

proMedico

Individual Medical Insurance Plan

個人醫療保險計劃



Liberty
International.
Member of Liberty Mutual Group

Introduction 簡介

The Company

Liberty International Insurance Limited is a 100% owned subsidiary company of Liberty Mutual Group. Boston-based Liberty Mutual Group is the 6 largest property and casualty insurer in the United States and the 2nd largest US based international property and casualty insurer. The Company ranks 86th on the Fortune 500 list of largest corporations in the United States based on 2008 revenue. With financial strength ratings of "Excellent" (A) from A.M. Best Company, "Good" (A2) from Moody's Investor Service and "Strong" (A-) from Standard & Poor's. Liberty Mutual Group has the financial strength to provide a wide array of products and services.

The Medical Insurance Plan

We created proMedico for expatriates working in Asia who want comprehensive cover against high medical costs.

Should you become ill or injured anywhere in the world, proMedico's coverage will take care of those major medical costs. Some North American restrictions apply.

proMedico offers:

- A choice of 3 levels of coverage to match the individual/family's financial needs
- A unique feature of no surgical sub-limits
- 24-hours emergency assistance service – worldwide
- Emergency medical transportation

公司背景

利寶國際保險有限公司為美國Liberty Mutual(利寶互助)集團的全資子公司。總公司設於美國波士頓的利寶互助集團的是全美第六大財產及意外保險公司，亦是全美第二大國際財產及意外保險公司。以2008年的收入計算，公司名列美國財富雜誌全美企業五百強之86位。今天，利寶互助集團是一家多元化的國際保險集團，被保險金融評級機構A.M.Best評為「Excellent」(A)、穆迪投資評為「Good」(A2)級及標準普爾評為「Strong」(A-)級，擁有極雄厚之財政實力，能為客戶提供廣泛的保險服務。

醫療保險計劃

因應移居亞洲區海外僱員的特別需要，proMedico計劃提供完善醫療保障，免卻沉重醫療開支帶來的經濟負擔。閣下若一旦因病或意外受傷，不論身在何處，proMedico的保障會悉心照顧閣下的主要醫療開支。在北美時則有所限制。

proMedico提供：

- 三項個人或家庭計劃，可供選擇
- 特色：不設手術費細表
- 廿四小時全球性緊急求助服務
- 緊急醫療 救援運送

Benefit Schedule 保障福利表

Basic Cover 基本保障

Currency貨幣：US Dollars美元

| 1. Hospital Services 住院保障 | | | |
|---|------------------------|-----------------------|--------------------------------|
| | Plan 計劃A Economy | Plan 計劃B Executive | Plan 計劃C International |
| Hospital Services Overall Annual Limit 住院每年總限額 | 100,000 | 300,000 | 1,000,000 |
| All Hospital Services 醫院費用 - including surgeon fee, hospital charges, etc 含手術費、醫院收費等 | Fully Covered 全面保障 | Fully Covered 全面保障 | Fully Covered 全面保障 |
| Room and Board 住宿及膳食 (per day每天) | 180 | 330 | Standard Private Room 標準私家房 |
| Intensive Care Unit 深切治療 (per day每天) | 500 | 750 | Fully Covered 全面保障 |
| Companion Bed 陪床 (per day每天) - accompanied dependent child below 18, max 10 days/year 父母照顧十八歲以下小童陪床費·以每年十日為限 | 100 | 180 | Fully Covered 全面保障 |
| Oncology Treatment 腫瘤治療 - Max per policy year 每年最高 | Fully Covered 全面保障 | Fully Covered 全面保障 | Fully Covered 全面保障 |
| Day Case Treatment 日間護理 - Max per policy year 每年最高 | 5,000 | Fully Covered 全面保障 | Fully Covered 全面保障 |
| Local Ambulance Services 本地救護車服務 | Fully Covered 全面保障 | Fully Covered 全面保障 | Fully Covered 全面保障 |
| Organ Transplant 器官移植 | 75,000 | 100,000 | 200,000 |
| Pre and Post Hospitalization Treatment 住院前後之診斷 - Outpatient expenses incurred within 30 days before admission & 90 days following hospital discharge 入院前三十天及出院後九十天內與住院有關之治療 | 1,000 | 1,200 | 3,000 |
| Emergency Ward Treatment 急症室治療 | Fully Covered 全面保障 | Fully Covered 全面保障 | Fully Covered 全面保障 |
| Nursing at Home 家中護士服務 - Max. 182 days per policy year 每年最多限一百八十二日 | N/A不適用 | N/A不適用 | Fully Covered 全面保障 |
| Emergency Dental Treatment 緊急牙齒護理 - Immediately following an accident 因意外導致之緊急牙齒護理 | 10,000 | 20,000 | 50,000 |
| Emergency Medical Evacuation 緊急醫療運輸援助 | Fully Covered 全面保障 | | |
| Repatriation of Mortal Remains 遺體遣返 | Fully Covered 全面保障 | | |
| Medical / Legal information and assistance 醫療或法律諮詢及援助熱線 | 24-hour access 二十四小時支援 | | |

Benefit Schedule (cont'd) 保障福利表(續)

Optional Covers 附加保障

Currency貨幣：US Dollars美元

| 1. Outpatient Services 門診護理 | |
|---|-------------------------|
| General Outpatient Services 普通門診服務 | Fully Covered 全面保障 |
| Specialist Outpatient Services 專科門診服務 | Fully Covered 全面保障 |
| Laboratory and x-ray Services (upon referral) 化驗及X光 (須醫生推薦) | Fully Covered 全面保障 |
| Prescribed Drugs (upon referral) 處方藥物 (須醫生推薦) | Fully Covered 全面保障 |
| Chinese Herbalist, Bonesetter & Acupuncture 中醫、跌打、針灸門診服務 - Limit per visit, max 10 visits per policy year 每次限額·每年限十次 | 45 per visit limit 每次限額 |
| Physiotherapy and Chiropractor Treatment (upon referral) 物理、整脊療法(須醫生推薦) - Limit per visit, max 15 visits per policy year 每次限額·每年限十五次 | 60 per visit limit 每次限額 |
| Hormone Replacement Therapy 激素治療 | 2,000 |
| Outpatient Annual Overall Limit 門診服務每年總限額 | 5,000 |

| 2. Dental Services 牙齒護理服務 | |
|---|--------------------|
| Available when applying together with optional outpatient 選擇投保附加門診時才適用 | |
| Routine Oral Examination (including scaling & polishing) 牙科例行檢查 (含洗牙) - once per year, maximum per year 每人每年一次·每年最高限額 | 100 |
| Basic Dental Services Extraction, amalgam fillings, x-rays, periodontal scaling 基本牙齒護理 脫牙、汞合金補牙、X光、清洗牙周齒齦 | Fully Covered 全面保障 |
| Dental Overall Limit 牙齒護理服務每年總限額 | 1,000 |

| 3. Maternity Care 分娩護理 | |
|--|--------------|
| Available when applying together with Basic Hospitalization Plan C 選擇投保基本計畫C時才適用 | |
| First year 首年 | \$0 |
| Second year 次年 | \$2,500 |
| Third year & thereafter 其後 | \$5,000 |
| Maternity Overall Limit 分娩護理每年總限額 | 5,000 |

Territorial Scope: Worldwide (there is no cover available for permanent residents of the USA or Canada of whatever nationality).
地區範圍：世界性 (不論任何國籍在美國及加拿大永久居留之人士除外)。

Co-insurance: Treatment in USA/Canada is subject to deductible of first US\$2,000 of medical expenses.
自負額：若在美國及加拿大接受治療，投保人需自付首二千美元之醫藥費。

Q. What Details Are Required On Joining?

A. Simply complete the Application Form and return it to us with your cheque/credit card payment authorization. No medical examination is necessary and coverage is subject to satisfactory completed application form and pre-existing condition limitations.

Q. What Are Pre-Existing Conditions?

A. The Plan will not cover pre-existing illness or known medical conditions within the two-year period immediately prior to the first day of coverage.

Q. What In-Hospital Costs Are Covered?

A. Broadly speaking, all reasonable and customary charges for any treatment ordered or prescribed by a properly licensed physician are covered. Unlike other policies, there is no schedule of maximum payments for operations or treatment of various types. Please note pre-authorization is required for all non-emergency hospital / surgery treatments.

Q. What About Out-Patient and Dental Treatment?

A. If you elect to include this cover, you are free to select any licensed physician whether a General Practitioner or Specialist or Consultant to whom you have been referred by a physician.

Q. Maternity Benefit?

A. If you purchase a Plan including this benefit, pre-natal, childbirth and postnatal treatment are covered up to the benefit limit.

Q. What Is Not Covered?

A. Just those exclusions normally found in similar health insurance of this type. Please refer to the Plan Rules

Q. How Do I Claim?

A. If you need medical treatment covered by the Plan selected, ask the treating doctor to complete and sign the Claim Form and return it to us together with original in 90 days.

Q. Who Can Help If I Have Other Questions?

A. You may contact your insurance consultant or contact us at Tel: (852) 2892 3888 or send your enquiry by email to admin@libertymutual.com.hk

問：投保時要具備甚麼詳細資料？

答：只要填妥投保書，連同支票/信用卡付款授權書一併交回審核，無須檢查身體。

問：投保時已存在的疾病有沒有保障？

答：在參與本計劃前兩年內接受治療或已存在的疾病是不保項目。

問：哪些住院費用會獲得賠償？

答：簡單來說，所有合理的、一般的治療費用、註冊醫生所收取的費用都可獲得賠償。請留意非緊急入院/手術治療須經保險公司核准。

問：門診、牙科治療費的賠償？

答：可選擇性地投保門診、牙科醫療保障。

問：有關婦產科津貼？

答：若投保此項福利，所有產前、生育及產後治療可按婦產保障金額獲得賠償。

問：有什麼不保項目？

答：本計劃不受保項目與其他一般個人醫療保險計劃相若。

問：怎樣申請賠償？

答：將醫療費用收據正本連同有主診醫生填妥的賠償申請表一併在90天內寄回，本辦事處便會迅速處理。

問：若有其他問題怎辦？

答：可向閣下的保險顧問查詢或致電本公司，電話號碼：
(852) 2892 3888 又或寄電郵至 admin@libertymutual.com.hk

Major Exclusions 主要不保事項

- Acquired Immune Deficiency Syndrome (AIDS)
- Alternative treatments, e.g. aroma therapy
- Birth defects and congenital illnesses
- Cosmetic surgery
- Eye refraction and ear examinations
- Infertility, contraception or sterilisation
- Injuries resulting from war, invasion, civil commotion
- Long term care facility, spa, hydro-clinic & sanatorium
- Mental illness and psychiatric disorders (e.g. depression)
- Non approved hospitalization/surgical treatment or medical transportation,
- Pre-Existing conditions
- Prostheses, corrective devices special braces, appliances, wheel chairs, crutches or other equipment
- Racing of any form other than on foot, and all professional sports
- Routine medical examinations
- Self-inflicted injury, suicide, abuse of alcohol, drug addiction or abuse and sexually transmitted diseases
- 愛滋病及後天免疫力缺乏症病毒所引致之任何病患
- 另類治療（如香薰治療）
- 先天性缺陷
- 整容手術
- 配眼鏡及聽力測試
- 不育、節育或絕育
- 所有因戰爭、侵略及騷動引致之傷病
- 休養或療養
- 精神/心理科問題（如抑鬱）
- 未有預先批核的入院/手術治療緊急醫療運送
- 受保前已存在之傷病
- 安裝或使用輔助儀器或特殊矯正儀器，如義肢、助聽器、輪椅、拐杖等費用
- 任何專業運動及速度競賽（賽跑除外）
- 例行體格檢查
- 一切因自己蓄意引起之損傷、自殺、酗酒、吸毒、濫用藥物或性病

(I) Introduction

The cover provided shall be determined by the "Rules" contained herein together with the "Policy Schedule" (Schedule) of Insurance issued by Liberty International Insurance Limited (the Insurer) to the Policyholder covering the Insured Member named in the Statement of Insured Member.

The current Schedule, which is furnished in accordance with the Rules, replaces any other Schedule previously issued to cover insurance described herein. Any cover not shown in the Schedule is not provided. The Rules issued by the Insurer govern the rights and obligations of all parties to the proMedico Plan (the Plan). The insurance is effective only after the applicant has been accepted by the Insurer and becomes and remains insured in accordance with the terms, provisions and conditions set out in the Rules and in the Schedule. The base currency for this insurance is US\$.

Upon receipt of proof of claim the Insurer will pay up to the limits shown in the Schedule for expenses necessarily incurred as a direct result of the Insured Member suffering bodily injury, sickness or disease or being pregnant, if insured, during the period of insurance. Benefits are limited to the usual, customary and reasonable charges in the country or area where treatment is provided.

The legal representative of the Insured Member shall have the right to act for an Insured Member who is incapacitated or deceased. Benefits are payable to the Insured Member, his legal representative or executor or to the licensed providers of the insured medical treatments and/or care and/or services to the Insured Member. The Insurer may appoint independent claim administrators to settle claims on its behalf.

(II) General Provisions & Conditions

The following definitions apply to the Plan:-

Accident

Any sudden and unforeseen event occurring during the policy period, resulting in Bodily Injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

Bodily Injury

Shall mean injury which is sustained by the Insured Member on any part of his/her body during the Period of Insurance and is caused by an Accident by external means.

Chinese Herbalist/Bonesetter/Acupuncturist

Chinese Herbalist/Acupuncturist shall mean a registered/listed Chinese Medicine Practitioner in Hong Kong or any Chinese Medicine Practitioner who is being authorized or listed in the geographical area of his practice to render treatment.

Herbal Medication shall mean herbal medications prescribed by a registered Chinese Medicine Practitioner in writing, directly related to the diagnosis being treated.

Bonesetter shall mean a Chinese medicine surgical specialist registered or listed in the geographical area of his practice as a surgical specialist who renders treatment of musculoskeletal system, joint and soft tissues resulting from accident for internal or external bodily injuries.

Note: Any other charges made by persons not defined above shall not be subject to reimbursement.

Deductible/Co-insurance

The portion of costs for which the Insured Member is liable. The amount of any deductible/co-insurance and the items of cover to which it applies is stated on the Schedule. In order to claim indemnity or compensation the Insured Member must be able to provide the original receipt for that expenses have been incurred and that such expenses would have been covered under the Plan.

Dependant

The legally married spouse of Insured Member (but excluding those legally separated), and/or unmarried children, step-children, foster children and legally adopted children, who are dependant on the Insured Member for support. Provided always that such children are not less than 15 days and not more than 18 years old (or 23 provided that the child is in continuous full-time education).

Due Date

The date of commencement or renewal of cover as shown on the Schedule.

Elective Treatment Memorandum

This is non-emergency hospital/surgery treatment planned for in advance. All Elective Treatment must be supported by a full quotation and then pre-approved by the Insurer.

For hospital / surgical treatment outside the Country of Residence, provided (1) the cost will not exceed the normal and customary charges in Country of Residence; and (2) obtained medical treatment quotations from the elected hospital and submitted to the Insurer for Pre-Authorization, prior to receiving treatment and such pre-authorization has been granted.

Home Country/Nationality

The country of which the Insured Member holds a passport. Where the Insured Member holds more than one passport, the Home Country will be taken to mean the country which the Insured Member has declared on the Application Form. Where dependants are included under the Plan the Home Country for all will be the Home Country declared on the Application Form.

Hospital

Any institution which is a legally licensed as a medical or surgical Hospital in the country in which it is located and whose main activities are not those of a clinic, spa, hydro-clinic, sanatorium, convalescent home, rest home, nursing home, home of the aged or of similar establishments. It must be under the constant supervision of a Physician.

Insured Member

An individual who has completed or whose name is included on an Application Form for the Plan and for whom commencement of cover has been confirmed, or who has been issued with a Policy Schedule.

Policy Year

Shall be referred to the Covered Period as stated in the Policy Schedule and Statement of Insured Member list.

Permanent Resident/Country of Residence

The country in which the Insured Member is usually living at the date of commencement of cover under the Policy and which is declared in the Application Form.

Physician (Medical Practitioner)

A legally licensed medical practitioner recognised by the law of the country where treatment is provided and who, in rendering such treatment, is practising within the scope of his licensing and training

Pre-Existing Conditions

Any medical or surgical conditions (or related conditions and / or complications) which have been diagnosed or have required medical treatment, including drugs, or knew about, or were aware existed, or had symptoms of, within the two-year period immediately prior to the first day of coverage under this insurance.

Non-disclosed pre-existing conditions or misleading information to the Insurer with respect to the personal medical history of the Insured Member could result in the declination of the application for insurance, the denial of a claim and/or the cancellation or invalidation of this Insurance.

Pre-existing medical conditions disclosed on the Application Form for insurance for which no exclusions have been issued on the Schedule are covered.

However, after two years' continuous membership, pre-existing medical conditions may become eligible if such medical conditions have not manifested during such period and which have been declared and accepted by the Insurer in writing.

Serious Medical Condition

The medical condition which in the opinion of the appointed service provider constitutes a serious medical emergency requiring urgent remedial treatment to avoid death or serious impairment to the Insured Member's immediate or long-term health prospects. The seriousness of the medical condition will be judged within the context of the Insured Member's geographical location, the nature of the medical emergency and the local availability of appropriate medical care or facilities.

Specialist

A legally licensed medical practitioner registered under the Medical Acts and given accreditation as a Specialist recognised by the law of the country where treatment is provided.

Sickness

A physical condition marked by a pathological deviation from the normal healthy state.

Territorial Scope

Worldwide, however treatment in USA/Canada is subject to deductible for the first US\$2,000 of covered medical expenses incurred.

(III) Administration

Arbitration

Any difference in respect of medical opinion in connection with the treatment of an accident or illness shall be settled between two medical experts appointed in writing by the parties to the dispute. Any difference of opinion between the two medical experts shall be referred to an umpire who shall have been appointed in writing by the two medical experts at the outset. Should the two medical experts fail to agree despite the mediation of the umpire, then the decision of the umpire shall be final and binding.

Cancellation

If any claim shall in any respect be false or fraudulent or if fraudulent means or devices are used by the Insured Member or anyone acting on his/her behalf to obtain benefits hereunder then the policy shall be cancelled immediately and all benefits and premiums will be forfeited.

Commencement and Renewal

Insurance shall commence from the date specified on the Schedule. Premiums are payable on or before the Due Date.

The Plan is an annual contract which until terminated shall be renewed each year on the Due Date, subject to the Rules in force at the time of each renewal and any variations as may be set out in writing by the Insurer.

The renewal premium will increase if the Insured Member enters a new age group (as classified in the Premium Table) which may be changed by the Insurer upon the proMedico Plan's pool pricing based on claims experience on the date of renewal. Additionally, renewal premium may be further adjusted for policies with adverse claim experience.

Application may be made only at the due date to vary the terms of the Plan. Acceptance for any higher class of benefits shall not apply to any medical condition at the time of the insurer's acceptance for which there was then a foreseeable need for treatment or for consultation with any physician unless such foreseeable need was fully disclosed and accepted by the Insurer.

Subject to continued renewal, cover under the Plan will cease at the first Due Date following the 100th birthday of the Insured Member, except as stated under Eligibility.

All premiums will be payable on or before the Due Date. If payment is not made on or before the Due Date the Insurance will be terminated with effect from the Due Date.

If no claims have been paid and by providing written notification in advance to the Insurer and in such event the Policyholder shall be entitled up to a refund premium in accordance to the following table:

| Period of Insurance Coverage | Refund Premium |
|------------------------------|----------------|
| Less than 2 months | 60% (maximum) |
| 3 months | 50% |
| 4 months | 40% |
| 5 months | 30% |
| 6 months | 25% |
| Over 6 months | 0% |

Co-ordination of Benefits/Other Insurance/ Subrogation

The plan will not provide indemnity other than on a proportional basis if the Insured Member has any Other Insurance in force or is entitled to indemnity from any other source in respect of the same bodily injury, sickness, disease, death or expenses. In such cases, this Plan will always be secondary.

The insurer must be informed without delay of circumstances where a claim against a third party can be made. The recipients of benefits shall use their best endeavours to recover the amount of benefit paid from any third party against whom a claim for recovery can be made and shall account to the insurer for any amount so recovered from a third party.

Eligibility

The maximum age for enrolment is 64. Insured Members of all nationalities and their Dependants (other than newborn children) are eligible to join except for permanent residents of the USA/Canada.

Dependant's cover must under the same Plan as the Insured Member and subject to acceptance by the insurer. Minor child(ren) cannot independently insure in the Plan.

New-born children shall be eligible for insurance 15 days after the date of birth or 15 days after discharge from Hospital where birth took place, whichever is the later, upon submission of an Application for Insurance, subject to satisfactory evidence of good health and acceptance by the insurer.

Examination

The Insurer shall have the right and opportunity through his medical representative to examine any Insured Member whenever and as often as may be reasonably required within the duration of any claim. In addition the Insurer shall have the right to require an autopsy in the case of death, where this is not forbidden by law or religious belief.

Legal Proceeding

No action in law or in equity shall be brought to recover under the Plan prior to the expiration of sixty days after proof of claim has been furnished in accordance with the requirements of the Rules. Nor shall any such action be brought at all unless commenced within six years from the date of claim.

The parties hereto agree that the Law of Hong Kong SAR shall govern and control in the event of any conflict or dispute between the parties with regard to the Plan and that the parties submit themselves to the exclusive venue and jurisdiction of the courts of Hong Kong SAR for the resolution of any such conflict or dispute.

Return to Home Country/Change of Country of Residence

For citizens of the USA or Canada who return to their Home Country and for citizens of other countries who plan to reside in USA/Canada for a period in excess of twelve weeks the Plan will be terminated automatically. The Insured Member should notify the Insurer of the date of his return to the Home Country or change of country or residence to USA/Canada within thirty days of the date of such return/change. Any premium paid will not be refundable for cancellation before expiry date.

Proof of Claim

Written proof of claim must be submitted to the Insurer or to the appointed independent claims administrator within ninety days, starting from the first date of treatment of the insured event including pregnancies for which the claim is made. Failure to claim within the time required by the Rules shall invalidate the claim.

Original documents, supporting invoices and receipts must be submitted with a fully completed claim form, signed by the treating Physician. Photocopies are not acceptable.

Any claim for reimbursement of expenses made by an Insured Member in any foreign currency shall be converted to his or her required currency, if available, at the Insurer's prevailing average monthly exchange rates adopted from its banker.

(IV) Hospital Services

Reasonable & Customary Charges

No benefit shall be paid for charges which are in excess of the general level of charges being made by other providers of similar standing in the locality where the charges are incurred, when providing like or comparable treatment, services or supplies for a similar Injury or Sickness.

Hospital Services

Medical services excluding all Organ Transplantation rendered to the Insured Member only when appropriate diagnostic procedures and/or treatments are not available as outpatient services and when admittance as a registered inpatient or day-patient to a Hospital. Hospital Services include reasonable and customary charges, in the area where treatment is provided, for Hospital accommodation, the cost of the room, meal charges, all Hospital medical facilities and all medical treatments and medical services prescribed by a Physician, including intensive care unit accommodation where this is medical necessary.

Room & Board and Intensive Care Unit

Benefit shall be paid when, upon recommendation of Physician, an Insured Member is registered as an overnight bed patient in a Hospital. The benefit of Room & Board shall be equal to the actual charges for the accommodation, board and general nursing services (except special nurses). The benefit of Intensive Care Unit shall be payable when the Insured Member is charged for Room & Board when necessitated by an intensive care phase if critical illness or Injury. In no event shall this benefit exceed for any one day the Daily Rate set forth in the Policy Schedule.

Companion Bed

Hospital accommodation in respect of a parent or legal guardian staying with an Insured Member, who is under 18 years of age, and is admitted as an in-Patient in a Hospital. This is limited to only one parent/guardian each night when the child is receiving covered hospital in-patient treatment for which the child is insured under the Plan.

Oncology

If an Insured Member has undergone chemotherapy or radiotherapy for cancer treatment in a Physician's office or confined in a Hospital for less than 24 hours for such treatment, the Insurer shall pay this Benefit for the actual medical expenses charged by the Physician and/or the Hospital up to the maximum amount as shown in the Policy Schedule.

Day Case Treatment

If an Insured Member has undergone surgical treatment in a Physician's office or confined in a Hospital for less than 24 hours as a result of injury and diseased, the Insurer shall pay the actual charges made by the Physician and Hospital up to the maximum amount as shown in the Policy Schedule.

Local Ambulance Services

The medically necessary road ambulance transportation services to and from a local Hospital.

Organ Transplant

The medical treatment costs incurred in respect of kidney, heart and liver transplants only up to the respective Plan sub-limit as shown in the Schedule. The cost of acquisition of the organ and all costs incurred by the donor are not covered under the Plan.

Pre & Post Hospitalization Treatment

Will be covered as defined under Outpatient Services for a maximum period of 30 days immediately prior to hospitalization and 90 days immediately following discharge from Hospital for the same medical condition per person per policy year. Reimbursement will be according to the date of the expenses incurred.

Emergency Ward Treatment

Services performed in a Hospital casualty ward or emergency room for a period of not more than 24 hours.

Nursing at Home/Home Nursing

The services of a legally Registered or Enrolled nurse in the Insured Member's abode when prescribed by a Physician for medical as distinct from domestic reasons. Cover will be limited to a maximum period of 182 days in any one insurance period of 12 months.

Emergency Dental Treatment (immediately following Accident)

Dental procedures necessary to restore or replace sound natural teeth lost or damaged as the result of an accident.

Overall Annual Limit

The total aggregate benefits payable under this policy shall not exceed the maximum limit as shown in any one Policy Year per Insured Member in the Policy Schedule.

Emergency Medical Evacuation

(Not available for Insured member aged 70 or above)

The medically necessary expense of emergency transportation and medical care en route to move an Insured Member with a Serious Medical Condition insured under the Plan, to the nearest Hospital where appropriate medical care and facilities are available. The plan will not pay to evacuate an Insured Member from his/her Home Country to a foreign destination.

The appointed services provider reserves the right to decide if the Insured Member's medical condition is sufficiently serious to warrant Emergency Medical Evacuation. They shall also decide the place to which the Insured Member shall be evacuated and the means by which the evacuation should be carried out, having regard to all the known circumstances.

The 24-hour appointed assistance centre should be contacted to obtain advance approval for any evacuation and to make the necessary transportation arrangements. Failure to do so invalidate a claim for such cost.

The Plan will pay the cost of one Economy Class Return Airfare accompanying the Insured Member during evacuation, when this is deemed necessary for medical reasons.

This benefit is not available to any maternity-related incident.

Repatriation or Local Burial (Not available for Insured member aged 70 or above)

The appointed service provider will arrange for the return of the Insured Member to the Home Country or Country of Residence by air and/or surface transportation following an Emergency Medical Evacuation where the Insured Member is evacuated to a place outside the Home Country or Country of Residence for in-hospital treatment. The plan shall pay for the expenses necessarily and unavoidably incurred in the services so arranged by the service provider. The service provider reserves the right to decide the means or method by which such repatriation will be carried out having regard to all the assessed facts and circumstances.

The appointed service provider should be contacted in advance for the arrangement of transportation of the mortal remains of an Insured Member from the place of death to the Home Country of an Insured Member who dies outside his or her Home Country.

(V) Outpatient Services

Medical treatment provided to the Insured Member when the Insured Member is not a registered in-patient/day-patient in a Hospital, or in any other facility for medical care. Outpatient Services include services provided or prescribed by a Physician who is licensed as a general practitioner/specialist, registered Chinese Herbalists as well as Physiotherapist/Chiropractor to whom the Insured Member has been referred by a Physician, Laboratory testing, radiographic and nuclear medicine procedures used to diagnose and treat medical conditions. Laboratory and x-ray services have to be prescribed by a Physician.

Outpatient Services also include medication, the sale and use of which is legally restricted to prescription by a Physician, and do not include items that may be purchased without a Physician's prescription.

Laboratory and X-Ray Services (upon referral)

Laboratory testing, radiographic and nuclear medicine procedures used to diagnose and treat medical conditions. Laboratory and X-Ray Services must be prescribed by a Physician.

Prescribed Drugs

Medication the sale and use of which is legally restricted to prescription by a physician, not including items that may be purchased without a Physician's prescription.

Chinese Herbalist/Bonesetter/Acupuncture

If while this coverage is in force, on account of accident, sickness or disease contracted during the term of this Policy, the Insured Member shall require treatment by a Chinese Herbalist/Bonesetter/Acupuncturist, the Insurer will pay the actual expenses incurred which include consultation fee and medicine for such treatment and such payment shall not exceed the maximum amount and subject to the maximum number of visits per Policy Year stated in the Benefit Schedule.

Physiotherapy or Chiropractic Treatment

If while this coverage is in force, on account of accident, sickness or disease contracted during the term of this Policy, the Insured Member shall require treatment by a Physiotherapy or Chiropractic treatment upon recommendation by attending Physician (Medical Practitioner) in writing, the Insurer will pay the actual expenses incurred and such payment shall not exceed the maximum amount and subject to the maximum number of visits per Policy Year stated in the Benefit Schedule.

Hormone Replacement Therapy

Shall mean any consultation services and medication provided by a Physician (Medical Practitioner) for the treatment of hormonal imbalance.

(VI) Dental Care

Dental treatments shall include treatment as listed below (Covered Dental Expenses). These services must be performed by a registered dentist who is licensed by the relevant licensing authority to practice dentistry in the country where the dental treatment is given.

Covered Dental Expenses

1. Emergency treatment of dental pain (Palliative)
2. Dental x-rays.
3. Extraction of teeth including postoperative treatments. (Including Wisdom Tooth extraction)
4. Fillings restoration of teeth consisting of silver amalgam, silicate, plastic & composite.
5. Medication/Drugs.
6. Impaction.
7. Root Canal Treatment/Crowning.
8. Oral Examination. (Including Scale & Polish & Prophylaxis)
9. Periodontal Scaling

Dental Care Exclusions And Limitations

1. Charges for treatment made by a person other than a legally qualified dentist.
2. Conditions arising out of congenital dental defects or diseases.
3. Dental cosmetics including personalization or characterization of dentures.
4. All other dental procedures not mentioned under the Covered Dental Expenses are excluded.

(VII) Maternity Care

Means pre-natal, childbirth, post-natal treatment and miscarriage, or abortion out of medical reason, or any complications arising from pregnancy for the Insured Member with respect to normal and complicated delivery. Where this benefit is included in the Schedule of Benefits, it will apply to pregnancies whose actual date of birth is at least 12 months after the date of enrolment into this benefit of the Insured Member. Except that in the event of premature termination of pregnancy because of medical grounds, provided such pregnancy commences after the enrolment this benefit of the Insured Member, The Benefit becomes payable after delivery.

(VIII) Exclusions

The following treatments, conditions, activities, items and their related expenses are excluded from the insurance and the Insurer shall not be liable for:

1. Treatment of mental illness, behavioural, psychiatric disorders such as depression, eating disorder or any neuroses and their physiological or psychosomatic manifestations.
 2. Services or treatment at any institution that is mainly a long term care facility, spa, hydro-clinic, or sanatorium and that provides only incidental or limited hospital services.
 3. Treatment relating to birth defects and congenital illnesses. Birth defects are deemed to include hereditary conditions. Treatment for learning problems or speech defects of a dependent child. Foetal surgery.
 4. Tests and treatment relating to infertility, contraception, sterilisation or inducing pregnancy.
 5. Treatment not undertaken by or on the recommendation of a Physician.
 6. All dental treatment, oral or maxillofacial surgery, unless explicitly stated on the Schedule.
 7. Routine eye and ear examinations, including the cost of spectacles, contact lenses, correction of eye visions or eye refraction.
 8. Treatment arising out of addictive conditions/disorders, like abuse of drug or alcohol.
 9. Treatment for self-inflicted injury or suicide.
 10. Routine medical examinations and preventive treatment (including vaccinations or inoculations).
 11. Tests primarily not incident to treatment or diagnosis of a covered illness or injury; or any treatment which is not medically necessary. Treatment of an optional nature.
 12. Treatment by the Insured Member himself, business partner(s) or employer/employee of the Insured Member or a member of the Insured Member's family member.
 13. Prostheses, corrective devices and medical appliances, as well as artificial heart implantation, mono or bi-ventricular assist device(s). Charges for the procurement or use of special braces, appliances, wheel chairs, crutches or other equipment.
 14. Elective cosmetic surgery. Treatment related to or arising from the removal of healthy, surplus or fat issue or other treatment undergone for cosmetic or psychological reasons.
 15. Treatment for injuries resulting from war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, nuclear energy or participating in an illegal act, including resultant imprisonment.
 16. Racing of any form other than on foot, and all professional sports.
 17. Maternity Care. No benefit shall be payable, unless otherwise explicitly provided and endorsed in the Schedule.
 18. Treatment of sexually transmitted diseases.
 19. All organ transplantation except as herein defined.
 20. Acquisition of the organ itself and all expenses incurred by the donor.
 21. Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive.
 22. Pre-Existing Conditions (refer to Definition).
 23. Alternative treatment, such as aroma therapy & naturopathy.
 24. Treatment for injury or illness incurred while serving as a member of police or military forces.
 25. Non-medical services, including the issue of medical certificates and attestations and examinations as to suitability or employment or travel.
 26. Claims for costs of treatment in respect of medical expenses incurred after the expiry date of the Schedule arising from maternity, accidental bodily injury and/or illness occurring during the insurance period unless the insurance has been renewed.
 27. Charges exceeding the reasonable & customary range as defined.
 28. Non-approved Elective Treatment (refer to Definition).
 29. All transportation costs incurred for trips specifically made for the purpose of obtaining medical treatment, if not part of an Emergency Medical Evacuation and except as defined under Local Ambulance Services.
 30. Experimental and yet to be scientifically proven medical treatment.
- Exclusions for Medical Evacuation/Repatriation/Return of Mortal Remains Benefits:**
31. All Emergency Medical Evacuation/Repatriation/Return of Mortal Remains not approved in advance by the appointed Assistance Centre.
 32. Any expenses related to accident or injury occurring while the Insured Member is engaged in caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachments, martial arts, rallying and any organized sports undertaken on a professional or sponsored basis.



Application Form 計劃申請表

Policyholder 保單持有人

Occupation/Business 職業

Bank Name & Account No. 銀行名稱 及 帳戶號碼

**Nationality on Passport and Number or HKID Number
護照上之國籍及號碼或香港身份證號碼**

Postal Address 郵寄地址

Email Address 電郵地址

For receiving e-claims payment advice 收賠償紀錄報告用

Marital Status 婚姻狀況

Country of Residence 現居地

(which will be used to establish the nationality of the Applicant and his dependants 用作界定申請人及其家屬的國籍)

PLEASE COMPLETE THE FOLLOWING DETAILS FOR ALL PERSONS TO BE INSURED 請將所有投保人資料填寫如下：

Please submit copy of HKID/Passport copy/Birth Certificate 請一併遞交身份證/護照副本/出生證明書副本

| Surname / Other name 姓 / 名 | Relationship 關係 | HKID No. 香港身份證號碼 | Sex 男/女 | Date of Birth (M/D/Y) 出生日期 (月/日/年) | Country of Residence 現居地 | Height / Weight 身高 / 體重 | Occupation / Exact Duties 工作範圍 |
|-------------------------------|-----------------------|---------------------|------------|--|-----------------------------|-------------------------------|--------------------------------------|
| | INSURED SELF 投保人自己 | () | | | | | |
| | SPOUSE 配偶 | () | | | | | |
| | CHILD 子女 | () | | | | | |
| | CHILD 子女 | () | | | | | |
| | CHILD 子女 | () | | | | | |

* From 15 days up to age 18, or 23 if in continuous full-time education (evidence will be required)
凡年齡由十五日至十八歲，或至二十三歲而在學之子女 (必須出示在學證明文件)

Please ✓ in the appropriate box for covers apply 請在所需保障方格上加
dependant's cover must be the same plan as the applicant 子女之保障必須與申請人之相同

| Basic Cover | Optional Cover | |
|--|--------------------------|--------------------------|
| | Outpatient | Dental |
| <input type="checkbox"/> Basic Plan A 基本計劃A | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Basic Plan B 基本計劃B | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Basic Plan C 基本計劃C | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Basic Plan C + Maternity 基本計劃C + 附加分娩護理 | <input type="checkbox"/> | <input type="checkbox"/> |
| Total Premium 總保費: US\$ 美元 | | |

Method of Payment 繳付保費方法

- Yearly by Cheque 以支票年繳**
(please attach a cheque made payable to "Liberty International Insurance Ltd" 支票抬頭人「利寶國際保險有限公司」)
- Yearly by Credit Card (credit card holder must be the applicant or the spouse named above)**
以信用卡繳費 (持咭人必須與之以上申請人/配偶相同)
- Visa Mastercard

Cardholder's Name
持咭人姓名

HKID Card No.
香港身份證號碼

Credit Card Account No.
信用卡戶口號碼

Credit Card Expiry Date
信用卡到期日 (mm/dd/yy)

I hereby authorize Liberty International Insurance Ltd to debit the premium from my credit card account for the insurance policy
本人茲授權利寶國際保險有限公司從本人的信用卡帳戶扣取應繳的保險費。

Cardholder's Signature
持咭人簽署

X

Contact Phone No.
聯絡電話號碼

Date
日期

The Insurer will charge the above credit card account for subsequent renewal premiums on due date until new written instruction to alter the method of payment method, or termination of the insurance cover. 除收到新的圖書指示或終止保險外，隨後保險費將在上述信用卡扣除。

Liberty International Insurance Limited 利寶國際保險有限公司
Address: 13/F DCH Commercial Centre, 25 Westlands Road, Quarry Bay, HKSAR

Tel 電話: (852) 2892-3888 Fax 傳真: (852) 2572-8071
地址: 香港鰂魚涌華蘭路25號大昌行商業中心13樓

Health Statement 病歷聲明

- | | YES 是 | NO 否 |
|--|--------------------------|--------------------------|
| <p>1. Have you or any of your natural parents, brothers or sisters died or suffered from heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease, acquired physical defect or impairment? 閣下及其親生父母、兄弟、姐妹曾否患有或死於心臟疾病、中風、高血壓、糖尿、腎病、心智或精神功能失調、肝炎(或肝炎帶菌者)、癌病或任何遺傳病、任何先天或後天肢體缺損?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. Have you or any of your family members ever been refused enrolment or renewal of life or medical insurance, or subject to special terms and conditions? 閣下及投保家屬是否於投保或續保任何人壽或醫療保險時被拒或附加條件?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. In the last three years, have you or any of your family members had any surgical operation, been confined or treated in hospital, sanatorium or other medical institution or do any of the persons to be insured know any circumstances for which hospital treatment may be necessary in the next twelve months? 在過去三年內，閣下及其家屬曾否接受任何手術或曾經在醫院、療養院或其他醫療機構接受治療或可有投保人知道在未來十二個月內需要進院受任何治療?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. In the last three years, have you or any of your family members ever suffered from or been treated for any injuries, any degenerative change, strains, fainting, tuberculosis, diabetes mellitus, rheumatic fever, hepatitis, respiratory or lung disorder, heart condition, varicose veins, high blood pressure, disorder of the alimentary canal bowel, liver or gall bladder, kidney, genito-urinary system or venereal disease, cancer or tumors, lumps or fibroids, epilepsy, mental or psychiatric disorders, bone, joint, ligament, muscle, skin, hernia or gynaecological disorders? 在過去三年內，閣下及其家屬曾否患有或曾經接受昏厥、肺結核、糖尿、風濕性熱、肝炎、呼吸及肺功能不正常、心臟疾病、曲張靜脈、高血壓、消化器官不正常、肝臟或膽囊、腎臟、生殖泌尿功能失調、性病、癌症或腫瘤、腫塊或纖維瘤、癲癇、心智或精神功能失調、骨骼、關節、韌帶、肌肉、皮膚、疝氣或婦科病?</p> | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is yes, please provide details:
如以上問題之答案為是，請提供詳細資料：

Name and Address of the Family-attending physician:

閣下/家庭常診的醫生姓名或地址：

Telephone電話：

Notice of Personal Data 個人資料須知

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance of services or any alternations, variations, cancellation or renewal; and any claim or analysis of it; and may be transferred to other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing service relevant to insurance business or any associations or federation of insurance companies that exists or is formed from time to time.

您所提供的資料，為本公司之業務所需，其內容可能用作任何與保險或保險服務有關的產品或作任何更改、取消、續期、索償及有關之分析；亦可能轉移交予任何現在或將來與我們有關的公司，其它從事與保險或再保險業務有關的公司；與保險業務有關的中介人，索償、調查或其它服務提供者，及任何保險公司協會或聯會。

Declaration: I hereby apply to be enrolled in the Plan together with the person(s) to be insured listed above. I declare to the best of my knowledge and belief that the information given in this Application is true and complete. I acknowledge on behalf of all persons to be insured that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have required medical treatment, including drugs, or knew about, or were aware existed or had symptoms of, within two year period prior to the first day of this insurance. It is agreed that this declaration and information given in this Application shall form the basis of the contract(s) between the Insured Member(s) and the Insurer.

I have read and agreed to be bound by the Plan Rules and I accept them to be part of the contract of insurance issued as a result of this application. This insurance is unavailable to permanent residents of the United States of America or Canada of whatever nationality. Purchase of this insurance by permanent residents of the United States or Canada will render the policy null and void.

***投保人聲明：**本人及申請書內各人現向貴公司投購醫療保險謹聲明已就實情完整地將本人及各投保人的資料填報於投保書內。本人謹代表所有投保人同意，凡因受保前已存在之疾病，損傷或其他情況而引致之醫療需要，一律不予賠償。

本人已細讀並同意遵守本計劃之各條例，並同意這份聲明及投保書將被用作投保/ 受保雙方合約的基礎。

長期在美國及加拿大居留之人仕，不論其國籍，均不獲接受投購本醫療計劃，上述人仕在本港購買後如需返回美、加長住，此保單即屬無效。

Signature of Applicant 投保人簽署：

(on behalf of all Persons to be insured) _____ Date 日期： _____

Broker/Agent: _____