不設等候期：**投保一經批核，保障即時生效(「產科保障」、「危疾保障」、「已存在的病狀」內指定疾病及其他不保事項⁷除外)。

5. 免費健康檢查及 24 小時服務

- **免費健康檢查：**每名受保人可在首個保單年度獲享基本健康檢查乙次，其後連續受保的每兩個保單年度可獲享為男性、女性或兒童而設的全面體檢服務乙次。
- **24 小時全球緊急救援服務：**本計劃提供 24 小時全球緊急支援服務。此外，若您身處中國香港以外並須緊急入院，可獲享高達 HK\$40,000 的住院代墊保證金。
- **24 小時網上服務：**您可隨時隨地透過中銀集團保險網頁計算身體質量指數、查閱索償申請進度及紀錄、下載保單文件、索償表格及網絡醫生資料等。

6. 即時批核及 15 日保單審閱期

若投保申請獲即時批核且各項保障已確認生效，中銀集團保險將在收到投保申請書及相關文件後約 10 個工作天內繕發您的保單。在確認保障生效起計的 15 日內(「保單審閱期」)，您可在中銀集團保險網頁(<http://www.bocgins.com>)下載保單文件及主要不受保項目。若保障項目未能符合您的需要，您可於保單審閱期內以書面方式通知中銀集團保險終止保單(若已收到保單文件，須將其送回中銀集團保險)。如受保人在保單審閱期內未有提出任何索償要求，所有已繳付的保費將獲全數退還。

7. 自動續保服務

在每個保單年度的期滿前，您將接獲中銀集團保險有關續保條款的續保通知書，您只需繳交下一個保單年度所需的保費，您的保單便可自動續保。除非另有指示，否則續保保費將以投保人於投保書內選擇的繳付方式扣賬。

註：

1. 受保人須投保基本保障，方可申請其他自選保障。
2. 不同受保人於同一保單可申請不同的基本保障、計劃及自選保障。
3. 家人指投保人及/或其合法配偶及/或其子女。
4. 子女指投保人的合法子女，包括繼子女、領養子女或監護兒童。
5. 中銀集團保險保留對所有「醫療綜合保障計劃」(系列一)保單在每個續保年度為計劃按同一類別保單作出調整標準保費及/或不時更改條款及賠償限額的權利。
6. 「日症手術」指任何無須住院但在醫院進行的手術。「診所手術」指任何在診所進行的手術。
7. 有關「已存在的病狀」及其他不保事項，請參閱保單。

I. 基本保障⁸ - 全選或3選2

保障項目及承保範圍		最高賠償額(HK\$) (以每名受保人計算)			
		計劃 1	計劃 2	計劃 3	計劃 4 (醫療增值計劃) ⁹
A	住院及手術保障 ¹⁰ (以每保單年度每一傷病計算) - 必選項目				
1.	住院膳宿費 (以 100 日為上限)，每日最高限額	\$800	\$1,550	\$3,000	每年最高賠償總額為 \$250,000，每宗索償的上限為索償額的 55% 及不設每項限額。 注意： 索償時，受保人須持有一份有效的住院及手術醫療保險，否則此項保障將失效。
2.	醫生巡房費 (以 100 日為上限)，每日最高限額	\$800	\$1,550	\$3,000	
3.	醫院服務費	\$12,000	\$18,000	\$25,000	
4.	外科手術費 (按手術分類表賠付)				
	- 複雜手術	\$38,000	\$50,000	\$70,000	
	- 大手術	\$20,000	\$30,000	\$47,000	
	- 中手術	\$9,000	\$15,000	\$19,000	
	- 小手術	\$5,000	\$6,500	\$8,000	
	(手術後接受合資格中醫治療的覆診費用，每日限 1 次，每一傷病最多 5 次)，每日最高限額	\$120	\$150	\$180	
5.	手術室費	按 A 4 項外科手術費賠償額的 30% 賠付			
6.	麻醉師費	按 A 4 項外科手術費賠償額的 30% 賠付			
7.	專科醫生費 (須有主診註冊西醫發出的轉介信，且發出日期與有關病症的診治日期不得相隔超過 6 個月)	\$4,000	\$6,000	\$9,000	
8.	深切治療費 (因感染傳染病而遭政府機關強制性隔離及入院接受深切治療，深切治療的最高賠償額將自動提升一倍)	\$15,000	\$20,000	\$25,000	
9.	出院後覆診費 (出院/門診手術後起計的 6 個星期內)	\$1,200	\$2,500	\$4,500	
10.	住院加床費 (陪伴受保人住院；以 100 日為上限)，每日最高限額	\$800	\$1,000	\$1,200	
11.	意外緊急門診費	\$1,500	\$2,000	\$2,500	
12.	家居看護費 (以 100 日為限)，每日最高限額	\$530	\$850	\$1,150	
13.	醫療裝置 (指定項目) (包括起搏器、經皮冠狀動脈腔內成形術的支架、眼內人造晶體、人工心瓣、關節置換術的金屬或人工關節、置換或植入於關節的人工韌帶及人工椎間盤)	\$10,000	\$20,000	\$30,000	

14.	化療/電療/標靶治療/質子治療/免疫治療/荷爾蒙治療/伽馬刀/數碼導航刀/腎透析治療費	\$30,000	\$50,000	\$70,000	
15.	進補現金津貼 (由接受手術及住院的第 8 日起計, 每一傷病最多賠償 5 日), 每日最高限額	\$200	\$300	\$500	
16.	香港公立醫院特別現金津貼 (只適用於普通病房, 以 50 日為限。當保障項目 A「住院及手術保障」不會作出賠償時適用, 但項目 A15「進補現金津貼」除外), 每日最高限額	\$500	\$750	\$1,000	
17.	身故恩恤金 因意外導致住院並身故	\$8,000	\$10,000	\$12,000	
每個保單年度每名 76 歲或以上的受保人於項目 A 的每年賠償總限額		\$200,000	\$400,000	\$600,000	
B 附加重症住院保障¹⁰ (以每保單年度每一傷病計算)					
只適用於基本保障「住院及手術保障」的第 A3 至 A8 項金額耗盡後 ¹¹ (賠償額以百分比計算)		\$150,000 80%	\$300,000 80%	\$500,000 a. 80% 或 b. 100%	不適用
C 住院現金保障					
<ul style="list-style-type: none"> 無論選擇任何一項基本保障或計劃, 若受保子女年齡為 18 歲或以下, 本保額將只按「計劃 1」受保。 於中國內地住院, 此保障最高賠償額將減半。於中國香港以外住院, 每名受保人於每保單年度的最高賠償日數為 90 日。 					
1.	每日住院現金 (每一事故的最高賠償日數為 365 日)	\$300	\$500	\$1,000	\$300
2.	因下列任何一種情況可獲雙倍每日住院現金保障 (每一事故的最高賠償日數為 365 日)	\$600	\$1,000	\$2,000	\$600
	i 入住深切治療病房 (每一事故的最高賠償日數為 90 日)				
	ii 接受主要器官移植或首次證實患上癌症				
	iii 感染指定傳染病 ¹² (每種傳染病的最高賠償日數為 30 日)				
	iv 短暫離開中國香港不超過 60 日, 期內需要住院 (不包括中國內地及中國澳門), 每一事故的最高賠償日數為 30 日				
	v 受保人及其受保合法配偶因同一意外同時住院				
免費服務					
1.	24 小時全球緊急支援服務 (如身處中國香港以外並須緊急入院, 可獲享高達 HK\$ 40,000 的住院代墊保證金)。	詳情請參閱保單			
2.	每名受保人可在首個保單年度將按其受保計劃獲享基本健康檢查乙次 ¹³ , 檢查項目包括血型、德國麻疹、膽固醇、小便常規、三酸甘油酯、糖尿病測試或兒科檢查等。其後連續受保的每兩個保單年度可獲享為男性、女性或兒童而設的全面體檢服務乙次。	詳情請瀏覽中銀集團保險網頁 (http://www.bocgins.com)			

II. 自選保障⁸ (投保「基本保障」後, 可額外選擇「自選保障」)

保障項目及承保範圍		最高賠償額(HK\$) (以每名受保人計算)		
		計劃 1	計劃 2	計劃 3
D 門診保障				
網絡及非網絡醫生		網絡醫生	網絡醫生	網絡及非網絡醫生
1.	普通科 (西藥日數: 3 日, 每日診症次數為 1 次) 每次診症最高賠償額 每年最高診症次數 自付費 - 網絡醫生 自付費 - 非網絡醫生	- 不限次數 \$30 不適用	- 不限次數 \$10 不適用	非網絡醫生\$350 不限次數 \$0 20%

2.	專科 (須有醫生轉介信, 西藥日數: 5 日, 每日診症次數為 1 次) 每次診症最高賠償額 每年最高診症次數 自付費 - 網絡醫生 自付費 - 非網絡醫生	- 不限次數 \$50 不適用	- 不限次數 \$30 不適用	非網絡醫生\$700 不限次數 \$20 20%
3.	中醫 (包括跌打及針灸, 每日診症次數為 1 次) 每次診症最高賠償額 每年最高診症次數 自付費 - 網絡醫生 自付費 - 非網絡醫生	不適用	- 12 \$0 不適用	\$180 12 \$0 20%
4.	物理及脊椎治療 (須有醫生轉介信, 每日診症次數為 1 次) 每次診症最高賠償額 每年最高診症次數 自付費 - 網絡醫生 自付費 - 非網絡醫生	- 10 \$0 不適用	- 10 \$0 不適用	\$340 10 \$0 20%
5.	X 光診斷及化驗 (須有醫生轉介信) 每年最高賠償額 自付費 - 網絡醫生 自付費 - 非網絡醫生	\$2,500 \$0 不適用	\$3,000 \$0 不適用	\$4,000 \$0 20%
E 牙科保障				
賠償額以百分比計算		80%	100%	
1.	口腔 X 光檢查 (每片最高賠償額)	\$60	\$70	不適用
2.	洗牙及預防治療 (每次診症最高賠償額, 每年最高診症次數)	\$300(1 次)	\$400(2 次)	
3.	補牙、脫牙 (每隻牙齒最高賠償額)	\$300	\$400	
4.	膿瘡排放 (每隻牙齒最高賠償額)	\$200	\$300	
5.	齒根管填補 (每隻齒根最高賠償額)	\$600	\$1,200	
每保單年度最高總賠償額		\$2,000	\$3,800	
F 產科保障 (每次懷孕)				
包括產前及產後門診費, 不適用於保單生效後首 9 個月內懷孕或分娩				
1.	手術分娩	\$12,000	\$15,000	\$22,500
2.	自然分娩	\$8,000	\$10,000	\$15,000
3.	流產	\$6,000	\$8,000	\$12,000
G 危疾保障				
1.	若不幸首次被確診患上受保危疾 ¹⁴ , 可獲一筆過現金賠償, 但受保人首次被確診患上受保危疾後須仍能最少生存 30 日, 方可獲得賠償	\$100,000	\$200,000	\$300,000
2.	當作出一項危疾賠償後, 該獲索賠受保人於此項目 G 的保障將立即被終止			
3.	90 日等候期: 由保單生效起計算 90 日內的所有索償, 包括所有患上的疾病、病徵已出現的疾病或已被診斷患上的一種受保疾病都不會獲得賠償			
伸延保障				
1.	危疾醫療費用 (因患上癌症、中風或心肌疾病)	\$30,000	\$45,000	\$60,000
2.	患上 5 種婦女危疾或嚴重疾病的額外保障 (若女性受保人首次被診斷患上乳癌、子宮頸癌、卵巢癌、子宮體癌或紅斑狼瘡症 ¹⁵ , 可獲一筆過現金賠償)	\$50,000	\$80,000	\$100,000
3.	患上 5 種男性危疾額外保障 (若男性受保人首次被診斷患上肺癌、肝癌、結腸癌、前列腺癌或心肌疾病, 可獲一筆過現金賠償)	\$50,000	\$80,000	\$100,000

註: 8. 所有費用必須在合理及慣常的範圍以內。

9. 「計劃 4 (醫療增值計劃)」是為彌補受保人現有住院及手術醫療保險的不足(例如僱主所提供的醫療保險)而設,只賠償受保人首份住院及手術保障索償不足的餘額,惟不得超過每宗索償額的 55%及限定的每年最高賠償總額。
10. 獲中銀集團保險分類為合資格之日症手術及診所手術,將於「住院及手術保障」及「附加重症住院保障」項目下賠償。
11. 如投保的住院膳宿費每日最高賠償額少於該次住院醫院實際收取的住院膳宿費,中銀集團保險保留調整「附加重症住院保障」賠償金額的權利。
12. 指定傳染病包括瘧疾、霍亂、腦膜炎、登革熱、破傷風或非典型肺炎包括但不限於 2019 冠狀病毒病。
13. 健康檢查服務將在中銀集團保險指定的診所或醫療中心進行,中銀集團保險對相關診所或醫療中心的服務或任何疏忽概不承擔任何責任。
14. 40 種危疾保障包括:癌症、心肌疾病、冠狀動脈搭橋移植手術、心瓣置換、原發性肺動脈高血壓、主動脈手術、突發性心臟病、阿耳滋海默氏症、細菌感染腦膜炎、結核性腦膜炎、良性腦腫瘤、昏迷、腦炎、腦部損傷、運動神經元疾病、多發性硬化、肌肉營養不良症、截癱/癱瘓、帕金森症、脊髓灰質炎、中風、延髓性逐漸癱瘓、失明、失聰、末期肺病、暴發性病毒肝炎、腎衰竭、喪失獨立生活能力、喪失語言能力、嚴重燒傷、主要器官移植、喪失肢體、永久完全傷殘、肝衰竭、因輸血而感染人體免疫力缺乏病毒、再生障礙性貧血、象皮病、嚴重類風濕關節炎、末期疾病、植物性狀況(持續性)。
15. 紅斑狼瘡症:設 90 日等候期,在作出此項賠償後,該獲索賠受保人於項目 G 的保障將立即被終止。

年繳保費表

(以 HK\$及按每名受保人計算。兩名或以上家人³同時受保於同一份保單,可享保費 9 折優惠。)

I. 基本保障 - 住院及手術¹⁶+ 附加重症住院¹⁷(A + B 保障)

年齡組別	年繳			
	計劃 1	計劃 2	計劃 3a ¹⁷	計劃 3b ¹⁷
15 日 - 17 歲	\$2,534	\$3,612	\$5,506	\$6,348
18 - 30 歲	\$2,695	\$4,316	\$7,280	\$8,122
31 - 45 歲	\$3,533	\$5,640	\$9,518	\$10,383
46 - 55 歲	\$4,638	\$7,476	\$13,145	\$14,313
56 - 60 歲	\$5,878	\$9,731	\$17,431	\$18,794
61 - 70 歲*	\$8,168	\$13,152	\$22,117	\$23,514
71 - 75 歲*	\$11,884	\$19,614	\$26,824	\$28,171
76 歲或以上*	\$10,752	\$18,258	\$24,780	\$24,780

*66 歲或以上只適用於續保; 76 歲或以上只適用於續保住院及手術保障。

I. 基本保障 - 住院及手術¹⁶+ 住院現金¹⁸(A + C 保障)

年齡組別	年繳			
	計劃 1	計劃 2	計劃 3	計劃 4
15 日 - 17 歲	\$2,057	\$2,977	\$4,675	\$1,675
18 - 30 歲	\$2,428	\$3,968	\$6,730	\$2,043
31 - 45 歲	\$3,456	\$5,528	\$9,688	\$2,746
46 - 55 歲	\$4,955	\$7,833	\$14,909	\$3,581
56 - 60 歲	\$6,589	\$10,422	\$18,854	\$5,630
61 - 70 歲*	\$6,761	\$11,345	\$19,457	\$5,141
71 歲或以上*	\$10,948	\$18,590	\$25,229	-

* 61 歲或以上只適用於續保住院及手術保障,住院現金保障最高續保至 60 歲。「計劃 4」的最高投保年齡為 65 歲,可續保至 70 歲。於 71 歲或以上可選擇轉保「計劃 1」或「計劃 2」(若選擇轉保「計劃 3」,須提供轉保前享有相等或高於住院及手術保障內「計劃 3」保障額的證明文件)。

I. 基本保障 - 住院及手術¹⁶+ 附加重症住院¹⁷+ 住院現金¹⁸(A + B + C 保障)

年齡組別	年 繳			
	計劃 1	計劃 2	計劃 3a ¹⁷	計劃 3b ¹⁷
15 日 - 17 歲	\$2,743	\$3,857	\$5,960	\$6,712
18 - 30 歲	\$3,093	\$4,812	\$7,979	\$8,718
31 - 45 歲	\$4,106	\$6,361	\$10,843	\$11,632
46 - 55 歲	\$5,889	\$9,025	\$16,555	\$17,623
56 - 60 歲	\$7,635	\$11,797	\$21,620	\$22,883
61 - 70 歲*	\$8,168	\$13,152	\$22,117	\$23,514
71 - 75 歲*	\$11,884	\$19,614	\$26,824	\$28,171
76 歲或以上*	\$10,752	\$18,258	\$24,780	\$24,780

*61 至 75 歲只適用於續保住院及手術保障、附加重症住院保障；76 歲或以上只適用於續保住院及手術保障。

II. 自選保障

年齡組別/保障	年 繳		
	計劃 1	計劃 2	計劃 3
D. 門診 ¹⁶ 保障	網絡醫生		網絡及 非網絡醫生(80%賠償)
15 日 - 4 歲	\$5,775	\$8,330	\$9,534
5 - 30 歲	\$4,869	\$6,924	\$9,343
31 - 45 歲	\$5,001	\$7,113	\$11,172
46 - 60 歲	\$5,222	\$7,428	\$15,994
61 - 70 歲	\$7,955	\$11,230	\$22,663
71 歲或以上	\$7,673	\$10,833	\$24,534
E. 牙科 ¹⁶ 保障			
15 日或以上	\$1,257	\$2,228	不適用
F. 產科 ¹⁹ 保障			
18 - 30 歲	\$5,099	\$6,370	\$9,548
31 - 40 歲	\$5,890	\$7,356	\$11,041
41 - 50 歲	\$4,570	\$5,731	\$8,590
G1. 危疾 ¹⁹ 保障 (非吸煙)			
18 - 30 歲	\$184	\$339	\$494
31 - 40 歲	\$522	\$1,015	\$1,495
41 - 45 歲	\$871	\$1,683	\$2,524
46 - 50 歲	\$1,291	\$2,554	\$3,816
51 - 55 歲*	\$1,858	\$3,685	\$5,514
56 - 60 歲*	\$3,210	\$6,383	\$9,557

G2. 危疾 ¹⁹ 保障 (吸煙)			
18 - 30 歲	\$255	\$480	\$706
31 - 40 歲	\$769	\$1,480	\$2,205
41 - 45 歲	\$1,277	\$2,510	\$3,729
46 - 50 歲	\$1,886	\$3,729	\$5,571
51 - 55 歲*	\$2,685	\$5,354	\$8,009
56 - 60 歲*	\$4,649	\$9,262	\$13,860

*51 至 60 歲只適用於續保。

註：

16. 住院及手術、門診及牙科保障：投保年齡可至 65 歲，66 歲或以上只適用於續保。
17. 附加重症住院保障：投保年齡可至 65 歲，續保可至 75 歲。「計劃 3a」及「計劃 3b」的賠償百分比分別為 80%及 100%。
18. 住院現金保障：投保及續保年齡均可至 60 歲。無論選擇任何一項基本保障或計劃，子女年齡為 18 歲或以下的保額將按「計劃 1」受保。
19. 產科保障、危疾保障：投保年齡 18 至 50 歲。產科保障續保可至 50 歲。危疾保障續保可至 60 歲。

主要不保事項 (查詢詳情，請參閱保單)

任何先天性疾病、受保前已潛伏或存在的病狀(包括在保障生效的首年及首 6 個月內患上的指定疾病)；例行身體檢查、牙科治療(除非包括在牙科保障範圍以內)、視力測試；美容或整形手術、懷孕或生育(除非包括在產科保障範圍以內)、生育及不育治療；愛滋病、與人體免疫力缺乏病毒有關的疾病或受傷(除非包括在危疾保障範圍以內)；酗酒、神經錯亂、吸毒、性病、刑事罪行、戰爭、罷工、暴亂、恐怖主義活動、職業性運動或高風險活動；所有主要因檢驗(如電腦掃描、X 光檢查等)或物理治療而導致的住院費用等。

修改、終止及賠償

- **保費、條款及最高賠償額設定**

保費、條款及最高賠償額是按照受保人選擇的計劃、投保時的健康狀況及其受保時的年齡而定。受保人於續保時將按已事先設定的年齡組別逐漸增加保費。受保人的保單生效後中銀集團保險不會因受保人的健康或索賠情況而額外收費或附加條款，但中銀集團保險將保留對所有「醫療綜合保障計劃」(系列一)保單在每個續保年度為計劃按同一類別保單作出調整標準保費及/或不時更改條款及賠償限額的權利。

- **更改保障計劃**

投保人可於每保單年度期滿前 30 天以書面方式向中銀集團保險作出申請。中銀集團保險批核後，新計劃及新保費將會在新的保單年度的首日生效。

- **終止保單及退費**

1. 投保人可於每保單年度期滿前 30 天以書面方式向中銀集團保險申請終止保單或其中個別受保人的保障，批核後，生效日期為該保單年度期滿後翌日。如投保人於保險期內終止保單或其中個別受保人的保障，保費將不獲退回，而投保人亦須繳付全年保費的 100%。
2. 若受保人因離職失去公司醫療保險，並於保險期內終止「計劃 4 (醫療增值計劃)」的保障，當提供證明文件後，已繳的年繳保費可按指定百分比退回。此外，受保人亦可同時要求轉換投保「計劃 1」、「計劃 2」或「計劃 3」(若選擇「計劃 3」，須於轉保前提供證明文件以說明前公司的醫療保險曾提供相等或優於「計劃 3」的保障額度)。

- **賠償**

若要提出索償，受保人應盡快以書面形式連同相關證明文件遞交至中銀集團保險以辦理有關手續。中銀集團保險將在收妥所需文件後的 10 個工作天內完成。

注意事項

- **年齡：**投保人及其配偶的年齡須為 18 歲或以上。
- **子女：**可單獨受保，惟須由家長或監護人辦理投保。
- **受保人：**必須為香港特別行政區的合法居民。
- **申請人為中國香港以外留學學生的須知：**
 1. 申請投保本計劃，需作個別核保。
 2. 若中銀集團保險批核同意本計劃保障有關申請人，本計劃將按保單的批單內容伸延中國香港以外留學學生保障，並提供 24 小時緊急支援服務及保障，包括緊急護送、治療後之護送服務、親友探病及出院後療養住宿等。
 3. 中銀集團保險保留對有關的申請作核保、拒絕申請、調整保費及/或最高賠償額、及/或修改保單的權利。
- **風險變動：**若受保人有任何風險變動(包括居留身份、職業等變動)，必須即時以書面通知中銀集團保險。中銀集團保險有權就任何風險變動作保費調整或保留終止保單絕對權，終止保單日期將按自風險變動日期起計。中銀集團保險不會退還任何已繳保費，亦保留要求受保人償還已付的索賠款項之權利。
- **保障地域：**

(a) 住院及手術(包括醫療增值計劃) 、牙科、產科、危疾	適用全球
(b) 附加重症住院 - 附加重症住院(意外緊急情況)	適用中國內地、中國香港及中國澳門 - 適用全球
(c) 住院現金(每保單年度只限住院 90 日)	適用全球
(d) 門診 - 「計劃 1」、「計劃 2」 - 「計劃 3」	- 適用中國香港 - 適用全球

- 本計劃只會根據以下原則，為受保人所需支付的費用作出賠償：
 - 正常及慣常：**意指收費不超過同等經驗或資歷人士在相類似情況及地方下提供服務所收取的平均合理費用；有關物料或服務不超過在同一類別及相同質素及經濟因素考慮及地方下所需的物料或服務所收取的平均合理費用。
 - 必要的醫療：**是按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務主要必須符合需要註冊醫生的專業知識或轉介；符合該傷病的診斷及治療所需。
 - 自付費：**是在中銀集團保險賠償餘下的合資格費用前，保單持有人在每個保單年度必須分擔的定額合資格費用。
 - 重複投保：**若受保人投保多於一份相同保險，中銀集團保險將視受保人受其中最高保障額的保單所保障。如各保單的保障額相同，中銀集團保險將視受保人受最先發出之保單所保障。中銀集團保險將向受保人或其代表人發還重複支付的保費，而重複投保的保單則由生效日開始作廢。
- **終止保單：**

保單將在以下情況時自動終止，以最先者為準：

 - 若受保人在任何時候未能履行本保單的條款或未能本著絕對真誠行事；或
 - 本保單將於受保人身故時終止。保單內任何受保人身故，該受保人的保障將立即終止但保單內的其他受保人將不受影響；或
 - 若從投保人指定的賬戶扣除的一期或以上保費已付訖，其後若未能支付任何保費，則本保單所載保險將於該應付的保單期滿日終止。中銀集團保險將收取該保單年度之年繳保費全數，而所有已繳的保費不獲退還。
- 本宣傳品的資料並不包含保單的完整條款，而有關完整條款載於保單文件中。

受保及續保年齡限制

保障項目	受保年齡	續保年齡
A. 住院及手術	15 日 - 65 歲	終身
B. 附加重症住院	15 日 - 65 歲	至 75 歲
C. 住院現金	15 日 - 60 歲	至 60 歲
D. 門診	15 日 - 65 歲	終身
E. 牙科	15 日 - 65 歲	終身
F. 產科	18 - 50 歲	至 50 歲
G. 危疾	18 - 50 歲	至 60 歲

條款及細則

- 本計劃由中銀集團保險有限公司(「中銀集團保險」)承保。
- 南洋商業銀行有限公司(「代理銀行」)以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行的產品。
- 對於代理銀行與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍)，代理銀行須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。
- 中銀集團保險已獲保險業監管局授權在中華人民共和國香港特別行政區經營一般保險業務，並受其監管。
- 中銀集團保險保留根據投保人及/或受保人於投保時所提供的資料，而決定是否接受任何有關本計劃投保申請的絕對權利。
- 中銀集團保險及/或代理銀行保留隨時修訂、暫停或取消上述產品、服務與優惠以及修訂有關條款的酌情權而毋須事先通知。如有任何爭議，中銀集團保險及/或代理銀行保留最終決定權。
- 本宣傳品僅供參考，並只在香港派發，不能詮釋為在香港以外提供或出售或遊說購買中銀集團保險的任何產品的要約、招攬或建議，本計劃受相關保單的條款所限制，各項條款以中銀集團保險繕發的正式保單為準。各項保障項目及承保範圍、條款及不保事項，請參閱保單。
- 如本宣傳品的中、英文版本有任何歧異，概以英文版本為準。

Should you require the English version of this leaflet, please call the below customer service hotline or enquire through the agent bank.

客戶服務熱線：(852) 3187 5100

或 向代理銀行直接查詢

中銀集團保險網址：www.bocgins.com

Medical Comprehensive Protection Plan (Series 1)

Bank of China Group Insurance Company Limited (“BOCG Insurance”) is delighted to present Medical Comprehensive Protection Plan (Series 1) (“the Plan”) that offers you and your family a comprehensive medical protection. The Plan is an individual comprehensive medical insurance plan and puts three basic benefits including Hospital and Surgical, Supplementary Major Medical and Hospital Cash under one roof. Together with the optional benefits¹ including Out-patient, Dental, Maternity or Critical Illness, the Plan provides you and your family with added peace of mind.

Product Highlights:

1. 10% premium discount and flexible plan combination² for family enrolment

- Enjoy 10% premium discount if two or more family members³ are insured under the same policy.
- Each family member can opt to take up different plans and optional benefits¹ under the same policy. Child(ren)⁴ can be insured on his/her own while the applications are required to be arranged by the parent or legal guardian.

2. 15% No Claim Renewal Premium Discount Offer

Each Insured Person with no claim record of basic benefits for 3 consecutive policy years or above will be entitled to 15% renewal premium discount for basic benefits in the next policy year.

3. Guaranteed lifetime renewal

Period of insurance of the Plan is 1 year and the Plan would be renewed on yearly basis, The Plan offers you guaranteed lifetime renewal for Hospital and Surgical, Out-patient and Dental benefits. Regardless of the Insured Person’s health or claim conditions, BOCG Insurance will not charge any additional fees or impose any additional terms on the Insured Person after the policy has taken into effect⁵.

4. Value-added benefits for your extra protection

- Extended coverage of Clinical Surgery : includes day case surgery performed in a hospital or clinical surgery at clinic⁶.
- Special cash allowance for health supplement food: Allowance for health supplements will be provided after surgical operation. The receipts of purchasing health supplementary food are not required to be provided upon submission of the claim.
- Medical top-up plan: A supplementary top-up protection will be provided for you and/or your family members³ to supplement the existing Hospital and Surgical insurance (e.g. the medical insurance offered by your employer).
- Critical Illness Benefit: Apart from 40 common critical illnesses, the Plan also provides coverage for medical expenses arising from cancer, stroke or cardiomyopathy. Besides, additional benefits will be offered if the Insured Person is diagnosed with designated male or female’s critical illnesses or serious diseases.
- Once the application for insurance is approved, the protection will take effect immediately without waiting period (except “Maternity Benefit”, “Critical Illness Benefit”, any designated disease as specified under "Pre-existing Medical Conditions" and other excluded items⁷).

5. Free health check-up and 24-hour services

- Health check-up: Each Insured Person will be entitled to a basic health check-up in the first policy year. A comprehensive health check-up for male, female or child will be provided every 2 consecutive policy years thereafter.
- 24-hour worldwide emergency assistance service: The Plan provides 24-hour worldwide emergency assistance service. Besides, you can enjoy a hospital deposit guarantee of up to HK\$40,000 in the event of emergency hospital confinement outside Hong Kong (China).
- 24-hour online service: You can visit BOCG Insurance's website anytime and anywhere for calculation of Body Mass Index, enquiry of claim status and record, downloading of policy document, claim forms and information of the network doctors, etc.

6. Instant approval and 15-day Policy Review Period

If your application is approved instantly and the coverage is confirmed in effect, BOCG Insurance will issue your policy about 10 working days after the application and relevant documents have been received. Within 15 days after the confirmation date of the coverage ("Policy Review Period"), you can download the policy document and major exclusions via BOCG Insurance's website (<http://www.bocgins.com>). If the insured benefits do not meet your needs, you can terminate your policy by giving a written notice to BOCG Insurance within Policy Review Period (if you have already received the policy, you are required to return it to BOCG Insurance). If no claim has been made by the Insured Person within Policy Review Period, all paid premium will be totally refunded.

7. Auto-renewal service

You will receive renewal notice stating the renewal terms by BOCG Insurance before the expiry date of every policy year. Your policy will be renewed automatically after your payment of the required premium for the next policy year. Unless subsequent instruction is made, the renewal premium will be debited based on the Proposer's selected payment method in the application form,.

Remarks :

1. The Insured Person should enrol in the basic benefits prior to the application for optional benefits.
2. Different Insured Person under the same policy can apply for different basic benefits, plans and optional benefits.
3. Family members refer to the Proposer and/or his/her legally married spouse and/or his/her child(ren).
4. Child(ren) refer(s) to the legal child of the Proposer, including step child, adopted child, or guardian child.
5. BOCG Insurance reserves the right for all policies covered under Medical Comprehensive Protection Plan (Series 1) to adjust standard premiums on a portfolio basis and amend the terms and/or benefits limit from time to time upon renewal for the coming policy year.
6. "Day Case Surgery" means any surgery performed in the hospital that does not require hospitalisation. "Clinical Surgery" means surgery that can be undertaken at the clinic.
7. For the details of designated disease as specified under "Pre-existing Medical Conditions" and other excluded items, please refer to the policy.

I. Basic Benefits⁸ – Select all or 2 out of 3

Insured Items and Coverage		Maximum Limit (HK\$) (per Insured Person)			
		Plan 1	Plan 2	Plan 3	Plan 4 (Medical Top-up Plan) ⁹
A	Hospital and Surgical Benefits¹⁰ (per disability per policy year) --compulsory items				
1.	Room and Board Fee (a maximum of 100 days) , limit per day	\$800	\$1,550	\$3,000	Overall maximum limit per year is \$250,000 and a maximum of 55% reimbursement per claim and no specified limit per item. Note: The Insured Person should hold a valid hospital and surgical insurance upon submission of claims. Otherwise, this benefit will become invalid.
2.	Physician’s Visit Fee (a maximum of 100 days) , limit per day	\$800	\$1,550	\$3,000	
3.	Hospital Services Fee	\$12,000	\$18,000	\$25,000	
4.	Surgical Expenses (payable in accordance with “Classification Schedule of Surgical Operations”)				
	- Complex	\$38,000	\$50,000	\$70,000	
	- Major	\$20,000	\$30,000	\$47,000	
	- Medium	\$9,000	\$15,000	\$19,000	
	- Minor	\$5,000	\$6,500	\$8,000	
	(Fee for post surgical treatment by registered Chinese medical practitioner, 1 visit per day, a maximum of 5 visits per disability), limit per day	\$120	\$150	\$180	
5.	Operating Theatre Fee	Payable in accordance with Item A4 up to 30% of Surgical Expenses			
6.	Anaesthetist’s Fee	Payable in accordance with Item A4 up to 30% of Surgical Expenses			
7.	Specialist’s Fee (Referral letter issued by the qualified attending physician is required. The time lag between the issue date of the referral letter and the date of the relevant consultation should not exceed 6 months)	\$4,000	\$6,000	\$9,000	
8.	Intensive Care Fee (Maximum limit will be doubled automatically for compulsory quarantine by the government authority and for intensive care treatment in the hospital due to the contraction of infectious disease)	\$15,000	\$20,000	\$25,000	
9.	Post-Hospitalisation Treatment Fee (within 6 weeks immediately after discharged from hospital or post-clinical surgery)	\$1,200	\$2,500	\$4,500	
10.	Extra Bed Accommodation Fee (accompanying the Insured Person for hospital confinement; a maximum of 100 days), limit per day	\$800	\$1,000	\$1,200	
11.	Accidental Emergency Out-patient Treatment Expenses	\$1,500	\$2,000	\$2,500	
12.	Home Nursing Fee (a maximum of 100 days) , limit per day	\$530	\$850	\$1,150	
13.	Medical Appliances (Specified Items) (Including Pacemaker, Stents for Percutaneous Transluminal, Coronary Angioplasty, Intraocular Lens, Artificial Cardiac Valve, Metallic or Artificial Joints for Joint Replacement, Prosthetic Ligaments for Replacement or Implantation between Bones and Prosthetic Intervertebral Disc)	\$10,000	\$20,000	\$30,000	
14.	Chemotherapy/Radiotherapy/ Targeted therapy/, Proton Therapy/ Immunotherapy/ Hormonal therapy/ Gamma Knife/ Cyber Knife/ Renal Dialysis Treatment Expenses	\$30,000	\$50,000	\$70,000	
15.	Cash Allowance for Health Supplement Food (payable from the 8th day of hospital confinement onward after surgical operation, a maximum of 5 days per disability), limit per day	\$200	\$300	\$500	
16.	Special Cash Allowance for Public Hospital in Hong Kong (for general ward bed only, a maximum of 50 days. This benefit is payable where no other benefits in item A (Hospital and Surgical Benefits) are payable, but except item A15 (Cash Allowance for Health Supplement Food), limit per day	\$500	\$750	\$1,000	
17.	Compassionate Death Benefit Death in the hospital as a result of accident	\$8,000	\$10,000	\$12,000	
Overall limit per policy year for each Insured Person aged 76 or above under Item A		\$200,000	\$400,000	\$600,000	

B Supplementary Major Medical Benefit¹⁰ (per disability per policy year)					
Only applicable after the exhaustion of “Hospital and Surgical Benefits” payable under Basic Benefits Items A3 to A8 ¹¹ (calculation of reimbursement in accordance with percentage)		\$150,000 80%	\$300,000 80%	\$500,000 a. 80% or b. 100%	N/A
C Hospital Cash Benefits					
<ul style="list-style-type: none"> Regardless of any basic benefits or plan selected, the sum insured will be covered under Plan 1 only for the insured child(ren) aged 18 or below. If the hospital confinement is in the Mainland China the maximum limit of this coverage will be reduced by half. For hospital confinement outside Hong Kong (China), the maximum number of days is 90 per policy year for each Insured Person. 					
1.	Daily Hospital Cash (a maximum of 365 days per event)	\$300	\$500	\$1,000	\$300
2.	Double Indemnity of Daily Hospital Cash due to any one of following Events (a maximum of 365 days per event)	\$600	\$1,000	\$2,000	\$600
i	Confinement in the Intensive Care Unit (a maximum of 90 days per event)				
ii	Receiving major organ transplant surgery or first diagnosis with cancer disease				
iii	Suffering from defined infectious disease ¹² (a maximum of 30 days for each infectious disease)				
iv	Temporary leaving Hong Kong (China) but not exceeding 60 days with hospital confinement required during this period (excluding the Mainland China and Macau (China)), a maximum of 30 days per event				
v	The Insured Person and insured legal spouse are hospitalised at the same time due to the same accident				
Free Services					
1.	24-hour Worldwide Emergency Assistance Service (a hospital deposit guarantee of up to HK\$40,000 in the event of emergency hospital confinement outside Hong Kong (China) is applicable)	Please refer to the policy for details			
2.	In the first policy year, each Insured Person will be entitled to a basic health check-up ¹³ in accordance with the insured plan. Check-up items include blood group, rubella, cholesterol, urinalysis, triglycerides, diabetes screening, paediatric assessment, etc. A comprehensive health check-up for male, female or child will be provided every 2 consecutive policy years thereafter.	Please visit BOCG Insurance’s website for details (http://www.bocgins.com)			

II. Optional Benefits⁸ (“Optional Benefits” can be additionally selected after enrolling in Basic Benefits)

Insured Items and Coverage		Maximum Limit (HK\$) (per Insured Person)		
		Plan 1	Plan 2	Plan 3
D Out-patient Benefit				
Network and Non-network Doctor		Network Doctor	Network Doctor	Network Doctor and Non-network Doctor
1.	General Practitioner Consultation (3 days western medication, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	- Unlimited \$30 N/A	- Unlimited \$10 N/A	Non-network Doctor \$350 Unlimited \$0 20%

2.	Specialist Consultation (referral letter is required, 5 days western medication, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	- Unlimited \$50 N/A	- Unlimited \$30 N/A	Non-network Doctor \$700 Unlimited \$20 20%
3.	Chinese Medical Practitioner Consultation (including bonesetter and acupuncture, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	N/A	- 12 \$0 N/A	\$180 12 \$0 20%
4.	Physiotherapy and Chiropractor Treatment (referral letter is required, 1 visit per day) Maximum limit per visit Maximum number of visits per year Co-payment – Network Doctor Co-payment – Non-network Doctor	- 10 \$0 N/A	- 10 \$0 N/A	\$340 10 \$0 20%
5.	Diagnostic X-ray and Laboratory Tests (referral letter is required) Maximum limit per year Co-payment – Network Doctor Co-payment – Non-network Doctor	\$2,500 \$0 N/A	\$3,000 \$0 N/A	\$4,000 \$0 20%
E Dental Benefit				
Calculation of reimbursement in accordance with percentage:		80%	100%	N/A
1.	Intra-oral small film radiograph (maximum limit per film)	\$60	\$70	
2.	Scaling, polishing and prophylaxis (maximum limit per visit, maximum number of visits per year)	\$300 (1 visit)	\$400 (2 visits)	
3.	Fillings, extraction (maximum limit per tooth)	\$300	\$400	
4.	Drainage of abscess (maximum limit per tooth)	\$200	\$300	
5.	Root canal fillings (maximum limit per root)	\$600	\$1,200	
Overall maximum limit per policy year		\$2,000	\$3,800	
F Maternity Benefit (per pregnancy)				
Including pre-natal and post-natal out-patient expenses. These benefits are not applicable to pregnancy or birth of child(ren) within 9 months from the policy effective date of these benefits.				
1.	Caesarian section	\$12,000	\$15,000	\$22,500
2.	Normal delivery	\$8,000	\$10,000	\$15,000
3.	Miscarriage	\$6,000	\$8,000	\$12,000
G Critical Illness Benefit				
1.	A lump sum payment will be provided in the unfortunate event of first diagnosis of the covered Critical Illness ¹⁴ . To be eligible for a claim, the Insured Person should be alive for at least 30 days after the first diagnosis of the covered Critical Illness.	\$100,000	\$200,000	\$300,000
2.	Upon approval of a claim for Critical illness, the Insured Person's benefit under this item G will be terminated immediately.			
3.	A 90-day waiting period: No benefit will be payable for any covered Critical Illness where the signs or symptoms of which or the diagnosis of which first occurred within 90 days from the policy effective date.			
Extended Benefits				
1.	Medical Expenses for Critical Illness (due to ascertained the first diagnosis of cancer, stroke or cardiomyopathy)	\$30,000	\$45,000	\$60,000

2.	Additional benefit of the diagnosis of 5 female Critical Illnesses or serious diseases (A lump sum payment will be made payable to female Insured Person in the event of first diagnosis of breast cancer, cervix uteri cancer, ovarian cancer, uterine cancer or system lupus erythematosus (SLE) ¹⁵)	\$50,000	\$80,000	\$100,000
3.	Additional benefit of the diagnosis of 5 male Critical Illnesses (A lump sum payment will be made payable to male Insured Person in the event of first diagnosis of lung cancer, liver cancer, colon cancer, prostate cancer or cardiomyopathy)	\$50,000	\$80,000	\$100,000

- Remarks :**
8. All charges incurred must be reasonable and customary.
 9. Plan 4 “Medical top-up plan” will be provided for the Insured Person to supplement the inadequate protection of the existing Hospital and Surgical insurance (e.g. medical insurance offered by your employer). Compensation will only be made on the shortfall of the first hospital and surgical insurance policy and should not exceed 55% of the reimbursement per claim and the overall maximum limit per year.
 10. The eligible Day Case Surgery and Clinical Surgery which are classified by BOCG Insurance will be paid under “Hospital and Surgical Benefit” and “Supplementary Major Medical Benefit”.
 11. If the insured daily maximum limit for Room and Board is less than the actual amount charged for Room and Board by the hospital for hospital confinement, BOCG Insurance reserves the right to adjust the benefits payable under “Supplementary Major Medical Benefit”.
 12. Defined infectious disease includes malaria, cholera, meningococcal infection, dengue fever, tetanus or atypical pneumonia including but not limited to COVID-19.
 13. Health check-up will be conducted at BOCG Insurance’s designated clinics or medical centres. BOCG Insurance is not liable for the services or the negligence of the relevant clinics or medical centres.
 14. 40 types of Critical Illness coverage includes Cancer, Cardiomyopathy, Coronary Artery Bypass Grafting, Heart Valve Replacement, Primary Pulmonary Arterial Hypertension, Surgery To Aorta, Heart Attack, Alzheimer’s Disease, Bacterial Meningitis, Tuberculous Meningitis, Benign Brain Tumor, Coma, Encephalitis, Brain Damage, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia/Paralysis, Parkinson’s Disease, Poliomyelitis, Stroke, Progressive Bulbar Palsy, Blindness, Loss of Hearing, End Stage Lung Disease, Fulminant Viral Hepatitis, Kidney Failure, Loss of Independent Existence, Loss of Speech, Major Burns, Major Organ Transplant, Loss of Limbs, Total And Permanent Disability, Liver Failure, HIV Through Blood Transfusion, Aplastic Anaemia, Elephantiasis, Severe Rheumatoid Arthritis, Terminal Illness, Vegetative State (persistent).
 15. SLE: Subject to a 90-day waiting period, and while the claim was settled, the Insured Persons’ benefits under item G will be terminated immediately.

Annual Premium Table

(The premium is calculated in HK\$ and on the basis of each Insured Person. 10% premium discount will be offered if two or more family members’ are insured under the same policy)

I. Basic Benefits – Hospital and Surgical¹⁶+ Supplementary Major Medical¹⁷ (A+B Benefits)

Age Group	Annual			
	Plan 1	Plan 2	Plan 3 a ¹⁷	Plan3 b ¹⁷
15 days – 17 years old	\$2,534	\$3,612	\$5,506	\$6,348
18 – 30 years old	\$2,695	\$4,316	\$7,280	\$8,122
31 – 45 years old	\$3,533	\$5,640	\$9,518	\$10,383
46 – 55 years old	\$4,638	\$7,476	\$13,145	\$14,313
56 – 60 years old	\$5,878	\$9,731	\$17,431	\$18,794
61–70 years old*	\$8,168	\$13,152	\$22,117	\$23,514
71–75 years old*	\$11,884	\$19,614	\$26,824	\$28,171
76 years old or above*	\$10,752	\$18,258	\$24,780	\$24,780

* 66 years old or above is applicable to renewal only; 76 years old or above can be renewed on Hospital and Surgical Benefits only.

I. Basic Benefits – Hospital and Surgical¹⁶ + Hospital Cash¹⁸ (A+C Benefits)

Age Group	Annual			
	Plan 1	Plan 2	Plan 3	Plan 4
15 days – 17 years old	\$2,057	\$2,977	\$4,675	\$1,675
18 – 30 years old	\$2,428	\$3,968	\$6,730	\$2,043
31 – 45 years old	\$3,456	\$5,528	\$9,688	\$2,746
46 – 55 years old	\$4,955	\$7,833	\$14,909	\$3,581
56 – 60 years old	\$6,589	\$10,422	\$18,854	\$5,630
61–70 years old *	\$6,761	\$11,345	\$19,457	\$5,141
71 years old or above*	\$10,948	\$18,590	\$25,229	-

* 61 years old or above can only be renewed on Hospital and Surgical Benefits, maximum renewal age of Hospital Cash Benefit is up to 60 years old. For Plan 4, maximum enrolment age is 65 years old with renewal age up to 70 years old. Aged 71 or above can convert insured plan to Plan 1 or Plan 2 (if Plan 3 is selected to convert, it is required to submit documentary proof, showing that his/her coverage limit is equivalent to or better than the coverage limit of Plan 3 under the Hospital and Surgical Benefits before the conversion).

I. Basic Benefits – Hospital and Surgical¹⁶+ Supplementary Major Medical¹⁷+ Hospital Cash¹⁸ (A+B+C Benefits)

Age Group	Annual			
	Plan 1	Plan 2	Plan 3 a ¹⁷	Plan 3 b ¹⁷
15 days – 17 years old	\$2,743	\$3,857	\$5,960	\$6,712
18 – 30 years old	\$3,093	\$4,812	\$7,979	\$8,718
31 – 45 years old	\$4,106	\$6,361	\$10,843	\$11,632
46 – 55 years old	\$5,889	\$9,025	\$16,555	\$17,623
56 – 60 years old	\$7,635	\$11,797	\$21,620	\$22,883
61–70 years old *	\$8,168	\$13,152	\$22,117	\$23,514
71–75 years old*	\$11,884	\$19,614	\$26,824	\$28,171
76 years old or above*	\$10,752	\$18,258	\$24,780	\$24,780

* 61 to 75 years old can be renewed on Hospital and Surgical Benefits and Supplementary Major Medical Benefit only; 76 years old or above can be renewed on Hospital and Surgical Benefits only.

II. Optional Benefits

Age Group/Benefits	Annual		
	Plan 1	Plan 2	Plan 3
D. Out-patient¹⁶Benefit	Network Doctor		Network & Non-network Doctor (80% Reimbursement)
15 days – 4 years old	\$5,775	\$8,330	\$9,534
5 – 30 years old	\$4,869	\$6,924	\$9,343
31 – 45 years old	\$5,001	\$7,113	\$11,172
46 – 60 years old	\$5,222	\$7,428	\$15,994
61–70 years old	\$7,955	\$11,230	\$22,663
71 years old or above	\$7,673	\$10,833	\$24,534

E. Dental¹⁶ Benefit			
15 days or above	\$1,257	\$2,228	N/A
F. Maternity¹⁹ Benefit			
18 – 30 years old	\$5,099	\$6,370	\$9,548
31 – 40 years old	\$5,890	\$7,356	\$11,041
41 – 50 years old	\$4,570	\$5,731	\$8,590
G1. Critical Illness¹⁹ Benefit (non-smoking)			
18 – 30 years old	\$184	\$339	\$494
31 – 40 years old	\$522	\$1,015	\$1,495
41 – 45 years old	\$871	\$1,683	\$2,524
46 – 50 years old	\$1,291	\$2,554	\$3,816
51 – 55 years old*	\$1,858	\$3,685	\$5,514
56 – 60 years old*	\$3,210	\$6,383	\$9,557
G2. Critical Illness¹⁹ Benefit (smoking)			
18 – 30 years old	\$255	\$480	\$706
31 – 40 years old	\$769	\$1,480	\$2,205
41 – 45 years old	\$1,277	\$2,510	\$3,729
46 – 50 years old	\$1,886	\$3,729	\$5,571
51 – 55 years old*	\$2,685	\$5,354	\$8,009
56 – 60 years old*	\$4,649	\$9,262	\$13,860

*51 to 60 years old is applicable to renewal only.

Remarks :

- Hospital and Surgical, Out-patient and Dental Benefits: enrolment age is up to 65 years old, aged 66 or above is applicable to renewal only.
- Supplementary Major Medical Benefit: enrolment age is up to 65 years old and renewal age is up to 75 years old. Claim reimbursement percentage for Plan 3a and Plan 3b are 80% and 100% respectively.
- Hospital Cash Benefit: both enrolment and renewal age is up to 60 years old. Regardless of any basic benefits or plan selected, the sum insured will be covered under Plan 1 only for the insured child(ren) aged 18 or below.
- Maternity Benefit, Critical Illness Benefit: enrolment age is 18 to 50 years old. Renewal age is up to 50 years old for Maternity Benefit. Renewal age is up to 60 years old for Critical Illness Benefit.

Major exclusions (For details, please refer to the policy)

Any congenital conditions, latent illness or disease existed prior to the effective date of the policy (including any designated disease occurring during the first year and the first six months from the effective date of the benefits cover); routine physical examination, dental treatment (except the cover provided under Dental Benefits), eye tests; cosmetic or plastic surgery, pregnancy or childbirth (except the cover provided under Maternity Benefit), fertility or infertility treatment; AIDS, HIV related sickness or injury (except the cover provided under Critical Illness); alcoholism, mental disorders, drug addiction, venereal diseases, illegal acts, war, strike, riot, act of terrorism, professional sports or high risks activities; all hospitalisation expenses incurred primarily for examinations (such as diagnostic scanning, X-ray examination, etc) or physiotherapy, etc.

Revisions, notice of termination and claims

● **Premium, terms and maximum limit**

Premium, terms and maximum limit are determined in accordance with the plan selected, the health condition at time of application and the age during the period of insurance of the Insured Person. The premium will be increased progressively when the Insured Person enters into another pre-set age group at the time of policy renewal. Regardless of the Insured Person’s health or claim conditions, BOCG Insurance will not charge any

additional fees or impose any additional terms on the Insured Person after the policy has taken into effect. **However, BOCG Insurance reserves the right for all policies covered under Medical Comprehensive Protection Plan (Series 1). to adjust standard premiums on a portfolio basis and amend the terms and/or benefits limit from time to time upon renewal for the coming policy year.**

- **Revision of the plan**

The Proposer can apply to revise the policy by giving a written notice to BOCG Insurance 30 days prior to the expiry date of each policy year. Upon BOCG Insurance’s approval, the new plan and new premium will become effective on the first day of the new policy year.

- **Termination of policy and premium refund**

1. The Proposer can apply to terminate the policy or one of the Insured Persons in the policy, by giving a written notice to BOCG Insurance 30 days prior to the expiry date of each policy year, such termination shall become effective on the day immediate following the expiry of the policy year. If the Proposer terminates the policy or any one of the Insured Persons’ benefits within the policy period, the premium will not be refunded and the Proposer should pay 100% of the annual premium.
2. If the Insured Person covered under Plan 4 “Medical Top-up Plan” gives a written notice for policy termination within the policy period due to the cancellation of company medical insurance after termination of employment, he/she will be entitled to the refund of the paid annual premium on a designated percentage upon submission of the documentary proof. Besides, the Insured Person can request to convert his/her insured plan to Plan 1, Plan 2 or Plan 3 (if Plan 3 is selected, Insured Person should submit the documentary proof showing that his/her previous company medical insurance coverage is equivalent to or better than that of Plan 3 before the conversion).

- **Claims**

For claim application, the Insured Person should submit a written notice together with the documentary proof to BOCG Insurance for processing at the soonest. BOCG Insurance will complete within 10 working days after the sufficient documentary proof has been received.

Important Notes

- **Age:** the Proposer and his/her spouse should be aged 18 or above.
- **Child(ren):** can be insured individually but the application should be arranged by the parent or legal guardian.
- **Insured Person:** must be a legal resident of the HKSAR.
- **Notes to applicant who is studying outside Hong Kong (China):**
 1. Individual underwriting is required for the application of the Plan
 2. If the relevant applicant is approved by BOCG Insurance to be covered by the Plan, the Plan will be based on the details of the endorsement of the policy to extend Student Studying outside Hong Kong (China) Benefit and provide 24-Hour Emergency Assistance Services and Protection, including Medical Evacuation, Repatriation after Treatment, Compassionate Visit and Hotel Room Accommodation for Convalescence, etc.
 3. BOCG Insurance reserves the right to underwrite, reject the application, adjust the premium and/or the maximum limit of benefits, and/ or amend the policy for the relevant application.
- **Change of Risk :** The immediate notice in writing shall be given to BOCG Insurance if any change of risk of the Insured Person (including change of identity of the residence, the occupation, etc). BOCG Insurance reserves the right in its sole and absolute discretion to treat the insurance policy as premium adjustment or termination for any change of risk which is from the inception date of any change of risk. BOCG Insurance will not refund any premiums paid and reserves rights to require repayment of the paid claims.
- **Geographical Limit:**

(a) Hospital and Surgical (including Medical Top-up Plan), Dental, Maternity, Critical Illness	Applicable to Worldwide
(b) Supplementary Major Medical - Supplementary Major Medical (only applicable to accidental emergency situation),	Applicable to the Mainland China, Hong Kong (China) and Macau (China) - Applicable to Worldwide
(c) Hospital Cash (limited to hospital confinement of 90 days per policy year)	- Applicable to Worldwide

(d) Out-patient -“Plan 1”, “Plan 2” -“Plan 3”	- Applicable to Hong Kong (China) - Applicable to Worldwide
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- The Plan only covers the expenses of the insured person on the following basis:
Reasonable and Customary: shall mean in relation to fees, a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and in relation to material or services, shall mean a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.
Medically Necessary: shall mean mainly the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice.
Deductible: shall mean a fixed amount of eligible expenses that, in a policy year, the policy holder must pay before BOCG Insurance shall reimburse the remaining eligible expenses.
Duplicate Application: In the event that the Insured Person is covered under more than one such policy, BOCG Insurance will consider that person to be insured under the policy that provides the greatest amount of benefit. Where the benefit under each such policy is identical, BOCG Insurance will consider that person to be insured under the policy first issued. BOCG Insurance will refund any duplicated insurance premium payment that may have been made by or on behalf of that person and the duplicated policy shall be void in respect of such particular Insured Person.
- **Termination of policy :**
This policy shall be automatically terminated on the earliest of the followings:
 - If the Insured Person has at any time failed to observe the terms of this policy or failed to act with utmost good faith; or
 - This policy shall terminate forthwith upon the death of the Insured Person. Benefit for any Insured Person under the policy shall terminate forthwith upon the death of that Insured Person without affecting benefit for other Insured Person under the policy ; or
 - Provided one or more premiums charged to the Insured’s nominated account have been paid, non-payment of any subsequent premiums shall terminate insurance under this policy as from that policy expiry date. Full annual premium for the policy year shall be collected from the Insured and no refund shall be made.
- **The information of this promotional material does not contain the full terms of the policy and the full terms can be found in the policy document.**

Insuring and renewal age limit

Insured Items	Insured age	Renewal age
A. Hospital and Surgical	15 days - 65 years old	Lifetime
B. Supplementary Major Medical	15 days - 65 years old	up to 75 years old
C. Hospital Cash	15 days - 60 years old	up to 60 years old
D. Out-patient	15 days - 65 years old	Lifetime
E. Dental	15 days - 65 years old	Lifetime
F. Maternity	18 - 50 years old	up to 50 years old
G. Critical Illness	18 - 50 years old	up to 60 years old

Terms and Conditions:

- The Plan is underwritten by Bank of China Group Insurance Company Limited (“BOCG Insurance”).
- Nanyang Commercial Bank, Limited (“agent bank”) is an appointed insurance agent of BOCG Insurance for distribution of the Plan. The Plan is a product of BOCG Insurance but not the agent bank.
- In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the agent bank and the customer out of the selling process or processing of the related transaction, the agent bank is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of the Plan should be resolved directly between BOCG Insurance and the customer.
- BOCG Insurance is authorised and regulated by the Insurance Authority to carry on general insurance business in Hong Kong Special Administrative Region of the People's Republic of China.
- BOCG Insurance reserves the sole right to determine whether any application for the Plan is acceptable or not in accordance with the information submitted at the time of application by the Proposer and/or Insured Person.
- BOCG Insurance and/or the agent bank reserve the right to amend, suspend or terminate the above products, services and offer and to amend the relevant terms at any time at its discretion without prior notice. In case of dispute, the decision of BOCG Insurance and/or the agent bank shall be final.
- This promotional material is for reference only and is intended to be distributed in Hong Kong only. It shall not be construed as an offer to sell or solicitation of an offer or recommendation to purchase or sale or provision of any products of BOCG Insurance outside Hong Kong. Details of the coverage of the Plan are subject to the terms stipulated in the policy by BOCG Insurance. Please refer to the policy document for the details of the insured items and coverage, provisions and exclusions.
- Should there be any discrepancy between the English and Chinese versions of this promotional material, the English version shall prevail.

Should you require the Chinese version of this leaflet, please call the respective customer service hotline or visit the following website:

Customer Service Hotline : (852) 31875100

OR enquire through the agent bank

BOCG Insurance Website: www.bocgins.com

主要保險代理銀行:
南洋商業銀行有限公司
Major Insurance Agent Bank:
Nanyang Commercial Bank

承保機構:
中銀集團保險
Insurer:
BOCG Insurance

「醫療綜合保障計劃(系列一)」推廣 Promotion of Medical Comprehensive Protection Plan (Series 1)

推廣期由2023年4月1日起至2023年6月30日(包括首尾兩天)
Promotion period starts from 1 April 2023 to 30 June 2023 (both dates inclusive)

條款及細則 Terms and Conditions

- 客戶於推廣期內透過南洋商業銀行有限公司成功投保醫療綜合保障計劃 (系列一) (「本計劃」) 可享首年保費9折優惠。
Enjoy first year premium discount of 10% off by applying Medical Comprehensive Protection Plan (Series 1) (“the Plan”) via Nanyang Commercial Bank during the promotion period.
- 此推廣計劃只適用於新投保業務，不適用於現有保單，或於取消保單/停止續保後3個月內重新投保之保單。
This offer is only applicable to new policy application but not for renewals or re-applications within 3 months after the cancellation / expiry of the existing policy.
- 此推廣之客戶折扣只適用於首年業務，第二年續保將還原至正價保費。
The premium discount is only applicable for the first year, original price will be applied in policy renewal.
- 客戶必須填妥信用卡付款授權書以支付續保保費。
Customers should complete the Credit Card Authorization Form to settle for premium payment of first policy year and renewal of the policy.
- 本推廣計劃不可與其他推廣優惠同時使用。
The above offer cannot be used in conjunction with other promotional discounts.

重要事項 Important Notes

· 本計劃由中銀集團保險有限公司(「中銀集團保險」)承保。

The Plan is underwritten by Bank of China Group Insurance Company Limited (“BOCG Insurance”).

· 南洋商業銀行有限公司(「南商」)以中銀集團保險的委任保險代理身份分銷本計劃，本計劃為中銀集團保險的產品，而非代理銀行的產品。

Nanyang Commercial Bank, Limited (“NCB”) is an appointed insurance agent of BOCG Insurance for distribution of the Plan. The Plan is a product of BOCG Insurance but not the appointed agent.

· 南洋商業銀行有限公司已獲香港保險業監管局根據《保險業條例》(香港法例第41章)發出保險代理機構牌照(保險代理機構牌照號碼為FA3003)。

NCB is granted insurance agency licence under the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) by Insurance Authority in Hong Kong (Insurance agency licence no. of NCB is FA3003).

· 對於南商與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍)，南商須與客戶進行金融糾紛調解計劃程序；而有關本計劃的合約條款的任何爭議，應由中銀集團保險與客戶直接解決。

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between NCB and the customer out of the selling process or processing of the related transaction, NCB is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of the Plan should be resolved between directly BOCG Insurance and the customer.

· 中銀集團保險已獲保險業監管局授權在中華人民共和國香港特別行政區經營一般保險業務，並受其監管。

BOCG Insurance is authorised and regulated by the Insurance Authority to carry on general insurance business in the Hong Kong Special Administrative Region of the People's Republic of China.

· 中銀集團保險保留根據投保人及/或受保人於投保時所提供的資料，而決定是否接受任何有關本計劃投保申請的絕對權利。

BOCG Insurance reserves the sole right to determine whether any application for the Plan is acceptable or not in accordance with the information submitted at the time of application by the proposed insured and/or insured person.

· 中銀集團保險及/或南商保留隨時修訂、暫停或取消上述產品、服務與優惠以及修訂有關條款的酌情權而毋須事先通知。如有任何爭議，中銀集團保險及/或南商保留最終決定權。

BOCG Insurance and/or NCB reserves the right to amend, suspend and terminate the above products, services and offer and to amend the relevant terms at any time at its discretion without prior notice. In

case of dispute, the decision of BOCG Insurance and/or NCB shall be final.

· 本宣傳品僅供參考，並只在香港派發，不能詮釋為在香港以外提供或出售或遊說購買中銀集團保險的任何產品的要約、招攬或建議，本計劃受相關保單的條款所限制，各項條款以中銀集團保險繕發的正式保單為準。各項保障項目及承保範圍、條款及不保事項，請參閱保單。

· The above information is for reference only and is intended to be distributed in Hong Kong only. Information contained herein is not and shall not be construed as an offer to sell or a solicitation of an offer or recommendation to purchase or sale or provision of any products of BOCG Insurance. Details of the coverage of the Plan are subject to the terms and conditions stipulated in the policy by BOCG Insurance. Please refer to the policy document for the details of the insured items and coverage, provisions and exclusions.

· 如中、英文版本有任何歧異，一概以英文版本為準。

Should there be any discrepancy between the Chinese and English versions, the English version shall prevail.

本計劃資料並不包含保單的完整條款，而有關完整條款載於保單文件中。

The Plan information does not contain the full terms of the policy and the full terms can be found in the policy document.