综合健康意外保险服务手册

Comprehensive Medical and Accident Insurance Handbook

宁波诺丁汉大学

University of Nottingham Ningbo China

目录

Ⅰ Profile of China Pacific Insurance (Group) Co., Ltd.

China Pacific Insurance (Group) Co., Ltd. (hereinafter referred to as "CPIC" or "the Company") is an insurance group established based on the former China Pacific Insurance Corporation, which was founded on 13 May 1991. Headquartered in Shanghai, CPIC is a leading integrated insurance group with its A and H shares listed on the Shanghai and Hong Kong stock exchanges, respectively.

CPIC has been dedicated to expanding its lines of insurance business by obtaining the full range of licenses that exist in the insurance industry chain. It offers life and property insurance products, asset management, on-line services, endowment insurance, health insurance, and crop insurance through its specialized subsidiaries. CPIC has established nationwide marketing network and diversified service platforms, allowing itself to provide a broad range of risk prevention solutions, investment, as well as wealth management and asset management services.

CPIC adheres to its mission of "Becoming a Responsible Insurance Company" and its core corporate value of "Integrity, Steadiness, and the Pursuit of Excellence" by incorporating its corporate social responsibility into its business model and creating value for its customers, shareholders, employees, industry, society, and the environment and other stakeholders. CPIC has been widely recognized and was granted the "Outstanding Enterprise Award" for the List of Corporate Social Responsibilities of Enterprises in China for six consecutive years.

Ⅱ Contact Us

24-hour hot line: 10108686

The hot line service is available 24/7. You may dial the hot line by land or mobile phone nationwide. Leave a message for us anytime during off-hours or when you have any questions, and we will reply within one business day.

Short Message Notice: Following the closing of an insurance claim, you may receive a short message as a notice of closing the claim so that you will stay informed of the result of the claim.

How to submit your insurance claims: First send the scanned materials for your insurance claim to nottingham@cpic.com.cn to confirm whether or not your claim documents are complete. Following confirmation by the email, you need to bring the materials to GEO@theHub (Amy Shi). A person designated by the insurance company will collect the materials every month at the University.

Ⅲ Insurance Scheme Overview

3.1 Insurance Program

(Currency: CNY)

Insurance Products	Description	Amount Covered	Risks Covered
Group Accident Insurance	Accidental death or disability	200,000	Accidental death or disability
Additional Group Medical Care Insurance for Accidental Injury (Type B)	Accidental outpatient (emergency) care and accidental inpatient care	50,000	Within the scope of social medical insurance, 100% compensation for outpatient and hospitalization.
Group Medical Care Insurance (Type B)	Outpatient (emergency) care caused by disease	20,000	Within the scope of social medical insurance, 100% compensation for outpatient care; Outpatient annual deductible: RMB 500.00; No outpatient deductible at UNNC Clinic, but limited to daily limitation in amount of RMB 100
	Inpatient care	400,000	Within the scope of social medical insurance, 100% compensation for hospitalization. Extend to Class B

3.2 Special Provisions:

- **Pre-existing Medical Conditions:**
  For the general pre-existing conditions that is declared and approved, the insurance could cover the related expenses. The pre-exisitng major diseases as below and any condition arising therefrom or associated therewith. malignant tumors, heart disease (Class II heart failure and above), myocardial infarction, leukemia, aplastic anemia, cirrhosis, hypertension (class II or above), chronic kidney disease, chronic obstructive pulmonary disease, cerebrovascular disease, diabetes, congenital diseases, mental diseases, epilepsy, specific infectious diseases, AIDS, and sexually transmitted diseases are not covered.

- **The designated hospitals** means the ordinary departments of public hospitals of Class II and above based in mainland China. Any public hospital nearby is acceptable in case of emergency care, and the insured shall be transferred to the designated hospital if he or she reaches a stable condition after the emergency care. The University of Nottingham Ningbo (UNNC) Clinic and ZheJiang University Mingzhou Hospital are the designated hospitals.
  However, if the Insured is under treatment at a branch hospital of public hospitals, inpatient area for foreigners, inpatient care area for VIPs, private ward, Class A ward, separate ward, ward or inpatient area for special treatment and needs, ward for high-ranking officials, or similar ward or inpatient care, then any and all medical expenses arising out of such treatment shall not be reimbursed.

- Any medical expenses shall be limited to coverage of local social medical insurance, any full or partial out-of-pocket items shall be not covered.

- If a third party has partially or fully paid any above-mentioned medical expenses, a claim against only the remaining amount of reasonable expenses that are within the reimbursable limit by the local social medical insurance shall be accepted by CPIC. However, a limited portion of the expenses for a ward bed, nursing, outpatient and emergency treatment mentioned in the risks covered shall also be limited; if a third party has deducted the claimed amount based on its claim settlement ratio for the limited proportion, CPIC shall pay only the remaining amount after such a deduction. If the third party gives no claim settlement ratio, then the limited proportion shall be subject to the standard under the local social medical insurance. Based on the limited proportion, a standard amount shall be deducted from the item and the remaining amount shall be covered but subject to the amount covered.

- The medical liabilities arising during the period of engaging in a work-study program (not internship) shall not be covered.

- Additional Group Medical Care Insurance for Accidental Injury: Extend the liability for dental treatment due to an accidental injury.

Note: Matters not mentioned herein shall be subject to the stipulated terms of the insurance policy. In case of any dispute arises out of the contents mentioned above, the interpretation in Chinese shall prevail.

Ⅳ Risks Covered

4.1 Amount covered by accidental injury insurance

- In the event of an accidental injury incident that directly leads to the death of the Insured within 180 days following the occurrence thereof, CPIC shall pay the amount covered by the accidental death insurance of the Insured and CPIC's insurance liabilities for the said Insured shall be terminated.

- In the event of an accidental injury incident which directly leads to any injury/disability of the Insured within 180 days following the occurrence thereof and such injury/disability is included in the list of injuries and disabilities provided in the Assessment Criteria and Codes for Injuries and Disability in Personal Insurance (promulgated by China Insurance Regulatory Commission, CIRC [2014] No. 6, coded: JR/T 0083-2013), CPIC shall assess the injury/disability pursuant to the said Criteria and pay an amount which is equal to the benefit percentage stipulated in the said Criteria multiplied by the amount covered of the Insured. In case the treatment has not been completed within 180 days following the occurrence of the accidental injury incident, such injury/disability assessment shall be performed on the 180th day following the occurrence of the said incident and the accidental disability benefit shall be disbursed based on the assessment result.

- Under any circumstances, CPIC's liabilities for the Insured shall be terminated when the cumulative amount of any benefit(s) reaches the amount covered for the Insured.

Note: *Assessment Criteria and Codes for Injuries and Disability in Personal Insurance* are available at the website of Insurance Association of China.

4.2 Additional Group Medical Care Insurance for Accidental Injury

- In case the Insured receives outpatient (emergency) care at a designated medical institution as a result of an accidental injury, CPIC shall disburse the insured for outpatient (emergency) care expenses which are calculated using the following formula; however, the disbursement amount shall be limited to the amount covered for the Insured:
  Amount covered for outpatient (emergency) care = (Aggregate of four medical expenses of the insured i.e. expenses of treatment, examination, surgery, and medicine which are in line with the rating regulations and not exceeding the limit prescribed by the medical insurance policies by the local government of the place where the insurance policy is issued) × 100%.

- In case the Insured receives inpatient care at a designated medical institution as a result of an accidental injury, CPIC shall disburse the inpatient care expenses which are calculated using the following formula; however, the disbursement amount shall be limited to the amount covered for the insured:
  Amount covered for inpatient care = (Aggregate of five medical expenses of the Insured i.e. expenses of treatment, examination, surgery, medicine, and ward bed which are in line with the rating regulations and not exceeding the limit prescribed by the medical insurance policies by the local government of the place where the insurance policy is issued) × 100%.

- In no event should the aggregate outpatient (emergency) care benefit and inpatient care benefit disbursed by CPIC once or more than once cumulatively during the insurance period to the same insured exceed the amount covered for the insured. The insurance liabilities of CPIC to the Insured shall be terminated when such aggregate benefits reach the amount covered for the insured.

Example: Accidental injuries such as bruises of bumps, burns, sprained ankles, accidental cut-wound when cutting vegetables, scratches, and bites by cats and dogs. Reimbursement equation: total amount of reasonable expenses × 100% = reimbursable amount (the total amount of reasonable expenses shall exclude the self-paid or partly self-paid expenses according to the local social medical insurance).

4.3 Group Outpatient or Emergency Medical Care Insurance

- In case the Insured receives outpatient (emergency) medical care at a designated medical institution as a result of an illness which occurs after observation period, CPIC shall disburse the outpatient (emergency) care expenses which are calculated using the following formula and not exceeding the maximum expenses per outpatient (emergency) care and the amount covered for the Insured:
  Amount covered for outpatient (emergency) care = (Aggregate of four medical expenses of the Insured i.e. costs of treatment, examination, surgery and medicine which are in line with the rating regulations and not exceeding the limit prescribed by the basic medical insurance policies by the local government of the place where the insurance policy is issued – Annual Deductible).

- The foregoing maximum benefit per outpatient (emergency) care, deductible, and disbursement ratio shall be determined by the Policyholder and CPIC at the time when the person was insured.

- The foregoing deductible and disbursement ratio shall be determined by the Policyholder and CPIC at the time when the person was insured.

- In no event should the aggregate outpatient (emergency) care benefit and inpatient care benefit disbursed by CPIC once or more than once cumulatively during the insurance period to the insured exceed the amount covered for the Insured. The insurance liability of CPIC to the Insured shall be terminated when such aggregate benefits reach the amount covered for the insured.

Example: If the Insured is under treatment of outpatient or emergency for fever, sudden abdominal pain, faint, and inflammation etc.
Reimbursement equation: (total expance - 500 annual limit) × 100% = reimbursable amount (the reasonable expensese shall exclude the self-paid expenses stipulated by the local regulations of the social basic medical insurance) .

Annual Deductible: Deductible shall mean to the amount of expenses that an insured person has to pay out of pocket before reimbursement begins.

4.4 Group Inpatient Medical Care Insurance

- In case the Insured receives inpatient care at a designated medical institution as a result of an illness or accidental injury which occurs after the observation period, CPIC shall disburse the Insured for inpatient care expenses that are calculated using the following formula and not exceeding the amount covered for the Insured:
  Amount covered for inpatient care = (Aggregate of five medical expenses of the insured person i.e. costs of treatment, examination, surgery, medicine, and ward bed which are in line with the rating regulations and not exceeding the limit prescribed by the basic medical insurance policies by the local government of the place where the insurance policy is issued – Deductible) × Disbursement Ratio.

- The foregoing deductible and disbursement ratio shall be determined by the policyholder and CPIC at the time when the person was insured.

- In no event should the aggregate inpatient care benefit disbursed by CPIC once or more than once cumulatively during the insurance period for the insured exceed the amount covered for the Insured. The insurance liabilities of CPIC to the Insured shall be terminated when such aggregate benefits reach the amount covered for the Insured.

V Documents for Insurance Claims

The following documents should be submitted in accordance with Chapter II Contact Us -- How to submit your insurance claims.

Document / Risks covered	Accidental Death	Accidental Injury or Disability	Outpatient (emergency) Medical Treatment	Inpatient Treatment
Original insurance claim form	√	√	√	√
Valid ID certificate of the Insured	√	√	√	√
Valid ID certificate of the beneficiary	√			
Certificate of relationship with the beneficiary	√			
Death certificate	√			
Injury or disability certificate		√		
Original medical expense invoice			√	√
Original medical expense settlement statement and the breakdown statement			√	√
Outpatient (emergency) record		√	√	√
Discharge Summary		√		√
Surgery certificate, pathological and microscopic examination report, and electrocardiography report			△	△
Accident certificate (in case of a traffic accident, a liability confirmation of traffic accident from a traffic authority is required)	√	√	△	△
Original authorization for transfer of claimed amount and copy of a bankcard	√	√	√	√

Note:

- Exam/Test reports refer to the results of the necessary pathological, blood, imaging, and other scientific exams/tests.
- "△" marked in the table means the relevant document would be required if available.
- If the holder of the beneficiary account is not the Insured, an authorization letter for transfer of the claimed amount should be provided.
- Legal beneficiary: After the death of the Insured, under any of the following circumstances, CPIC shall fulfill its obligation to pay the insurance claim (as the Insured's heritage) in accordance with the provisions of the Inheritance Law of the People's Republic of China:

  - No beneficiary is designated or such designation is ambiguous and unidentifiable;

  - Death of the beneficiary(ies) occurs before death of the Insured and no any other beneficiary exists;

  - The right of the beneficiary(ies) is forfeited by law or waived and no any other beneficiary exists.

  In the event that the Insured and the beneficiary(ies) died from the same incident and the sequence of their deaths cannot be determined, the beneficiary(ies) shall be presumed dead before the Insured.

  In case the beneficiary (ies) deliberately caused death or injury/disability of the Insured, or attempts to murder the Insured, the right of such beneficiary (ies) shall be forfeited.
- According to the policy clauses, your right to claim any benefits against CPIC may be invalidated if such rights have not been exercised within two years after you are aware of the occurrence of the incident.
- In addition to the above mentioned materials, the claimant may provide other materials available that would be used to testify as to the cause of the incident, including the diagnosis & treatment documents and other evidence that is related to the insurance claim, such as the verdict of traffic accident liability, letter of authorization, accident evidence, relationship certificate, etc.

VI Exclusions

6.1 Insurance Benefits for Accidental Injury

If the Insured dies, is injured, or suffers a burn injury under any of the following circumstances, the insurance company shall not be liable to pay any insurance benefits for the accidental injury:

- The policyholder kills or injures the Insured intentionally;
- The Insured deliberately commits any crime or resists any lawful criminal enforcement measures;
- The Insured commits suicide, except that the Insured is a person with no capacity for civil conduct at the time when he/she commits suicide;
- The Insured is drunk, fights, or voluntarily takes or injects drugs;
- The Insured drives under the influence of alcohol, without a valid driver license, or drives a motor vehicle with no valid road-worthiness certificate;
- The Insured is injured due to pregnancy (including cesarean), miscarriage, or childbirth (including cesarean delivery);
- The Insured is injured due to medical accident or drug allergy;
- Any accidents occur with respect to the Insured due to mental disorder;
- The Insured takes medicine without following a doctor's advice, except for over-the-counter (OTC) medicine taken in accordance with the instructions.
- The Insured takes part in high risk activities such as diving, parachuting, rock climbing, piloting a glider or a paraglider, exploring, wrestling, martial art competition or stunt run, horse racing, or auto racing;
- War, military conflict, riot, or armed rebellion;
- Nuclear explosion, nuclear radiation, or nuclear contamination.

6.2 Additional Group Medical Care Insurance for Accidental Injury

The insurance company shall not be liable to pay the insurance benefits with respect to the following expenses or if the Insured receives outpatient (emergency) medical care under any of the following circumstances:

- The excluded items specified in Benefits for Accidental Injury;
- Medical treatments received in respect of non-accidental injuries;
- Orthopedic & reconstructive surgery, cosmetic/plastic therapy, organ transplantation or organ repairs, installation and purchase of disability equipment (for instance, wheelchair, artificial limbs, hearing aids, artificial eyes, glasses, or artificial teeth, and etc.);
- General health examination, recuperation, rehabilitation treatment, physiotherapy, and psychological counseling or therapy;
- The medical expenses incurred by the Insured at any medical institutions not designated by the insurance companies;
- The portion of the medical expenses incurred by the Insured, which has been reimbursed by any third parties according to laws.

6.3 Group Outpatient or Emergency Medical Care Insurance

The insurance company shall not be liable to pay insurance benefits with respect to the following expenses or if the Insured receives outpatient (emergency) medical care under any of the following circumstances:

- Medical treatment caused by accidental injuries;
- The policyholder's intentional act;
- Diseases or injuries caused by the Insured, except that the Insured is a person with no capacity for civil conduct at the time when he/she commits suicide;
- Disability, unreported pre-existing symptoms, and illnesses not specifically covered by the insurance policy before the Insured is insured;
- The Insured deliberately commits any crime or resists any lawful criminal enforcement measures;
- A fight, attack, or murder caused by an Insured's provocation or deliberate act;
- The Insured takes, injects, or uses medicine without following a doctor's advice;
- The expenses with respect to orthopedic & reconstructive surgery, cosmetic/plastic therapy or organ repairs, installation and purchase of disability equipment (for instance, wheelchair, artificial limbs, hearing aids, artificial eyes, artificial teeth ,glasses, or artificial teeth, and etc.);
- The Insured's pregnancy, abortion, abortion, childbirth (including caesarean section), contraception, birth control sterilization, treatment of infertility, artificial insemination, or the complications caused by the aforementioned cases;
- The Insured conducts general health checkups, convalescence, rehabilitation, psychological counseling or treatment, or conducts medical activities for the purpose of donating body organs;
- The Insured engages in high-risk sports and activities such as diving, skydiving, skiing, water skiing, hang gliding, hunting, rock climbing, adventuring, martial arts, wrestling, stunts, horse racing, racing, bungee jumping;
- The Insured's congenital malformations, deformations, and chromosomal abnormalities (subject to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) issued by the World Health Organization);
- The Insured suffers from STDs, mental and behavioral disorders (subject to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) issued by the World Health Organization);
- The Insured suffers from occupational diseases;
- The Insured suffers from disc herniation (including disc bulging, disc herniation, intervertebral disc prolapse, free disc, etc.), and endemic disease;
- The Insured‘s cosmetic surgery, cosmetology, orthopedic, surgical plastic surgery, transsexual surgery, preventive surgery (e.g. preventive appendectomy);
- Terrorist attacks;
- Any explosion, burn, pollution or radiation caused by biological, chemical, atomic energy, atomic or nuclear energy installations;
- The insurer shall not be liable for the payment of insurance benefits if the Insured suffers injury or suffers from illness resulting in treatment or expenses during the following periods:
  i) During the period of mental disorder or insanity of the Insured;
  ii) During war, military operations, riots, or armed rebellions;
  iii) During the period in which the Insured is drunk or affected by drugs or controlled drugs;
  iv) During any event of drunk driving by the Insured, driving without a valid driver's license, or driving a motor vehicle without a valid driving license.

6.4 Group Inpatient Medical Care Insurance

The insurance company shall not be liable to pay the insurance benefits with respect to the following expenses or if the Insured receives inpatient medical care under any of the following circumstances:

- The policyholder's intentional act;
- Diseases or injuries caused by the Insured, except that the Insured is a person with no capacity for civil conduct at the time when he/she commits suicide;
- Disability, unreported pre-existing symptoms, and illnesses not specifically covered by the insurance policy before the Insured is insured;
- The Insured deliberately commits any crime or resists any lawful criminal enforcement measures;
- A fight, attack, or murder caused by an Insured's provocation or deliberate act;
- The Insured takes, injects, or uses medicine without following a doctor's advice;
- The expenses with respect to orthopedic & reconstructive surgery, cosmetic/plastic therapy or organ repairs, installation and purchase of disability equipment (for instance, wheelchair, artificial limbs, hearing aids, artificial eyes, artificial teeth ,glasses or artificial teeth, and etc.);
- The Insured's pregnancy, abortion, abortion, childbirth (including caesarean section), contraception, birth control sterilization, treatment of infertility, artificial insemination, or the complications caused by the aforementioned circumstances;
- The Insured conducts general health checkups, convalescence, rehabilitation, psychological counseling or treatment, or conducts medical activities for the purpose of donating body organs;
- The Insured engages in high-risk sports and activities such as diving, skydiving, skiing, water skiing, hang gliding, hunting, rock climbing, adventuring, martial arts, wrestling, stunts, horse racing, racing, bungee jumping;
- Congenital malformations, deformations, and chromosomal abnormalities in the Insured (subject to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) issued by the World Health Organization);
- The Insured is with STDs, mental, and behavioral disorders (subject to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) issued by the World Health Organization);
- The Insured suffers from occupational diseases;
- The Insured suffers from disc herniation (including disc bulging, disc herniation, intervertebral disc prolapse, free disc, etc.), and endemic disease;
- The Insured‘s cosmetic surgery, cosmetology, orthopedic, surgical plastic surgery, transsexual surgery, preventive surgery (e.g. preventive appendectomy);
- Terrorist attacks;
- Any explosion, burn, pollution, or radiation caused by biological, chemical, atomic energy, atomic or nuclear energy installations;
- The insurer shall not be liable for the payment of insurance benefits if the Insured suffers injury or suffers from illness resulting in treatment or expenses during the following periods:
  i) During the period of mental disorder or insanity of the Insured;
  ii) During war, military operations, riots, or armed rebellions;
  iii) During the period in which the Insured is drunk or affected by drugs or controlled drugs;
  iv) During the time when the Insured had been drunk driving, driving without a valid driver's license or driving a motor vehicle without a valid driving license.

Appendix 1. Definition of Emergency Care

Emergency care is deemed in case of the following situations:

- The high fever (above 38.5 degree Celsius);
- Acute stomach pain, severe vomiting, serious diarrhea;
- Shock, coma; epileptic seizure due to various reasons;
- Severe wheezing, dyspnea;
- Acute chest pain, acute heart failure, serious heart arrhythmia;
- Hypertension crisis, hypertension brain, cerebrovascular;
- Acute bleeding for various reasons, acute urinary bleeding, anuretic, blood block, renal colic;
- Acute poisoning for various reasons (such as food or medicine poisoning);
- Traumatic brain injury, fracture, dislocation, avulsion, burning, or other acute injury;
- Bites of various poisonous animals, insect bite, acute allergic disease;
- The five sense organs and the respiration, blockage of the esophagus, acute eye pain, red or swollen eyes, eyesight obstacle and injury;
- The disease of a baby at zero to two-month.

In case of any dispute over the contents above, the interpretation in Chinese shall prevail.

目录

Ⅰ 太平洋保险集团介绍

中国太平洋保险（集团）股份有限公司（以下简称“太平洋保险”、“公司”）是在1991年5月13日成立的中国太平洋保险公司的基础上组建而成的保险集团公司，总部设在上海，是国内领先的“A+H”股上市综合性保险集团。

太平洋保险不断完善保险产业链全牌照布局，旗下拥有寿险、产险、资产管理、在线服务、养老保险、健康保险、农业保险等专业子公司，建立了覆盖全国的营销网络和多元化服务平台，提供全方位风险保障解决方案、投资理财和资产管理服务。

太平洋保险以“做一家负责任的保险公司”为使命，以“诚信天下，稳健一生，追求卓越”为企业核心价值观，将企业社会责任全面融入公司的商业模式中，为客户、股东、员工、行业、社会、环境等利益相关方创造共享价值，受到广泛赞誉，连续六年获中国企业社会责任榜“杰出企业奖”。

II 联系我们

- 全国统一服务热线：10108686

  本热线的服务时间为 24 小时全天候，全国范围内固定电话或手机均可拨打。非人工服务时间或遇到疑难问题您可进行留言，我们会在一个工作日回复您。

- 短信通知：在理赔结案以后，您将收到结案通知短信，让您及时知晓理赔结果。

- 理赔方式： 理赔资料先扫描发邮件到 nottingham@cpic.com.cn，确认资料是否齐全，邮件确认后，将资料自行送到学校负责人 GEO@theHub，保险公司按月派人上门收取理赔资料。

Ⅲ 保险保障内容说明

3.1 保险计划

(货币单位:人民币)

保险险种	保险内容	保险金额	保障范围
团体意外伤害保险	意外身故或伤残	200,000	意外身故或伤残
附加团体意外伤害医疗保险（B 款）	意外门急诊+意外住院	50,000	赔付医保范围内金额，无免赔额，赔付比例 100%。扩展乙类。
团体疾病医疗保险（B 款）	疾病门急诊	20,000	赔付医保范围内金额，拓展门诊丙类药品费。门诊年免赔额 500 元，赔付比例 100%。校医务室门诊免赔额 0 元，日赔付限额 100 元。
	住院	400,000	赔付医保范围内金额，赔付比例 100%， 扩展乙类。

3.2 特别约定：

- **既往症：**承担被保险人投保前因一般既往症引起的医疗责任，不承担投保前严重既往症及其并发症引起的医疗责任

  严重既往症是指：恶性肿瘤、心脏病（心功能不全 II 级以上）、心肌梗塞、白血病、再生障碍性贫血、肝硬化、高血压病（II 级及以上）、慢性肾脏性疾病、慢性阻塞性支气管疾病、脑血管疾病、糖尿病、先天性疾病、精神病、癫痫、特定传染病、艾滋病、性传播疾病。

- **就诊医院范围：**中国大陆公立二级及二级以上医保定点医院普通部，急诊可至就近任意公立医院，病情稳定后需转至约定医院治疗，开放宁波诺丁汉大学校医院、浙江大学明州医院为约定医院。

  但是，若被保险人是在公立医院的分院、外宾病区、VIP 病区、包房、A 等病房、单间、特诊特需病区、特诊特需病房和高干病房等同类病区或病房接受的治疗，则其所有的医疗费用本公司均不予报销。

- 所有医疗保险责任所涉及的医疗费用只限于当地社会基本医疗保险可报销项目内的费用，自费和部分自费项目本公司均不予报销。

- 所有医疗费用，若其它第三方支付了部分或全部费用，我司仅就剩余的、且在当地社会基本医疗保险可报销项目范围内的合理费用予以赔付；但保险责任中所涉及的床位费、护工费、门急诊日限额等限额部分同样受限，如第三方有赔付比例的受限部分按照受限金额为基础扣除已赔付金额,我司只赔付剩余金额,如无赔付比例,受限部分按照当地社会医疗保险的标准,以受限金额为基础扣除此项目的标准金额,赔付剩余金额,并以保险金额为限。

- 不承担在勤工助学（非实习）期间产生的医疗保险责任。

- 附加团体意外伤害医疗保险：扩展承担因意外伤害导致的牙科治疗责任。

注：未尽事宜以保险条款为准。 本手册内容若有争议，以中文的解释为准。

Ⅳ 保险责任

4.1 意外伤害保险金

- 若被保险人遭受意外伤害事故，并因本次意外伤害直接导致被保险人在该意外伤害事故发生之日起180日内身故，本公司按该被保险人对应的保险金额给付意外身故保险金，本公司对该被保险人的保险责任终止。

- 若被保险人遭受意外伤害事故，并因本次意外伤害直接导致被保险人在该意外伤害事故发生之日起180 日内发生《人身保险伤残评定标准及代码》（中国保险监督管理委员会发布，保监发[2014]6 号，标准编号JR/T 0083－2013）中所列的伤残条目，本公司依照该标准规定的评定原则进行评定，并按评定结果所对应该标准规定的给付比例乘以该被保险人对应的保险金额给付意外残疾保险金。如自意外伤害事故发生之日起180日治疗仍未结束的，则按事故发生之日起第180 日的身体情况进行伤残鉴定，并据此给付意外残疾保险金。

- 在任何情况下，当任何一项或数项保险金给付额累计达到该被保险人对应的保险金额时，本公司对该被保险人的全部保险责任终止。

注：《人身保险伤残评定标准及代码》可登陆中国保险行业协会网站查看。

4.2 附加团体意外伤害医疗保险

- 若被保险人遭受意外伤害，在本公司指定的医疗机构进行门（急）诊治疗，本公司以该被保险人对应的保险金额为限，按以下公式计算并给付门（急）诊医疗保险金：

  门（急）诊医疗保险金=（被保险人实际支出的保单签发地政府基本医疗保险管理规定范围内符合费用标准的治疗费、检查费、手术费、药品费等四项医疗费用的金额总和）×100%。

- 若被保险人遭受意外伤害，在本公司指定的医疗机构进行住院治疗，本公司以该被保险人对应的保险金额为限，按以下公式计算并给付住院医疗保险金：

  住院医疗保险金=（被保险人实际支出的保单签发地政府基本医疗保险管理规定范围内符合费用标准的治疗费、检查费、手术费、药品费、床位费等五项医疗费用的金额总和）×100%。

- 在任何情况下，本公司在保险期间内对同一被保险人一次或多次累计给付的门（急）诊医疗保险金和住院医疗保险金以该被保险人对应的保险金额为限。当一次或累计给付的门（急）诊医疗保险金和住院医疗保险金达到该被保险人对应的保险金额时，本公司对该被保险人的保险责任即时终止。

例如：如因磕伤、烧烫伤、崴脚、切菜不小心切着手、猫狗抓咬伤等造成意外伤害事故的；
报销公式：合理费用合计 ×100%=可报销金额（合理费用合计不含当地社会基本医疗保险规定的自费及部分自费费用）。

4.3 团体门急诊医疗保险

- 若被保险人在疾病观察期后因患疾病，在本公司指定的医疗机构进行门（急）诊治疗，本公司以每次门（急）诊给付最高限额及该被保险人对应的保险金额为限，按以下公式计算并给付门（急）诊医疗保险金：
  门（急）诊医疗保险金=（被保险人实际支出的保单签发地政府基本医疗保险管理规定范围内符合费用标准的治疗费、检查费、手术费、药品费等四项医疗费用的金额总和-年度免赔额）。

- 上述每次门（急）诊给付最高限额、免赔额、给付比例由投保人和本公司在投保时约定。

- 上述免赔额、给付比例由投保人和本公司在投保时约定。

- 在任何情况下，本公司在保险期间内对同一被保险人一次或多次累计给付的门（急）诊医疗保险金以该被保险人对应的保险金额为限。当一次或累计给付的门（急）诊医疗保险金达到该被保险人对应的保险金额时，本公司对该被保险人的保险责任即时终止。

例如：如因发烧、突然腹痛、晕倒、身体某处炎症等等在门诊或急诊进行治疗的；
报销公式：（费用总和-500元年度免赔额）× 100%=可报销费用（合理费用合计不含当地社会基本医疗保险规定的自费费用）。

年免赔额：免赔额是指被保险人在偿付开始前必须自付的费用数额。

4.4 团体住院医疗保险

- 若被保险人在疾病观察期后因意外或疾病，在本公司指定的医疗机构进行住院治疗，本公司以该被保险人对应的保险金额为限，按以下公式计算并给付住院医疗保险金：
  住院医疗保险金=（被保险人实际支出的保单签发地政府基本医疗保险管理规定范围内符合费用标准的治疗费、检查费、手术费、药品费、床位费等五项医疗费用的金额总和-免赔额）×给付比例。

- 上述免赔额、给付比例由投保人和本公司在投保时约定。

- 在任何情况下，本公司在保险期间内对同一被保险人一次或多次累计给付的住院医疗保险金以该被保险人对应的保险金额为限。当一次或累计给付的住院医疗保险金达到该被保险人对应的保险金额时，本公司对该被保险人的保险责任即时终止。

V 理赔申请资料

以下理赔资料按第 II 章联系方式中的“理赔方式”提交。

险种 单证名称	意外身故	意外伤残	门急诊医疗	住院医疗
理赔申请书原件	√	√	√	√
被保险人有效身份证明	√	√	√	√
受益人有效身份证明	√			
受益人关系证明	√			
死亡证明	√			
伤残鉴定书		√		
医疗费用收据原件			√	√
医疗费用结算单原件及明细清单			√	√
门急诊病历		√	√	√
出院小结		√		√
手术证明文件及相关病理显微镜检查报告、心电图等相关检查检验报告			△	△
意外事故证明 （如是交通事故须出具交通部门的交通事故责任认定书等）	√	√	△	△
保险金转账授权书原件、银行卡复印件	√	√	√	√

注：

- 检查检验报告时指诊断疾病必要的病理检查、血液检查、影像学检查及其他科学方法的检查、检验结果。
- 上表“△”指如有相应材料，则需提供。
- 如收款账户账户名不是被保险人本人，则需提供保险金转账授权书。
- 法定受益人：被保险人身故后，有下列情形之一的，保险金作为被保险人的遗产，由本公司依照《中华人民共和国继承法》的规定履行给付保险金的义务：
  - 没有指定受益人，或者受益人指定不明无法确定的；
  - 受益人先于被保险人身故，没有其他受益人的；
  - 受益人依法丧失受益权或者放弃受益权，没有其他受益人的。

  受益人与被保险人在同一事件中身故，且不能确定身故先后顺序的，推定受益人身故在先。

  受益人故意造成被保险人身故、伤残的，或者故意杀害被保险人未遂的，该受益人丧失受益权。
- 根据保险条款规定，您向本公司申请给付保险金的权利，自您知道或应当知道保险事故发生之日起两年不行使而失效。
- 除上述材料外，申请人应当提供其所能提供的与证明事故原因相关的其他资料，包括申请人能够提供的与本项保险金申请有关的诊疗资料和其他证明，如道路交通事故责任认定书、授权委托书、事故证明、关系证明等。

VI 除外责任

6.1 意外伤害保险金

因下列情形之一，导致被保险人身故、残疾或烧伤的，保险公司不承担给付保险金的责任：

- 投保人对被保险人的故意杀害、故意伤害；
- 被保险人故意犯罪或者抗拒依法采取的刑事强制措施；
- 被保险人自杀，但被保险人自杀时为无民事行为能力人的除外；
- 被保险人醉酒，斗殴，主动吸食或注射毒品；
- 被保险人酒后驾驶，无合法有效驾驶证驾驶，或驾驶无有效行驶证的机动车；
- 被保险人因妊娠（含宫外孕）、流产、分娩（含剖宫产）导致的伤害；
- 被保险人因医疗事故、药物过敏导致的伤害；
- 被保险人因精神疾患导致的意外；
- 被保险人未遵医嘱，私自使用药物，但按使用说明的规定使用非处方药除外；
- 被保险人参加潜水、跳伞、攀岩、驾驶滑翔机或滑翔伞、探险、摔跤、武术比赛特技表演、赛马、赛车等高风险活动；
- 战争、军事冲突、暴乱或武装叛乱；
- 核爆炸、核辐射或核污染。

6.2 附加团体意外伤害医疗保险

对下列费用，或因下列情形之一导致被保险人发生门（急）诊或住院治疗的，保险公司不负给付保险金的责任：

- 意外伤害保险金列明的“责任免除”事项；
- 非因意外伤害事故而发生的治疗；
- 矫形、整容、美容、器官移植，或修复、安装及购买残疾用具（如轮椅、假肢、助听器、假眼、配镜、假牙等）；
- 一般健康体检、疗养、康复治疗、物理治疗、心理咨询或治疗；
- 被保险人在非保险公司指定医疗机构发生的医疗费用；
- 被保险人支出的医疗费用中依法已由第三者赔偿的部分。

6.3 团体门急诊医疗保险

对下列费用，或因下列情形之一导致被保险人发生门（急）诊治疗的，保险公司不负给付保险金的责任：

- 意外伤害导致的医疗费用；
- 投保人的故意行为；
- 被保险人自致的疾病或伤害，但被保险人自杀时为无民事行为能力人的除外；
- 被保险人投保前已有的残疾、未告知的既往症以及保险单特别约定除外的疾病；
- 被保险人违法、犯罪或者抗拒依法采取的刑事强制措施；
- 因被保险人挑衅或故意行为而导致的打斗、被袭击或被谋杀；
- 被保险人未遵医嘱，私自服用、涂用、注射药物；
- 被保险人用于矫形、整容、美容，或修复、安装、购买残疾用具（如轮椅、假肢、助听器、配镜、假眼、假牙等）的费用；
- 被保险人怀孕、流产、堕胎、分娩（含剖腹产）、避孕、节育绝育手术、治疗不孕不育症、人工受孕，或由前述情形导致的并发症；
- 被保险人进行一般健康检查、疗养、康复治疗、心理咨询或治疗，或进行以捐献身体器官为目的的医疗行为；
- 被保险人进行潜水、跳伞、滑雪、滑水、滑翔、狩猎、攀岩、探险、武术、摔跤、特技、赛马、赛车、蹦极等高风险运动和活动；
- 被保险人先天性畸形、变形和染色体异常（以世界卫生组织颁布的《疾病和有关健康问题的国际统计分类（ICD－10)》为准)；
- 被保险人患性病、精神和行为障碍（以世界卫生组织颁布的《疾病和有关健康问题的国际统计分类（ICD－10)》为准）；
- 被保险人患职业病；
- 被保险人患椎间盘突出症（包括椎间盘膨出、椎间盘突出、椎间盘脱出、游离型椎间盘等类型)、地方病；
- 被保险人进行整容、美容、矫形、外科整形手术、变性手术、预防性手术（如预防性阑尾切除)；
- 恐怖袭击；
- 任何生物、化学、原子能武器，原子能或核能装置所造成的爆炸、灼伤、污染 或辐射；
- 被保险人在下列期间遭受伤害或罹患疾病导致发生治疗或支出费用的，保险人也不承担给付保险金责任：

  v) 被保险人精神失常或精神错乱期间；

  vi) 战争、军事行动、暴动或武装叛乱期间；

  vii) 被保险人醉酒或受毒品、管制药物的影响期间；

  viii) 被保险人酒后驾车、无有效驾驶证驾驶或驾驶无有效行驶证的机动车期间。

6.4 团体住院医疗保险

对下列费用，或因下列情形之一导致被保险人发生门（急）诊治疗的，保险公司不负给付保险金的责任：

- 投保人的故意行为；
- 被保险人自致的疾病或伤害，但被保险人自杀时为无民事行为能力人的除外；
- 被保险人投保前已有的残疾、未告知的既往症以及保险单特别约定除外的疾病；
- 被保险人违法、犯罪或者抗拒依法采取的刑事强制措施；
- 因被保险人挑衅或故意行为而导致的打斗、被袭击或被谋杀；
- 被保险人未遵医嘱，私自服用、涂用、注射药物；
- 被保险人用于矫形、整容、美容，或修复、安装、购买残疾用具（如轮椅、假肢、助听器、配镜、假眼、假牙等）的费用；
- 被保险人怀孕、流产、堕胎、分娩（含剖腹产）、避孕、节育绝育手术、治疗不孕不育症、人工受孕，或由前述情形导致的并发症；
- 被保险人进行一般健康检查、疗养、康复治疗、心理咨询或治疗，或进行以捐献身体器官为目的的医疗行为；
- 被保险人进行潜水、跳伞、滑雪、滑水、滑翔、狩猎、攀岩、探险、武术、摔跤、特技、赛马、赛车、蹦极等高风险运动和活动；
- 被保险人先天性畸形、变形和染色体异常（以世界卫生组织颁布的《疾病和有关健康问题的国际统计分类（ICD－10）》为准）；
- 被保险人患性病、精神和行为障碍（以世界卫生组织颁布的《疾病和有关健康问题的国际统计分类（ICD－10）》为准）；
- 被保险人患职业病；
- 被保险人患椎间盘突出症（包括椎间盘膨出、椎间盘突出、椎间盘脱出、游离型椎间盘等类型）、地方病；
- 被保险人进行整容、美容、矫形、外科整形手术、变性手术、预防性手术（如预防性阑尾切除）；
- 恐怖袭击；
- 任何生物、化学、原子能武器，原子能或核能装置所造成的爆炸、灼伤、污染 或辐射；
- 被保险人在下列期间遭受伤害或罹患疾病导致发生治疗或支出费用的，保险人也不承担给付保险金责任：

  v) 被保险人精神失常或精神错乱期间；

  vi) 战争、军事行动、暴动或武装叛乱期间；

  vii) 被保险人醉酒或受毒品、管制药物的影响期间；

  viii) 被保险人酒后驾车、无有效驾驶证驾驶或驾驶无有效行驶证的机动车期间。

附表一 对急诊的定义

急诊是指发生下述情形的就医：

- 高热（38.5 度以上）；
- 急性腹痛、剧烈呕吐、严重腹泻；
- 各种原因的休克；昏迷；癫痫发作；
- 严重喘息、呼吸困难；
- 急性胸痛、急性心力衰竭、严重心律失常；
- 高血压危象、高血压脑病、脑血管意外；
- 各种原因所致急性出血；急性泌尿道出积血、尿闭、血闭、肾绞痛；
- 各种急性中毒（如食物或药物中毒）；
- 脑外伤、骨折、脱位、撕裂、灼伤、或其它急性外伤；
- 各种有毒动物、昆虫咬伤、急性过敏性疾病；
- 五官及呼吸道、食道异物、急性眼痛、红、肿，突然视力障碍者以及眼外伤；
- 两个月以内婴儿疾患。

以上内容若有争议，以中文条款解释为准。