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Avo Northbound Medical Protection – Hong Kong Outpatient Extra Benefit

Hong Kong Outpatient Extra Benefit
The following terms and conditions shall be attached to and form part of the Policy and all other terms, conditions and exclusions of the Policy, except as supplemented or amended by this "Hong Kong Outpatient Extra Benefit" ("Outpatient Benefit"), will remain unchanged and continue in full force. Unless otherwise specified, terms used in this Outpatient Benefit shall have the same meanings assigned to such terms in the Policy. This Outpatient Benefit is only operative in consideration of payment of additional premium and if it is shown on Policy Schedule.

DEFINITIONS
Certain word in this extra benefit has specific meaning, which is given below:

"Co-payment"	The required medical expense that will need to be borne by the Insured Person for having the specified service(s) under below "Hong Kong Outpatient Extra Benefit – Benefit Schedule".
"Counselling Psychologist"	Means a psychologist: a) who is duly qualified to practice as a counselling psychologist for rendering services for emotional and behavioral disorder following completion of a degree in psychology and has qualifications at least equivalent to those of a psychologist registered with the Hong Kong Psychological Society; and b) legally authorized for rendering psychological counselling or service in Hong Kong or the relevant jurisdiction outside Hong Kong where the counselling or service is provided to the Insured Person.
"Counsellor"	Appointed by the Mental Wellness Service Provider who is duly qualified for rendering counselling services in Hong Kong.
"Domestic Partner"	An adult aged eighteen (18) or above who have chosen to live with Policy Holder or Insured Person in an intimate and committed relationship, and has resided with Policy Holder or the Insured Person for at least three (3) years, intends to do so indefinitely and is able to provide such proof of residence. Domestic Partner does not include roommates or any Immediate Family Member.
"Immediate Family Members"	Policy Holder or Insured Person's spouse, parent, parent-in-law, legal guardian, grandparent, grandparent-in-law, own son or daughter, legally adopted son or daughter, stepson or stepdaughter, brother or sister, or grandchild.
"Medically Necessary Services"	Means the need to have medical service for the purpose of investigating or treating the relevant Sickness or Injury in accordance with the generally accepted standards of medical practice and such medical service must: a) require the expertise of, or be referred by, a Registered Medical Practitioner; b) be consistent with the diagnosis and necessary for the investigation and treatment of the Sickness or Injury; c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker, or the attending Registered Medical Practitioner; d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and; e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person
"Registered Medical Practitioner"	A registered medical practitioner other than Policy Holder, Insured Person, Immediate Family Members or Domestic Partner, legally licensed and duly qualified of his/her practice in to render medical and surgical service.
"Mental Wellness Assistance"	Insured Person is in need of personal counselling in preventing, identifying and resolving personal, psychological, emotional and social related concerns, including but not limited to health, stress, family or other personal issues that may affect the Insured Person's personal well-being.
"Mental Wellness Service Provider"	Shall mean the third-party provider appointed by Us in providing mental wellness services.
"Network Doctor"	A Registered Medical Practitioner who is in the Panel Network and practice in the following categories: a) general practice b) specialty c) physiotherapy d) traditional Chinese medicine e) general dentistry
"Panel Network"	The list that contains particulars of the Network Doctors in digital format as published by Us and amended from time to time.

Section 1 – Outpatient Benefits
If the Insured Person suffers from Disability during the Period of Insurance, the Insured Person is entitled to acquire Medically Necessary Services, from a Network Doctor at the designated clinic or medical centre stated in the Panel Network, subject to following conditions, the maximum limit as set out in the "Hong Kong Outpatient Extra Benefit – Benefit Schedule" below, terms, conditions and exclusions of this Outpatient Benefit:

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Number of visits per day
Benefit 1.1 – 1.4 listed in the "Hong Kong Outpatient Extra Benefit – Benefit Schedule" below is subject to one (1) consultation per benefit per day, regardless of whether the different medical service consultations are for the same or different Disability.

Consultation and medication
Each visit to the general practitioner at his clinic shall include both consultation fee and basic western medication prescribed by such general practitioner for up to the specific number of days as specified in the "Hong Kong Outpatient Extra Benefit – Benefit Schedule". The western medication should be obtained directly at the general practitioner's clinic.
Each visit to the specialist practitioner at his clinic shall include both consultation fee and basic western medication prescribed by such specialist practitioner for up to the specific number of days as specified in "Hong Kong Outpatient Extra Benefit – Benefit Schedule". The western medication should be obtained directly at the specialist practitioner's clinic.
Each visit to physiotherapist at his clinic shall include the consultation fee and treatment received at his clinic.
Each visit to the Chinese medicine practitioner at his clinic shall include both consultation fee and basic herbs or basic granules prescribed by such Chinese medicine practitioner for up to the specific number of days as specified in the "Hong Kong Outpatient Extra Benefit – Benefit Schedule". The basic herbs or basic granules should be obtained directly at the Chinese medicine practitioner's clinic.

Additional medication and treatment expenses
The Network Doctor has the right to discuss with Policy Holder or the Insured Person on any pharmaceutical charges of an unusual and expensive nature which are not covered by this Outpatient Benefit. It is Policy Holder's or the Insured Person's sole discretion to accept such charges at Policy Holder's or the Insured Person's own costs.

Referral Letter
The Insured Person must obtain a written referral letter from general practitioner on the list of Network Doctors before the Insured Person's visit to specialist practitioner, physiotherapist, or outpatient x-ray & laboratory test.
A referral letter is valid for the same or related medical condition for one hundred and eighty (180) days from the issue date. Another referral letter is required for treatment of a new or unrelated medical condition.

X-Ray & Laboratory Tests
If Insured Person needs to undergo an x-ray or laboratory examination for diagnostic purposes, such examination must be consistent with the symptoms or diagnosis which the Insured Person is suffering and is recommended in writing by the attending Network Doctor. The x-ray and/or laboratory examination must be conducted in a clinic or centre referred by the attending Network Doctor. In no event shall the aggregate covered amount under this benefit for any one (1) policy year exceed the maximum limit as stated in the "Hong Kong Outpatient Extra Benefit – Benefit Schedule" below.

Mental Wellness Service
The Insured Person may call the designated mental wellness hotline provided by Mental Wellness Service Provider when in need of nonemergency Mental Wellness Assistance during the Period of Insurance. For the purpose of eligibility checking, Insured Person is required to provide his name, policy number and name of Us. We shall not bear any phone charges or roaming fees incurred for using the mental wellness hotline. The mental wellness hotline is available 24 hours a day. Such telephone conversations are not intended to and do not provide the Insured Person with any medical diagnosis or advice. The Mental Wellness Service Provider shall not guarantee the availability of languages other than Cantonese and English and is subject to the language capability of the Counsellor on duty. The mental wellness hotline is not an emergency service for Mental Wellness Assistance. In case of emergency, Insured Person should seek advice from medical professionals or the local emergency hotline. The Insured Person shall make an independent decision whether to accept the recommendation provided by Mental Wellness Service Provider for the purpose of resolving any mental health concern.
Upon the recommendation of the Counsellor, subsequent to the conversation with Insured Person through the mental wellness hotline, Mental Wellness Service Provider may offer face-to-face or online counselling services to the Insured Person when there is a need for further psychological counselling by a Counselling Psychologist. The Counsellor shall make the recommendation according to his professional judgment and the prevailing practice/guideline of the Mental Wellness Service Provider. Insured Person shall make an independent decision whether or not to receive the services recommended by the Counsellor. The face-to-face or online counselling services provided by the Counselling Psychologist are not intended and do not provide the Insured Person with any medical diagnosis, advice, medical treatment or prescription of medication.
Face-to-face counselling services must be received in Hong Kong at the designated location(s) provided by the Mental Wellness Service Provider during the Period of Insurance. All appointments for the face-to-face or online counselling services must be made by the Counsellor and subject to the availability of the Counselling Psychologist.
Each Insured Person can enjoy up to the specific number of face-to-face or online counselling service as specified in the "Hong Kong Outpatient Extra Benefit – Benefit Schedule" below per Period of Insurance. For any visits exceeding the maximum limits per Period of Insurance or any services recommended by the Counselling Psychologist which are not covered by this Outpatient Benefit , the Insured Person shall be responsible for the costs of the services and all fees must be settled with the provider directly.
Insured Person's obligation while using mental wellness service:

- Insured Person shall cooperate with Us and Mental Wellness Service Provider in all matters relating to provision of the mental wellness service. The Insured Person shall not deliver any defamatory, abusive, offensive or vulgar message or content towards the personnel of Mental Wellness Service Provider or its appointed agents while using the mental wellness service.
- Insured Person shall promptly provide Us and/or Mental Wellness Service Provider with such information and materials as We and/or Mental Wellness Service Provider may reasonably require in order to provide mental wellness service and ensure that such information is accurate and up-to-date in all material respects.
- Mental Wellness Service Provider's ability and effectiveness to provide mental wellness service under this Outpatient Benefit are necessarily dependent upon the Insured Person's willingness to disclose their mental and/or health concerns truthfully and comprehensively.
- If Our and/or Mental Wellness Service Provider's performance of any of its obligations under this Outpatient Benefit is prevented or delayed by any act or omission by the Insured Person or failure by the Insured Person to perform any relevant obligation:
    - We and/or Mental Wellness Service Provider shall without limiting its other rights or remedies, have the right to suspend or cease mental wellness service, and shall be considered full and effective discharge of Our and/or Mental Wellness Provider's obligation under this mental wellness service; and
    - We shall not be liable for any costs or losses sustained or incurred by the Insured Person arising directly or indirectly from Mental Wellness Service Provider's failure or delay performing any of its obligations as set out in this Outpatient Benefit.

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Liability of Us:
- Mental Wellness Service Provider and its appointed agents are independent contractors who are responsible for their own acts and they are not employees, agents or servants of Us. We shall not be liable for any diagnosis or treatment or other acts or omissions performed by Mental Wellness Service Provider and its appointed agents.
- All information provided by the Insured Person in using the mental wellness service will be kept in strict confidence. However, We shall not be liable to the Policy Holder and/or the Insured Person in any respect of any loss, damage, expense, suit, action or proceeding suffered or incurred by the Insured Person, whether directly or indirectly arising from or in connection with the service provided or advice given by Mental Wellness Service Provider, or any fault or omission of Mental Service Provider or its appointed agents which is out of Our reasonable control.

Exclusions:
Apart from the General Exclusions set out under this Outpatient Benefit, mental wellness service shall not include the provision of:
- health insurance;
- medical advice;
- medical consultations;
- prescriptions;
- diagnosis and treatment plan;
- healthcare decisions;
- medical service in any part of the treatment process;
- home and unscheduled visits; or
- advice on experimental and alternative treatments.

Exclusion applicable to Section 1:
Unless otherwise agreed in writing, this Outpatient Benefit does not cover any expenses related to the followings:
1. Routine/preventive physical examination and investigations.
2. Pregnancy test, contraceptive related, birth control, sterilization of either sex, infertility (in-vitro fertilization or any other artificial method of inducing pregnancy), and sexual dysfunction.
3. Pregnancy and its complication including but not limited to ectopic pregnancy, abortion, and miscarriage.
4. Sexually transmitted disease or human immunodeficiency virus infection related.
5. Psychiatric, mood disorder, mental diseases, behavioral disorders (Except for benefits under mental wellness service).
6. Congenital, developmental, or hereditary conditions or diseases.
7. Dental related.
8. Eye refraction or eyesight related (e.g., routine eye tests, fitting of spectacles or lenses, LASIK, etc.).
9. Cosmetic or plastic surgery for the purpose of beautification.
10. Rental or purchase of prosthesis, prosthetic devices, or medical equipment or appliances (e.g., wheelchair, CPAP machine, hearing aids, crutches, aero chamber, etc.).
11. Supplement, appetite stimulants, anti-depressants, any treatment or medication for weight control, medication on request (e.g., travelling medicine), over-the-counter drugs (e.g., shampoo, lotion) and lubricant (e.g., artificial tears).
12. Vaccinations, immunizations, and any preventive care.
13. Acupuncture, pilates, shockwave including those performed by physiotherapist.
14. Tui Na, cupping, massage therapy including those performed by Chinese medicine practitioner.
15. Chronic alcoholism or abuse of alcohol, drugs addiction or abuse of drugs.
16. Dietitian.
17. Accidents that arise directly or indirectly from hazardous or professional sports.
18. War, invasion, act of foreign enemy, act of terrorism, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, or direct participation in strike, riot or civil commotion.
19. Suicide, self-inflicted Injury, or any attempted suicide whether sane or insane.
20. Any treatment or disability directly or indirectly arising from or consequent upon illegal activity.
21. Female hormonal tests or assays and female hormonal replacement therapy unless resulting from a Sickness.
22. All cancer treatments (e.g., chemotherapy, radiotherapy, target therapy and IV infusion, PET and PET-CT scan, genetic tests, etc.).
23. Any diagnostic and imaging investigation performed at hospital setup, including both inpatient and outpatient.
24. Any service provided out of Panel Network or out of coverage specified in “Hong Kong Outpatient Extra Benefit – Benefit Schedule” below.
25. Any treatment not undertaken by the Network Doctor(s) or centres.

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Hong Kong Outpatient Extra Benefit – Benefit Schedule		
Benefits		
Section 1 - Outpatient Benefits		
Maximum number of visits for item 1.1 - 1.4 per Policy Year		15
1.1	**General Practitioner Consultation**	Limit to 1 visit per day
	a) Basic medication	Up to 3 days
	b) Co-payment	HKD25
1.2	**Specialist Practitioner Consultation**[1]	Limit to 1 visit per day
	a) Basic medication	Up to 5 days
	b) Co-payment	HKD50
1.3	**Physiotherapist's Visit**[1]	Limit to 1 visit per day
	a) Co-payment	HKD25
1.4	**Traditional Chinese Medicine – Herbalist Consultation**	Limit to 1 visit per day
	a) Basic herbs or basic granules	Up to 2 days
	b) Co-payment	HKD25
1.5	**Outpatient Simple X-ray & Laboratory Tests**[1]	HKD1,000 per Policy Year
1.6	**Mental Wellness Service**	Included

1. A referral letter from a network doctor is required.

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Avo 北上醫療保障 – 香港門診附加保障

香港門診附加保障

以下條款及細則附加於本***保單***並構成本***保單***的一部分。除香港門診附加保障所作補充或修改的條款之外，所有本***保單***之條款、條件及不保事項將維持不變。除非另有說明，本附加保障所使用的詞彙與本***保單***的條款及細則所定義的詞彙具有相同含意。當收妥額外保費後及列明於***保單列表***上，本附加保障才會適用。

釋義

就本附加保障而言，以下詞語具有特定含義：

「***自付費用***」 ***受保人***接受以下***「香港門診附加保障 - 保障列表」***所列的服務時需要分擔的指定醫療費用。

「***輔導心理學家***」 意指心理學家是：

a) 經適當資格認可並能提供情緒和行為障礙相關服務的輔導心理學家，擁有心理學學士學位及具 備至少與香港心理學會註冊心理學家相等的資格；及

b) 在***香港***或***香港***境外的司法管轄區，具備合法律授權以提供***受保人***心理輔導或服務。

「***輔導員***」 由經合法授權在***香港***提供輔導服務的***心理健康服務供應商***指派的人員。

「***非婚姻同居伴侶***」 一名年齡 18 歲或以上、選擇以親密和忠誠的關係與***保單持有人***或***受保人***共同生活的成年人，與***保單持有人***或***受保人***同居於 一起最少三年或以上並以此為長遠目標，以及能提供相關住址證明。***非婚姻同居伴侶***並不包括室友或任何***直系親屬***。

「***直系親屬***」 ***保單持有人***或***受保人***的配偶、父母、配偶父母、合法監護人、祖父母、配偶祖父母、親生子女、合法領養子女、繼子女、兄弟姊妹或孫兒女。

「***醫療必需的服務***」 意指為***受傷***或***疾病***有需要之檢查或醫療服務，而此醫療服務在普遍認可的醫學標準中被接受為適當的， 並以下列各項作為提供有關服務之必要性：

a) 需要***註冊醫生***的專業知識或轉介；

b) 因應有關診斷***受傷***或***疾病***及有關狀況的治療所需；

c) 必須符合良好及謹慎的醫學標準，並非純為***受保人***、***受保人***家屬、看護人或提供醫療服務的***註冊醫生***之方便或舒適而進行。

d) 必須在最適當的情況下，按照普遍認可的醫學標準中提供醫療服務；及

e) 根據提供醫療服務的***註冊醫生***的專業診斷，並以最適合的程度為***受保人***作出安全及有效的治療。

「***註冊醫生***」 擁有醫藥學位可合法提供醫療及外科服務的人士，惟***保單持有人***、***受保人***、***直系親屬***或***非婚姻同居伴侶***除外。

「***心理健康援助***」 ***受保人***需要輔導服務以預防、識別和解決個人、心理、情感和社交相關的問題，包括但不限於因健康、壓力、家庭或其他可能影響***受保人***福祉的問題。

「***心理健康服務供應商***」 ***我們***所指定的第三方服務提供者以提供心理健康服務。

「***網絡醫生***」 列於***網絡醫生列表***並在以下類別中執業的***註冊醫生***：

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a) 普通科
b) 專科
c) 物理治療
d) 中醫
e) 普通科牙科

「***網絡醫生列表***」 指列載***網絡醫生***資料的目錄，此目錄由***我們***以電子版提供並不時進行修訂。

第 1 節 **-** 門診醫療保障

若***受保人***在***保障期限***內迫遭受***傷病***，***受保人***可於***網絡醫生列表***所列的指定診所或醫療中心接受由***網絡醫生***所提供***醫療必需的服務***，並受以下條款、***「香港門診附加保障 - 保障列表」***所列的最高限額、本附加保障的條款、細則及不保事項所約束。

每日使用服務的次 數

以下***「香港門診附加保障 - 保障列表」***內列明 1.1-1.4 項的門診醫療服務每項每日只可使用一次，不論該門診醫療服務是因為相同或不同的***傷病***所引致。

診症及藥物

於普通科醫生診所的門診醫療服務包括診症費及由該普通科醫生處方最長根據以下***「香港門診附加保障 - 保障列表」***所列的特定天數為上限的基本西藥。西藥應由普通科醫生診所直接配發。

於專科醫生診所的門診醫療服務包括診症費及由該專科醫生處方最長根據以下***「香港門診附加保障 - 保障列表」***所列的特定天數為上限的基本西藥。西藥應由專科醫生診所直接配發。

於物理治療師診所的門診醫療服務包括診症費及於該診所內得到的治療。

於中醫診所的門診醫療服務包括診症費及由該中醫處方最長根據以下***「香港門診附加保障 - 保障列表」***所列的特定天數為上限的基本中草藥或顆粒。中草藥或顆粒應由中醫診所直接配發。

額外藥物及治療費用

網絡醫生保留權利與***保單持有人***或***受保人***商討任何本附加保障不承保的特別及昂貴的藥物，***保單持有人***或***受保人***有全權決定會否接受，而有關費用由***保單持有人***或***受保人***額外支付。

轉介信

受保人於專科醫生、物理治療師或門診 X 光診斷及化驗診症之前必須獲得***網絡醫生列表***所列的普通科醫生書面轉介：

就相同或相關的疾病，轉介信的有效期為發出日起計的一百八十（180）天。而新或無關的疾病的治療則需要另一轉介信。

X-光或化驗測試

如果***受保人***需要接受 X-光或化驗測試作診斷用途，此等檢驗必須獲得***網絡醫生列表***所列的普通科醫生書面轉介，並根據***受保人***出現的徵狀或診斷所需而進行影像或化驗。X-光或化驗測試必須在主診***網絡醫生***推薦的診所或中心進行。 在任何情況下，本保障於每保單年度的合共保障額將不會超過訂明於以下***「香港門診附加保障 - 保障列表」***所列的最高限額。

心理健康服務

受保人在***保障期限***期間需要非緊急***心理健康援助***時，可致電由***心理健康服務供應商***提供的指定心理健康熱線。為進行身份核實，***受保人***需要提供其姓名、***保單***號碼及***我們***的姓名。***我們***不承擔使用心理健康熱線產生的任何電話費或漫遊費。 心理健康熱線 24 小時開放。此類電話交談不旨在也不向***受保人***提供任何醫療診斷或建議。 ***心理健康服務供應商***不保證提供廣東話和英語以外的語言，並受值班***輔導員***的語言能力約束。心理健康熱線不是***心理健康援助***的緊急服務。 在緊急情況下，***受保人***應向醫療專業人員或當地緊急熱線尋求建議。 ***受保人***應獨立決定是否接受***心理健康服務供應商***為解決任何心理健康問題而提供的意見。

在通過心理健康熱線與***受保人***交談後，***心理健康服務供應商***可以在***輔導員***的建議下為***受保人***安排由***輔導心理學家***提供的面對面或線上輔導服務。***輔導員***會根據其專業判斷和***心理健康服務供應商***的現行做法／準則提出建議。***受保人***應獨立決定是否接受***輔導員***建議的輔導服務。 ***輔導心理學家***提供的面對面或線上輔導服務並非有意為***受保人***提供任何醫療診斷、建議、醫療或藥物處方。

面對面的輔導服務必須在***香港***及由***心理健康服務供應商***指定的地點進行。所有面對面或線上輔導服務都須經由***輔導員***預約，並視乎***輔導心理學家***的預約情況而定。

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每位***受保人***在***保障期限*** 內可以接受面對面或線上輔導的服務次數根據以下***「香港門診附加保障 - 保障列表」***所列為上限。如***受保人***接受輔導服務的次數超出上限或接受任何由***輔導心理學家***建議而不在本附加保障範圍內的服務，***受保人***應負責相應的費用而該費用必須直接與服務供應商結算。

受保人在使用心理健康服務時的義務：

- ***受保人***應在心理健康服務的所有相關事宜上與***我們***和***心理健康服務供應商***合作。 ***受保人***在使用心理健康服務時，不得向***心理健康服務供應商***的人員或其指定代理人傳遞任何誹謗、辱罵、冒犯或粗俗的資訊或內容。
- ***受保人***應及時向***我們***及／或***心理健康服務供應商***提供***我們***及／或***心理健康服務供應商***可能合理要求的資訊和資料，以提供心理健康服務，並確保這些資訊在所有重大方面都是準確和最新的。
- ***心理健康服務供應商***根據本附加保障提供心理健康服務的能力和有效性必然取決於***受保人***是否願意真實、全面地披露其心理及／或健康問題。
- 如果***受保人***的任何作為或不作為或***受保人***未能履行任何相關義務，導致***我們***及／或***心理健康服務供應商***無法履行或延遲履行其在本附加保障下的任何義務：
  - 在不限制***我們***及／或***心理健康服務供應商***其他權利或補救措施的情況下，***我們***及／或***心理健康服務供應商***應有權暫停或停止心理健康服務，並應被視為全面有效地履行了***我們***及／或***心理健康服務供應商***在本心理健康服務項下的義務； 和
  - ***我們***不承擔***受保人***因***心理健康服務供應商***未能或延遲履行本附加保障規定的任何義務而直接或間接遭受的任何費用或損失。

我們的責任：

- ***心理健康服務供應商***及其指定代理人是獨立承包商，對自己的行為負責，他們不是***我們***的職員、代理人或僱員。***我們***不對***心理健康服務供應商***及其指定代理人的任何診斷、治療或其他作為或不作為負責。
- ***受保人***在使用心理健康服務時提供的所有資訊都將嚴格保密。 但是，對於***受保人***直接或間接因***心理健康服務供應商***提供的服務或建議而遭受或招致的任何損失、損害、費用、訴訟、起訴或程式，***我們***不對***保單持有人***及／或***受保人***承擔任何責任， 或***心理健康服務供應商***或其指定代理人超出***我們***合理控制範圍的任何過失或疏忽。

不保事項：

除本附加保障之一般不保事項外，心理健康服務亦不包括：

- 健康保險；
- 醫療建議；
- 醫療諮詢；
- 藥物處方；
- 診斷和治療計劃；
- 醫療保健決策；
- 治療過程中任何部分的醫療服務；
- 家訪和計劃外訪問；
- 關於實驗和替代治療的建議。

適用於第 1 節的不保事項：

除非另有書面約定，否則本附加保障不包括與以下事項相關的任何費用：

1. 例行身體檢查及調查測試。
2. 任何與驗孕、避孕、絕育、不育（體外受精或任何其他人工受孕方法)、治療性無能有關之醫療服務。
3. 懷孕及其併發症，包括但不限於子宮外孕，墮胎及流產。
4. 任何與性病或人類免疫力缺乏症病毒有關之醫療服務。
5. 心理病、情緒病、精神病及行為障礙（心理健康服務之保障除外）。
6. 先天性，發展性或遺傳性缺陷或疾病。
7. 牙科有關。
8. 任何與眼睛屈光或視力有關之服務（例如：視力檢查、眼鏡及鏡片驗配、激光矯視等）。
9. 整容或整形手術或為美容目的而進行的任何治療或用品。
10. 租賃或購買任何義肢、矯形器、醫療儀器（例如：輪椅、正壓呼吸輔助器、助聽器、拐杖及吸藥輔助器等）。
11. 補充劑、食慾刺激劑、抗抑鬱劑、用於體重控制的任何治療或藥物、病人要求的自用藥物（例如：渡假時使用的藥物）、非處方藥物（例如：洗髮劑、洗劑）及潤滑劑（例如：人工淚液）。

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12. 預防疫苗注射及任何預防性治療。
13. 針灸、普拉提健康運動、衝擊波(包括由物理治療師進行之服務）。
14. 推拿、拔罐，按摩治療（包括由中醫師進行之服務）。
15. 慢性酗酒、濫藥。
16. 營養師。
17. 直接或間接因參與高風險或專業體育運動而造成之意外。
18. 戰爭、侵略、外敵敵對行動、恐佈主義活動、蓄意破壞行動（不論宣戰與否）、內戰、叛變、叛亂、革命、起義、軍事或篡權行動、或直接與罷工、暴亂或內亂。
19. 不論神智清醒或失常，自殺、蓄意自殘身體，企圖自殺。
20. 直接或間接因參與非法活動而造成之受傷及治療。
21. 女性荷爾蒙測試或分析，以及女性荷爾蒙補充治療（因***疾病***引致者除外）。
22. 所有癌症治療（例如化療、放射治療、標靶治療和靜脈注射、正電子掃描及正子電腦斷層掃描、基因測試等）。
23. 任何需要在醫院進行之化驗及放射性檢查（不論門診或住院）。
24. 任何於非***網絡醫生列表***之醫療中心進行之服務或保障列表所列的保障範圍外之服務。
25. 任何由非***網絡醫生***進行之服務或治療。

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香港門診附加保障 - 保障列表	
保障	
第 1 節 - 門診醫療保障	
每保單年度之診症次數上限（適用於1.1 – 1.4）	15
1.1 普通科醫生診症	限每天一次
a) 基本藥物	最多三天
b) 自付費用	25 港元
1.2 專科醫生診症[1]	限每天一次
a) 基本藥物	最多五天
b) 自付費用	50 港元
1.3 物理治療師診症[1]	限每天一次
a) 自付費用	25 港元
1.4 中醫診症	限每天一次
a) 基本中草藥或顆粒	最多兩天
b) 自付費用	25 港元
1.5 門診基本X光診斷及化驗[1]	每保單年度 1,000 港元
1.6 心理健康服務	已包括

1. 需要由網絡醫生列表上的普通科醫生簽發的轉介信