



Nanjing International School International Employee Healthcare Plan

Your Cover - Tailored Gold Plan with Maternity & Wellness

南京国际学校
招商信诺全球员工团体
医疗保险计划

您的保险责任清单 - 定制黄金计划，附加妊娠及生育保险福利和健康体检保险福利

Note: 1. This booklet is for your reference only and does not form part of a legal contract. Details of insurance benefits are subject to the terms detailed in your insurance contract.

2. Please access Cigna Envoy® (www.cignaenvoy.com) for a complete Benefits Table that is applicable to you.

注：1. 本手册仅供您了解产品使用，不构成法律合同的一部分。详细保险福利请以保险合同为准。

2. 可登录 Cigna Envoy® (www.cignaenvoy.com) 查看您的详细保险福利。

welcome...

to a guide in using your Cigna & CMB Healthcare Plan.

Privacy Notice

By giving consent to the policyholder to purchase the employee health insurance for you from Cigna & CMB Life Insurance Company ("Cigna & CMB") (including renewal), you agree for Cigna & CMB to use your and covered dependent's personal data as described herein.

1. To provide comprehensive insurance services in an efficient and timely manner, Cigna & CMB may engage Third Party Administrators (TPAs) to provide relevant customer services, including but not limited to claims handling and customer complaints. Where such a TPA is used, Cigna & CMB will only use and disclose such personal information to the TPA for the sole purpose of customer service.
2. To the extent permitted by applicable law, you agree for Cigna & CMB to provide your and covered dependent's personal information to regulatory bodies or insurance associations to comply with compliance requirements.

If you or a covered dependent has any question on the above, please contact your Cigna & CMB client service manager.

关于个人隐私信息的通知

您同意投保人为您投保(包括续保)由招商信诺人寿保险有限公司(下称“招商信诺”)提供的本保险,即视为您同意招商信诺在履行保险合同的过程中为提供相关保险服务之目的以下述方式使用您以及附带被保险人(如适用)的相关个人信息。

1. 为了给您提供及时、方便、周到的保险服务,在履行保险合同的过程中,招商信诺将可能委托第三方机构为您提供相关的客户服务(包括但不限于理赔处理、客户投诉等)。在此情况下,招商信诺将仅为提供客户服务之目的使用或向该第三方机构披露您本人及附带被保险人的相关个人信息。
2. 在相关法律许可的范围内,出于满足监管要求的目的,您同意招商信诺将您本人及附带被保险人的相关个人信息及保单信息提供给相关监管机构或行业协会。

如果您本人或附带被保险人对上述内容有任何疑问,请随时与您的招商信诺客服专员联络。

Contents



Medical Benefits

• Coinsurance	1
• Coverage Area	1
• Out-of-pocket Limit	2
• Deductible	2
• Annual Benefit	3
• In-patient/Day Case Healthcare Benefits	3
• Out-patient Healthcare Benefits	4
• Other Special Health Benefits	5
• Emergency Medical Evacuation/ Repatriation	6
• Maternity Benefits	7
• Wellness Benefits	7
• Note	8
• Provider Co-payment List	8
• Exclusions	9

目录



保险责任清单

• 共付比例	13
• 保障地区	13
• 自负限额	14
• 免赔额	14
• 年度保额	15
• 住院/日间留院治疗福利	15
• 门诊医疗福利	16
• 特殊保险福利	17
• 紧急医疗运送运返	18
• 妊娠及生育保险福利	19
• 健康体检保险福利	19
• 备注	20
• 共付医院列表	20
• 责任免除	21



Medical Benefits

Coinsurance

Coinsurance is the percentage of charges for covered expenses that the *main insured person* or *additional insured person* will be required to pay under the plan after satisfying the required *deductible*.

There will be 20% coinsurance if seeking services at hospitals or clinics in the Provider Co-payment List on page 8. Please note that the coinsurance does not apply at Raffles Medical Nanjing - formerly known as International SOS Nanjing.

Coverage Area

Worldwide excluding USA.

For US nationals, United States out-patient treatment is covered up to RMB 10,000 and Routine physical examination is also provided in the USA.

Please note that any expense occurred due to *treatment* taken outside the *Coverage Area* will not be reimbursed, unless there's emergency condition where *treatment* commences within a period of 30 days after leaving the *Coverage Area* for any purpose except *treatment*. The emergency *treatment* refers to out-patient and in-patient implemented by a *physician*, *special-*

ist or *medical practitioner* and hospitalization that commences within the first 24 hours after emergency condition. The emergency condition includes but not limited to the following list. *Cigna & CMB's medical team* will decide if there is emergency condition requiring emergency *treatment* based on the claim application:

- High fever: Adult above 38.5 degree Celsius, Child above 39.0 degree Celsius
- Acute abdominal pain, severe vomiting, severe diarrhea
- All kinds of shock
- Coma
- Epileptic attack
- Severe wheezing, difficult breathing
- Acute chest pain, heart failure, severe arrhythmia
- Hypertension Crisis, hypertensive encephalopathy, cerebrovascular accident
- All kinds of acute hemorrhage
- Acute urinary tract hemorrhage, Acute urinary retention, renal colic
- All kinds of acute poisoning (food or drug toxic), all kinds of accident (electric shock, drowning)
- Cerebral trauma, fracture, dislocation, laceration, fire burn, burn, or any other acute injury



- All kinds of poisonous animal or insect bite, acute allergic disease
- Foreign body in ENT or respiratory tract or esophagus, acute sore eyes or redness eyes or swollen eyes, sudden visual impairment and eye trauma
- Other medically emergent conditions attributing to critical, urgent and severe circumstance recognized by Clinical Team of Cigna & CMB

Out-of-pocket Limit (applicable to the 20% co-insurance)

1. Out-of-pocket expenses are covered expenses incurred for charges that are not paid by the plan because of any coinsurance. Charges will not accumulate toward the out-of-pocket limit for covered expenses incurred for:

- Non-compliance penalties;
- Provider charges in excess of the maximum reimbursable charge.

When the out-of-pocket limit is reached, no further coinsurance will be applied to covered expenses for that *insurance period*. *Benefits* will continue to be subject to individual *benefit* limits which may involve the *main insured person* or *additional*

insured person being responsible for a proportion of the cost of the claim.

Out-of-pocket Limit -

Up to RMB 10,000 per *insurance period*

Deductible

2. Deductible is the amount that the member or dependant is responsible for paying in any one year of insurance before any benefit is paid under the plan. The deductible is due from the first time the member or dependant makes a claim. The amount will be deducted from the cost of each relevant claim until the deductible limit for the year of insurance, if applicable, is reached.

- Individual Deductible
Benefit Limit -
Up to RMB 6,000 per *insurance period*
- Family Deductible
Benefit Limit -
Up to RMB 18,000 per *insurance period*
Not applicable to Health Check-up



Annual Benefit

3. **Maximum per main insured person or additional insured person per insurance period.**

Benefit Limit -

Up to RMB 12,000,000 per insurance period

In-patient/Day Case Healthcare Benefits

4. **Hospital Charges for:**

- Nursing and accommodation for *in-patient treatment*;

Benefit Limit - Paid in Full

Up to standard private room (1 bed with toilet) for accommodation

- *Day case treatment*;

Benefit Limit - Paid in Full

Up to standard private room (1 bed with toilet) for accommodation

- Operating theatre and recovery room;

Benefit Limit - Paid in Full

- Prescribed medicines, drugs and dressings for *in-patient* or for *day case treatment*.

Benefit Limit - Paid in Full

5. **Parental Accommodation**

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

Benefit Limit - Paid in Full

Up to 30 days per insurance period

Up to standard private room (1 bed with toilet) for accommodation

6. **Surgeon's and Anaesthetist's Fees**

Benefit Limit - Paid in Full

7. **Specialist Physician's Fees**

This *benefit* is paid in full for regular visits by a *specialist* physician during stays in *hospital* including intensive care by a *specialist* physician for as long as is required by *medical necessity*.

Benefit Limit - Paid in Full

8. **Surgical Procedures (Excluding organ transplant surgery)**

Benefit Limit - Paid in Full

Excluding organ transplant surgery

9. **Radiotherapy, Chemotherapy, Physiotherapy**

Benefit Limit - Paid in Full

10. **Radiology, Pathology**

Benefit Limit - Paid in Full



11. Home Nursing Charges

This *benefit* will be paid:

- if recommended by a *specialist* immediately after *hospital treatment* for as long as is required by *medical necessity*;
- on a full-time basis for as long as is required by *medical necessity* for *treatment* which would normally be provided in a *hospital*.

Benefit Limit - **Paid in Full**

12. Surgical Appliance and/or Medical Appliance

This *benefit* will be paid in respect of:

- an artificial limb, prosthesis or device which is inserted during surgery;
- an artificial prosthesis or device which is a necessary part of the *treatment* immediately following surgery for as long as is required by *medical necessity*;
- a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis.

Benefit Limit - **Paid in Full**

13. Private Ambulance

This *benefit* is payable for transport to or from a *hospital* when ordered for medical reasons.

Benefit Limit - **Paid in Full**

Out-patient Healthcare Benefits

14. Annual Benefit

Maximum of Out-patient *Benefits* per *main insured person* or *additional insured person* per *insurance period*.

Benefit Limit - **Paid in Full**

Up to RMB 60,000 per *insurance period*

Except the below items which are fully covered up to annual max

- **Radiotherapy, Chemotherapy**

Benefit Limit - **Paid in Full**

Up to annual max of 12,000,000 RMB

- **Outpatient Surgery fee, MRI, CT, PET Scan Fees**

Benefit Limit - **Paid in Full**

Up to annual max of 12,000,000 RMB

- **Non-Surgical and Minor Surgical Procedures and Treatment**

Benefit Limit - **Paid in Full**

Up to annual max of 12,000,000 RMB

- **Pathology, Radiography, Radiology**

Benefit Limit - **Paid in Full**

Up to annual max of 12,000,000 RMB



15. Consultations with Medical Practitioners and Specialists

Benefit Limit - Paid in Full

16. Prescribed Medicines, Drugs and Dressings

Benefit Limit - Paid in Full

17. Physiotherapy, Acupuncture, Chiropody, Osteopathy, Homeopathy

Benefit Limit - Paid in Full

Up to RMB 12,000 per year

Up to 10 visits per year

18. Annual Routine Test

One eye test and hearing test for *additional insured person* under the age of 15.

Benefit Limit - Paid in Full

19. Psychiatric Care

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

Benefit Limit - Paid in Full

Up to 20 times per insurance period

20. Chinese Herbal Medicine

Benefit Limit - Paid in Full

Up to RMB 12,000 per insurance period

Other Special Health Benefits

21. Reconstructive Surgery

Where is needed as a result of an accident or disease in order to restore function or shape/appearance, the surgery must be carried out within 12 months of the accident or disease.

Benefit Limit - Paid in Full

Up to RMB 12,000,000 per insurance period

22. Congenital Condition Treatment:

- Diagnosed within 6 months of birth for new born infant that are enrolled onto the plan within 30 days of birth

Benefit Limit - Paid in Full

Up to RMB 200,000 per insurance period

- For minors under 18 years of age

Benefit Limit - Paid in Full

Up to RMB 30,000 per insurance period

23. AIDS/HIV treatments (non-pre-existing conditions)

Benefit Limit - Paid in Full

Up to RMB 12,000,000 per insurance period



24. Compassionate Emergency Visit

Costs you have to pay for an economy class return ticket from a country within your area of cover to visit a close family member, if their medical condition results in them being placed on a critical list, or their death. You are limited to one return journey in each plan year. Close family member means a dependent, parent, step-parent, parent-in-law, grandparent, grandchild, brother, sister, brother or sister in-law, son or daughter in-law or guardian.

Benefit Limit -

One round trip per insurance period

25. Flights to Thailand(This benefit needs pre-approval by Cigna&CMB.)

- Only eligible for Inpatient treatment received within Cigna's Thailand network
- Restricted to one economy class return flight under the name of the client receiving the inpatient treatment.
- Flights for accompany family members are not covered.
- Flights must arrive in Thailand within a two day period prior to admission and leave Thailand within a two –day period following discharge from hospital

*Benefit Limit - **Paid in Full***

Up to RMB 6,000 per insurance period

Emergency Medical Evacuation/ Repatriation (These benefits need pre-approval by Cigna & CMB)

26. Emergency Evacuation

Emergency medical evacuations is provided by *medical assistance provider* for the purpose of transporting the *patient* to the nearest *hospital* available for necessary *treatment* under emergency circumstance where there's *medical necessity to do so* and such *treatment* can't be obtained at local.

*Benefit Limit - **Paid in Full***

27. Medical Repatriation

Medical repatriations is provided by *medical assistance provider* for the purpose of repatriating the *patient* to his/her *country of domicile* available for necessary *treatment* under emergency circumstance where there's *medical necessity to do so* and such *treatment* can't be obtained at local.

*Benefit Limit - **Paid in Full***

28. Repatriation of remains

*Benefit Limit - **Paid in Full***

29. Transport cost for third party

This *Benefit* is payable for travel costs (economy class) of an insured person's children under 18 years (the children should be *additional insured persons* under the *policy*) returning



to their country of domicile under the circumstance that they will be left without the *company* of a parent or adult relative after the evacuation or repatriation of the *main insured person* or *additional insured person*. The *benefit* is also payable for travel costs (economy class) of any individual who because of *medical necessity*, has to go with the evacuated or repatriated *patient*. The number of accompanying person shall be limited to one.

Benefit Limit - Paid in Full

Maternity Benefits

30. Inpatient and Outpatient Maternity Cover

This *benefit* is payable to *eligible female** covered under the plan. It includes childbirth, pre-natal and post-natal exams and pre-natal vitamins.

* *eligible female* - refers to female *main insured person*, or the female *spouse* of *main insured person*.

Benefit Limit - Paid in Full

Up to RMB 60,000 for normal delivery, unlimited if complication

Up to standard private room (1 bed with toilet) for accommodation in hospital if necessary for maternity.

31. New Born Infant care, treatment within 14 days (for enrolment new born only)

Benefit Limit - Paid in Full

Up to Maternity cap of 60,000 RMB

Wellness Benefits Deductible does not apply

32. Routine Physical Exams

This *benefit* will be paid for, or in connection with, routine physical examinations for *main insured person* or *additional insured person*.

33. Immunization

This benefit will be payable for all insured person.

34. Pap Smear

Cigna & CMB will pay charges for an annual Papanicolaou Screening.

35. Prostate Cancer Screening

Cigna & CMB will pay charges for an annual prostate specific antigen (PSA) test for eligible males aged 50 or above.

36. Mammograms for Breast Cancer Screening or Diagnostic Purposes

This *benefit* will be paid in respect of:

- one baseline mammogram for asymptomatic women aged 35-39;
- a mammogram for asymptomatic women aged 40-49 every two years or more if



medically necessary;

- a mammogram every year for women aged 50 and over.

Benefit Limit -

Benefits 33, 34, 35, 36 & 37 are subject to a combined limit of RMB 3,500 per insurance period
For US nationals, this benefit is extended in USA.

Note:

Cigna & CMB will consider charges made for or in connection with approved organ transplant services, including immunosuppressive medications, organ procurement costs, organ freezing expenses, and donor's medical costs. The amount payable for donor's medical costs is reduced by the amount payable for those costs from any other plan or source. Certain transplants will not be covered based on general limitations (i.e. experimental procedures). The *main insured person* or *additional insured person* must contact *Cigna & CMB* to get authorisation before incurring any costs relating to organ donations or the claim may not be paid in full or it may be denied. In all cases of failure by the *main insured person* or *additional insured person* to get such pre-authorisation where *Cigna & CMB* agrees to pay the claim following *treatment*, the *main insured person* or *additional insured person* will have to pay 20% of the eligible *treatment* costs.

Provider Co-payment List

A 20% co-insurance will apply if you choose the following *hospitals/clinics* and those out of the Cigna PPO network in the US for all *treatments* within the coverage area of the selected plan:

- United Family Hospitals and Clinics (Beijing, Shanghai, Guangzhou, Wuxi, Tianjin and other cities if any)
- ParkwayHealth Medical Centers (Shanghai, Chengdu, Suzhou and other cities if any, exclude Beijing)
- SinoUnited Health Medical Center (Shanghai)
- St. Michael Hospital (Shanghai)
- Shanghai East International Medical Center (Shanghai)
- International SOS Clinics (also known as Raffles Medical Clinics)
- Beijing International Medical Center (Beijing)
- Institute for Western Surgery (Guangzhou and other cities if any)
- Hong Kong Adventist Hospital (Hong Kong)
- Matilda International Hospital (Hong Kong)



- Hong Kong Sanatorium & Hospital (Hong Kong)

The above list is subject to change.

Please access Cigna Envoy® (www.cignaenvoy.com) for the latest provider co-payment list.

Exclusions

The *company* will not pay *benefit* for the following *treatments* and extras:

- a *Treatment* of a *pre-existing* illness except where
 - (a) The *patient* has been a *main insured person* or *additional insured person* under this insurance *policy* for a continuous period of at least 6 months, and has never received any medical advice or *treatment* regarding such *pre-existing* illness during the period, or;
 - (b) The *patient* has been a *main insured person* or *additional insured person* under this insurance *policy* for a continuous period of at least 12 months, or;
 - (c) The *company* has decided, after underwriting, to assume the insurer's liability for *treatment* of pre-existing illnesses.
- b *Treatment* that arises from or is in any way connected with attempted suicide or any *injury* or *illness* that the *main insured person* or *additional insured person* inflicts upon himself.
- c Occupational Therapy, including but not limited to:
 - (a) Sensory integration therapy, group therapy, *treatment* of dyslexia, behaviour modification or myofunctional therapy for dysfluency, for stuttering or other involuntarily acted conditions not arising from any *illness* or *injury*;
 - (b) *Treatment* for functional articulation disorder not arising from any *illness* or *injury*, such as correction of tongue thrust, lisp, verbal apraxia or swallowing dysfunction;
 - (c) *Treatments* for custodial, educational or developmental in nature related purposes;
 - (d) Maintenance or preventive *treatment* consisting of routine long-term or non-medically necessary care provided to prevent recurrences;
 - (e) *Treatment* designed to acquire levels of function that had not been previously achieved prior to the *injury* or *illness*.
- d Dental or orthodontic *treatment* which is not caused by *accidents* unless *benefit* is specifically provided in the *list of benefits*.



- e Private prescriptions or dressings for use as an *out-patient* unless the *out-patient list of benefits* has been chosen and *benefit* is covered under that list.
- f *Treatment* in nature cure clinics, health spas and nursing homes.
- g Charges for residential stays in a *hospital* which is arranged wholly or partly for residence reasons or for *treatment* which is not necessary, or cost for stays in a *hospital* which has virtually become the place of domicile or permanent residence.
- h All aspects of pregnancy or childbirth unless *maternity benefit* is selected and shown in the *list of benefits*.
- i *Treatment* needed because of or relating to infertility, including complications arising out of such *treatment*, with the exception of the investigation of infertility to the point of diagnosis.
- j *Treatment* by way of the intentional termination of pregnancy, unless two *medical practitioners* certify in writing that the pregnancy were to endanger the life or mental stability of the mother.
- k *Treatment* by way of nursery care for an *eligible female* in a *hospital* following childbirth,
- l *Treatment* to change the refraction of one or both eyes, including refractive keratotomy (RK) and photorefractive keratectomy (PRK), unless the *company* agrees in writing.
- m *Injury* or disability directly or indirectly caused or contributed to whilst engaging in or taking part in war, invasion, act of terrorist activities, rebellion (whether war be declared or not), civil war, commotion, military or usurped power, martial law, riot or the act of any lawfully constituted authority, or while the *main insured person* or *additional insured person* are carrying out army, naval or air services operations.
- n *Treatment* outside the *selected area of coverage*, except if the *treatment* is taken as *emergency treatment* as set forth in the *contract*.
- o *International services* expense for emergency evacuation, medical repatriation and transportation costs for third parties without the *company's* authorisation in advance or afterwards.
- p Any expense arising from the travel between land and an off-shore facility at sea, regardless if it is out of *medical necessity*. An off-shore facility at sea refers to an off-shore artificial facility including but not limited to oil rig, ship, vessel, etc. A naturally formed island or reef shall not be included.



- q Sex change operations or any *treatment* needed to prepare for or recover from these operations (for example, psychological counselling) including complications arising out of such *treatment*.
- r *Treatment* that arises from or is any way connected with *injury*, illness or disablement as a result of:
- taking part in a sporting activity on a professional basis; or
 - solo scuba-diving or scuba diving at depths below 30 metres unless the diver is PADI qualified (or equivalent) for that depth.
- s Any form of experimental *treatment* (or procedure) that does not amount to *orthodox treatment* or does not adhere to the commonly accepted, customary or traditional practice of medicine.
- f Expenses relating to:
- *treatment* needed for or related to birth control, including but not limited to any form of sterilisation or contraception including vasectomy;
 - any form of plastic, cosmetic or reconstructive surgery or *treatment*, even for psychological reasons, unless it is of *medical necessity* as a direct result of the *patient* having an accident or because of other surgery, which itself would have been covered under the *contract*;
 - appliances (including spectacles unless the *vision benefit* has been selected and hearing aids) which do not fall within the company's definition of surgical appliance and/or medical appliance;
 - hearing tests, except for one hearing test per annum for an *additional insured person* under the age of 15 years;
 - incidental costs not out of *medical necessity* including newspapers, taxi fares, telephone calls, guests' meals and hotel accommodation, etc;
 - routine examinations or tests including health screens and medical examinations (if *Wellness Benefit* has been selected, this will be detailed in the list of *benefits*, and coverage for *Wellness* tests will be included);
 - eye tests except for eye test once per *insurance period* for *additional insured person* under the age of 15 years;
 - costs or fees for filling in a claim form or other administration charges;
 - costs that have been paid by another insurance *company*, person, organisation or public programme. If the *main insured person* or *additional insured person* is



covered by other insurance, the *company* will only pay its part of the *benefit*. If another insurance company, person, organisation or public programme is responsible for paying the costs of *treatment*, the *company* is entitled to claw back any of these costs that has been paid.

- u The *treatment* for *injury* or illness directly caused by medical malpractice shall be excluded from the coverage of the *policy*. Expenses relating to *treatment* for complication and sequela resulted from medical malpractice shall not be excluded from the coverage of this *policy*.
- v Unless otherwise agreed in *policy*, the *treatment* for work related *injuries* shall be excluded from the coverage of the contract. Work related *injuries* shall be identified in accordance with the identification report issued by identification institution authorized by relevant laws and regulations of the People's Republic of China or any institution with equal qualification.



保险责任清单

共付比例

共付比例是指主被保险人或附带被保险人在达到免赔额之后, 根据保单还需支付的费用比例。

如主被保险人或附带被保险人选择于以下“共付医院列表”列出的医院或诊所就诊, 在黄金计划下, 主被保险人或附带被保险人将承担20%的共付比例。

*南京ISOS不属于昂贵医院列表

保障地区

全球除美国。

仅对于美国籍的员工和家属, 在美国享有最多每年10,000元的门诊理赔额度; 仅对美国籍员工, 体检福利可在美国使用。

请注意在保障地区范围外就诊发生的任何费用将无法得到赔付, 但非以治疗为目的离开保障地区后30天内因紧急情况而进行的紧急救治除外, 紧急救治仅包括医生、专科

医生或医疗人员实施的门诊医学治疗和紧急事件发生后24小时内开始的住院治疗, 紧急情况包括但不限于以下所列情形, 招商信诺的医疗团队将根据具体理赔申请判断是否属于应给予紧急救治的紧急情况:

- 高热: 成人38.5度, 小儿39度以上
- 急性腹痛、剧烈呕吐、严重腹泻
- 各种原因的休克
- 昏迷
- 癫痫发作
- 严重喘息、呼吸困难
- 急性胸痛、急性心力衰竭、严重心律失常
- 高血压危象、高血压脑病、脑血管意外
- 各种原因所致急性出血
- 急性泌尿道出血、急性泌尿潴留、肾绞痛
- 各种急性中毒(食物或药物中毒), 各种意外(触电、溺水)
- 脑外伤、骨折、脱位、撕裂、烧伤、烫伤、或其他急性外伤



- 各种有毒动物、昆虫咬伤、急性过敏性疾病
- 五官及呼吸道、食道异物；急性眼痛、眼红或眼肿，突然视力障碍者以及眼外伤
- 其他招商信诺的医疗团队认为属于危急、重病且应给予急诊处理的疾病

自负限额

(适用 20% 共付比例)

1. 自付费用是指由于共同保险的原因而导致保单未予支付的费用。

因以下原因产生的受保费用将不计于自负限额之内：

- 违规处罚；
- 或超出最高可赔额的医疗服务供应商费用

当达到自负限额时，共同保险将不再适用于该保险年度的保险费用。保险金将继续依个人赔偿限额而定，因此被保险人或受益人可能需承担一定比例的理

赔费用。

自付限额 -

每个保险期间总保额最高为人民币
10,000 元

免赔额

2. 免赔额是指在任一保险年度内，被保险人或受益人在保单理赔金支付前必须自行承担的金额。免赔额须由被保险人或受益人自首次理赔起开始缴纳，该金额将从每次相关理赔费用中予以扣减，直至达到该保险年度的免赔限额为止（若适用）

- 个人免赔额 -

每个保险期间总保额最高为人民币
6,000 元

- 家庭免赔额 -

每个保险期间总保额最高为人民币
18,000 元

不适用于体检福利



年度保额

3. 主被保险人或附带被保险人每人

赔付限额 -

每个保险期间总保额最高为人民币
12,000,000 元

住院 / 日间留院治疗福利

4. 医疗费用:

- 住院病人的护理及住宿费:

赔付限额 - 全额赔付

住宿费不超过标准单人病房(1床位带卫生间)费用

- 日间留院治疗费:

赔付限额 - 全额赔付

住宿费不超过标准单人病房(1床位带卫生间)费用

- 手术室及康复室费:

赔付限额 - 全额赔付

- 住院或日间留院治疗的处方药、药物和包扎。

赔付限额 - 全额赔付

5. 家长陪宿费

适用于未满 18 周岁的住院被保险人。
招商信诺将支付一名家长在同一医院陪护住院被保险人所产生的合理住宿费用。

赔付限额 - 全额赔付

每个保险期间不超过 30 天

住宿费用不超过标准单人病房(1床位带卫生间)费用

6. 外科医生和麻醉师费

赔付限额 - 全额赔付

7. 专科医生诊疗费

本保险福利包括住院期间的专科医师常规诊疗费和重症监护诊疗费(时间长短根据医疗需求而定)。

赔付限额 - 全额赔付

8. 外科手术费(器官移植手术除外)

赔付限额 - 全额赔付

器官移植手术除外

9. 放射性治疗费、化疗费和物理治疗费

赔付限额 - 全额赔付

10. 放射检查及病理检查费

赔付限额 - 全额赔付



11. 家庭护理费

本**保险福利**包括以下情况：

- 根据医疗专家建议，在**住院治疗**后立即进行的**家庭护理**费用，时间长短根据医疗需求而定；
- 按照**医院**模式进行的全天候护理，时间长短根据医疗需求而定。

赔付限额 - 全额赔付

12. 外科器具和/或医疗器械费

本**保险福利**包括以下情况：

- 手术中置入的假肢、假体或设备；
- 因医疗所需，作为术后治疗必需部分的人工装置或辅助设施。时间长短视医疗需要而定；
- 因医疗所需，用于短期康复过程的辅助设施或器械。

赔付限额 - 全额赔付

13. 私人救护车费

本**保险福利**可赔付因**医疗需要**而往来于**医院**的交通费。

赔付限额 - 全额赔付

门诊医疗福利

14. 年度保额

主被**保险人**或**附带被**保险人****每人

赔付限额 -

每个**保险期间**门诊**医疗总保额**最高为**人民币 60,000 元**

但不适用于以下几项涵盖至年度保额

- 放射治疗、化疗
赔付限额 - 全额赔付
至**全年保单上限人民币12,000,000元**
- 门诊手术费，MRI，CT，PET 检查费
赔付限额 - 全额赔付
至**全年保单上限人民币12,000,000元**
- 非手术性和小型外科手术及相关治疗
赔付限额 - 全额赔付
至**全年保单上限人民币12,000,000元**
- 病理检查费、影像检查费、放射检查费
赔付限额 - 全额赔付
至**全年保单上限人民币12,000,000元**



15. 普通及专家门诊费

赔付限额 — 全额赔付

16. 处方药、药品和敷料

赔付限额 — 全额赔付

17. 物理治疗费、针灸费、手足治疗费、整骨治疗和顺势治疗费

赔付限额 — 全额赔付

每年不超过人民币12,000元

每年不超过10次

18. 每年常规检查费

每年对未满 15 周岁附带被保险人进行一次视力和听力检查。

赔付限额 — 全额赔付

19. 精神疾病护理

此保险福利针对精神疾病，精神障碍或瘾病症

赔付限额 — 全额赔付

每个保险期间不超过20次

20. 中草药

赔付限额 — 全额赔付

每年不超过人民币12,000元

特殊保险福利

21. 矫正改造手术费

由于意外和疾病导致需要矫正手术，并且手术需要在诊断后的12个月内

赔付限额 — 全额赔付

每年不超过人民币12,000,000元

22. 在以下两种情况内的先天性疾病:

- 对于先天性疾病在新生儿 6 个月内诊断的情况下，且新生儿需在出生后 30 天内加入保险。

赔付限额 — 全额赔付

每年不超过人民币200,000元

- 对于先天性疾病在儿童 18 岁以内发生的情况。

赔付限额 — 全额赔付

每年不超过人民币30,000元

23. 艾滋病（非既往症）

赔付限额 — 全额赔付

每年不超过人民币12,000,000元



24. 紧急情况下的探亲机票

每年一次的紧急情况下探亲机票, 仅限往返经济舱。

直系亲属的界定为配偶, 父母, 继父母, 配偶的父母, 祖父母, 孙儿女, 儿子或女儿, 或继子, 继女。由于重大紧急的情况以及死亡的情况下, 被保人员的探望机票费用

赔付限额 -

每年可以理赔一次来回机票, 必须符合合理赔条件

25. 前往泰国(此项保险福利需要经招商信诺事先批准)

- 仅针对在信诺泰国网络医院接受治疗的情况
- 仅限受治疗者本人的往返经济舱机票
- 本福利不包含受治疗者陪同人员的机票
- 去时航班日必须是在泰国就诊医院注册前两天内, 回程机票需要在泰国出院后的两天内

赔付限额 - 全额赔付

每年不超过人民币6,000元

紧急运送及医疗运返 (此项保险福利需要经招商信诺事先批准)

26. 紧急运送

紧急医疗运送是由医疗援助服务提供机构在紧急情况下因医疗需要且治疗无法在当地获得时提供的将病人安排运送到最近可提供必要治疗的医院的服务。

赔付限额 - 全额赔付

27. 医疗运返

医疗运返是由医疗援助服务提供机构在紧急情况下因医疗需要且治疗无法在当地获得时提供的将病人安排运送回住所国的服务。

赔付限额 - 全额赔付

28. 遗体运返

赔付限额 - 全额赔付

29. 第三方交通费用

本福利用于支付在主被保险人或附带被保险人紧急运送或医疗运返后无成年亲属陪伴的未满 18 周岁的子女 (该子女必须为本保险承保的附带被保险人) 返回住所国, 及任何因医疗需要必须陪同病人的人员发生的交通费用, 但



最高不超过经济舱的标准。陪同人员仅限一名。

赔付限额 - 全额赔付

妊娠及生育保险福利

30. 住院和门诊生育保险

所有经保单承保的符合条件的女性*均享有此项保险福利，包括分娩、产前和产后检查、产前维生素等费用。
*符合条件的女性是指女性主被保险人，或主被保险人的女性配偶。

赔付限额 - 全额赔付

不超过人民币**60,000元**

生育并发症不在此限额内

因生育而需留院住宿的住宿费不超过标准单人病房(1床位带卫生间)费用。

31. 在新生儿入保的前提下，出生后14天内的护理及治疗费用

赔付限额 - 全额赔付

不超过共用生育限额**60,000元**

健康体检保险福利

不适用免赔额

32. 常规检查

用于支付或部分承担主被保险人或附带被保险人的常规体检费用。

33. 疫苗

面向所有被保险人。

34. 巴式涂片

招商信诺将支付每年一次的巴式涂片检查费用。

35. 前列腺筛查

招商信诺将为符合条件的50周岁及以上男性支付每年一次的前列腺特异性抗原(PSA)检查费用。

36. 乳腺癌拍片或诊断检查

针对以下情况：

- 35-39岁无症状女性一次性基本拍片检查；
- 40-49岁无症状女性每两年或更频繁的(若医学上有必要)乳腺检查；



- 50 岁及以上女性每年一次乳腺癌拍片检查。
赔付限额 —
以上第**33, 34, 35, 36 及37** 条**保险福利**限额为每个保险期间不超过人民币**3,500元**

针对美国籍员工, 此福利可在美国使用

备注:

招商信诺将对经事先批准的器官移植手术发生的或与之有关的必需的医疗费用进行赔偿, 包括抑制免疫反应的药物治疗费用、器官获取费用、器官冷冻费用及捐献者的医疗费用。针对捐献者的医疗费用需扣除其他保险或渠道为此应支付的费用金额。部分移植手术因普遍限制的原因而不能得到赔付(例如, 试验性治疗)。主被**保险人或附带被保险人**应在发生任何与器官捐赠有关的费用之前与招商信诺联系并取得招商信诺的事先批准, 未获事先批准将造成理赔款支付延误、部分拒赔甚至全部拒赔。主被**保险人或附带被保险人**未取得上述事先批准的情况下, 对于经**本公司**审核予以赔付的费用, 主被**保险人或附带被保险人**应自行承担其中的 20%。

共付医院列表

如您在所选计划的保障地区范围内选择以下**医院或诊所**和美国Cigna PPO之外的网络**医院或诊所**就医时, 您将承担计划中规定的20%共付比例:

- 和睦家医院和诊所 (北京、上海、广州、无锡、天津或其他所在城市)
- 百汇医疗集团 (上海、成都、苏州或其他所在城市, 不包括北京)
- 盛和康复 (上海)
- 上海天坛普华医院 (上海)
- 上海东方联合医院 (上海)
- 国际 SOS 诊所 (北京、天津、蛇口、大连或其他所在城市, 但不包括南京)
- 北京国际医疗中心 (北京)
- 国际外科手术中心 (广州或其他所在城市)
- 香港港安医院 (香港)
- 明德国际医院 (香港)
- 香港养和医院 (香港)

以上医院列表**保险公司**可根据情况进行变更。



可登录 **Cigna Envoy®** (www.cignaenvoy.com) 查看最新共付医院列表。

责任免除

招商信诺不为以下疾病治疗及额外事项承担保险责任：

- a 本公司核保后确定的既往疾病治疗，除非：
 - (a) 该病人曾至少连续六个月作为本保险下的**主被保险人**或**附带被保险人**，且在此期间未曾接受任何关于该既往疾病的医疗建议或治疗，或；
 - (b) 该病人曾至少连续十二个月作为本保险下的**主被保险人**或**附带被保险人**，或；
 - (c) 本公司核保后同意并另行约定对既往疾病治疗承担保险责任的。
- b 因**主被保险人**或**附带被保险人**故意自杀或自残造成的**损伤**或**治疗**，或以任何方式与以上原因相关的**治疗**。
- c 职业**治疗**，包括但不限于：
 - (a) 针对非疾病或损伤引起的口吃或其他非自主行为症状采取的感觉综合治疗、集体治疗、诵读困难症的治疗、行为矫正或肌肉功能治疗；
 - (b) 针对非疾病或损伤引起的发音功能紊乱而采取的治疗，例如矫正舌头推力、口齿不清、言语失用症或吞咽功能障碍等；
 - (c) 具有监护性的、教育性的或为了发育目的而采取的治疗；
 - (d) 为避免复发而采取的维持或预防性措施，包括长期常规护理或非医疗需要的护理；
 - (e) 为了获得损伤或疾病发生前不具有的功能而采取的治疗。
- d 非意外伤害导致的牙科或矫正治疗，除非该保险责任在保险责任清单里明确规定。
- e 作为对门诊病人的私人处方或敷料，除非已选门诊病人保险责任清单且该清单承担上述保险责任。



- f** 在自然**治疗**诊所、健康spa及疗养院进行的治疗。
- g** 部分或全部由于住所原因而被安排居住在医院所支出的费用，或因非必要**治疗**而住在医院导致的费用，或医院已实质性成为住所或永久性住处而支出的费用。
- h** 任何与妊娠或生育有关的治疗，除非选择了妊娠或生育保障，并列示于**保险责任清单**。
- i** 因不孕不育所需或与不孕不育有关的治疗，包括该治疗产生的并发症的治疗，但是诊断不孕不育原因的费用外。
- j** 自愿终止怀孕的治疗，除非两个医疗人员书面证明怀孕将危及母亲的生命或精神稳定。
- k** 符合条件的女性分娩后在医院发生的所有护工费用。
- l** 改变眼睛屈光度的**治疗**，包括屈光状角膜切开术 (RK) 和屈光性角膜切削术 (PRK) 。
- m** 由于从事或参加战争（不论是否宣战）、入侵、恐怖活动、叛乱、内战、暴动、军事、戒严、防暴的行为，**主被保险人**或**附带被保险人**进行军队、海上或空中服务操作时直接或间接造成或引致的伤残。
- n** 在所**选保障地区**以外进行的治疗，但根据本合同采取的“紧急救治”除外。
- o** 在紧急运送、医疗运返未获得本公司事先授权或事后授权的情况下，因紧急运送、医疗运返产生的**国际服务费**及**第三方运输费**。
- p** 指任何往返于陆地及海上离岸设施之间的费用，无论该等费用是否属于**医疗需要**。海上离岸设施包括但不限于海上钻井平台、船只等人工离岸设施，不包括自然形成的岛屿、岛礁等。
- q** 变性**手术**或为该**手术**进行的任何术准备或术后**康复所需治疗**，如心理辅导，包括该**治疗**引起的并发症所需的**治疗**。



- r 由于以下原因造成**损伤、疾病**或伤残而引起的**治疗**，或以任何方式与由以下原因所造成的**损伤、疾病**或伤残相关的**治疗**：
- 参加专业水准的体育活动；或
 - 单独配戴水肺潜水或配戴水肺进行30米以下潜水的，除非潜水人是国际专业潜水教练协会（PADI）在此深度的合格潜水员（或同等资质）。
- s 未达到正规**治疗**水平或不符合普遍接受的、习惯的或传统的医疗操作的任何形式的**实验性治疗**（或程序）。
- t 与以下相关的费用：
- 因节育需要或与之相关的任何**治疗**，包括但不限于任何形式的绝育或避孕，包括输精管结扎术；
 - 任何形式的**整形、美容或重塑手术或治疗**，包括为心理原因进行的上述**手术或治疗**，除非病人因已由本保险承保的其他**手术**或因其发生意外事故直接造成该等**手术或治疗**成为**医疗需要**；
 - 不属于本公司定义为**外科器具和 / 或医疗器械**的设备（包括眼镜，除非已选眼科保险责任，以及助听器）；
 - 听力检查，除了为15周岁以下的**附带被保险人**每年进行的一次听力检查；
 - 附带费用，包括但不限于为买报纸、打出租车、打电话、请客人用餐和住酒店等非**医疗需要**的费用；
 - 例行检查或测试，包括健康透视和医疗检查。（如果选择了该保险项目选项，**保险责任清单**将对此进行详细规定，且健康体检责任将被包含在内）；
 - 视力检查，除了为15周岁以下的**附带被保险人**每年进行的一次视力检查；
 - 填写索赔表的成本或费用，或其他行政费用；
 - 已由或可由其他保险公司、其他人、组织或公共方案支付的费用。如果**主被保险人**或**附带被保险人**已获得其他保险赔付，**本公司**仅承担剩余部分的保障。如果其他保险公司、



其他人、组织或公共方案负责赔偿治疗费用，**本公司**可以要求退回任何已赔付的费用。

- u **本合同对医疗事故直接导致的损伤或疾病的治疗不承担保险责任，但因医疗事故引起的并发症及后遗症的治疗费用不属于本合同责任免除范围。**

- v **除非保单另有约定，本合同对因工伤引起的任何治疗费用不承担保险责任。工伤的认定应以中华人民共和国相关法律法规规定的工伤认定机构或其他具有同等资质对机构出具的认定结论为准。**

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