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Avo Northbound Medical Protection Policy

Welcome to the Avo family! This document (hereinafter known as "this Policy") contains your Avo Northbound Medical Protection Policy Terms and Conditions. Please read it carefully with the Benefit Schedule, the Policy Schedule and Endorsements or Attachments (if any) to ensure that you fully understand what cover is being provided.

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Part 1 Insuring Clause and The Policy

These Terms and Conditions together with the Benefit Schedule and any related Appendices (hereafter "Terms and Benefits") apply to the following product offered by the Company –
Type of the Plan: Standard Plan
Name of the Plan: Avo Northbound Medical Protection

During the period of time these Terms and Benefits are in force, if the Insured Person suffers from an Accidental Injury or Disability after Waiting Period, the Company shall pay the Eligible Expenses accordingly.

All benefits payable to the Policy Holder shall be on a reimbursement basis of the actual amounts of Eligible Expenses incurred and are subject to the maximum limits and cost-sharing arrangement (if any) as stated in these Terms and Benefits and the Policy Schedule.

The Policy
The Policy Holder and the Company agree that –

1. No alteration to these Terms and Benefits shall be valid unless it is made in accordance with these Terms and Conditions.
2. All statements made by or for the Insured Person in the Application shall be treated as representations and not warranties.
3. All information provided and all statements made by or for the Insured Person as required under this Policy and the Application shall be provided to the best of his knowledge and in his utmost good faith.
4. These Terms and Benefits come into force on the Policy Effective Date as specified in the Policy Schedule on the condition that the Policy Holder has paid the first premium in full.
5. At the inception of these Terms and Benefits, the Company may apply Case-based Exclusion(s) due to a Pre-existing Condition or other factor that affects the insurability of the Insured Person notified to the Company in the Application.
6. The Company acknowledges that, as part of the underwriting process, it is the obligation of the Company to ask the Policy Holder and the Insured Person in the Application all requisite information for the Company to make the underwriting decision. If the Company requires the Policy Holder and/or the Insured Person to disclose any updates of or changes to such requisite information after the time of submission of Application and before the Policy Issuance Date or the Policy Effective Date (whichever is the earlier), the Company must make such a request prominently to the Policy Holder and the Insured Person (including without limitation in the application form), in which case the Policy Holder and/or the Insured Person shall have the obligation to inform the Company on such updates and changes. Each of the Policy Holder and the Insured Person shall have the obligation to respond to the questions, and to disclose such material facts as requested in the questions.
7. If the Policy Holder or the Insured Person fails to make the relevant disclosures within the Company's requested timeframe and such failure has materially affected the underwriting decision of the Company, the Company shall have the right as provided in Sections 9 of Part 2.

Part 2 General Conditions

1. **Interpretation**
   (a) Throughout these Terms and Benefits, where the context so requires, words embodying the masculine gender shall include the feminine gender, and words indicating the singular case shall include the plural and vice-versa.
   (b) Headings are for convenience only and shall not affect the interpretation of these Terms and Benefits.
   (c) A time of day is a reference to the time in Hong Kong.
   (d) Unless otherwise defined, capitalised terms used in these Terms and Benefits shall have the meanings ascribed to them under Part 9.

   These Terms and Benefits have been prepared in both English and Chinese. Should there be any discrepancy between the English and Chinese versions, the English version shall prevail, save and except for the Appendices.

2. **Cancellation**
   Policy Holder can request cancellation of these Terms and Benefits thirty (30) days prior written notice to the Company, provided that there has been no claims submission and/or benefit payment under these Terms and Benefits during the relevant Policy Year.
   Annual Payment: The Company shall retain the customary short-term premium in accordance with the following table and the balance will be refunded to Policy Holder:
   SHORT PERIOD RATE TABLE

Policy period		Premium to be charged	
Not exceeding	1 month	10%	of annual premium
	2 months	20%	
	3 months	30%	
	4 months	40%	
	5 months	50%	
	6 months	60%	
	7 months	70%	
	8 months	80%	
	9 months	90%	
Over 9 months		Full annual premium	

   Monthly Payment: Such cancellation shall become effective on the next premium due date after the effective date of termination as stated in the cancellation notice given by the Policy Holder or the date which the Company receives the cancellation notice, whichever is later; no premium is refunded in the relevant Policy Year.
   The Company reserves the right to cancel the Policy at any time by giving a thirty (30) day prior written notice to the Policy Holder with refund of premium actually paid by the Policy Holder on a pro-rata basis.
   The cancellation right under this Section shall automatically apply after these Terms and Benefits have been Renewed upon expiry of its first (or subsequent) Policy Year, unless otherwise expressly stated in the renewal documentation.

3. **Assignment**
The rights, benefits, obligations and duties of the Policy Holder under these Terms and Benefits shall not be assignable and the Policy Holder warrants that any amounts payable under these Terms and Benefits shall not be subject to any trust, lien or charge.

4. **Clerical error**
Clerical errors in keeping the records shall neither invalidate coverage which is validly in force nor justify continuation of coverage which has been validly terminated.

5. **Currency**
Any claim for Eligible Expenses made by the Insured Person in RMB shall be converted to HKD at the opening indicative counter exchange selling rate published by The Hong Kong Association of Banks in respect of RMB for the date on which the payment is made by the Insured Person or the date on which the claim is settled by the Company. The Company shall exercise its option to choose the relevant date in its sole and absolute discretion. If such rate is not available on the date concerned, reference shall be made to the rate as soon as it is available afterwards. If no such rate exists, the Company shall convert the foreign currency at the rate certified as appropriate by the Company's bankers which shall be deemed to be final and binding.

6. **Interest**
Save as otherwise specified, no benefit and expenses payable under these Terms and Benefits shall carry interest.

7. **Company's obligation**
The Company shall at all times perform its obligations in this Policy in utmost good faith and comply with the relevant guidelines issued by the Insurance Authority, and all applicable laws and regulations.

8. **Governing law**
This Policy shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region.

9. **Misrepresentation**
This Policy is a contract of utmost good faith. The Policy Holder and the Insured Person must disclose all material facts truthfully and completely at the time of application and throughout the policy term. Material facts include but are not limited to health-related or non-health related information.
Any misrepresentation, whether innocent, negligent, or fraudulent, may entitle the Company to take action in accordance with the Misrepresentation Ordinance (Cap. 284) and the Insurance Ordinance (Cap. 41). The Company may rescind the Policy, deny claims, or adjust the terms of coverage based on the nature and materiality of the misrepresentation.
If any information provided in the Application or in any subsequent document submitted to the Company is found to be false, inaccurate, misleading, or incomplete – whether relating to health (medical history, diagnoses, treatments) or non-health related personal information (e.g., age, sex, or smoking habit) – the Company may take the following actions:
- Adjust the premium for the past, current, or future Policy Years based on the correct information;
- Require payment of any additional premium before any benefit becomes payable;
- Terminate the Policy if the additional premium is not paid within thirty (30) days of the due date;
- Refund any overpaid premium to the Policy Holder.

Based on the correct information and the Company's underwriting guidelines, the Application should have been rejected, the Company reserves the right to declare the Policy void from the Policy Effective Date and notify the Policy Holder that no cover shall be provided for the Insured Person. In such cases:
- The Company may demand a refund of any benefits previously paid; and
- The Company shall refund the premium received for the current Policy Year only, subject to a reasonable administration charge.

10, **Liability**
The Company shall not accept any liability under this Policy unless the terms of this Policy relating to anything to be done or not to be done are duly observed and complied with by the Policy Holder and the Insured Person, and the information and representations made in the Application and declaration are correct. Notwithstanding the above, the Company shall not disclaim liability unless any non-observance or non-compliance with the terms of this Policy, or the inaccuracy of the information and representations made in the Application and declaration, shall materially and adversely affect the interests of the Company.

11. **Termination of Policy**
This Policy shall be automatically terminated on the earliest of the followings –
(a) where this Policy is terminated due to non-payment of premiums after the grace period as specified in Section 3 of Part 3;
(b) the day immediately following the death of the Insured Person; or
(c) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this Policy;

If this Policy is terminated pursuant to this Section 11, the termination shall be effective at 00:00 hours of the effective date of termination.
Immediately following the termination of this Policy, insurance coverage under this Policy shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.
Where this Policy is terminated pursuant to (a), the effective date of termination shall be the date that the unpaid premium is first due.
Where this Policy is terminated pursuant to (b) or (c), the Company shall refund the relevant premium paid for the current Policy Year on a pro rata basis.
This Policy shall also be terminated if the Policy Holder decides to cancel this Policy or not to renew this Policy in accordance with Section 2 of this Part 2 or Section 1 of Part 4, as the case may be, by giving the requisite written notice to the Company. If this Policy is terminated under Section 2 of this Part 2, the effective date of termination shall be the date as stated in the cancellation notice given by the Policy Holder. However, such date shall not be earlier than the date the written cancellation notice is received by the Company. If this Policy is not renewed under Section 1 of Part 4, the effective date of termination shall be the renewal date immediately following the expiry of the Policy Year during which this Policy remains valid.
If this Policy is terminated under (a) or (c) of this Section 11, in the case where the Insured Person is being Confined or is undergoing Prescribed Non-surgical Cancer Treatment for a Disability suffered before such termination, then, with respect to

the Confinement or treatment in relation to the same Disability, Eligible Expenses incurred shall continue to be covered under this Policy until (i) the Insured Person is discharged or the treatment is completed or (ii) thirty (30) days after the termination of this Policy, whichever is the earlier. The Terms and Benefits applicable shall be those prevailing as at the day immediately preceding the date of termination of this Policy. The Company shall have the right to deduct any outstanding premium under Section 9 of this Part 2 from any benefit payment.

12. **Notices to Company**
All notices which the Company requires the Policy Holder to give shall be in writing, or in other forms acceptable by the Company, addressed to the Company.

13. **Time Limit**
In no case whatsoever shall the Company be liable for any benefits described in these Terms and Benefits if the required information and/or document(s) is/are not received within twelve (12) months from the issue date of any written request from Us requesting such information and/or document(s), and the claim is thereafter deemed to be abandoned, unless the claim is the subject of pending legal action or arbitration.

14. **Notices from Company**
Any notice to be given under this Policy shall be sent by post to the latest address of the Policy Holder as notified to the Company, or sent by email to the latest email address of the Policy Holder as notified to the Company. Any notice so served shall be deemed to have been duly received by the Policy Holder as follows –
(a) if sent by post, two (2) working days after posting; or
(b) if sent by email, on the date and time transmitted.

15. **Other insurance coverage**
If the benefits covered under this Policy are also covered by any other source and/or insurance, the Company shall not be liable under this Policy except for any excess beyond the amount payable and not compensated by such other source and/or insurance.

16. **Ownership and discharge under this Policy**
The Company shall treat the Policy Holder as the absolute owner of this Policy and shall not recognise any equitable or other interest of any other party in this Policy. The payment of any benefits hereunder to the Policy Holder shall be deemed to be full and effective discharge of the Company's obligations in respect of such payment under this Policy.

17. **Rights of third parties**
Any person or entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Ordinance (Cap. 623 of the Laws of Hong Kong) to enforce any terms of this Policy.

18. **Subrogation**
After the Company has paid a benefit under this Policy, the Company shall have the right to proceed at its own expense in the name of the Policy Holder and/or the Insured Person against any third party who may be responsible for events giving rise to such benefit claim under this Policy. Any amount recovered from any such third party shall belong to the Company to the extent of the amount of benefits which has been paid by the Company in respect of the relevant benefit claim under this Policy. The Policy Holder and/or the Insured Person must provide full details in his possession or within his knowledge on the fault of the third party and fully cooperate with the Company in the recovery action. For the avoidance of doubt, the above subrogation right shall only apply if the third party is not the Policy Holder or the Insured Person.

19. **Suits against third parties**
Nothing in this Policy shall oblige the Company to join, respond to or defend (or indemnify in respect of the costs for) any suit or alternative dispute resolution process for damages for any cause or reason which may be instituted by the Policy Holder or the Insured Person against any Registered Medical Practitioner, Hospital or healthcare services provider, including but not limited to any suit or alternative dispute resolution process for negligence, malpractice or professional misconduct or any other causes in relation to or arising out of the medical investigation or treatment of the Disability of the Insured Person under the terms of this Policy.

20. **Waiver**
No waiver by any party of any breach by any other party of any provisions of this Policy shall be deemed to be a waiver of any subsequent breach of that or any other provision of this Policy, and any forbearance or delay by any party in exercising any of its rights under this Policy shall not be construed as a waiver of such rights. Any waiver shall not take effect unless it is expressly agreed, and the rights and obligations of the Company and Policy Holder under this Policy shall remain in full force and effect except and only to the extent that they are waived.

21. **Compliance with law**
If this Policy is or becomes illegal under the law applicable to the Policy Holder or the Insured Person, the Company shall have the right to terminate this Policy from the date it becomes illegal and the Company shall refund the relevant premium paid for the Policy Year in which this Policy is terminated, on a pro rata basis.

22. **Personal data privacy**
The Company shall comply with the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of Hong Kong) and the related codes, guidelines and circulars.

23. **Dealing with disputes**
If any dispute on this Policy that the parties cannot resolve, the parties agree to resolve the dispute by mediation. If mediation fails, the dispute can be determined by arbitration by a single arbitrator. If the parties fail to agree upon the choice of arbitrators, then the choice shall be referred to the chairman for the time being of Hong Kong International Arbitration Centre. It is expressly stipulated that it shall be a condition precedent to any right of action or suit upon this Policy that an arbitration award shall be first obtained. If the Company shall disclaim liability to the Policy Holder and/or the Insured Person for any claim under this Policy

and such claim shall not within twelve (12) calendar months from the date of such disclaimer have been referred to arbitration then the claim shall for all purposes be deemed to have been abandoned and shall not be recoverable.

Part 3 Premium Provisions

1. **Premium payable**

The premium payable for these Terms and Benefits shall only include –

(a) the Standard Premium according to the prevailing Standard Premium schedule adopted by the Company; and

(b) the Premium Loading, if applicable.

2. **Premium Payment and Unpaid Premium**

Premium and the manner of payment including whether premium shall be payable on a monthly, annual or otherwise shall be stated in the Policy Schedule. Premium shall be payable on each premium due date by charging Policy Holder's nominated credit card. If Policy Holder chooses monthly payment, the monthly premium will be due on the same date as the first Policy effective date, or on the last day of the month if that date does not exist in a given month. If Policy Holder chooses annual payment, the annual premium will be due on the next renewal date.

Any unpaid premium, including the outstanding and/or uncharged premium payments in the same policy year, may be deducted by the Company from any claim payment, at the Company's absolute discretion.

3. **Grace period**

The Company shall allow a grace period of ten (10) days after the premium due date for payment of each premium. This Policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If the premium is still unpaid in full at the expiration of the grace period, this Policy shall be terminated immediately on the date on which the unpaid premium is first due.

Part 4 Renewal Provisions

1. **Renewal**

These Terms and Benefits shall be effective from the Policy Effective Date in consideration of the payment of premium and is Renewable for each Policy Year in accordance with the terms of this Part 4. The Renewal Age of the Insured Person is up to ninety-nine (99) years.

If, instead of accepting the renewal invitation, any person takes out a new policy of the same kind with the Company, for the same Insured Person, and the policy period of the new policy either overlaps, commences immediately, or commences within thirty (30) days after this Policy, the Company reserves the right to deem the new policy void at the Company's absolute discretion.

This Policy will be renewed automatically upon successful payment of the renewal premium. For non-renewal policy, the Company will notify the Policy Holder the policy not to invite renewal at the Company's absolute discretion thirty (30) days prior to the expiration of this Policy.

2. **Adjustment of premium**

Irrespective of whether the Company revises these Terms and Benefits upon Renewal, the Company shall have the right to adjust the Standard Premium according to the prevailing Standard Premium schedule adopted by the Company. For the avoidance of doubt, if the Premium Loading is set as a percentage of the Standard Premium (i.e. rate of Premium Loading), the amount of Premium Loading payable shall be automatically adjusted according to the change in Standard Premium.

3. **Notification of Renewal**

Irrespective of whether the Company revises these Terms and Benefits upon Renewal, the Company shall in accordance with the terms of this Section 3 give the Policy Holder a written notice of the revised Terms and Benefits to the Policy Holder of not less than thirty (30) days prior to the Renewal Date.

The written notice shall specify the premium for Renewal and Renewal Date. If the Company revises these Terms and Benefits upon Renewal, the Company shall make available the revised Terms and Benefits to the Policy Holder together with the written notice. The revised Terms and Benefits and premium for Renewal shall take effect on the Renewal Date.

Part 5 Claim Provisions

1. **Submission of claims**

All claims incurred in respect of these Terms and Benefits shall be submitted to the Company within ninety (90) days after the date on which the Insured Person is first admitted to the Hospital, or (where there is no Confinement) the date on which the relevant Medical Service is first consulted. For this purpose, a claim shall be deemed not valid or complete and benefit shall not be payable unless –

(a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to the Company; and

(b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by the Company shall have been furnished to the Company for processing of such claim.

The Policy Holder shall notify the Company if claims cannot be submitted within the above timeframe, otherwise the Company shall have the right to reject claims submitted after the above timeframe.

All certificates, information and evidence that are reasonably required by the Company and which can be reasonably provided by the Policy Holder shall be furnished at the expenses of the Policy Holder.

2. **Legal action**

No legal action shall be brought by the Policy Holder to recover any claim amount payable under these Terms and Benefits within the first sixty (60) days from which all proof of claims as required by these Terms and Benefits has been received by the Company.

3. **Medical examination**
Where a claim occurs, the Company shall have the right to require the Insured Person to be examined by a Registered Medical Practitioner appointed by the Company at the Company's cost.

Part 6 Benefit Provisions

1. **General**
   (a) **Territorial Scope of Cover**
   All benefits described in these Terms and Benefits are applicable only when the covered expenses under this Part 6 occur within Mainland China. The Insured Person must be Confined, diagnosed, undergo surgery and/or receive treatment in a Hospital.
   (b) **Benefit Limit**
   All benefits described in these Terms and Benefits are subject to the Annual Benefit Limit.
   (c) **Choice of Healthcare Services Providers**
   The benefits described in these Terms and Benefits are subject to the restriction in the choice of healthcare services providers as stated in these Terms and Benefits and the Benefit Schedule, limited to medical services provided by a Hospital unless otherwise specified.
   (d) **Choice of Ward Class**
   The benefits described in these Terms and Benefits are subject to the restriction in the choice of ward class as stated in these Terms and Benefits, limited to the general ward class in a Hospital.

2. **Coverage of Confinement and Non-Confinement Services**
Subject to these Terms and Benefits, if during the period while these Terms and Benefits are in force, the Insured Person, as a result of a Disability and upon the recommendation of a Registered Medical Practitioner is Confined in a Hospital, the Company shall reimburse the Eligible Expenses which are Reasonable and Customary in accordance with benefit items under Section 3 of this Part 6.
For the avoidance of doubt, where an Insured Person is Confined in a Hospital but the Confinement is considered not Medically Necessary, the expenses incurred as a result of such Confinement shall not be regarded as Eligible Expenses for the purpose of the above.
The amount of Eligible Expenses payable under these Terms and Benefits shall not exceed the actual costs for Medical Services provided to the Insured Person, subject to the limits as stated in the Benefit Schedule.
For the avoidance of doubt, the benefits covered under these Terms and Benefits shall only be payable for Eligible Expenses incurred for Medical Services provided to the Insured Person. Expenses incurred for Medical Services provided to persons other than the Insured Person shall not be covered, unless otherwise specified.

3. **Benefits covered**
Eligible Expenses covered under Section 2 of this Part 6 shall be payable according to the following benefit items. The Company will pay the following benefits, after deducting any compensation already obtained from other sources and the agreed Deductible, according to the Reimbursement Ratio agreed in these Terms and Benefits. The Deductible and Reimbursement Ratio is stated in the Benefit Schedule of this Policy.
   (a) **Medical Expenses Benefit**
   This benefit shall be payable for the following expenses, if the Insured Person suffers from an Accidental Injury, or contracts a Sickness or Disease after the Waiting Period and receives treatment in a Hospital.
      (i) Inpatient Medical Expenses: Refers to the actual, Customary and Reasonable Inpatient Medical Expenses incurred during the Insured Person's Confinement that require personal payment. If the Insured Person has not been discharged from Confinement by the expiry date of these Terms and Benefits, the Company will continue to cover the Inpatient Medical Expenses incurred for the same Confinement, for a maximum of thirty (30) days after the expiry date of these Terms and Benefits.
      (ii) Special outpatient medical expenses: Refers to the actual Customary and Reasonable outpatient medical expenses requiring personal payment including:
         1) Outpatient kidney dialysis fees,;
         2) Outpatient treatment fees for Severe Malignant Tumor, including treatment costs for Chemotherapy, Radiotherapy, Tumor Immunotherapy, Tumor Endocrine Therapy, and Tumor Targeted Therapy; and
         3) Outpatient anti-rejection treatment fees after organ transplantation.
   (b) **Specific Drug Expense Benefit**
   This benefit shall be payable, if the Insured Person, after the Waiting Period, is diagnosed with a Sickness or Disease by a Specialist and requires the use of drugs listed in the Agreed Drug List. The Company will reimburse the actual expenses incurred by the Insured Person for these drugs at Designated Medical Institutions or Pharmacies.
   Payment of the Specific Drug Expense Benefit must meet the following conditions:
      (i) The specific drug must be prescribed by a Specialist and is deemed to be Medically Necessary;
      (ii) The specific drug must be approved by the China National medical Products Administration (NMPA) and already launched in China before the expiry date of these Terms and Benefits;
      (iii) The dosage per specific drug prescription does not exceed thirty (30) days; and
      (iv) Before purchasing the specific drug listed in the prescription, the Insured Person needs to get approval from the Company. For specific drugs in the Agreed Drug List involving charitable assistance, drug costs obtained by the Insured Person from charitable organizations are not included in the coverage of the Specific Drug Expense Benefit.
   (c) **Proton and Heavy Ion Therapy Benefit**
   This benefit shall be payable, if the Insured Person is First Diagnosed with a Severe Malignant Tumor by a Specialist after the Waiting Period, and receives proton and heavy ion treatment at the Shanghai Proton and Heavy Ion Center, for the Customary and Reasonable Proton and Heavy Ion Medical Expenses requiring personal payment by the Insured Person.
   For the avoidance of doubt, the date of diagnosis is considered to be the date of surgical pathological sampling or biopsy sampling. If no surgery is performed but the Insured Person undergoes Radiotherapy or Chemotherapy, the date of the first Radiotherapy or Chemotherapy session shall be deemed the date of diagnosis for the Severe Malignant Tumor.
   If the Insured Person was diagnosed with Severe Malignant Tumor before application or during the Waiting Period, the Company shall not be liable for paying the Proton and Heavy Ion Therapy Benefit.

(d) **External Drugs and Medical Devices Benefit**

This benefit shall be payable, if the Insured Person suffers from an Accidental Injury or contracts a Sickness or Disease after the Waiting Period, receives treatment and is Confined in a Hospital, and purchases external drugs and medical devices outside a Hospital within Mainland China that fall within the scope of coverage for Medical Expenses Benefit— provided such expenses are Customary and Reasonable which requiring personal payment by the Insured Person.

(i) The prescription for external drugs and medical devices must be issued by a Specialist during Confinement or at the time when the Insured Person is discharged from Confinement;

(ii) The prescribed external drugs and medical devices must be Medically Necessary;

(iii) The external drugs and medical devices must be used in accordance with the indications approved by the National Medical Products Administration (NMPA) as stated in the drug instructions or medical device instructions;

(iv) External drugs must have a drug approval number issued by the NMPA or an Import Drug Registration Certificate, or a Medical Product Registration Certificate; out-of-pocket medical devices must have a medical device registration certificate number issued by the NMPA;

(v) Out-of-pocket medical devices do not include the purchase, rental, or replacement costs of devices such as prosthetics, wheelchairs, rehabilitation equipment, massage devices, or other equipment intended for long-term use or primarily for comfort or convenience;

(vi) External drugs do not include drugs that have the same or similar effects and are normally available in Designated Medical Institution or Pharmacy, traditional Chinese patent medicines, auxiliary drugs, or other clinically non-urgent and non-essential drugs; and

(vii) External drugs do not include the costs of traditional Chinese herbal medicines (including but not limited to herbal decoction pieces, granulated herbs, and herbal ointments) compounded from one or multiple Chinese medicinal ingredients for internal or external use according to traditional Chinese medicine prescriptions.

We reserve the right to make appropriate adjustments to the definition of covered external drugs and medical devices. The basis for reimbursement shall be the external drugs and medical devices approved for marketing by the NMPA as of the date the insured begins receiving treatment covered under this insurance. External drugs and Medical Devices benefit does not include targeted drugs and immunotherapy drugs that have been approved by the NMPA and are already marketed in Mainland China.

Part 7 General Exclusions

According to this Policy, the Company shall not pay any benefits related to or arising from the following expenses:

1. Pre-existing Conditions.
2. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
3. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
4. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information such Disability shall be generally excluded from any coverage of these Terms and Benefits if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.

   However, the exclusion under this entire Section 4 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.
5. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 4 of this Part 7 applies).
6. Any charges in respect of services for –
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
7. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 7 does not apply to –
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous Disability.
8. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
9. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
10. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat

appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.

11. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.
12. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
13. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
14. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
15. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.
16. Medical expenses that should be paid from the “Work-Related Injury Insurance Fund” (including Occupational Disease) or “Maternity Insurance Fund”; medical expenses that should be borne by a third party; medical expenses that should be borne by public health; medical expenses for treatment received outside Mainland China.
17. Intentional killing or injuring of the Insured Person by the Policy Holder; intentional suicide or self-harm by the Insured Person, except where the Insured Person was without civil capacity at the time of suicide; intentional crime by the Insured Person or resistance to criminal compulsory measures taken according to law, or sickness or injury during lawful detention or imprisonment by the government; brawling, drunkenness, ingestion or injection of drugs, or use of narcotic or psychotropic drugs in violation of regulations; the Insured Person taking, applying, or injecting drugs without following medical advice; driving a motor vehicle under the influence of alcohol, driving without a valid driver's license, or driving a motor vehicle without a valid license plate.
18. Related expenses caused by or occurring from Pre-existing Conditions, excluded diseases, and exclusionary circumstances agreed upon by the Company and the Insured Person in the Policy; injuries caused by drug allergies, food poisoning, bacterial or viral infections during the Waiting Period (except infections resulting from Accidental wounds), or other medically induced injuries; expenses resulting from experimental or research treatments and their consequences not recognized by science or medicine; treatments not approved by the authoritative department in the place of treatment, drugs or medications not licensed or approved by the government of the place of treatment, and subsequent medical expenses caused by the aforementioned treatments or drugs; all medical expenses caused by gene therapy and cellular immunotherapy; various medical appraisal and testing fees, including but not limited to medical accident appraisal, psychiatric appraisal, fetal gender identification, injury verification, paternity testing, genetic testing fees; medical expenses caused by occupational diseases or medical accidents; medical expenses incurred when the Insured Person receives treatment at a hospital that does not meet the definition under this Policy.
19. Expenses for any treatment undertaken without a doctor's recommendation or medicines purchased without a doctor's prescription; expenses for medicines, medical equipment, or consumables purchased at institutions other than the medical institution where the prescribing doctor practices, even if a prescription or recommendation is held (based on information stated on the fee receipt); expenses where treatment is performed at a non-medical institution or fees are charged by a non-medical institution, even if a doctor's recommendation is held (based on information stated on the medical fee invoice); expenses for the portion of medicine exceeding a thirty (30) days supply based on a prescription; use of specific drugs that does not comply with the indications and usage listed in the drug instructions approved by China's National Medical Products Administration for that specific drug; clinical inability to prove the effectiveness of the specific drug listed in the medical advice or prescription for the disease suffered by the Insured Person; the Insured Person's disease condition having developed resistance to the purchased or received specific drug; impersonation for hospitalization, seeking treatment on behalf of the Insured Person without the Insured Person presenting at the hospital, not meeting admission standards, occupying a bed without genuine admission, or refusing to discharge after the hospital determines discharge is appropriate (all medical expenses incurred from the date the hospital determines discharge); drugs not purchased at the Company's Designated Medical Institutions or Pharmacies; failure to follow the agreed drug purchase claim process under this Policy or failure to pass the review.
20. Surgery related to obesity, sleeve gastrectomy, plastic surgery, cosmetic surgery, sex change surgery, and complications from the aforementioned surgeries or medical accidents caused by them; the Insured Person's pregnancy, miscarriage, childbirth (including cesarean section), contraception, birth control (including sterilization), reversal of sterilization, treatment for infertility, artificial insemination, prenatal and postnatal examinations, and complications resulting from the above causes; dental diseases and related treatment, refractive errors (unless caused by Accident); medical expenses incurred by the Insured Person for prevention, rehabilitation, rest or convalescence, medical consultation, health examinations, non-prescription drugs, medical acts for the purpose of donating organs, health preservation or non-disease treatment items; expenses for convalescent appliances such as glasses or contact lenses, dentures, artificial eyes, prosthetics, wheelchairs, crutches, hearing aids, all non-prescription medical devices; treatment for excessive foreskin, phimosis, sexual dysfunction; fees for artificial organ materials, installation, and replacement other than heart valves, intraocular lenses, artificial joints, pacemakers, artificial lungs, artificial kidneys, artificial esophagus, artificial pancreas, artificial blood vessels.
21. The Insured Person engaging in or participating in high-risk sports, including but not limited to: diving to a depth greater than thirty (30) metres below sea level, yacht racing, riding or operating aircraft other than commercial civil flights, trekking at an altitude limit greater than five thousands (5,000) metres above sea level, building climbing, horse racing, car racing, stunt performance (including training), stunt double performance (including training), exploration or expedition activities (caves, polar regions, deserts, volcanoes, glaciers, etc.).
22. The Insured Person contracting venereal diseases, mental and behavioral disorders, genetic diseases, congenital malformations, deformations, or chromosomal abnormalities (as determined according to the World Health Organization's International Statistical Classification of Diseases and Related Health Problems (ICD-10)); the Insured Person being infected with the AIDS virus or having AIDS.
23. War, military action, riot, or armed rebellion; nuclear explosion, nuclear radiation, or nuclear pollution, chemical pollution.
24. Drugs not complied with applicable laws and regulations of Mainland China or lack approval from the National Medical Products Administration of China for clinical use.

Part 8 Value-added Healthcare Services

If Insured Person suffers from an Accidental Injury, or contracts a Sickness or Disease after the Waiting Period and receives treatment in a Hospital, Insured Person or his representative may contact the service provider nominated by the Company for the following “Value-added Healthcare Services”. For details of each of the services, please refer to the Healthcare Services Handbook.

- Medical Escort Service
- Green Channel Service
- Hospital Assistance
- Second Opinion for Critical Illness
- Nursing Care
- Proton and Heavy Ion Therapy Medical Assistance
- Pre-Treatment Genetic Testing for Medication Guidance
- Hospital Deposit Guarantee
- Specific Drug Direct Billing Service

Limitation to Liabilities (Applicable to this Part 8 and Appendix 2 – Designated Medical Institution or Pharmacy):

1. All service providers rendering services to Insured Person under this section (including but not limited to the service providers, medical specialists, clinics, hospitals and pharmacies) (the "Service Providers") are not employees, agents or servants of the Company. Accordingly, the Service Providers shall be responsible for their own acts, and Insured Person shall not have any recourse or claim against the Company in connection with any services rendered by the Service Providers. Services provided by Service Providers are provided on a best-efforts basis, and may not be available due to problems of time, distance or location. The Company is not responsible for the availability, use, acts, omissions or results of any medical, legal or transportation service.
2. The Company assumes no liability in any manner and shall not be liable for any loss arising out of or howsoever caused by any advice given or services rendered by or any acts or omissions of any Service Providers.
3. The Company and the Service Providers shall not be held responsible for any failure to provide Value-added Healthcare Services under this Section and/or delays if caused by or contributed to by acts of God, or any circumstances and conditions beyond their control, including but not limited to, any administrative, political or government impediment, strike, industrial action, riot, civil commotion, or any form of political unrest (including but not limited to war, act of terrorist, insurrection), adverse weather condition, flight conditions or situations where the rendering of such service is prohibited or delayed by local laws, regulators or regulatory agencies.
4. In no event the Company shall be liable under this section or in the course of the provision of the Value-added Healthcare Services, for any incidental, special, consequential or indirect loss, damages, costs, charges, fees or expenses.
5. The Company may cancel this Value-added Healthcare Services by giving thirty (30) days' prior notice to the Policy Holder at the email address last known to the Company.
6. The use of the Value-added Healthcare Service is of Insured Person's own accord. The Company shall not be liable for any loss or liabilities arising from such use.

Part 9 Definitions

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

"Accident" or "Accidental"	shall mean a sudden and unforeseen event caused by violent, external, and visible means, which is entirely beyond the foresight and control of the Insured Person.
"Age"	shall mean the attained age of the Insured Person.
"Agreed Drug List"	shall mean the list of drugs included in Appendix 1 – Agreed Drug List, which is covered under Section 3 of Part 6.
"Annual Benefit Limit"	shall mean the maximum amount payable by the Company to the Policy Holder within each Policy Year, irrespective of whether the benefit limits for any individual coverage items listed in the Benefit Schedule have been reached. The Annual Benefit Limit is reset at the start of each new Policy Year.
"Appendix" or "Appendices	shall mean any document which may add, delete, amend or replace the terms and benefits of this Policy. Appendix and/or Appendices shall include but is not limited to endorsement, rider, annex, schedule or table attached and issued with this Policy.
"Application"	shall mean the application submitted to the Company for this Policy, including the application form, questionnaires, proof of insurability, any submitted documents or information, and any statements and declarations made.
"Benefit Schedule"	shall mean the schedule of benefits attached to these Terms and Benefits, which must specify the covered benefit items and their maximum benefit limits.
"Case-based Exclusion"	shall mean an exclusion applied by the Company for a specific Sickness or Disease, based on the Insured Person's Pre-existing Condition or other factors affecting their insurability, stipulating that it is not covered under these Terms and Benefits.
"Chemotherapy"	shall mean chemical treatment specifically targeting malignant tumors. Chemotherapy involves the use of medically recognized chemotherapeutic drugs to kill cancer cells or inhibit their growth and reproduction. Under this Policy, Chemotherapy refers to intravenous chemotherapy administered in a Hospital as prescribed by a Registered Medical Practitioner.
"Company" or "We" or "Us" or "Avo"	shall mean Avo Insurance Company Limited.
"Confinement" or "Confined"	shall mean the admission of the Insured Person to a Hospital as an Inpatient to receive Medical Services, recommended by a Registered Medical Practitioner and required due to a Medically

	Necessary condition. Insured Person must be admitted to the Hospital for no less than 6 consecutive hours, save and except in cases of Emergency Treatment in a Hospital due to an Emergency for performing surgery or other Medical Services. Confinement must be evidenced by a daily room charge invoice issued by the Hospital, and the Insured Person must stay continuously in the Hospital for the entire period of Confinement.
“Congenital Condition(s)”	shall mean any medical, physiological, or mental abnormality existing at or before birth, regardless of whether it was manifest, diagnosed, or known at birth; or (b) any neonatal abnormality developing within six (6) months after birth.
"Day Case Procedure"	shall mean a Medically Necessary surgical procedure for examination or treatment performed on the Insured Person as a Day Patient in a clinic, day surgery center, or Hospital with recovery facilities.
"Day Patient"	shall mean an Insured Person receiving Medical Services or treatment at a clinic, day surgery center, or Hospital (on a non-inpatient basis).
“Deductible”	shall mean a fixed amount of Eligible Expenses that, in a Policy Year, the Policy Holder or Insured Person must pay before the Company shall reimburse the remaining Eligible Expenses.
“Designated Medical Institution or Pharmacy”	shall mean hospitals or pharmacies where the Insured Person may purchase specific drugs, as listed in Appendix 2 - Designated Medical Institution or Pharmacy. Designated pharmacies must meet all of the following criteria: (a) Possess a valid national pharmaceutical business license and GSP (Good Supply Practice) certification; (b) Have a robust cold-chain delivery capability for medications; and (c) Employ qualified professionals such as physicians and licensed pharmacists to provide services.
“Diagnostic and Laboratory Test Fees”	shall mean reasonable medical expenses actually incurred during Confinement for the purpose of diagnosing Disability through necessary medical procedures, which includes consultation fees, gynecological examination fees, X-ray fees, electrocardiogram (ECG) fees, b-mode ultrasound fees, electroencephalogram (EEG) fees, endoscopy fees, pulmonary function test fees, molecular biochemical test fees, and routine blood, urine, and stool test fees.
"Disability"	shall mean a Sickness, Disease, or Injury, including any and all complications arising therefrom.
"Eligible Expenses"	shall mean expenses incurred for Medical Services required for a Disability.
"Emergency"	shall mean an event or situation where Medical Services are immediately required to prevent the death, permanent impairment, or other serious health consequences for the Insured Person.
"Emergency Treatment"	shall mean Medical Services required for an Emergency, which must be performed within a reasonable time after the Emergency event or situation occurs.
“First Diagnosed”	shall mean the first time Insured Person is diagnosed with a specific illness since birth, rather than the first diagnosis after the policy becomes effectives.
“Histopathological Examination”	shall mean process of surgically obtaining a tissue sample from the patient’s affected area through excision, biopsy, or puncture, followed by embedding and sectioning for pathological analysis. The method of collecting exfoliated cells from the affected area, aspirating cells via fine needle, or isolating cells from body cavity fluids to prepare smears for pathological analysis is considered cytopathological examination, and does not fall under Histopathological Examination.
"HKD"	shall mean Hong Kong dollars.
"Hong Kong"	shall mean the Hong Kong Special Administrative Region of the People’s Republic of China.
"Hospital"	shall mean the general ward of an establishment duly constituted and registered as a public hospital within Mainland China that are classified as Tier 2 or above according to the hospital grading system of China’s national health administrative authorities, which is for providing Medical Service for sick and injured persons as Inpatients, and which – (a) has facilities for diagnosis and major operations; (b) provides twenty-four (24) hours nursing services by licensed or registered nurses; (c) has one (1) or more Registered Medical Practitioners; and (d) is not primarily a clinic, a place for alcoholics or drug addicts, a nature care clinic, a health hydro, a nursing, rest or convalescent home, a hospice or palliative care centre, a rehabilitation centre, an elderly home or similar establishment. However, this does not include: (a) departments such as VIP medical services, international medical services, special needs medical services, foreign guest medical services, cadre wards, or other similar units; and (b) medical institutions primarily focused on rehabilitation, nursing care, convalescence, alcohol or drug detoxification, psychiatric or psychological treatment, proton or heavy ion therapy centers, and affiliated hospitals or wards of Level 2 or Level 3 hospitals that lack corresponding medical staff or equipment.

"Injury" shall mean any bodily damage (with or without a visible wound) solely caused by an Accident independent of any other causes.

"Inpatient" shall mean an Insured Person who is Confined.

"Inpatient Medical Expenses" shall mean Ward Fees, Surgery Fees, Medication Costs, Treatment Fees, Nursing Fees, Diagnostic and Laboratory Test Fees, Special Examination and Treatment fees, and Meal Expenses.

"Insurance Authority" shall mean the Insurance Authority of Hong Kong established pursuant to section 4AAA of the Insurance Ordinance.

"Insurance Ordinance" shall mean the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong).

"Insured Person" shall mean any person whose risks are covered by these Terms and Benefits, and named as the "Insured Person" in the Policy Schedule.

"Mainland China" shall mean People's Republic of China, excluding Hong Kong, Macau and Taiwan.

"Meal Expenses" shall mean cost of meals provided during Confinement, based on the Registered Medical Practitioner's instructions, and delivered by the Hospital's internal catering department specifically for Inpatient. Meals Expenses should be included in the medical bill, depending on the practices of each Hospital, they may be listed as a separate item or combined with other charges such as ward fees.

"Medical Services" shall mean Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a Disability.

"Medically Necessary" shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice 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 Disability;
(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.

For the purpose of these Terms and Benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to –

(i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;
(ii) surgical procedures are performed under general anaesthesia;
(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;
(iv) there is significantly severe co-morbidity of the Insured Person;
(v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;
(vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or
(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgment in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement –

(aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgment of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; and
(bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

"Medication Costs" shall mean the actual, Medical Necessary, and reasonable expenses incurred during the treatment period for medications prescribed by a Registered Medical Practitioner. These medications must have a drug approval number issued by the National Medical Products Administration of China, or a registration certificate for imported drugs or medical products, and may be either domestically produced or imported. However, this does not include nutritional supplements, immunomodulatory drugs, beauty and weight-loss drugs, preventive medications, and Tonic Chinese Herbal Medicines.

"Nursing Fees" shall mean fees charged by Hospital for providing clinical nursing services to the Insured Person during

	Confinement. This includes fees for various levels of nursing cares (as defined by the Graded Nursing Standards issued by the National Health and Family Planning Commission of the People's Republic of China in 2013), intensive care, and specialized nursing services. This does not include fees for personal caregivers.
"Occupational Disease"	refers to illnesses caused by exposure to dust, radioactive substances, and other toxic or harmful materials during occupational activities by employees of enterprises, public institutions, or individual economic organizations. The identification of occupational diseases must comply with the relevant provisions and evaluation procedures outlined in the "Law of the People's Republic of China on the Prevention and Control of Occupational Diseases".
"Policy"	shall mean this policy underwritten and issued by the Company, which is the contract between the Policy Holder(s) and the Company in respect of this Avo Northbound Medical Protection including but not limited to these Terms and Conditions, Benefit Schedule, Application, declarations, Policy Schedule and any Appendices attached to this policy, if applicable. Where this Policy contains additional terms and benefits other than those of this Avo Northbound Medical Protection, the meaning of Policy shall also cover such additional terms and benefits.
"Policy Effective Date"	shall mean the commencement date of these Terms and Benefits, which is equivalent to the start date of "Period of Insurance" specified in the Policy Schedule.
"Policy Holder"	shall mean the person who is a legal holder of this Policy and is named as the "Policy Holder" in the Policy Schedule.
"Policy Issuance Date"	shall mean the date of first issuance of these Terms and Benefits.
"Policy Schedule"	shall mean a schedule attached to these Terms and Benefits, which sets out, among others, the Policy Effective Date, Renewal Date, the name and the relevant particulars of the Policy Holder and the Insured Person, the eligible benefits, premium and other relevant details in respect of these Terms and Benefits.
"Policy Year"	shall mean the period of time these Terms and Benefits are in force. The first Policy Year shall be the period from the Policy Effective Date to the day immediately preceding the first Renewal Date as specified in the Policy Schedule (both days inclusive) within one (1) year period; and each subsequent Policy Year shall be the one (1) year period from each Renewal Date.
"Pre-existing Condition(s)"	shall mean, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including Congenital Condition, that has existed prior to the Policy Issuance Date or the Policy Effective Date, whichever is the earlier. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where – (a) it has been diagnosed; or (b) it has manifested clear and distinct signs or symptoms; or (c) medical advice or treatment has been sought, recommended or received.
"Premium Loading"	shall mean the additional premium on top of the Standard Premium charged by the Company to the Policy Holder according to the additional risk assessed for the Insured Person.
"Proton and Heavy Ion Medical Expenses"	shall mean relevant expenses incurred for receiving proton or heavy ion radiation therapy, including fees for positioning and treatment planning and implementation costs.
"Radiotherapy"	shall mean radiation treatment targeting malignant tumors. Radiotherapy involves the use of various types of radiation to irradiate tumor tissues with the aim of inhabiting and destroying cancer cells. Under this Policy, radiotherapy refers to treatment administered to the Insured Person in a specialized hospital department, as prescribed by a Registered Medical Practitioner.
"Reasonable and Customary"	shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable) - (a) treatment or service fee statistics and surveys in the insurance or medical industry; (b) internal or industry claim statistics; (c) gazette published by the government; and/or (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
"Registered Medical Practitioner" or "Specialist"	shall mean a medical practitioner who must meet all of the following qualification criteria: (a) possess a valid Physician Qualification Certificate issued by the People's Republic of China; (b) possess a valid Physician Practice Certificate issued by the People's Republic of China, and be duly registered with the relevant authorities;

(c) possess a valid Professional Title Certificate of Attending Physician or above, issued by the People's Republic of China; and

(d) have engaged in clinical work for more than three years in the relevant department of a Level 2 or above Hospital as defined by the national Hospital Classification Management Standards,

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 practitioner does not fulfill all of the above qualification criteria, the Company shall exercise reasonable judgment to determine whether such practitioner shall nonetheless be considered qualified and registered.

"Reimbursement Ratio" refers to the proportion of Eligible Expenses that the Company will share after the Policy Holder or Insured Person has paid the Deductible for each Policy Year. For the avoidance of doubt, the Eligible Expenses shared by the Company does not refer to any shortfall that the Company is required to pay if the actual expenses exceed the benefit limits under this Policy.

"Renewal", "Renew", "Renewed" or "Renewable" shall mean renewal of these Terms and Benefits in accordance with their terms without any discontinuance.

"Renewal Date" shall mean the effective date of Renewal. The first Renewal Date shall be the date following the end date of "Period of Insurance" as specified in the Policy Schedule (which shall not be later than the first anniversary of the Policy Effective Date) and the subsequent Renewal Date(s) shall be the anniversary(ies) of the first Renewal Date. The relevant Renewal Date shall be specified in the notification of Renewal in accordance with Section 3 of Part 4.

"RMB" shall mean Chinese yuan or renminbi, the official currency of the People's Republic of China.

"Severe Malignant Tumor" shall mean uncontrolled, progressive growth and spread of malignant cells that infiltrate and destroy surrounding healthy tissues, and may metastasize to other parts of the body via blood vessels, lymphatic vessels, or body cavities. Diagnosis must be confirmed through Histopathological Examination, including bone marrow pathology. The clinical diagnosis must fall under the malignant tumor category in the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10) by the World Health Organization ("WHO"), and the tumor morphology codes in the International Classification of Disease for Oncology, 3rd Edition (ICD-O-3) must be classified under codes 3,6, or 9. The following conditions are not considered Severe Malignant Tumor, Diseases classified as code 0, 1 or 2 under ICD-O-3, thyroid cancer at TNM stage I or lower, prostate cancer at TNM stage T1N0M0 or lower, non-melanoma skin cancers without lymph node involvement or distant metastasis, chronic lymphocytic leukemia equivalent to binet stage A, hodgkin's disease equivalent to ann arbor stage I, and neuroendocrine tumors without lymph node or distant metastasis and classified as WHO grade G1 (mitotic count <10/50HPF and Ki-67 ≤2%) or lower.

"Sickness" or "Disease" shall mean a physical, mental or medical condition arising from a pathological deviation from the normal healthy state, including but not limited to the circumstances where signs and symptoms occur to the Insured Person and whether or not any diagnosis is confirmed.

"Special Examination and Treatment Fees" shall mean cost of large-scale and high-cost diagnostic and treatment procedures, such as, computed tomography (CT), emission computed tomography (ECT), color doppler ultrasound, treadmill stress test, holter monitoring (dynamic ECG), ECG monitoring, interventional therapy, polymerase chain reaction (PCR), extracorporeall shock wave lithotripsy, hyperbaric oxygen therapy, external radiofrequency therapy, magnetic resonance imaging (MRI), and hemodialysis.

"Standard Premium" shall mean the basic premium for the coverage under this Avo Northbound Medical Protection, as charged by the Company to the Policy Holder, which may be adjusted in accordance with the Age, gender and/or lifestyle factors of the Insured Person.

"Surgery" shall mean procedures performed on the Insured Person during Confinement due to Disability, for the purpose of treating the Disability, or saving the Insured Person's life. It does not include invasive diagnostic procedures such as biopsies, punctures, angiography, or rehabilitative surgeries.

"Surgery Fees" shall mean costs associated with Surgery, which include: operating room fees, anesthesia fees, surgical monitoring fees, surgical material costs, intraoperative medication costs, surgical equipment fees, and Surgical Medical Devices Fees.

"Surgical Medical Devices Fees" shall mean the actual costs of the following three categories of medical equipment or materials:

(1) Implanted Medical Devices: Devices or prosthetics that are implanted or replaced during surgery for medical purposes.

(2) External Medical Devices: Medically Necessary and commonly used restorative devices required either during surgery or immediately after surgery, or short-term restorative devices needed during the recovery phase following Disability, provided they are Medically Necessary and conform to standard medical practices.

(3) Reconstructive Devices or Materials: Medical devices or materials required for reconstructive surgery.

"Terms and Benefits" shall mean the Terms and Conditions together with the Benefit Schedule and any related Appendices under this Policy.

"Terms and Conditions"	shall mean Part 1 to Part 9 of this Avo Northbound Medical Protection.
“Tonic Chinese Herbal Medicines”	shall mean Chinese herbal medicines used primarily to enhance the immune system, including but not limited to ginseng, Ejiao (donkey-hide gelatin), deer antler gelatin, guilu erxian jiao (turtle and deer gelatin), turtle shell gelatin, turtle plastron gelatin, mabao (bezoar), coral, hawksbill turtle shell, cordyceps, saffron, antelope horn, rhinoceros horn, calculus bovis, musk, deer antler, dendrobium officinale, and medicinal liquors.
“Treatment Fees”	shall mean reasonable costs incurred for the purpose of treating Disability, including the technical service fees of the medical personnel, the usage fees of medical equipment, and the costs of consumables. The specific items are subject to the fee categories defined by the Hospital where treatment is received. The following are excluded: (1) Physical Therapy: Use of artificial physical factors (such as light, electricity, magnestism, sound, etc.) to treat Disability. Specific methods including but not limited to electrotherapy, phototherapy, magnetotherapy, and thermotherapy. (2) Traditional Chinese Medical Therapy: Including but not limited to acupuncture, massage (tuina), cupping and scraping (guasha). (3) Other Special Therapies: Including but not limited to homeopathy, occupational therapy, and speech therapy.
“Tumor Endocrine Therapy”	shall mean endocrine therapy targeting malignant tumors, using medications to suppress hormone production and hormonal responses in order to kill cancer cells or inhibit their growth.
“Tumor Immunotherapy”	shall mean the use of immunological principles and methods, applying tumor immunotherapy drugs to enhance the immunogenicity of tumor cells and their sensitivity to destruction by effector cells, thereby stimulating and strengthening the body’s anti-tumor immune response.
“Tumor Targeted Therapy”	shall mean treatment method designed at the molecular and cellular level to target identified carcinogenic sites. It involves using carriers with specific targeting capabilities to selectively deliver drugs or other active substances that destroy tumor cells directly to the tumor site.
“Waiting Period”	shall mean 30 days after the Policy Effective Date of this Policy. The Waiting Period is not applicable for Renewal Policy.
“Ward Fees”	shall mean actual cost incurred by the Insured Person during Confinement for a bed in a double-occupancy room or lower, excluding single rooms, suites, or family beds.

Appendix 1 Agreed Drug List

This Agreed Drug List is only available in Chinese. The Company reserves the right to update this table from time to time without prior notice to the Policy Holder. Please refer to the latest version of these Terms and Conditions, which is available on the Company's website.

商品名	通用名	適用疾病種類
赫賽汀	曲妥珠單抗	胃癌、乳腺癌
艾坦	阿帕替尼	胃癌
歐狄沃	納武單抗	胃癌、肺癌、黑色素瘤、頭頸鱗癌
可瑞達	帕博利珠單抗	肺癌、黑色素瘤、食管鱗癌
泰瑞沙	奧希替尼	肺癌
特羅凱	厄洛替尼	肺癌
吉泰瑞	阿法替尼	肺癌
易瑞沙	吉非替尼	肺癌
伊瑞可	吉非替尼	肺癌
安聖莎	阿來替尼	肺癌
贊可達	塞瑞替尼	肺癌
賽可瑞	克唑替尼	肺癌
安維汀	貝伐珠單抗	肺癌、結直腸癌
凱美納	埃克替尼	肺癌
多澤潤	達克替尼	肺癌
恩度	重組人血管內皮抑制素	肺癌
福可維	安羅替尼	肺癌
英飛凡	度伐利尤單抗	肺癌
阿美樂	阿美替尼	肺癌
泰聖奇	阿替利珠單抗	肺癌
艾瑞卡	卡瑞利珠單抗	肺癌、肝癌、淋巴瘤、食管鱗癌
多吉美	索拉非尼	肝癌、腎癌、甲狀腺癌
樂衛瑪	侖伐替尼	肝癌
拜萬戈	瑞戈非尼	肝癌、結直腸癌、胃腸道間質瘤
索坦	舒尼替尼	腎癌、胃腸道間質瘤、胰腺神經內分泌瘤
飛尼妥	依維莫司	腎癌
維全特	培唑帕尼	腎癌
英立達	阿昔替尼	腎癌
泰立沙	拉帕替尼	乳腺癌
帕捷特	帕妥珠單抗	乳腺癌
愛博新	呱柏西利	乳腺癌
艾瑞妮	吡咯替尼	乳腺癌
赫賽萊	恩美曲妥珠單抗	乳腺癌
賀儷安	奈拉替尼	乳腺癌
愛必妥	西妥昔單抗	結直腸癌
愛優特	呋喹替尼	結直腸癌
施達賽	達沙替尼	白血病
依尼舒	達沙替尼	白血病
格列衛	伊馬替尼	白血病、胃腸道間質瘤、隆突性皮膚纖維肉瘤

商品名	通用名	適用疾病種類
格尼可	伊馬替尼	白血病
諾利寧	伊馬替尼	白血病
昕維	伊馬替尼	白血病
達希納	尼洛替尼	白血病
億珂	伊布替尼	白血病、淋巴瘤
豪森昕福	氟馬替尼	白血病
百悅澤	澤布替尼	白血病、淋巴瘤
利普卓	奧拉帕利	卵巢癌
則樂	尼拉帕利	卵巢癌
佐博伏	維莫非尼	黑色素瘤
拓益	特瑞普利單抗	黑色素瘤
邁吉寧	曲美替尼	黑色素瘤
泰菲樂	達拉非尼	黑色素瘤
泰欣生	尼妥珠單抗	頭頸鱗癌
澤珂	阿比特龍	前列腺癌
安森珂	阿帕他胺	前列腺癌
安可坦	恩紮盧胺	前列腺癌
美羅華	利妥昔單抗、利妥昔單抗（維持）	淋巴瘤
漢利康	利妥昔單抗、利妥昔單抗（維持）	淋巴瘤
達伯舒	信迪利單抗	淋巴瘤
愛譜沙	西達本胺	淋巴瘤
萬珂	硼替佐米	淋巴瘤、多發性骨髓瘤
百澤安	替雷利珠單抗	淋巴瘤
安適利	維布妥昔單抗	淋巴瘤
齊普樂	硼替佐米	多發性骨髓瘤
昕泰	硼替佐米	多發性骨髓瘤
千平	硼替佐米	多發性骨髓瘤
益久	硼替佐米	多發性骨髓瘤
瑞複美	來那度胺	多發性骨髓瘤
立生	來那度胺	多發性骨髓瘤
齊普怡	來那度胺	多發性骨髓瘤
安顯	來那度胺	多發性骨髓瘤
恩萊瑞	伊沙佐米	多發性骨髓瘤
兆珂	達雷妥尤單抗	多發性骨髓瘤
安加維	地舒單抗	骨巨細胞瘤
愛普盾	-	腦膠質瘤
奕凱達	阿基侖賽注射液	淋巴瘤
倍諾達	瑞基奧侖賽注射液	淋巴瘤
可瑞達	帕博利珠單抗注射液	肺癌、黑色素瘤、結直腸癌、頭頸部鱗癌、食管癌
歐狄沃	納武利尤單抗注射液	肺癌、頭頸部鱗癌、胃癌、間皮瘤
愛博新	呱柏西利膠囊	乳腺癌
多澤潤	達可替尼片	肺癌

商品名	通用名	適用疾病種類
兆珂	達雷妥尤單抗注射液	多發性骨髓瘤
安森珂	阿帕他胺片	前列腺癌
泰立沙	甲苯磺酸拉帕替尼片	乳腺癌
英飛凡	度伐利尤單抗注射液	肺癌
赫賽萊	注射用恩美曲妥珠單抗	乳腺癌
泰聖奇	阿替利珠單抗注射液	肺癌、肝癌
賀儷安	馬來酸奈拉替尼片	乳腺癌
安適利	注射用維布妥昔單抗	淋巴瘤
倍利妥	注射用貝林妥歐單抗	白血病
宜諾凱	奧布替尼片	淋巴瘤
唯可來	維奈克拉片	白血病
貝美納	鹽酸恩沙替尼膠囊	肺癌
安躍	泊馬度胺膠囊	多發性骨髓瘤
唯擇	阿貝西利片	乳腺癌
蘇泰達	索凡替尼膠囊	神經內分泌瘤
Folotyn	普拉曲沙注射液	淋巴瘤
艾瑞頤	氟唑帕利膠囊	卵巢癌
樂衛瑪	甲磺酸侖伐替尼膠囊	肝癌、甲狀腺癌
拓益	特瑞普利單抗注射液	鼻咽癌、黑色素瘤、尿路上皮癌
艾瑞卡	注射用卡瑞利珠單抗	鼻咽癌、肺癌、肝癌、淋巴瘤、食管癌
安聖莎	鹽酸阿來替尼膠囊	肺癌
利普卓	奧拉帕利片	卵巢癌、前列腺癌
捷恪衛	磷酸蘆可替尼片	骨髓纖維化
艾瑞妮	馬來酸吡咯替尼片	乳腺癌
帕捷特	帕妥珠單抗注射液	乳腺癌
愛優特	呋喹替尼膠囊	結直腸癌
達伯舒	信迪利單抗注射液	肺癌、肝癌、淋巴瘤
億珂	伊布替尼膠囊	淋巴瘤
佐博伏	維莫非尼片	黑色素瘤
萬珂	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
昕泰	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
千平	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
齊普樂	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
益久	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
恩立施	注射用硼替佐米	多發性骨髓瘤、淋巴瘤
安維汀	貝伐珠單抗注射液	肺癌、肝癌、結直腸癌、腦瘤
達攸同	貝伐珠單抗注射液	肺癌、結直腸癌、腦瘤
安可達	貝伐珠單抗注射液	肺癌、結直腸癌、腦瘤
格列衛	甲磺酸伊馬替尼片/甲磺酸伊馬替尼膠囊	白血病、胃腸道間質瘤
漢利康	利妥昔單抗、利妥昔單抗（維持）	淋巴瘤
諾利寧	甲磺酸伊馬替尼片/甲磺酸伊馬替尼膠囊	白血病、胃腸道間質瘤
格尼可	甲磺酸伊馬替尼片/甲磺酸伊馬替尼膠囊	白血病、胃腸道間質瘤

商品名	通用名	適用疾病種類
昕維	甲磺酸伊馬替尼片/甲磺酸伊馬替尼膠囊	白血病、胃腸道間質瘤
瑞複美	來那度胺膠囊	多發性骨髓瘤
立生	來那度胺膠囊	多發性骨髓瘤
安顯	來那度胺膠囊	多發性骨髓瘤
齊普怡	來那度胺膠囊	多發性骨髓瘤
佑甲	來那度胺膠囊	多發性骨髓瘤
多吉美	甲苯磺酸索拉非尼片	肝癌、甲狀腺癌、腎癌
利格思泰	甲苯磺酸索拉非尼片	肝癌、甲狀腺癌、腎癌
愛必妥	西妥昔單抗注射液	結直腸癌、頭頸部鱗癌
維全特	培唑帕尼片	腎癌
贊可達	塞瑞替尼膠囊	肺癌
澤珂	醋酸阿比特龍片	前列腺癌
艾森特	醋酸阿比特龍片	前列腺癌
晴可舒	醋酸阿比特龍片	前列腺癌
欣楊	醋酸阿比特龍片	前列腺癌
拜萬戈	瑞戈非尼片	肝癌、結直腸癌、胃腸道間質瘤
賽可瑞	克唑替尼膠囊	肺癌
泰瑞沙	甲磺酸奧希替尼片	肺癌
恩萊瑞	枸櫞酸伊沙佐米膠囊	多發性骨髓瘤
泰欣生	尼妥珠單抗注射液	鼻咽癌
恩度	重組人血管內皮抑制素注射液	肺癌
英立達	阿昔替尼片	腎癌
索坦	蘋果酸舒尼替尼膠囊	神經內分泌瘤、腎癌、胃腸道間質瘤
艾坦	甲磺酸阿帕替尼片	肝癌、胃癌
施達賽	達沙替尼片	白血病
依尼舒	達沙替尼片	白血病
達希納	尼洛替尼膠囊	白血病
美羅華	利妥昔單抗注射液	白血病、淋巴瘤
漢利康	利妥昔單抗注射液	白血病、淋巴瘤
達伯華	利妥昔單抗注射液	白血病、淋巴瘤
愛譜沙	西達本胺片	淋巴瘤、乳腺癌
吉泰瑞	馬來酸阿法替尼片	肺癌
赫賽汀	注射用曲妥珠單抗	乳腺癌、胃癌
漢曲優	注射用曲妥珠單抗	乳腺癌、胃癌
福可維	鹽酸安羅替尼膠囊	肺癌、甲狀腺癌、軟組織肉瘤
飛尼妥	依維莫司片	神經內分泌瘤、腎癌
易瑞沙	吉非替尼片	肺癌
伊瑞可	吉非替尼片	肺癌
吉至	吉非替尼片	肺癌
科愈新	吉非替尼片	肺癌
凱美納	鹽酸埃克替尼片	肺癌
特羅凱	鹽酸厄洛替尼片	肺癌

商品名	通用名	適用疾病種類
洛瑞特	鹽酸厄洛替尼片	肺癌
豪森昕福	甲磺酸氟馬替尼片	白血病
安可坦	恩紮盧胺軟膠囊	前列腺癌
泰菲樂	甲磺酸達拉非尼膠囊	黑色素瘤
邁吉寧	曲美替尼片	黑色素瘤
則樂	甲苯磺酸尼拉帕利膠囊	卵巢癌
百澤安	替雷利珠單抗注射液	肺癌、肝癌、淋巴瘤、尿路上皮癌
阿美樂	甲磺酸阿美替尼片	肺癌
百悅澤	澤布替尼膠囊	淋巴瘤
賽普汀	注射用伊尼妥單抗	乳腺癌
康士得	比卡魯胺片	前列腺癌
朝暉先	比卡魯胺片	前列腺癌
雙益安	比卡魯胺片	前列腺癌
海正	比卡魯胺片	前列腺癌
岩列舒	比卡魯胺片	前列腺癌
-	甲磺酸伊馬替尼膠囊	-
愛普盾	腫瘤電場治療	腦瘤

Appendix 2 - Designated Medical Institution or Pharmacy
This Designated Medical Institution or Pharmacy is only available in Chinese. The Company reserves the right to update this table from time to time without prior notice to the Policy Holder. For details and assistance, please contact the service provider nominated by the Company for "Value-added Healthcare Services" or refer to the Healthcare Services Handbook.

省份	城市	藥房數量	藥房示例
安徽省	安慶市	2	安慶華氏大藥房有限公司宜城分店
	蚌埠市	2	安徽天星大藥房連鎖有限公司蚌埠市春和義大藥房
	滁州市	3	天長市天康藥房有限公司
	阜陽市	2	阜陽市第一大藥房零售連鎖有限公司潁泉區人民路一店
	合肥市	15	安徽天星大藥房連鎖有限公司新特藥藥房
			合肥新稀特大藥房有限公司
	淮北市	3	安徽高濟敬賢堂藥業有限責任公司醫藥大廈壹佰零柒店
	黃山市	2	黃山市一心伯特利大藥房有限公司
	蕪湖市	3	蕪湖徽弋堂大藥房有限公司
	宿州市	1	安徽天星大藥房連鎖有限公司宿州分公司
	銅陵市	1	國藥控股銅陵有限公司筆架山路藥房
	宣城市	1	宣城市德宣堂大藥房有限公司
	池州市	1	銅陵江南大藥房連鎖有限公司貴池秋浦西路店
北京市	北京市	23	北京德信行醫保全新大藥房有限公司安定門店
			北京恩濟普惠大藥房有限公司
			北京國大藥房連鎖有限公司永定門連鎖店
			北京金象大藥房醫藥連鎖有限責任公司西單金象大藥房
			北京市億順堂醫藥有限公司
			北京信海科園大藥房有限公司
福建省	福州市	14	國藥控股福州有限公司鼓樓區古田路國控大藥房
			國藥控股福州專業藥房有限公司鼓樓區古田路分店
	龍岩市	2	國藥控股龍岩有限公司新羅區九一北路藥店
	南平市	2	國藥控股南平新力量有限公司南平四鶴店
	寧德市	1	國藥控股寧德有限公司福安鶴興店
	莆田市	1	國藥控股莆田有限公司荔城延壽店
	泉州市	6	國藥控股泉州有限公司豐澤東海店
	三明市	1	國藥控股三明有限公司直營藥房
	廈門市	12	鷺燕醫藥股份有限公司湖裏門市部
			廈門鷺燕大藥房有限公司鎮海路分店
	漳州市	1	國藥控股漳州有限公司薌城勝利西路藥店
甘肅省	定西市	1	重慶醫藥（集團）甘肅欣特醫藥連鎖有限公司定西店
	蘭州市	10	蘭州惠仁堂藥業連鎖有限責任公司新特藥房
			重慶醫藥（集團）甘肅欣特醫藥連鎖有限公司腫瘤醫院店
	武威市	1	重慶醫藥（集團）甘肅欣特醫藥連鎖有限公司武威店
	天水市	1	重慶醫藥（集團）甘肅欣特醫藥連鎖有限公司天水店
廣東省	東莞市	9	國藥控股廣州有限公司東莞大藥房
	佛山市	14	國藥控股廣州有限公司佛山大藥房
		48	廣州醫藥大藥房有限公司佛山親仁路分店

省份	城市	藥房數量	藥房示例
廣東省	廣州市		廣東德信行大藥房連鎖有限公司旗艦店
			廣州市南外大藥房有限公司
			廣州醫藥大藥房有限公司海珠區南洲店
			廣州百濟新特藥業連鎖有限公司腫瘤藥品分店
			國藥控股大藥房廣州連鎖有限公司站前店
			國藥控股廣州有限公司大藥房
	惠州市	11	國藥控股廣州有限公司惠州大藥房鵝嶺北路分店
	江門市	5	國藥控股廣州有限公司江門大藥房
	揭陽市	3	國藥控股廣州有限公司揭陽臨江南路大藥房
	梅州市	2	國藥控股廣州有限公司梅州大藥房
	清遠市	1	國藥控股廣州有限公司清遠大藥房
	汕頭市	4	國藥控股廣州有限公司汕頭大藥房
	汕尾市	1	國藥控股廣州有限公司陸豐人醫大藥房
	韶關市	2	國藥控股廣州有限公司韶關大藥房
	深圳市	34	國藥控股國大藥房（深圳）連鎖有限公司展銷廳分店
			國藥控股國大藥房（深圳）連鎖有限公司蓮花北分店
			國藥控股國大藥房（深圳）連鎖有限公司振興分店
			深圳廣藥聯康醫藥有限公司翠竹藥房
			國藥控股深圳延風有限公司新稀特大藥房
	湛江市	7	國藥控股廣州有限公司湛江大藥房
	肇慶市	4	國藥控股廣州有限公司肇慶大藥房
	中山市	5	國藥控股廣州有限公司中山大藥房
	珠海市	3	國藥控股廣州有限公司珠海大藥房
			珠海市鳳凰園發展有限公司
	河源市	1	國藥控股廣州有限公司河源文祥路大藥房
	茂名市	4	廣州醫藥大藥房有限公司高州中心店
			廣州醫藥大藥房有限公司茂名中心店
	雲浮市	2	國藥控股廣州有限公司羅定藥房
			國藥控股廣州有限公司雲浮大藥房
	潮州市	2	廣州醫藥大藥房有限公司潮州中心店
廣西壯族自治區	百色市	1	柳州桂中大藥房連鎖有限責任公司百色中山店
	北海市	2	柳州桂中大藥房連鎖有限責任公司北海解放路分店
	崇左市	1	國藥控股廣西有限公司崇左龍峽山中路大藥房
	貴港市	3	柳州桂中大藥房連鎖有限責任公司貴港中山中路店
	桂林市	4	國藥控股廣西有限公司桂林大藥房
	河池市	2	柳州桂中大藥房連鎖有限責任公司宜州山谷路店
	賀州市	4	國藥控股廣西有限公司賀州育才路大藥房
	柳州市	2	柳州桂中大藥房連鎖有限責任公司北站路藥店
	南寧市	13	國藥控股廣西有限公司南寧桃源路大藥房
			柳州桂中大藥房連鎖有限責任公司南寧教育路藥店
			廣西醫大大藥房連鎖有限責任公司一附院便民店
	欽州市	5	柳州桂中大藥房連鎖有限責任公司欽州明陽路店

省份	城市	藥房數量	藥房示例
廣西壯族自治區	梧州市	4	柳州桂中大藥房連鎖有限責任公司梧州潘塘店
	玉林市	1	國藥控股廣西有限公司玉林大藥房
貴州省	貴陽市	7	貴州省醫藥（集團）和平藥房連鎖有限公司貴陽延安中路分店
			貴州一樹連鎖藥業有限公司地礦分店
			國藥控股貴州有限公司雲岩分店
	遵義市	3	貴州一樹連鎖藥業有限公司遵義新蒲新區一分店
	黔東南苗族侗族自治州	1	貴州一樹吉大夫健康藥房連鎖有限公司五分店
海南省	海口市	6	海南廣藥晨菲大藥房連鎖有限公司六東路分店
	三亞市	2	國藥控股專業藥房連鎖（海南）有限公司三亞店
	瓊海市	1	海南廣藥晨菲大藥房連鎖有限公司瓊海富海分店
河北省	保定市	3	保定古城醫藥有限公司古城大藥房
	滄州市	5	滄州陽光本草大藥房連鎖有限公司欣怡店
	邯鄲市	1	河北仁泰醫藥連鎖有限公司邯鄲醫藥城分公司
	衡水市	2	國藥樂仁堂衡水醫藥有限公司第一藥房
	秦皇島市	2	華潤秦皇島醫藥有限公司醫藥商場
	石家莊市	7	國藥樂仁堂河北藥業有限公司石家莊國藥店
			石家莊鄰客智慧藥房有限公司
			石家莊潤益祥大藥房有限公司
	唐山市	2	國藥河北樂仁堂醫藥連鎖有限公司唐山勝利路店
	邢臺市	1	國藥樂仁堂邢臺醫藥有限公司中興東大街店
河南省	安陽市	2	華潤安陽醫藥有限公司新稀特大藥房
	鶴壁市	2	河南潤禾貳拾肆小時醫藥連鎖有限公司浚縣浚州大道分店
	商丘市	1	國藥控股商丘有限公司凱旋路大藥房
	開封市	1	開封百姓新特藥業有限公司
	洛陽市	2	華潤洛陽醫藥有限公司新稀特大藥房
	南陽市	2	華潤南陽醫藥有限公司新稀特大藥房
	平頂山市	6	國藥控股平頂山有限公司第一人民醫院便民藥房
	濮陽市	2	國藥控股濮陽有限公司黃河東路藥房
	新鄉市	4	河南潤禾貳拾肆小時醫藥連鎖有限公司新鄉平原路店
	許昌市	1	許昌大參林新特藥有限公司
	鄭州市	15	國藥控股河南股份有限公司大學路店
			華潤河南醫藥有限公司新稀特大藥房
			河南銀星大藥房有限公司
			國藥控股河南股份有限公司管城區東大街店
	周口市	1	國藥控股周口有限公司中心大藥房
	駐馬店市	2	國藥控股駐馬店有限公司通達大藥房
黑龍江省	大慶市	2	大慶市世一大藥房連鎖有限公司福佳醫藥分店
	哈爾濱市	17	華潤黑龍江醫藥有限公司哈爾濱德信行大藥房
			哈爾濱致和醫藥有限公司
			哈藥集團醫藥有限公司新藥特藥商店
	佳木斯市	1	華潤佳木斯醫藥有限公司光華街德信行大藥房

省份	城市	藥房數量	藥房示例
黑龍江省	雞西市	1	雞西雞礦醫院有限公司
	綏化市	1	安達市醫院
湖北省	恩施土家族苗族自治州	8	國藥控股恩施有限公司國藥控股專業藥房
	黃岡市	1	國藥控股黃岡有限公司康正大藥房
	黃石市	2	國藥控股（湖北）漢口大藥房有限公司黃石路店
	荊門市	4	國藥控股荊門有限公司沙洋便民藥房
	荊州市	7	荊州市健之安藥品銷售有限公司
	十堰市	11	國藥控股濟安大藥房連鎖十堰有限公司六堰店
	武漢市	13	老百姓大藥房連鎖（湖北）有限公司武漢彭劉楊路店
			國藥控股（湖北）漢口大藥房有限公司體育館店
			國藥控股（湖北）漢口大藥房有限公司健康穀分店
	鹹寧市	1	國藥控股鹹寧有限公司溫泉藥房
	襄陽市	15	天濟大藥房連鎖有限公司十六分店
	宜昌市	4	國藥控股宜昌有限公司萬達大藥房
	鄂州市	1	國藥控股鄂州有限公司中心大藥房
	潛江市	1	國藥控股湖北江漢有限公司橫堤路藥房
	隨州市	1	隨州中心大藥房有限公司
	天門市	2	國藥控股天門有限公司國大藥房
	孝感市	1	國藥控股孝感有限公司長征路大藥房
湖南省	常德市	5	國藥控股湖南維安大藥房連鎖有限公司常德店
	郴州市	5	郴州市正德向善大藥房有限公司
	衡陽市	8	老百姓大藥房連鎖股份有限公司衡陽蒸湘北路分店
	懷化市	5	國藥控股湖南維安大藥房連鎖有限公司懷化店
	婁底市	2	湖南華益潤生大藥房有限公司婁底石馬店
	邵陽市	5	國藥控股湖南維安大藥房連鎖有限公司邵陽店
	湘潭市	4	國藥控股湖南維安大藥房連鎖有限公司湘潭店
	湘西土家族苗族自治州	3	國藥控股湖南維安大藥房連鎖有限公司吉首店
	益陽市	4	國藥控股湖南維安大藥房連鎖有限公司益陽店
	永州市	4	國藥控股湖南維安大藥房連鎖有限公司永州店
	岳陽市	6	國藥控股湖南維安大藥房連鎖有限公司岳陽店
	張家界市	1	國藥控股湖南維安大藥房連鎖有限公司張家界店
	長沙市	24	國藥控股湖南維安大藥房連鎖有限公司附一店
			湖南達嘉維康醫藥產業股份有限公司五一路分店
			長沙鄰客智慧大藥房有限公司
	株洲市	4	湖南華益潤生大藥房有限公司株洲濱江南路店
吉林省	吉林市	2	國藥控股吉林市大藥房有限公司北京路連鎖店
	通化市	3	國藥控股通化有限公司勝利路藥房
	延邊朝鮮族自治州	1	國藥控股專業藥房延邊連鎖有限公司新興街店
	白山市	1	國藥控股通化大藥房有限公司新華路店（白山市）

省份	城市	藥房數量	藥房示例
吉林省	長春市	8	吉林省大格新特藥連鎖有限公司平治店
			長春大格大藥房有限公司紅旗店
江蘇省	常州市	7	江蘇潤天醫藥連鎖藥房有限公司金壇新特藥店
	淮安市	5	淮安廣濟醫藥連鎖有限公司淮陰區藥店
	連雲港市	1	江蘇潤天醫藥連鎖藥房有限公司連雲港第一藥店
	南京市	31	江蘇潤天醫藥連鎖藥房有限公司南京解放路藥房
			南京德眾堂大藥房有限公司
			南京醫藥股份有限公司第一藥店
			南京延順堂大藥房有限公司
	南通市	6	國藥控股南通有限公司恒康堂大藥房
	蘇州市	16	華潤蘇州禮安醫藥連鎖總店有限公司第六十七醫藥商店
			蘇州德軒堂藥房有限公司
			蘇州雷允上國藥連鎖總店有限公司滄浪藥店
	泰州市	7	江蘇潤天醫藥連鎖藥房有限公司泰州迎春路店
	無錫市	6	江蘇潤天醫藥連鎖藥房有限公司無錫清揚路藥店
			無錫匯華強盛醫藥連鎖有限公司廣瑞路門市部
	宿遷市	2	江蘇潤天醫藥連鎖藥房有限公司宿遷第一人民醫院藥店
	徐州市	13	江蘇潤天醫藥連鎖藥房有限公司徐州新特藥店
			江蘇省徐州市恩華統一醫藥連鎖銷售有限公司恩華第八藥店
	鹽城市	5	鹽城東方紅大藥房有限公司鹽阜大藥房
	揚州市	6	國藥控股揚州大藥房連鎖有限公司第一新特藥房
	鎮江市	3	鎮江存仁堂醫藥連鎖有限責任公司夢溪藥店
江西省	贛州市	5	江西黃慶仁棧華氏大藥房有限公司贛州晨暉藥店
	吉安市	2	江西黃慶仁棧華氏大藥房有限公司吉安市車站分店
	撫州市	1	江西黃慶仁棧華氏大藥房有限公司九洲大藥房總店
	景德鎮市	1	江西黃慶仁棧華氏大藥房有限公司景德鎮種德堂總店
	九江市	5	江西黃慶仁棧華氏大藥房有限公司九江市朝陽連鎖門店
	南昌市	15	江西黃慶仁棧華氏大藥房有限公司南昌市永外藥店
			南昌市上普大藥房有限責任公司
	萍鄉市	2	江西黃慶仁棧華氏大藥房有限公司萍鄉市健康藥店
	新餘市	2	江西匯仁堂藥品連鎖股份有限公司新餘抱石大道店
	上饒市	2	江西黃慶仁棧華氏大藥房有限公司鴻春堂信江大藥房
	宜春市	1	江西黃慶仁棧華氏大藥房有限公司天成總店天成藥號
	鷹潭市	1	江西黃慶仁棧華氏大藥房有限公司鷹潭市慶裕堂中心店
遼寧省	鞍山市	1	鞍山市腫瘤醫院
	朝陽市	1	國大藥房（朝陽）仁愛藥房有限公司
	大連市	19	大連德信行潤德堂大藥房有限公司
			大連美羅大藥房連鎖有限公司聯合路店
			大連三合緣藥房有限公司
	丹東市	3	丹東市老天祥大藥房有限公司
	錦州市	2	錦州三合緣藥房有限公司
	盤錦市	1	瀋陽三合緣藥房有限公司盤錦店

省份	城市	藥房數量	藥房示例
遼寧省	瀋陽市	15	瀋陽三合緣藥房有限公司大東店
			瀋陽麥若可藥房有限責任公司
			瀋陽麥若可藥房有限責任公司和平店
內蒙古自治區	包頭市	3	包頭市腫醫新特藥大藥房有限公司
	鄂爾多斯市	1	內蒙古上藥科園大藥房有限公司
	呼和浩特市	4	內蒙古潤藥安蓓大藥房有限公司
			國藥控股國大藥房內蒙古有限公司第一門店
	通遼市	1	國藥控股通遼有限公司關愛大藥房
	呼倫貝爾市	1	國藥控股國大藥房呼倫貝爾有限公司海拉爾區二店
寧夏回族自治區	銀川市	9	銀川鄰客智慧大藥房有限公司
青海省	西寧市	4	青海省醫藥有限責任公司夏都大街大藥房
山東省	德州市	7	德州國藥大藥房有限公司
	東營市	1	東營天成國藥大藥房有限公司
	菏澤市	2	菏澤潤藥醫藥有限公司
	濟南市	14	山東國藥關愛大藥房有限公司濟南經三路店
			濟南鄰客大藥房有限公司
			濟南潤生新藥特藥大藥房有限公司
			濟南上藥眾協大藥房有限公司
	濟寧市	3	濟寧新華魯抗大藥房有限公司古槐路新華魯抗大藥房
	日照市	1	國藥控股日照有限公司棗莊路店
	聊城市	3	聊城國藥大藥房有限公司
	臨沂市	3	臨沂德信行惠友大藥房有限公司
	青島市	16	青島百洋健康藥房連鎖有限公司第二藥店
			青島市海王星辰健康藥房連鎖有限公司南京路店
			青島豐碩堂醫藥連鎖有限公司第二十二大藥房
	泰安市	2	泰安國泰民安大藥房連鎖有限公司中心店
	威海市	8	煙臺德信行惠友大藥房有限公司威海分公司
	濰坊市	2	濰坊國藥大藥房有限公司
	煙臺市	8	煙臺德信行惠友大藥房有限公司
	棗莊市	3	棗莊國藥大藥房有限公司
	淄博市	2	淄博國藥關愛大藥房有限公司
山西省	大同市	4	國藥山西國康大藥房連鎖有限公司大同三院店
	汾陽市	1	國藥山西國康大藥房汾陽醫院店有限公司
	晉城市	2	國藥山西國康大藥房晉城澤州醫院店有限公司
	臨汾市	1	國藥集團臨汾有限公司國康大藥房
	呂梁市	2	國藥山西國康大藥房連鎖有限公司呂梁劉家灣店
	太原市	11	華潤山西康興源醫藥有限公司新特藥大藥房
			國藥集團山西有限公司零售一部
	忻州市	1	國藥山西國康大藥房連鎖有限公司忻州市公園街店
	運城市	2	國藥山西國康大藥房運城中心店有限公司
陝西省	安康市	1	西安怡康醫藥連鎖有限責任公司安康興安東路連鎖店

省份	城市	藥房數量	藥房示例
陝西省	寶雞市	3	西安怡康醫藥連鎖有限責任公司寶雞二店
	漢中市	3	西安怡康醫藥連鎖有限責任公司漢中康復路店
	商洛市	1	商洛怡康醫藥連鎖有限責任公司北新街二店
	渭南市	1	西安怡康醫藥連鎖有限責任公司渭南熙園公館店
	西安市	25	上藥科園信海陝西醫藥有限公司西安新特藥大藥房
			西安怡康醫藥連鎖有限責任公司東二店
			國藥控股陝西大藥房有限公司西安長樂西路分店
	咸陽市	2	咸陽怡康醫藥連鎖有限責任公司第十一分店
	延安市	1	延安炎黃人大藥房有限公司中心街店
	榆林市	2	榆林怡悅醫藥有限公司航宇路分公司
上海市	上海市	23	上海雲瑞大藥房有限公司
			上藥雲健康益藥藥房（上海）有限公司中山西路店
			國藥控股健康關愛（上海）大藥房有限公司
			上海躍信藥房有限公司
			上海上醫新特藥商店有限公司
			上海澤鄰德軒堂大藥房有限公司
四川省	成都市	43	國藥集團西南醫藥有限公司武侯區武興四路藥店
			國藥控股四川專業藥房連鎖有限公司金牛區一環路西三段藥房
			四川麥德凱大藥房有限公司
			成都鄰客大藥房有限公司
			成都同康藥房有限責任公司
			四川省晟德藥房有限公司
	達州市	1	國藥控股四川專業藥房連鎖有限公司達州藥房
	德陽市	3	國藥控股德陽有限公司泰山路關愛大藥房
	巴中市	1	國藥控股巴中醫藥有限公司興文關愛大藥房
	涼山彝族自治州	1	國藥控股四川醫藥股份有限公司西昌便民藥房
	瀘州市	3	國藥集團西南醫藥瀘州有限公司江陽分公司
	綿陽市	1	國藥集團西南醫藥自貢有限公司涪城大藥房
	南充市	3	國藥控股四川醫藥股份有限公司南充藥房
	內江市	2	國藥控股內江有限公司第一大藥房
	遂寧市	3	國藥控股四川醫藥股份有限公司遂寧藥房
	宜賓市	5	四川環晟大藥房有限公司
	廣安市	2	國藥醫投民心廣安大藥房有限公司
	自貢市	2	國藥集團西南醫藥自貢有限公司健康藥店
	資陽市	3	國藥控股資陽藥房有限公司
	廣元市	1	國藥控股廣元醫藥有限公司關愛大藥房
	眉山市	1	國藥控股四川醫藥股份有限公司眉山藥房
	攀枝花市	4	國藥集團攀枝花醫藥有限公司華山藥房
			國藥控股四川醫藥股份有限公司攀枝花益康街藥房
	雅安市	3	國藥雅安藥房有限公司
			國藥控股四川醫藥股份有限公司雅安藥房

省份	城市	藥房數量	藥房示例
天津市	天津市	21	天津德信行大藥房有限公司第二十一店
			天津博康勝家大藥房有限公司
			天津隆昇合藥品銷售有限公司
			天津益大天眾藥房有限公司
			天津德信行大藥房有限公司第三店
新疆維吾爾自治區	伊犁哈薩克自治州	1	國藥控股國大藥房新疆新特藥業連鎖有限責任公司伊寧市第一藥店
	石河子市	2	國藥控股新疆新特藥專業藥房連鎖有限公司石河子市第三藥房
	阿克蘇地區	1	國藥控股國大藥房新疆新特藥業連鎖有限責任公司阿克蘇市分店
	烏魯木齊市	12	國藥控股新疆新特藥專業藥房連鎖有限公司烏魯木齊安居北路分店
			新疆濟康大藥房醫藥連鎖有限責任公司烏魯木齊第一三一分店
	昌吉回族自治州	1	國藥控股國大藥房新疆新特藥業連鎖有限責任公司昌吉十二分店
	巴音郭楞蒙古自治州	1	國藥控股國大藥房新疆新特藥業連鎖有限責任公司庫爾勒市廣場藥店
雲南省	楚雄彝族自治州	2	國藥控股楚雄益爾健大藥房有限公司
	大理白族自治州	1	雲南省醫藥有限公司新特藥大理市古城零售店
	德宏傣族景頗族自治州	1	雲南省醫藥有限公司新特藥德宏零售店
	昆明市	20	國藥控股雲南有限公司大藥房
			國藥控股昆明大藥房有限公司金碧大藥房
			雲南省醫藥有限公司新特藥麻園零售店
浙江省	杭州市	24	杭州全德堂藥房有限公司
			浙江英特怡年藥房連鎖有限公司杭州半山店
			杭州海王星辰健康藥房有限公司新市街店
	湖州市	3	浙江英特怡年藥房連鎖有限公司湖州醫院巷店
	嘉興市	7	嘉興全德堂藥房有限公司
	金華市	4	金華愛倍生大藥房有限公司
	麗水市	1	英特一洲（溫州）醫藥連鎖有限公司麗水括蒼路店
	寧波市	8	上藥控股寧波醫藥股份有限公司大藥房
			寧波愛倍生大藥房有限公司
	衢州市	2	浙江英特怡年藥房連鎖有限公司衢州柯城下街店
	紹興市	1	紹興華虞大藥房有限公司昌安西街藥店
	臺州市	14	臺州愛倍生大藥房有限公司
			浙江英特怡年藥房連鎖有限公司臺州東海大道二店
	溫州市	10	國藥控股附益大藥房溫州有限公司
			溫州愛倍生謝池大藥房有限公司
重慶市	重慶市	21	重慶和平新健康欣特健康管理連鎖有限公司大坪店
			重慶和平新健康欣特健康管理連鎖有限公司萬州店
			重慶和平新健康欣特健康管理連鎖有限公司渝中藥事服務中心