® **Sun Flower Insurance Brokers Limited**
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
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FLEXI PLAN (SUPERIOR) ENDORSEMENT

Cigna VHIS Series - Flexi Plan (Superior) Policy

(This is to supplement Part 4 (Renewal Provisions) and Part 6 (Benefit Provisions) of the Terms and Conditions.)

1. One-off right to reduce or remove Deductible without re-underwriting

The following paragraphs shall supplement Part 4 of the Terms and Conditions –

(a) The Policy Holder can exercise the right to reduce or remove the Deductible without any requirement of re-underwriting, provided that the request is made not more than thirty-one (31) days prior to the Renewal Date immediately following the Insured Person's sixtieth (60th), sixty-fifth (65th), seventieth (70th), seventy-fifth (75th), eightieth (80th), or eighty-fifth (85th) birthdays. This privilege can be exercised once per lifetime of the Insured Person.

(b) For the avoidance of doubt, the Policy Holder has the right at any time to add or increase the Deductible at Renewal without any requirement of re-underwriting.

(c) The amount payable for Eligible Expenses and expenses incurred on or after the relevant Renewal Date of addition, increase, removal or decrease of Deductible should be subject to the relevant added, increased, removed or decreased Deductible.

2. Territorial scope of cover

The following paragraphs shall supplement Section 1(a) of Part 6 of the Terms and Conditions –

(a) Under these Terms and Benefits, words and expressions used shall have the following meanings –

Asia shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea,

Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam.

(b) Except for the psychiatric treatment as stated in Section 3(l) of Part 6 of the Terms and Conditions, all benefits described in these Terms and Benefits are subject to a geographical limitation of Asia.

(c) The above restriction shall not apply to the terms and benefits within the scope of the Standard Plan Terms and Benefits; that is, claims incurred outside of Asia shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).

(d) If the Insured Person's Place of Residence is Australia or New Zealand when Eligible Expenses and expenses are incurred, the benefits shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable). For the avoidance of doubt, if the Insured Person's Place of Residence is Australia or New Zealand, the Policy Holder may request to convert this Policy to a new Policy under Cigna VHIS Series-Standard Plan at Renewal without any requirement of re-underwriting. Any Case-based Exclusion(s) and/or Premium Loading applicable to the original Policy will also be applied to the new Policy. The period during which the original Policy has been in force shall be taken into account in the waiting period and reimbursement arrangement for Pre-existing Conditions under Section 4 of Part 6 of the Terms and Conditions of the new Policy.

(e) Any benefits reimbursed in accordance with the Standard Plan Terms and Benefits (i.e. after deduction of any applicable Deductible) will count towards the applicable benefit limits per Policy Year claimable under these Terms and Benefits (as specified in the Benefit Schedule).

(f) For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 of the Terms and Conditions.

3. Choice of healthcare services providers

The following paragraphs shall supplement Section 1(c) of Part 6 of the Terms and Conditions –

(a) For Eligible Expenses and expenses incurred in mainland China, the benefits described in these Terms and Benefits shall be payable for Eligible Expenses and expenses charged by Hospitals of Tier 3 Class A or above, or other Hospitals where approval has been granted by the Company before Medical Services are provided. For other Eligible Expenses and expenses incurred in mainland China, the benefits shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable).

(b) Any benefits reimbursed in accordance with the Standard Plan Terms and Benefits (i.e. after deduction of any applicable Deductible) will count towards the applicable benefit limits per Policy Year claimable under these Terms and Benefits (as specified in the Benefit Schedule).

(c) For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 of the Terms and Conditions.

4. Involuntary upgrade - Choice of ward class

The following paragraphs shall supplement Section 1(d) of Part 6 of the Terms and Conditions –

(a) Under these Terms and Benefits, words and expressions used shall have the following meanings–

Accommodation Room Type shall mean the accommodation room type selected by the Policy Holder in respect of the Policy, which is specified in the Policy Schedule or endorsement (if any), being one (1) of the accommodation room types as set out in the Benefit Schedule.

Isolation shall mean the Medically Necessary segregation of the Insured Person from other patients in the Hospital for the purpose of the control of infectious

diseases or for other purposes as determined by the Hospital or by the attending Registered Medical Practitioner.

Private Room shall mean a single occupancy room, with a private bath or shower room, in a Hospital.

Semi-Private Room shall mean a single or double occupancy room, with a shared bath or shower room, in a Hospital.

Standard Ward shall mean a room in a Hospital with more than double occupancy.

(b) For Eligible Expenses and expenses resulting from Confinement, the benefits described in these Terms and Benefits shall only be payable for Eligible Expenses and expenses charged on Medical Services provided in the Accommodation Room Type as stated in the Policy Schedule or in a lower ward class (e.g. Standard Ward if the Accommodation Room Type is Semi Private Room).

(c) For Medical Services provided in a ward class higher than the Accommodation Room Type as stated in the Policy Schedule (illustrated in the table below), the benefits shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits, and if there is any remaining Deductible (if applicable), the benefit payable shall further be reduced by the remaining Deductible (if applicable). For the avoidance of doubt, if no ward classification equivalent to the Accommodation Room Type as stated in the Policy Schedule exists in the setting of the Medical Services provided, no adjustment shall be made to the benefits described in these Terms and Benefits.

Accommodation Room Type	Actual Confined room type	Adjustment
Standard Ward	Semi-Private Room, Private Room or any room type above Private Room including suite, VIP or deluxe room	The benefits shall be payable up to the benefit limits as stated in the benefit schedule of the Standard Plan Terms and Benefits.
Semi-Private Room	Private Room or any room type above Private Room including suite, VIP or deluxe room	

(d) If the Hospital provides satisfactory evidence to show that upgrade to a ward class higher than the Accommodation Room Type as stated in the Policy Schedule (illustrated in the table under Section 4(c) of the Flexi Plan (Superior) Endorsement of these Terms and Benefits) was involuntary on the part of the Insured Person (i.e. where ward upgrade was required due to [i] Isolation, [ii] room shortage in case of an Emergency or [iii] other reasons not involving personal preference of the Policy Holder and/or the Insured Person), no adjustment shall be made to the benefits described in these Terms and Benefits. Such evidence should take the form of a signed statement from the Hospital or from the attending Registered Medical Practitioner in respect of any Eligible Expenses and expenses under this Policy.

(e) Any benefits reimbursed in accordance with the Standard Plan Terms and Benefits (i.e. after deduction of any applicable Deductible) will count towards the applicable benefit limits per Policy Year claimable under these Terms and Benefits (as specified in the Benefit Schedule).

(f) For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 of the Terms and Conditions.

5. Coverage of Confinement and non-Confinement services

The following paragraphs shall supplement Section 2 of Part 6 of the Terms and Conditions –

(a) The total amount of benefits payable is calculated as follows provided the amount payable for any one (1) Policy Year does not exceed the Annual Benefit Limit of these Terms and Benefits as specified in the Benefit Schedule:

[(Amount of Eligible Expenses and expenses incurred

LESS (-)

any Eligible Expenses and expenses already reimbursed under any other insurance coverage or as otherwise described in Section 13 of Part 7 of the Terms and Conditions),

subject to the individual benefit limits under these Terms and Benefits]

LESS (-)

any remaining Deductible.

(b) For the avoidance of doubt, the Deductible shall apply whether Eligible Expenses and expenses are payable under these Terms and Benefits or under the scope of the Standard Plan Terms and Benefits.

(c) For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 of the Terms and Conditions.

(d) Any actual benefits reimbursed (i.e. after deduction of any applicable Deductible) in accordance with these Terms and Benefits will count towards the applicable benefit limits and Annual Benefit Limit as specified in the Benefit Schedule.

(e) Any Eligible Expenses and expenses paid under any other insurance coverage or as otherwise described in Section 13 of Part 7 of the Terms and Conditions, which would have been paid under these Terms and Benefits if there is no such other insurance coverage, shall be counted towards and reduced from the balance of Deductible for the subsequent claim calculation in the same Policy Year.

6. Enhanced Benefits

The following paragraphs shall supplement Section 3 of Part 6 of the Terms and Conditions –

(a) Outpatient kidney dialysis

This benefit shall be payable for Eligible Expenses charged on the treatment for chronic and irreversible kidney failure by way of peritoneal dialysis and/or regular haemodialysis in an outpatient setting for providing Medical Services to a Day Patient.

(b) Home nursing for Confinement

Under this benefit, words and expressions used shall have the following meanings –

Nurse means a nurse,

(i) who is duly qualified and is registered with the Nursing Council of Hong Kong pursuant to the Nurses Registration Ordinance (Cap. 164 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and

(ii) legally authorised for rendering nursing treatment or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the nursing treatment or service is provided to the Insured Person,

but in no circumstances shall include the following persons – the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the nurse is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such nurse shall nonetheless be considered qualified and registered.

This benefit shall be payable for Eligible Expenses charged for home nursing care provided by a Nurse immediately after discharge from Confinement provided that such nursing care received is recommended in writing by the attending Registered Medical Practitioner and is directly related to and as a result of the condition arising from the same cause (including any and all complications therefrom) necessitating such Confinement.

This benefit is restricted to home nursing services provided by a maximum of one (1) Nurse per day during any given time slot. For the avoidance of doubt, regardless of

(i) whether home nursing services are provided for all or part of one (1) day on a particular day; and

(ii) number of time slots on the same day,

that day shall be counted as one (1) day for the purpose of counting the maximum number of days per Policy Year allowed for this benefit.

(c) Companion bed

If room and board under Section 3(a) or intensive care under Section 3(e) of Part 6 of the Terms and Conditions is payable, this benefit shall be payable for the expenses charged for an extra bed for one (1) person who accompanies the Insured Person in a Hospital during his Confinement.

For the avoidance of doubt, this benefit shall not cover any expenses charged on the cost of meal(s).

(d) Accidental Emergency outpatient treatment

This benefit shall be payable for the Eligible Expenses charged on the Emergency Treatment of an Injury in the outpatient department of a Hospital within the period as stated in the Benefit Schedule.

When the Eligible Expenses under this benefit are also covered under Section 3 of Part 6 of the Terms and Conditions, such Eligible Expenses shall be payable in the following order:

(i) Section 3 of Part 6 of the Terms and Conditions;
(ii) this Section 6(d).

(e) Accidental Emergency dental treatment

Under this benefit, words and expressions used shall have the following meanings –

Registered Dentist means a dentist,

(i) who is duly qualified and is registered as a registered dentist with the Dental Council of Hong Kong pursuant to the Dentists Registration Ordinance (Cap. 156 of the Laws of Hong Kong) or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith); and
(ii) legally authorised for rendering dental service in Hong Kong or the relevant jurisdiction outside Hong Kong where the dental service is provided to the Insured Person,

but in no circumstance shall include the following persons - the Insured Person, the Policy Holder, or an insurance intermediary, employer, employee, immediate family member or business partner of the Policy Holder and/or the Insured Person (unless approved in advance by the Company in writing). If the dentist is not duly qualified or registered under the laws of Hong Kong or a body of equivalent standing in jurisdictions outside Hong Kong (as reasonably determined by the Company in utmost good faith), the Company shall exercise reasonable judgment to determine whether such dentist shall nonetheless be considered qualified and registered.

This benefit shall be payable for the expenses charged by a Registered Dentist, a Registered Medical Practitioner or a Hospital, solely for Emergency Treatment which is necessitated by an Injury to sound natural teeth (including consultation, staunch bleeding, tooth extraction, root canals and x-ray), and which is given to the Insured Person within the period as stated in the Benefit Schedule in a legally registered dental clinic or a Hospital.

This benefit shall not be payable for orthodontic treatment, the use of any precious metals, bridge, crowns, dentures and dental implants.

When the expenses under this benefit are also covered under Section 3 of Part 6 of the Terms and Conditions, such expenses shall be payable in the following order:

(i) Section 3 of Part 6 of the Terms and Conditions;
(ii) this Section 6(e).

靈活計劃（優越）批注

信諾自願醫保系列–靈活計劃（優越）保單

（本文件旨在補充***條款及細則***第四部分(續保條文)及第六部分(保障條文)。）

1. 不用重新核保的減少或移除*自付費*的一次性權利

以下段落將補充***條款及細則***第四部分的內容–

(a) ***保單持有人***可行使減少或移除***自付費***之權利而不需重新核保；惟需在***受保人***六十（60）歲或六十五（65）歲或七十（70）歲或七十五（75）歲或八十（80）歲或八十五（85）歲生辰當日緊隨其後的***續保日***前不多於三十一（31）日提出申請。此權利只能在***受保人***一生享用一（1）次。

(b) 為免存疑，在***續保***時，***保單持有人***有權隨時附加或增加***自付費***而不需重新核保。

(c) 在相關已新增、已增加、已取消或已減少***自付費***的***續保日***及之後招致的***合資格費用***及費用的應付金額，應以相關已新增、已增加、已取消或已減少的***自付費***為準。

2. 保障地域範圍

以下段落將補充***條款及細則***第六部分第 1(a) 節的內容–

(a) 本***條款及保障***中使用的字詞及表述必須按照以下所述解釋：

亞洲是指只限於阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國、***香港***、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、紐西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。

(b) 除***條款及細則***第六部分第 3(l) 節的精神科治療外，本***條款及保障***內所有保障必須受***亞洲***地域範圍所規限。

(c) 上述限制並不適用於在***標準計劃條款及保障***範圍內的條款及保障，就***亞洲***以外的索償作出的賠償金額應不多於***標準計劃條款及保障***所附的保障表內列明的賠償限額，並且若有任何餘下的***自付費***(如適用)，應付賠償須再扣減餘下的***自付費***(如適用)。

(d) 若***受保人***在產生***合資格費用***及費用時的***居住地***為澳洲或紐西蘭，只會獲賠償金額應不多於***標準計劃條款及保障***所附的保障表內列明的賠償限額，並且若有任何餘下的***自付費***(如適用)，應付賠償須再扣減餘下的***自付費***(如適用)。為免存疑，若***受保人***的***居住地***為澳洲或紐西蘭，***保單持有人***可在***續保***時要求轉換本***保單***為**信諾自願醫保系列–標準計劃**下的新***保單***而不需重新核保。在原來***保單***適用的任何***個別不保項目***及/或***附加保費***也適用於新***保單***。在原來***保單***已生效的時間，將累計在新***保單條款及細則***第六部分第 4 節所述的***投保前已有病症***的等候期及賠償安排內。

(e) 根據***標準計劃條款及保障***已獲賠償的任何保障(即扣減任何適用的***自付費***後)會計入本***條款及保障***列於***保障表***內可索償的每***保單年度***適用的賠償限額。

(f) 為免存疑，適用的***標準計劃條款及保障***，指按***條款及細則***第四部分第 1 (a)、(b) 或 (c) 節所述的版本。

3. 選擇醫療服務提供者

以下段落將補充***條款及細則***第六部分第 1(c) 節的內容–

(a) 就於中國大陸境內產生***合資格費用***及費用而言，本***條款及保障***範圍內的保障只會賠償在

三級甲等或以上的***醫院***或在提供***醫療服務***前獲得***本公司***批准的其他***醫院***所收取的***合資格費用***及費用。就中國大陸境內產生的其他***合資格費用***及費用作出的賠償金額應不多於***標準計劃條款及保障***所附的保障表內列明的賠償限額，並且若有任何餘下的***自付費***(如適用)，應付賠償須再扣減餘下的***自付費***(如適用)。

(b) 根據***標準計劃條款及保障***已獲賠償的任何保障(即扣減任何適用的***自付費***後)會計入本***條款及保障***列於***保障表***內可索償的每***保單年度***適用的賠償限額。

(c) 為免存疑，適用的***標準計劃條款及保障***，指按***條款及細則***第四部分第 1 (a)、(b) 或 (c) 節所述的版本。

4. 非自願提升– 選擇病房級別

以下段落將補充***條款及細則***第六部分第 1(d) 節的內容–

(a) 本***條款及保障***中使用的字詞及表述必須按照以下所述解釋：

病房類別是指由***保單持有人***就本***保單***所選擇並列明於***保單資料頁***或批注(如有)的一（1）個病房類別，其為列明於***保障表***的其中一（1）個病房類別。

隔離是指為了控制傳染病或由***醫院***或主診***註冊醫生***決定的其他目的，將***受保人***與***醫院***內的其他病人進行***醫療所需***的分隔。

私家病房是指在***醫院***內設有獨立浴室的單人病房。

半私家病房是指在***醫院***內設有共用浴室的單人或雙人病房。

普通病房是指在***醫院***的多於兩(2)張病床的病房。

(b) 若***合資格費用***及費用是來自***住院***，本***條款及保障***內的保障將賠償在***保單資料頁***列明的***病房類別***或以下病房級別（例如若***病房類別***是***半私家病房***，***普通病房***屬***病房類別***以下病房級別）提供的***醫療服務***所收取的***合資格費用***及費用。

(c) 就***保單資料頁***列明的***病房類別***以上的病房級別（於下列圖表說明）提供的***醫療服務***作出的賠償金額應不多於***標準計劃條款及保障***所附的保障表內列明的賠償限額，並且若有任何餘下的***自付費***(如適用)，應付賠償須再扣減餘下的***自付費***(如適用)。為免存疑，若在***醫療服務***提供的地方並沒有相等於***保單資料頁***列明的***病房類別***的病房級別，本***條款及保障***的保障不會被調整。

病房類別	實際***住院***病房級別	調整值
普通病房	***半私家病房***、***私家病房或***任何***私家病房***以上級別包括總統套房、貴賓房或豪華房	賠償金額應不多於***標準計劃條款及保障***所附的保障表內列明的賠償限額。
半私家病房	***私家病房或***任何***私家病房***以上級別包括總統套房、貴賓房或豪華房	

(d) 若***醫院***提供令我們滿意的證據證明病房升級至***保單資料頁***列明的***病房類別***以上的病房級別（於本***條款及保障***的靈活計劃（優越）批注第 4(c)節下的圖表說明）是***受保人***非自願的（即[i]因***隔離***、[ii]在***急症***的情況下病房短缺或[iii]在不涉及***保單持有人***及/或***受保人***個人意願的其他原因，而需要病房升級），本***條款及保障***的保障不會被調整。該證明需由***醫院***或由主診***註冊醫生***就有關本***保單***下的任何***合資格費用***及費用以簽署的聲明形式作出。

(e) 根據***標準計劃條款及保障***已獲賠償的任何保障(即扣減任何適用的***自付費***後)會計入本***條款及保障***列於***保障表***內可索償的每***保單年度***適用的賠償限額。

(f) 為免存疑，適用的***標準計劃條款及保障***，指按***條款及細則***第四部分第 1 (a)、(b) 或 (c)

節所述的版本。

5. ***住院*及非*住院*保障**

以下段落將被補充***條款及細則***第六部分第 2 節的內容–

(a) 有關保障賠償總額將根據以下公式計算；惟任何一（1）個***保單年度***的賠償金額不得超過在***保障表***中列明本***條款及保障***的***每年保障限額***：

[(***合資格費用***及費用金額

減(-)

根據任何其他保險保障或在***條款及細則***第七部分第 13 節所述已獲賠償的任何***合資格費用***及費用)，

受限於本***條款及保障***的個別賠償限額]

減(-)

任何尚餘的***自付費***。

(b) 為免存疑，不論根據本***條款及保障***或***標準計劃條款及保障***範圍賠償***合資格費用***及費用，***自付費***仍適用。

(c) 為免存疑，適用的***標準計劃條款及保障***，指按***條款及細則***第四部分第 1 (a)、(b) 或 (c) 節所述的版本。

(d) 根據本***條款及保障***作出的實際賠償(即扣減任何適用的***自付費***後)將計入列明於***保障表***內適用的賠償限額及***每年保障限額***。

(e) 就已由任何其他保險保障或根據***條款及細則***第七部分第 13 節獲得賠償的***合資格費用***及費用，若沒有其他保險保障時，其理應於本***條款及保障***下獲得賠償，則該***合資格費用***及費用將會計入及扣減***自付費***之餘額，以用作同一***保單年度***中隨後的賠償計算。

6. 附加保障

以下段落將補充***條款及細則***第六部分第 3 節的內容–

(a) **門診腎透析**

本保障將賠償***受保人***在為***日症病人***時於門診環境提供***醫療服務***的設備下，接受因治療慢性和不可復原之腎功能衰竭，即腹膜透析及/或定期血液透析所收取的***合資格費用***。

(b) **出院後家中看護**

本保障中使用的字詞及表述必須按照以下所述解釋：

護士

是指符合以下資格的護士 –

(i) 具有正式資格並已按香港法例第 164 章《護士註冊條例》在***香港***護士管理局註冊，或在***香港***境外的司法管轄區內由***本公司***絕對真誠及合理地認為具有同等效力的團體註冊；及

(ii) 在***香港***或向***受保人***提供護理治療或服務的***香港***境外司法管轄區，經當地法例許可提供護理治療或服務，

下列人士在任何情況下均不得包括在內 – ***受保人***、***保單持有人***或***保單持有人***及 / 或***受保人***的保險中介人、僱主、僱員、直系親屬或業務夥伴(除非事先經***本公司***的書面批准)；

若該護士並未具有正式資格或未能按香港法例或在***香港***以外的司法管轄區具有同等效力的團體註冊（由***本公司***絕對真誠及合理地決定），***本公司***必須作出合理的判斷，以決定該護士是否仍被視為符合資格及已註冊。

本保障將賠償***受保人***緊接***住院***後(於出院後)在家接受由***護士***提供家中看護服務所收取的***合資格費用***；惟所接受的護理服務必須由主診***註冊醫生***以書面形式建議，並且必須與需要***住院***的病況（包括其任何及所有併發症）直接相關。

本保障只限每日，不論任何時段，最多一（１）位***護士***提供家中看護服務。為免存疑，不論

(i) 該日之家中看護服務是全日或部分時間提供；及

(ii) 同日有多少個時段，

該天會被算作一(1)天，以計算每個***保單年度***本保障的最高可賠償日數。

(c) **陪伴床位費**

在按***條款及細則***第六部分第 3(a)節的病房及膳食或第 3(e)節深切治療可獲賠償的情況下，本保障將賠償就***受保人***在***住院***期間在***醫院***陪伴***受保人***的一（１）位人士的一（１）個額外床位所收取的費用。

為免存疑，本保障不賠償就膳食收取的任何費用。

(d) 意外***急症*門診護理**

本保障將賠償***受保人***因***受傷***，在***保障表***所列明的期間內於***醫院***門診部就該***受傷***接受***急症治療***所收取的***合資格費用***。

當本保障的***合資格費用***同時可於***條款及細則***第六部分第 3 節下獲得賠償，有關***合資格費用***將按下列順序獲得賠償：

(i) ***條款及細則***第六部分第 3 節；

(ii) 本 6(d)節。

(e) 意外***急症*牙齒治療**

本保障中使用的字詞及表述必須按照以下所述解釋：

註冊牙醫

是指符合以下資格的牙醫–

(i) 具有正式資格並已按香港法例第 156 章《牙醫註冊條例》在***香港***牙醫管理委員會註冊為註冊牙醫，或在***香港***境外的司法管轄區內由***本公司***絕對真誠及合理地認為具有

同等效力的團體註冊為註冊牙醫；及

(ii) 在***香港***或向***受保人***提供牙科服務的***香港***境外司法管轄區，經當地法例許可提供牙科服務，

下列人士在任何情況下均不得包括在內 – ***受保人***、***保單持有人***或***保單持有人***及/或***受保人***的保險中介人、僱主、僱員、直系親屬或業務夥伴(除非事先經***本公司***的書面批准)。

若該牙醫並未具有正式資格或未能按香港法例或在***香港***以外的司法管轄區具有同等效力的團體註冊（由***本公司***絕對真誠及合理地決定），***本公司***必須作出合理的判斷，以決定該牙醫是否仍被視為符合資格及已註冊。

本保障將賠償***受保人***在***保障表***所列明的期間內，因其健康天生牙齒***受傷***，在合法註冊牙科診所或***醫院***接受必須的***急症治療***(包括診症、止血、脫牙、齒根管治療及 X 光），由***註冊牙醫***、***註冊醫生***或***醫院***為此所收取的費用。

本保障不會賠償牙齒矯正治療，以及任何貴金屬、牙橋、牙冠、假牙及植牙的使用。

當本保障的費用同時可於***條款及細則***第六部分第 3 節下獲得賠償，有關費用將按下列順序獲得賠償：

(i) ***條款及細則***第六部分第 3 節；

(ii) 本 6(e)節。