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国寿康优全球团体医疗保险 (B型) 条款

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4/2013 生效

第一条 保险合同构成

国寿康优全球团体医疗保险（B型）合同（以下简称本合同）由保险单及所附条款、批注、附贴批单、投保单，以及与本合同有关的投保文件、声明、被保险人名单和其他书面协议共同构成。

第二条 投保范围

- 一、凡中华人民共和国境内法人机构或中华人民共和国境外法人、驻华机构身体健康、年龄在十八周岁至六十五周岁的外籍在职人员，均可作为被保险人，由其所在单位作为投保人向中国人寿保险股份有限公司（以下简称本公司）投保本保险。符合投保条件的外籍在职人员必须全部投保，且符合投保条件的人数不低于五人。
- 二、被保险人身体的健康的配偶（六十五周岁以下）和子女（指未满十八周岁的子女、在全日制学校就读可放宽到二十三岁），经本公司同意可作为附带被保险人，由投保人统一向本公司投保本保险。投保人为被保险人的配偶和子女投保时，所有被保险人的配偶及（或）子女必须全部投保。
- 三、在本合同保险期间内，被保险人或其配偶生产的婴儿自其出生之日起至三十日内，在投保人向本公司提出申请并交付保险费后，该婴儿自交保险费之日起成为本合同的附带被保险人。

除非本合同特别说明，本合同中所指的被保险人均不含附带被保险人。

第三条 保险合同成立、生效和保险责任开始

投保人提出保险申请、本公司同意承保，本合同成立。

自本合同成立、本公司收取保险费并签发保险单的次日零时起本合同生效，合同生效日期在保险单上载明。生效对应日以该日期计算。

除另有约定外，本合同生效的日期为本公司开始承担保险责任的日期。

第四条 保险期间

本合同的保险期间为一年，除另有约定外，自本合同生效之日起至约定终止日二十四时止，由投保人在投保时与本公司协商确定。

第五条 保险责任

- 一、在本合同保险期间内，本公司按如下规定承担本合同约定保险计划之给付保险金责任（不同保险计划之保险责任详见附表一；有关特定医疗给付约定见本条第一款中的第（三）、（四）、（五）、（六）、（七）项；有关发生在美国的医疗保险金给付约定见本条第二、三款）。
 - （一）住院责任
- 被保险人或附带被保险人因遭受意外伤害或因疾病在中华人民共和国境内（含港、澳、台地区）和境外

医院住院治疗所实际发生并支付的、医疗所必需的、合理的惯常医疗住院费用，本公司依下列规定给付保险金：

1. 床位费

对被保险人或附带被保险人每次住院期间实际发生的、不高于标准单人病房的住院床位费，本公司按实际发生并支付的费用数额给付保险金。

2. 膳食费

对被保险人或附带被保险人每次住院期间实际发生的、由医院提供合理的、符合惯常标准的膳食费用，本公司按实际发生并支付的费用数额给付保险金。

3. 加床费

未满十八周岁的附带被保险人住院期间可安排其合法监护人（限一人）陪同住院，对附带被保险人每次住院期间所实际发生的加床费，本公司按实际发生并支付的费用数额给付保险金。女性被保险人住院期间其十六周岁以下新生儿在医院留宿的加床费，本公司按实际发生并支付的费用数额给付保险金。

4. 治疗费

对被保险人或附带被保险人每次住院期间所实际发生的各项治疗费，本公司按实际发生并支付的费用数额给付保险金。

5. 检查费

对被保险人或附带被保险人每次住院期间所实际发生的、医疗必需的各项检查费，本公司按实际发生并支付的费用数额给付保险金。

6. 药品费

对被保险人或附带被保险人每次住院期间所实际发生的、由医生开具处方且医疗必需的西药、中成药和中药费用，本公司按实际发生并支付的费用数额给付保险金。

7. 手术费

对被保险人或附带被保险人住院期间所实际发生的手术费，本公司按实际发生并支付的费用数额给付保险金。

8. 住院津贴

被保险人或附带被保险人在境外医院住院治疗（医院急诊部除外），若已由被保险人或附带被保险人的其它医疗福利计划或第三方承担医疗费用而不向本公司进行索赔，本公司按被保险人或附带被保险人的实际住院日数给付住院津贴，给付标准为1000元人民币/日，且累计最高给付日数以二十日为限。

9. 新生儿保障

在本合同保险期间内，被保险人或其配偶新生产的婴儿若按本合同的约定成为本合同的附带被保险人，本公司对该婴儿承担的保险责任与该被保险人相同，但对保险费交付之日起至该婴儿出

生后三十日内因疾病所实际发生的费用，本公司按实际发生并支付的费用数额给付保险金，但累计最高给付金额为80000元人民币。

10. 精神病住院治疗

对被保险人或附带被保险人在医学界公认的精神病院或医院精神科住院治疗所实际发生的、且累计不超过三十日的住院治疗费用，本公司按实际发生并支付的费用数额给付保险金。

11. 特殊住院治疗

对所有被保险人或附带被保险人因慢性疾病并发病住院治疗所实际发生的住院治疗费用，本公司按实际发生并支付的费用数额给付保险金。

12. 出院后门诊复诊

对参加保险计划一的被保险人或附带被保险人自出院之日起至六十日之内所实际发生的门诊复诊费用，本公司视为住院费用给付保险金，但累计最高给付限额为13600元人民币。

(二) 门诊责任

被保险人或附带被保险人因遭受意外伤害或因疾病在中华人民共和国境内或境外医院或诊所门诊治疗所实际发生并支付的、医疗所必需的、合理的费用，本公司依下列规定给付保险金：

1. 医生诊疗费

对被保险人或附带被保险人门诊治疗所实际发生的医生诊疗费，本公司按实际发生并支付的费用数额给付保险金。

2. 药品费

对被保险人或附带被保险人门诊治疗所实际发生的、由医生开具处方且医疗必需的西药品费用，本公司按实际发生并支付的费用数额给付保险金。

3. 检查费

对被保险人或附带被保险人门诊治疗所实际发生的医疗必需的检查费，本公司按实际发生并支付的费用数额给付保险金。

4. 物理治疗及其他特殊疗法

对被保险人或附带被保险人在门诊（必须持有医生证明或介绍信）进行物理治疗、脊柱推拿、顺势治疗、针灸所实际发生的费用，本公司按实际发生并支付的费用数额给付保险金，但本公司累计最多给付十次门诊治疗费用。

5. 门诊精神病治疗

被保险人或附带被保险人由注册精神科医生门诊治疗精神疾病，本公司按实际发生并支付的费用数额给付保险金。

6. 门诊手术费

对被保险人或附带被保险人接受门诊手术所实际发生的手术费，本公司按实际发生并支付的费用数额给付保险金。

7. 中医治疗

对被保险人或附带被保险人接受由当地注册且具有合法执业资格的中医门诊治疗所实际发生的费用，本公司按实际发生并支付的费用数额给付保险金，但每次给付以240元人民币为限，且本公司累计最多给付十次门诊治疗费用。

(三)

特殊医疗保障责任

1. 妊娠并发症治疗

若被保险人或附带被保险人及时续保，本公司对女性被保险人或附带被保险人在续保的保险合同有效期内所发生的妊娠并发症治疗的医疗费用，按实际发生并支付的费用数额给付保险金。

2. 牙科意外

对被保险人或附带被保险人自意外伤害发生之日起七日内，在医院牙科急诊治疗天然牙齿意外受损的费用（不包括牙科例行检查和牙病的诊治），本公司按实际发生并支付的费用数额给付保险金。

3. 矫形改造手术

被保险人或附带被保险人于本合同有效期内，因遭受意外伤害或患疾病需要接受矫形改造手术恢复肢体功能或容貌，对该意外伤害发生之日起十二个月内的所实际发生的矫形改造手术的治疗费用，本公司按其实际发生并支付的费用数额给付保险金。

4. 癌症治疗

对被保险人或附带被保险人治疗癌症所实际发生的门诊或住院医疗费用，本公司按实际发生并支付的费用数额给付保险金。

5. 家庭护理

对被保险人或附带被保险人因疾病或意外伤害住院治疗，由专科医生建议聘请合格护士提供家庭护理而实际发生的费用，本公司按其实际发生并支付的费用数额给付保险金，但累计给付最多不超过三十日（参加保险计划四、五、六、七的为二十八周）。

6. 激素替代治疗

对被保险人或附带被保险人因人工诱发或于四十岁之前出现女性更年期综合症而进行激素替代治疗的费用，本公司按实际发生并支付的费用数额给付医疗保险金。

(四)

医疗救护转运责任

1. 紧急救援

在本合同保险期间内，对被保险人或附带被保险人遭受意外伤害或患突发性疾病，由本公司认可的合法救援机构紧急送往当地医院所发生合理、常规的医疗救护运输费用，本公司按实际发生并支付的费用数额给付保险金。

2. 护送转院

在本合同保险期间内,对被保险人或附带被保险人遭受意外伤害或患突发性疾病,因当地医院不能提供治疗设施,由主诊医生做出决定,并由本公司认可的合法救援机构将被保险人或附带被保险人运送到距事发点最近且医疗条件最合适的医疗机构,本公司按实际发生并支付的护送转院费用数额给付保险金。对参加保险计划四、五、六、七的被保险人或附带被保险人,经本公司认可的合法救援机构同意,转送到医疗条件最合适的国家或地区所实际发生的费用,本公司按实际发生并支付的费用数额给付保险金。

3. 护送转院后发生的交通费用及住宿费用

在本合同保险期间内,对被保险人或附带被保险人护送转院后所实际发生并支付的下述交通费用及住宿费用,本公司按如下规定给付保险金:

- (1) 被保险人或附带被保险人以日间病人方式接受治疗时每次来往医院的当地交通费用;
- (2) 被保险人或附带被保险人住院治疗期间一名陪同人士来往医院探望的当地交通费用;
- (3) 被保险人或附带被保险人在入院前及出院后接受专科医生治疗期间,在医院以外的住宿费用,但每日最高给付不超过1200元人民币,且该项保险金累计最高给付金额以40000元人民币为限。
- (4) 被保险人或附带被保险人及一名陪同人士返回居住地国家的经济舱飞机票。

4. 遗体转送及安葬

在本合同保险期间内,对被保险人或附带被保险人因遭受意外伤害或因疾病导致身故所发生的当地身故丧葬费用,或将遗体或骨灰运返本人居住地国家的交通费用,本公司按实际发生的费用数额给付保险金,但该项保险金给付以68000元人民币为限。

(五) 牙科责任

1. 例行牙科治疗

对被保险人或附带被保险人参加本保险一百八十日后进行例行牙科治疗发生的医疗费用,本公司按实际发生金额的75%给付保险金,累计给付金额最高以5600元人民币为限。

2. 复杂牙科修复治疗

对被保险人或附带被保险人在本合同生效二百七十日后进行复杂牙科修复治疗发生的医疗费用,本公司按实际发生金额的75%给付保险金,且1、2项累计最高给付金额为12000元人民币。

(六) 生育保障

若本合同及时续保,本公司对女性被保险人或附带被保险人在及时续保的保险期间内所发生的治疗怀孕、分娩及身体检查的医疗费用,本公司按实际发生

并支付的费用数额的80%给付保险金,累计最高给付金额为68000元人民币。

(七) 慢性疾病

对被保险人或附带被保险人因缓解或对症治疗慢性疾病所实际发生并支付的医疗费用,本公司按其实际发生并支付的费用数额给付保险金,但累计最高给付金额为400000元人民币。

二、凡参加保险计划三、五、七的被保险人或附带被保险人(除紧急治疗外,所有被保险人或附带被保险人接受住院或日间病人的方式治疗,必须事先通知本公司)在本公司指定美国医疗网络进行治疗,本公司根据实际发生并支付的费用数额给付保险金;对其在本公司指定美国医疗网络以外治疗所发生的费用,本公司按实际发生并支付金额的50%比例给付,且累计最高给付限额为800万元人民币。

三、凡参加保险计划一、二、四、六的被保险人或附带被保险人发生于美国医院急诊部的紧急治疗费用,本公司按实际发生并支付的费用数额给付保险金。被保险人或附带被保险人应在入住医院急诊部前后尽快与本公司二十四小时医疗热线联络。被保险人或附带被保险人在美国医院急诊部之外进行紧急治疗的费用,本公司在扣除640元人民币免赔额后给付保险金,但最高给付限额为4000元人民币。

本公司不承担上述被保险人或附带被保险人在美国境内除紧急治疗之外的任何医疗费用。

四、在本合同保险期间内,本公司累计承担本合同约定之给付保险金责任以1280万元人民币为限,当累计给付金额达到最高给付限额时,本合同终止。

第六条 责任免除

因下列情形之一,导致被保险人或附带被保险人发生住院、门诊治疗或其它任何费用的,本公司不承担给付保险金的责任:

- 一、被保险人或附带被保险人故意犯罪或者抗拒依法采取的刑事强制措施;
- 二、被保险人或附带被保险人斗殴、醉酒及服用、吸食或注射毒品;
- 三、被保险人或附带被保险人自杀或故意自伤,但被保险人或附带被保险人自杀或故意自伤时,为无民事行为能力人的除外;
- 四、被保险人或附带被保险人未遵医嘱接受治疗,私自服用、涂用或注射药物;
- 五、被保险人或附带被保险人酒后驾驶、无合法有效驾驶证驾驶或者驾驶无有效行驶证的机动车;
- 六、被保险人或附带被保险人受酒精、毒品或管制药物的影响而导致的意外;
- 七、被保险人或附带被保险人以职业运动员身份参加运动期间;
- 八、被保险人或附带被保险人参加赛马、赛车、潜水、跳

- 伞、空中飞行、登山、攀岩、武术比赛、拳击、摔跤、特技表演或探险等高风险运动；
- 九、 被保险人或附带被保险人疗养或者非医疗必需的检查或治疗；
- 十、 被保险人或附带被保险人患性病、先天性疾病或遗传性疾病；
- 十一、 被保险人或附带被保险人投保前疾病的检查治疗，但被保险人或附带被保险人连续投保两年后，其投保前疾病并没有发病或接受任何检查治疗，有关疾病将受到本合同保障；
- 十二、 人工辅助妊娠以及因人工辅助妊娠引起的后遗症或伤病、非医学原因的人工流产、自愿接受的剖腹分娩手术、节育、治疗不育或解除结扎手术；
- 十三、 本合同生效或非及时续保本保险十二个月内，因发生怀孕、分娩及妊娠并发症的检查和治疗（参加本合同保险计划六、七者除外，有关费用根据本合同相关生育保险责任给付）；
- 十四、 治疗酗酒、滥用药物或戒除任何瘾癖，以及上述原因引起身体损伤的治疗；
- 十五、 健康护理、例行身体检查及其它预防性医疗服务；
- 十六、 妇科检查、新生儿护理、防疫注射、疫苗注射；
- 十七、 下列治疗，包括：
1. 各种美容或整型手术（包括牙齿矫形手术）；
 2. 非生理性或天然视力、听觉退化的治疗，近视、弱视或斜视等视力矫正手术；
 3. 购置眼镜、视力纠正装置、助听器、假眼、假牙、牙科器具或矫形器；
 4. 在非医院性质的护理机构、矿泉疗养地、水疗院门诊、康复机构、疗养院或居家接受康复疗养性质的治疗；
 5. 任何关于减肥及其衍生治疗；
 6. 牙科治疗（参加本合同保险计划六、七者除外，有关费用根据本合同相关牙科保险责任给付）；
 7. 购买或租用器具、拐杖、轮椅及其它医疗设备，维修或安装义肢；
 8. 治疗阳痿或变性等发生的费用；
 9. 心理治疗或关于儿童学习障碍、过度活跃症、集中能力失调、语言障碍、发展及行为问题治疗；
 10. 有关鼾病及睡眠窒息症、疲劳、飞机时差综合症或工作压力导致的治疗；
 11. 营养保健药物（包括但不限于维他命、矿物质及有机物质）；
 12. 器官捐赠者体内切除器官、运送器官及所有相关费用；
 13. 肾衰竭的慢性支持性治疗（包括血液透析）；
- 十八、 战争、军事冲突、暴乱、武装叛乱、恐怖事件或恐怖行为；

- 十九、 核爆炸、核辐射或者核污染；
- 二十、 根据普遍医学意见厘定为试验性质或未经认证有效的治疗；
- 二十一、 医生或护士出诊费用；
- 二十二、 旅游交通及住宿费用；
- 二十三、 被保险人或附带被保险人住院期间购买的个人物品；
- 二十四、 在不同医院或诊所重复进行同一疾病的就诊或检查治疗（本公司书面同意者除外）。

第七条 保险计划和保险费

- 一、 投保人在投保时应与本公司协商确定附表一所列七种保险计划之一，并在保险单上载明。同一投保单位同一级别的被保险人及相关附带被保险人必须选择相同的保险计划。被保险人或其配偶新生产的婴儿若按本合同约定成为本合同的附带被保险人，享有与该被保险人相同的保险计划和保险金额。
- 二、 保险金给付时，人民币与其他货币的汇率以保险金给付当日中国人民银行公布的相应外汇牌价现汇买入价为准。
- 三、 本合同的保险费由投保人在投保时一次交清。投保人与本公司约定保险期间为一年的，投保人也可以按本合同约定的分期交付方式交付保险费。
- 四、 本公司保留终止本合同续保的权利，并有权调整保险费收费标准。

第八条 首期后保险费的交付、交费宽限期

分期交付保险费分为半年交、季交二种方式，保险费到期日分别为本合同半年、季生效对应日。分期交付保险费的，首期以后的保险费应在保险费到期日前或在交费宽限期内交付。

分期交付保险费的，除另有约定外，每个保险费到期日的次日起六十日为交费宽限期。在交费宽限期内发生保险事故，本公司仍承担保险责任，但有权从给付的保险金中扣除发生保险事故的被保险人应交而未交付的保险费。超过交费宽限期仍未交付保险费的，本合同自交费宽限期届满的次日起终止。

第九条 明确说明与如实告知

订立本合同时，本公司应向投保人明确说明本合同的内容。对保险条款中免除本公司责任的条款，本公司在订立合同时应当在投保单、保险单或者其他保险凭证上作出足以引起投保人注意的提示，并对该条款的内容以书面或者口头形式向投保人作出明确说明。

本公司可以就投保人、被保险人、附带被保险人的有关情况提出询问，投保人应当如实告知。

投保人故意或者因重大过失未履行前款规定的如实告知义务，足以影响本公司决定是否同意承保或者提高保险费率的，本公司有权解除合同。

前款规定的合同解除权，自本公司知道有解除事由之日起，超过三十日不行使而消灭。

投保人故意不履行如实告知义务的，本公司对于合同解除前发

生的保险事故,不承担给付保险金的责任,并不退还保险费。
投保人因重大过失未履行如实告知义务,对保险事故的发生有严重影响的,本公司对于合同解除前发生的保险事故,不承担给付保险金的责任,但退还保险费。

本公司在本合同订立时已经知道投保人未如实告知的情况的,本公司不得解除合同;发生保险事故的,本公司承担给付保险金的责任。

第十条 受益人

被保险人、附带被保险人或者投保人可以指定一人或者数人为遗体转送及安葬保险金受益人。投保人为与其有劳动关系的劳动者投保本保险的,不得指定被保险人或附带被保险人及其近亲属以外的人为受益人。

除另有指定外,本合同其它保险金受益人为相应被保险人或附带被保险人本人。

受益人为数人的,被保险人、附带被保险人或者投保人可以确定受益顺序和受益份额;未确定受益份额的,受益人按照相等份额享有受益权。

被保险人、附带被保险人或者投保人可以变更遗体转送及安葬保险金受益人,但需书面通知本公司,由本公司在保险单或其他保险凭证上批注或者附贴批单。

投保人指定或变更受益人时,须经被保险人同意。

被保险人、附带被保险人身故后,有下列情形之一的,保险金作为被保险人、附带被保险人的遗产,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:

- (1) 没有指定受益人,或者受益人指定不明无法确定的;
- (2) 受益人先于被保险人、附带被保险人身故,没有其他受益人的;
- (3) 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、附带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或附带被保险人死亡、伤残、疾病的,或者故意杀害被保险人或附带被保险人未遂的,该受益人丧失受益权。

第十一条 保险事故的通知

投保人、被保险人或附带被保险人知道保险事故发生后,应及时通知本公司。若因故意或者因重大过失未及时通知,致使保险事故的性质、原因、损失程度等难以确定的,本公司对无法确定的部分,不承担给付保险金的责任,但本公司通过其他途径已经及时知道或者应当及时知道保险事故发生的除外。

在本合同保险期间内,被保险人或附带被保险人在境内外发生保险事故需要救助时,除非在异常紧急的情况下,投保人、被保险人或附带被保险人本人因健康状况需急救而无法与本公司认可的合法救援机构取得联系,投保人、被保险人或附带被保险人应立即与合法救援服务机构联系,由其提供救援服务。否则,因通知迟延而增加的费用由投保人、被保险人或附带被保险人自行承担。

第十二条 保险金的申请与给付

- 一、 在本合同有效期内,被保险人或附带被保险人发生保险责任范围内的费用支出,由被保险人、附带被保险人或其代理人作为申请人,填写保险金给付申请书,并凭下列证明和资料向本公司申请给付保险金:
 1. 保险单或投保人证明;
 2. 申请人法定身份证明;
 3. 医院出具的医疗费用收据(属于急症的医疗费用收据需加盖医院的急症印章)、诊断证明及病历原件;
 4. 发生境内、境外医疗救护转运的,需提供本公司认可的合法救援机构出具的书面证明文件;
 5. 若申请人为代理人,则应提供授权委托书、法定身份证明等文件;
 6. 本公司要求的申请人所能提供的与确认保险事故的性质、原因、伤害程度等相关的其他证明和资料。
- 二、 被保险人或附带被保险人身故所支出遗体转送及安葬等费用,由受益人作为申请人,填写保险金给付申请书,并凭下列证明和资料向本公司申请给付保险金:
 1. 保险单或投保人证明;
 2. 申请人法定身份证明;
 3. 公安部门或者合法的医疗机构出具的被保险人或附带被保险人死亡证明书;
 4. 被保险人或附带被保险人身故所支出遗体转运和安葬等费用收据原件;
 5. 本公司要求的申请人所能提供的与确认保险事故的性质、原因等相关的其他证明和资料。
- 三、 上述第一或第二款所列证明和资料不完整的,本公司将及时一次性通知申请人补充提供有关证明和资料。
- 四、 本公司收到申请人的保险金给付申请书及本条第一或第二款所列证明和资料后,将及时作出核定;情形复杂的,将在三十日内作出核定,但本合同另有约定的除外。经核定后确定属于保险责任的,本公司在与申请人达成给付保险金的协议后三十日内,履行给付保险金的义务;不属于保险责任的,本公司将自作出核定之日起三日内向申请人发出拒绝给付保险金通知书,并说明理由。
- 五、 本公司自收到申请人的保险金给付申请书及上述证明和资料之日起六十日内,对属于保险责任而给付保险金的数额不能确定的,根据已有证明和资料,按可以确定的数额先予支付,本公司最终确定给付保险金的数额后,支付相应的差额。
- 六、 被保险人、附带被保险人申请给付保险金时,本公司认为如有必要,可要求相关医疗单位予以鉴定和复查。

- 七、 申请人向本公司请求给付保险金的诉讼时效期间为二年，自其知道或者应当知道保险事故发生之日起计算。

第十三条 被保险人或附带被保险人变动

- 一、 投保人因所属人员变动需要增加被保险人及附带被保险人的，应书面通知本公司，经本公司审核同意，于收取本合同规定的保险费的次日起开始承担保险责任。新增加的被保险人或附带被保险人按本合同剩余保险期间比例缴纳保险费，其保险期间届满日与本合同的保险期间届满日相同。
- 二、 投保人因被保险人离职或其他原因需要减少被保险人及附带被保险人的，应书面通知本公司，本合同对该被保险人及附带被保险人所承担的保险责任自通知到达时终止。对于未发生保险金给付的，本公司向投保人退还该被保险人及附带被保险人对应的现金价值；对于已发生保险金给付或已发生本合同约定的保险事故但尚未给付保险金的，本公司不退还原金价值。
- 三、 如果本合同被保险人人数减少到少于五人，本公司有权解除本合同，并向投保人退还本合同的现金价值。

第十四条 合同内容的变更

投保人和本公司可以协商变更本合同的内容。变更本合同时，投保人应填写变更合同申请书，经本公司审核同意后，由本公司在保险单或者其他保险凭证上批注或者附贴批单，或由投保人和本公司订立变更的书面协议。

第十五条 地址变更

投保人的住所或通讯地址变更时，应及时以书面形式通知本公司。投保人未以书面形式通知的，本公司将按本合同注明的最后住所或通讯地址发送有关通知。

第十六条 投保人解除合同的处理

投保人于本合同成立后，可以要求解除本合同。但已发生任何保险金给付或已发生本合同约定的保险事故但尚未给付保险金的，投保人不得要求解除本合同。投保人要求解除本合同时，应填写解除合同申请书，并提交保险合同和投保人证明。

本合同自本公司接到解除合同申请书时终止，本公司于接到解除合同申请书之日起三十日内向投保人退还本合同的现金价值。

第十七条 法律适用

本合同的订立、变更、解除、履行、争议解决以及与本合同有关的一切事宜，均适用中华人民共和国法律。

第十八条 争议处理

本合同争议的解决方式，由当事人在合同中约定从下列两种方式中选择一种：

- 一、 因履行本合同发生的争议，由当事人协商解决，协商不成的，提交×××仲裁委员会仲裁；
- 二、 因履行本合同发生的争议，由当事人协商解决，协商不成的，依法向人民法院提起诉讼。

第十九条 释义

本条款有关名词释义如下：

中华人民共和国境内：指在中华人民共和国国境范围内（包括香港特别行政区、澳门特别行政区和台湾地区）。

中华人民共和国境外：对于参加保险计划（三、五、七）的被保险人或附带被保险人，中华人民共和国境外指中华人民共和国以外的（包括美国在内的）国家或地区；对于参加保险计划（一、二、四、六）的被保险人或附带被保险人，中华人民共和国境外指中华人民共和国以外的（不包括美国在内的）国家或地区。

外籍在职人员：指在保险期间内，于所持护照签发国家以外地点生活或工作逾六个月的人士。

生效对应日：指本合同生效日每年（半年、季）的对应日。

住院：指被保险人或附带被保险人因疾病或意外伤害，经医师诊断，因临床需要必须住院治疗时，经正式办理住院手续，并确实在医院治疗的行为过程，但并不包括门诊观察室、急诊观察室、其他非正式病房、联合病房或挂床住院。

意外伤害：指遭受外来的、突发的、非本意的、非疾病的客观事件直接致使身体受到的伤害。

医院：指符合下列所有条件的医疗机构：

- (1) 拥有合法医疗机构执业许可证以及营业执照；
- (2) 具有系统性治疗程序和手术设备的综合性医院、专科医院，但不包括其观察室、联合病房和康复病房；
- (3) 设立的主要目的是为向受伤者和患者提供住院治疗和护理服务；
- (4) 有合格的医生和护士提供全日二十四小时的医疗和护理服务；
- (5) 诊所、护理所、水疗所、康复机构、疗养院、养老院、戒酒所、戒毒所或类似的医疗机构等不属于医院。

医疗所必需：满足以下条件的医学治疗、服务或药品为医学上必需。

- (1) 对病人疾病或伤害的诊断或治疗是适当的、基本的；
- (2) 提供安全、充分、适当的诊断和治疗必需的护理，但不超过一定的范围，持续时间或强度，级别；
- (3) 由医师处方与在治疗当地被广泛认可的医疗专业水平一致；
- (4) 不是主要为病人、家庭、医生或其他提供治疗的人员的舒适和方便而设的项目；
- (5) 不属于对病人的学术教育或专业培训的一部分；
- (6) 非实验性或研究性的。

惯常医疗住院费用：指医院（同一国家或地区）等级、医疗技术水平相近时，接受同样的医疗服务通常所需花费的医疗费用，并有第三方或政府卫生部门签发的证明文件核实。

治疗费：指常规治疗费、护理费、医学材料费、重症监护费、输血费及输氧费。

检查费：指（1）常规检查、X线、心电图；（2）特殊检查：CT、MRI、B超、HOLTER、纤维胃镜、支气管镜、肠镜、直肠镜、食道镜、病理检查。

医生：指已在世界卫生组织认可的医学院修毕课程而取得内科医学或外科医学基本学位，并且获得有关机构签发执照在该国执业为医生的人士。

手术费：指外科医生人工费、手术室设备、手术器械、卫生材料费和麻醉费。

慢性疾病并发症：指慢性疾病在治疗过程中，发生了与这种疾病有关的另一种或几种疾病。并发症具有以下三个基本特征：

- （1）后一种疾病的发生是由前一种疾病所引起的；
- （2）从后一种疾病的发生规律上看，前后疾病之间不具有必然的因果关系，只具有偶然的因果关系。后种疾病的出现属突发性的；
- （3）后种疾病的出现非因医务人员的过失所致。

门诊：指被保险人或附带被保险人在医院或专家诊疗室接受的门诊治疗。

顺势治疗：是由SAMUEL HAHNEMANN于18世纪创立的，是根据“以毒攻毒”的理论，用极少量能产生病人所患疾病症状的药物进行治疗，来达到改善或治疗病人疾病的目的。

妊娠并发症：指孕妇在妊娠期发生的妊娠高血压综合症、子痫、胎盘早剥、前置胎盘等疾病。

及时续保：指投保人在本合同保险期间届满前三十日内，向本公司提出续保一年的书面申请，经本公司审核同意，并由投保人于保险期间届满前交付本公司规定的保险费后，本合同于保险期间届满的次日起延续有效一年。

矫形改造手术：指运用外科手术的方法对骨骼肌肉系统的伤病进行治疗，籍以恢复、保持和发展这一系统的正常形态与功能（以先天性畸形和美容为目的的矫形外科手术除外）。

紧急救援：被保险人遭受意外伤害事故或者患突发性疾病时，经本公司认可的合法救援机构授权医生根据其专业知识确认需要的医疗救援。

护送转院费用：指主诊医生做出决定，将被保险人或附带被保险人从意外现场运送至设有适当医疗设施的最近国家的费用。如需购买飞机票，只限经济舱位。

本公司认可的合法救援机构：名单详见www.e-chinalife.com。

日间病人：指日间入住医院接受治疗但并不在医院留宿的被保险人或附带被保险人。

例行牙科治疗：指检查、洗牙、复合物补牙、简单或非外科手术拔牙。

复杂牙科修复治疗：指拔除受损、埋藏或尚未露出的牙齿，根管治疗、清除固体牙瘤、切除颞骨顶部、新装或修理牙冠、新装或修理假牙。

慢性疾病：指根据普遍医学观点认为目前医学治疗方法或手段无法治愈的慢性、迁延性疾病（如高血压、糖尿病、类风湿等）。

紧急治疗：对于被保险人或附带被保险人发生下列情况，视为紧急治疗（紧急治疗不包括被保险人或附带被保险人所有抵达美国之前已存在的疾病复发需要的治疗）：

- （1）高热（成人摄氏38.5度、小儿摄氏39度以上）；
- （2）急性腹痛、剧烈呕吐、严重腹泻；
- （3）各种原因的休克；
- （4）昏迷；
- （5）癫痫发作；
- （6）严重喘息、呼吸困难；
- （7）急性胸痛、急性心力衰竭、严重心律失常；
- （8）高血压危象、高血压脑病、脑血管意外；
- （9）各种原因所致急性出血；
- （10）急性泌尿道出血、尿闭、肾绞痛；
- （11）各种急性中毒（如食物或药物中毒），各种意外（如触电、溺水）；
- （12）脑外伤、骨折、脱位、撕裂、烧伤、烫伤或其他急性外伤；
- （13）各种有毒动物或昆虫咬伤或者急性过敏性疾病；
- （14）五官及呼吸道或食道异物，急性眼痛，眼红或眼肿，突然视力障碍以及眼外伤；
- （15）其他给予危、急、重病者的紧急治疗（怀孕或生育出现的并发症和分娩不属于紧急治疗）。

指定美国医疗网络：指本公司在美国的签约医院或诊疗机构（名单详见www.e-chinalife.com）。

潜水：指使用辅助呼吸器材在江、河、湖、海、水库、运河等水域进行的水下运动。

攀岩：指攀登悬崖、楼宇外墙、人造悬崖、冰崖、冰山等运动。

武术比赛：指两人或两人以上对抗性柔道、空手道、跆拳道、散打、拳击等各种拳术及使用器械的对抗性比赛。

特技表演：指进行马术、杂技、驯兽等表演。

探险：指明知在某种特定的自然条件下有失去生命或使身体受到伤害的危险，而故意使自己置身于其中的行为，如：江河漂流、登山、徒步穿越沙漠或人迹罕至的原始森林等活动。

性病：指由性行为接触为主要传播途径的、严重危害健康的传染性疾病，包括梅毒、淋病、软下疳、性病性淋巴肉芽肿、生殖器疱疹、尖锐湿疣、非淋菌性尿道炎和艾滋病等八种疾病。

先天性疾病：指因人的遗传物质（包括染色体以及位于其中的基因）发生了对人体有害的改变而引起的，或因母亲怀孕期间受到内外环境中某些物理、化学和生物等因素的作用，使胎儿局部体细胞发育不正常，导致婴儿出生时有关器官、系统在形态或功能上呈现异常。

遗传性疾病: 指遗传物质 (基因或染色体) 发生有害改变引起的疾病。

投保前疾病: 指被保险人或附带被保险人投保本保险前已患的疾病或已呈现的病症。

战争: 指国家与国家、民族与民族、政治集团与政治集团之间为了一定的政治、经济目的而进行的武装斗争, 以政府宣布为准。

军事冲突: 指国家或民族之间在一定范围内的武装对抗, 以政府宣布为准。

暴乱: 指破坏社会秩序的武装骚动, 以政府宣布为准。

法定身份证明: 指依据法律规定, 由有权机构制作颁发的证明身份的证件、文件等, 如: 居民身份证、户口簿、护照、军人证等。

本合同剩余保险期间比例: 指 $(365 - \text{经过天数}) / 365$ 。

现金价值: 指最后一期已交付保险费 $\times (1 - \text{手续费比例}) \times (1 - \text{该保险费所保障的已经过日数} / \text{该保险费所保障的日数})$ 。经过日数不足一日的按一日计算。手续费比例由投保人在投保时与本公司协商确定。

应交而未交付的保险费: 指投保人在投保时与本公司约定的本合同整个保险期间内应交付的全部保险费与已经交付的保险费的差额。

毒品: 指中华人民共和国刑法规定的鸦片、海洛因、甲基苯丙胺 (冰毒)、吗啡、大麻、可卡因以及国家规定管制的其他能够使人形成瘾癖的麻醉药品和精神药品, 但不包括由医生开具并遵医嘱使用的用于治疗疾病但含有毒品成分的处方药品。

酒后驾驶: 指经检测或鉴定, 发生事故时车辆驾驶人员每百毫升血液中的酒精含量达到或超过一定的标准, 公安机关交通管理部门依据《道路交通安全法》的规定认定为饮酒后驾驶或醉酒后驾驶。

无合法有效驾驶证驾驶: 指下列情形之一:

- (1) 没有取得驾驶资格;
- (2) 驾驶与驾驶证准驾车型不相符合的车辆;
- (3) 持审验不合格的驾驶证驾驶;
- (4) 持学习驾驶证学习驾车时, 无教练员随车指导, 或不按指定时间、路线学习驾车。

无有效行驶证: 指下列情形之一:

- (1) 机动车被依法注销登记的;
- (2) 未依法按时进行或通过机动车安全技术检验。

机动车: 指以动力装置驱动或者牵引, 供人员乘用或者用于运送物品以及进行工程专项作业的轮式车辆。

附表一 保险计划表

保障责任	计划一	计划二	计划三	计划四	计划五	计划六	计划七
住院	包括	包括	包括	包括	包括	包括	包括
门诊	-	包括	包括	包括	包括	包括	包括
特殊医疗	包括	包括	包括	包括	包括	包括	包括
交通转运	包括	包括	包括	包括	包括	包括	包括
慢性疾病	-	-	-	包括	包括	包括	包括
牙科	-	-	-	-	-	包括	包括
生育	-	-	-	-	-	包括	包括

注: 保险计划 (三、五、七) 包括在美国境内的医疗责任。其他保险计划不包括。

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Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions



China Life Goodhealth International Healthcare Plan (Type B)

www.aetnainternational.com

Effective April 2013

Article I: Components of the Insurance Contract

The China Life Goodhealth International Healthcare Plan (Type B) Contract (hereinafter referred to as “this Contract”), consists of the insurance policy and the attached terms, special endorsements, attached endorsements, the proposal form, and the proposal documents, insurance proposal documents, declarations, name list of the Insured Persons and other written agreements related to this Contract.

Article II: Insurance Cover

- I. Healthy foreign employees aged between 18 and 65 of domestic legal persons or overseas legal persons and resident representative offices in China shall all be eligible for participation as the Insured Persons through proposal for this policy by their respective employers as the Policyholder to China Life Insurance Company Limited (hereinafter referred to as the “Company”). All foreign employees eligible to this policy cover must participate and the number of persons eligible to be Insured Persons shall not be less than 5.
- II. The healthy spouses (aged below 65) and children (aged below 18 or up to 23 for those registered as full time students at recognized educational institutions) of an Insured Person may become Supplementary Insured Persons subject to the consent of the Company and shall be arranged by the Policyholder for coverage under this policy. In the event that the Policyholder requests the spouses and children of the Insured Persons be covered, all the spouses and/or children of the Insured Persons must be included.
- III. During the insured period of this Contract, a baby given birth by the Insured Person or the Insured Person’s spouse becomes the Supplementary Insured Person of this Contract from the date of payment of the premium, if the Policyholder has filed an application to the Company within 30 days from the birthday of the baby and paid the premium.

“Insured Person” referred to in this Contract shall not include the Supplementary Insured Person unless otherwise specified herein.

Article III: Formation, Effectiveness and Commencement of Insurance Responsibility

The Contract is formed upon the Company approving the application made by the Policyholder.

The Contract becomes effective from 00:00 the next day upon formation of the Contract, the Company receiving the premium and issuing the Policy, to be indicated in the Policy, based on which the corresponding effective date shall be

calculated. Unless otherwise specified, the date of effectiveness of the Contract shall be the date when the Company begins to bear the insurance responsibilities.

Article IV: Insurance Period

Unless otherwise specified, the insured period shall be 1 (one) year from the effective date of this Contract to 24:00 of the expiration date of the insured period, to be agreed upon by the Company and the Policyholder when making the proposal.

Article V: Insurance Responsibilities

- I. During the insured period of this Contract, the Company shall bear the responsibilities for paying the compensations specified in the agreed insurance plan under this Contract in accordance with the following provisions (Details of insurance responsibilities of different insurance plans are more particularly set out in the Schedule 1. Please see Sub-clauses (3), (4), (5), (6) and (7) of Clause I of this Article for agreed payment of insurance compensation for specified medical care benefits. See Clauses II and III of this Article for agreed payment of insurance compensation for medical expenses incurred in the United States).

(A) Hospitalisation Coverage

The necessary, reasonable and medically customary necessary hospitalization costs actually incurred and paid due to the injuries suffered by the Insured Person or the Supplementary Insured Person arising from accidents or due to illnesses resulting in hospitalization in a hospital within the People’s Republic of China (including Hong Kong, Macau and Taiwan regions) or outside the People’s Republic of China shall be covered in accordance with the following provisions:

1. Bed Costs

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred bed costs not exceeding that of the standard single room during every hospitalization period of the Insured Person or the Supplementary Insured Person.

2. Meals Charges

The Company shall pay insurance compensation according to the actually incurred and paid amount of the costs of hospital-provided reasonable meals of normal standard actually incurred during every hospitalization period of the Insured Person or the Supplementary Insured Person.

3. Extra Bed Costs

During the hospitalization of the Supplementary

Insured Person aged below 18, the legal guardian (limited to one person) may be arranged to accompany the Supplementary Insured Person in hospital and the Company shall pay insurance compensation according to the actually incurred and paid amount of such extra bed costs during every hospitalization period of the Supplementary Insured Person. The Company shall pay insurance compensation according to the actually incurred and paid amount of extra hospital bed costs for a female Insured Person's baby aged below 16 weeks during her hospitalization period.

4. **Treatment Costs**

The Company shall pay insurance compensation according to the actually incurred and paid amount of all treatment items actually incurred during every hospitalization period of the Insured Person or the Supplementary Insured Person(s).

5. **Examination Costs**

The Company shall pay insurance compensation according to the actually incurred and paid amount of all actually incurred, medically necessary examination items during every hospitalization period of the Insured Person or the Supplementary Insured Person.

6. **Medication Costs**

The Company shall pay insurance compensation according to the actually incurred and paid amount for doctor prescribed, actually incurred and medically necessary western medicines, processed Chinese medicines and Chinese medicines during every hospitalization period of the Insured Person or the Supplementary Insured Person.

7. **Surgery Fees**

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred surgery fees incurred during every hospitalization period of the Insured Person or the Supplementary Insured Person.

8. **Hospitalization Allowance**

If overseas hospitalization (emergency services excepted) of the Insured Person or the Supplementary Insured Person has been covered by another medical benefit plan or borne by a third party without claims made to the Company, the Company shall pay a hospitalization allowance of RMB1,000 per day for the actual days of hospitalization of the Insured Person or the Supplementary Insured Person, subject to a maximum aggregate payment for 20 days.

9. **New Born Baby Care**

During the insured period of this Contract, if a baby given birth by the Insured Person or the Insured Person's spouse becomes the Supplementary Insured Person of this Contract as agreed in this Contract, the Company shall assume the same insurance responsibilities towards the baby as those towards the Insured Person, provided that the Company shall pay the insurance compensation according to the actually incurred and paid expenses for actually incurred due to illness from the date of payment of premium to the 30th day from the date of birth of the baby, subject to a cumulative maximum payout amount of RMB 80,000.

10. **Hospitalized Treatment of Psychiatric Illness**

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred hospitalized treatment costs for an aggregate of not more than 30 days in a psychiatric hospital widely recognized by the medical profession or the psychiatry department of a hospital for treatment of the Insured Person or the Supplementary Insured Person.

11. **Special Hospitalized Treatment**

The Company shall pay insurance compensation according to the actually incurred and paid amount of all actually incurred costs of hospitalized treatment for complications arising from a chronic disease suffered by the Insured Person or the Supplementary Insured Person.

12. **Post-hospitalization Outpatient Visits**

Costs of outpatient visits actually incurred within 60 days from the day of hospital discharge by the Insured Person or the Supplementary Insured Person under Insurance Plan 1 shall be deemed to be hospitalization costs and paid by the Company subject to a cumulative maximum payout amount of RMB13,600.

(B) **Outpatient Responsibilities**

The Company shall pay insurance compensation of the actually incurred and paid, medically necessary, reasonable costs of outpatient treatment services received at hospitals or clinics within or outside the People's Republic of China due to injuries arising from accidents or illnesses suffered by the Insured Person or the Supplementary Insured Person in accordance with the following provisions:

1. **Doctor's fees**

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred doctor's fees arising from outpatient treatment for the Insured Person or the Supplementary Insured Person.

2. **Medication Fees**

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred costs of medically necessary medicines prescribed by a doctor for the Insured Person or the Supplementary Insured Person.

3. **Examination Fees**

The Company shall pay insurance compensation according to the actually incurred and paid amount for the actually incurred, medically necessary examination items arising from outpatient treatment for the Insured Person or the Supplementary Insured Person.

4. **Physiotherapy and Other Special Treatments**

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred outpatient treatment costs for physiotherapy, chiropractic treatment, homoeopathy and acupuncture provided to the Insured Person or the Supplementary Insured Person (A medical certificate or referral letter issued by doctor shall be required) provided that the cumulative treatment fees shall be limited to those of 10 sessions of outpatient treatment.

5. **Outpatient Treatment of Mental Illness**

The Company shall pay insurance compensation according to the actually incurred and paid amount of outpatient treatment costs of mental illness suffered by the Insured Person or the Supplementary Insured Person for treatment provided by a registered psychiatrist.

6. **Outpatient Surgery Fees**

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred outpatient surgery fees for the Insured Person or the Supplementary Insured Person.

7. **Chinese Medical Treatment**

The Company shall pay insurance compensation according to the actually incurred and paid amount of actually incurred costs of outpatient treatment at locally registered and legally qualified Chinese medical clinics for the Insured Person or the Supplementary Insured Person provided that the cumulative number of treatment sessions is limited

to 10 and subject to a maximum limit of RMB 240 per session.

(C) **Insurance Responsibilities for Special Medical Treatment**

1. **Treatment of Pregnancy Complications**

The Company shall pay insurance compensation according to the actually incurred and paid amount of medical fees actually incurred due to pregnancy complications suffered by the female Insured Person or the female Supplementary Insured Person during the validity of a timely renewed contract.

2. **Dental Accident**

The Company shall pay insurance compensation according to the actually incurred and paid amount of the costs of emergency treatment of natural tooth/teeth damaged by accident (routine dental examination and treatment of dental diseases excluded) suffered by the Insured Person or the Supplementary Insured Person at the dental department of a hospital within 7 days from the accident.

3. **Reconstructive Surgery**

The Company shall pay insurance compensation for the actually incurred costs of Reconstructive surgery carried out within 12 months from the date of the accident for the Insured Person or the Supplementary Insured Person who needs Reconstructive surgery in order to recover limb or body functions or appearance due to injuries by accident or diseases suffered during the validity of this Contract.

4. **Cancer Treatment**

The Company shall pay insurance compensation according to the actually incurred and paid amount of outpatient treatment or hospitalization costs of cancer treatment for the Insured Person or the Supplementary Insured Person.

5. **Home Nursing Care**

The actually incurred and paid costs of hiring a qualified nurse to provide home nursing care recommended by a specialist following hospitalization of the Insured Person or the Supplementary Insured Person due to diseases or injuries by accident shall be borne by the Company as insurance compensation provided that the maximum aggregate payment is limited to 30 days' payment (28 weeks' payment for those covered under Insurance Plans 4, 5, 6 and 7).

6. Hormone Replacement Therapy

The Company shall pay insurance compensation according to the actually incurred and paid amount of the medical fees for hormone replacement therapy of artificially induced female post-menopausal syndrome or female climacteric metacholia suffered before attaining the age of 40 for the female Insured Person or the female Supplementary Insured Person.

(D) Medical Evacuation and Transfer

1. Emergency Aid

During the insured period of this Contract, the Company shall pay insurance compensation according to the actually incurred and paid amount of reasonable, customarily provided medical transportation costs of sending the Insured Person or the Supplementary Insured Person suffering from injuries by accident or eruptive diseases to a local hospital by a legitimate rescue organization recognized by the Company.

2. Evacuation Transport

During the insured period of this Contract, where the Insured Person or the Supplementary Insured Person suffers from injuries sustained by accident or eruptive diseases, if the doctor in charge determines that adequate medical facilities are not available locally, the Insured Person or the Supplementary Insured Person may be evacuated to the most suitable medical facility capable of the required care nearest to the place of accident by a legitimate rescue organization recognized by the Company, in which event the Company shall pay insurance compensation according to the actually incurred and paid amount therefore.

For the Insured Person or the Supplementary Insured Person covered under Insurance Plans 4, 5, 6 and 7, the evacuation transport costs actually incurred for evacuation to the country or district with most appropriate medical conditions upon agreement of a legitimate rescue organization recognized by the Company shall be borne by the Company.

3. Transportation and Lodging Fees after Evacuation Transport

During the insured period of this Contract, the actually incurred and paid transportation and lodging fees referred to as follows after evacuation transport of the Insured Person or the Supplementary Insured Person shall be paid in accordance with the following provisions:

- I. Every two-way local transportation fee incurred for transportation to and from the hospital when the Insured Person or the Supplementary Insured Person receives treatment as a day-patient shall be covered.
- II. Two-way local transportation fees for one companion to pay visits to the Insured Person or the Supplementary Insured Person during the period of hospitalization shall be covered.
- III. Lodging fees (other than hospital room and board charges) of the Insured Person or the Supplementary Insured Person who receives treatment from a specialist before and after hospitalization up to a maximum payout of RMB 1,200 per day and an amount not exceeding the aggregate sum of RMB 40,000 shall be covered.
- IV. The economy class tickets to repatriate the Insured Person or the Supplementary Insured Person and one companion to their country of domicile shall be covered.

4. Repatriation of Mortal Remains and Funeral Expenses

During the insured period of this Contract, the local funeral expenses incurred for death due to accidents or diseases suffered by the Insured Person or the Supplementary Insured Person or the transportation fees for repatriation of the mortal remains to the country of domicile of the Insured Person or the Supplementary Insured Person shall be borne by the Company according to the actually incurred and paid amount up to a maximum sum of RMB 68,000.

(E) Dental Liabilities

I. Routine Dental Treatment

For routine dental treatment received 180 days after the Insured Person or the Supplementary Insured Person has participated in this insurance coverage, the Company shall pay insurance compensation of 75% of the actually incurred amount up to a maximum aggregate sum of RMB 5,600.

II. Complicated Dental Curative Treatment

The Company shall pay insurance compensation of 75% of the actually incurred amount of complicated dental curative treatment fees incurred by the Insured Person or the Supplementary Insured Person 270 days after the effective date of this Contract subject to an aggregate sum of RMB 12,000 for items 1 and 2.

(F) **Maternity Benefits**

The Company shall pay insurance compensation of 80% of the actually incurred and paid costs for treatment during pregnancy, childbirth and physical examination of the female Insured Person or Supplementary Insured Person during the insured period of timely renewal of this Contract up to a maximum aggregate amount of RMB 68,000.

(G) **Chronic Diseases**

The Company shall pay insurance compensation according to the actually incurred and paid costs for medical treatment for relieving or treating chronic diseases suffered by the Insured Person or the Supplementary Insured Person, up to a maximum aggregate coverage of RMB 400,000.

- II. Should the Insured Person or the Supplementary Insured Person covered by Insurance Plans 3, 5, and 7 receive treatment within the US medical network designated by the Company, the Company shall pay insurance compensation according to actually incurred and paid amount (the Company must be informed in advance when the Insured Person or the Supplementary Insured Person receives hospitalized or day-patient treatment except in circumstances of emergency treatment). For costs incurred for treatment outside the designated US medical network, the Company covers 50% of the actually incurred and paid amount up to an aggregate maximum sum of RMB 8 million.
- III. Should emergency treatment (See Definitions) fees of an emergency department of a US hospital be incurred by the Insured Person or the Supplementary Insured Person covered under Insurance Plans 1, 2, 4 and 6, the Company shall pay insurance compensation according to the actually incurred and paid amount. The Insured Person or the Supplementary Insured Person shall contact the Company's 24-hour medical hotline as soon as practicable before and after admittance to the emergency department. For emergency treatment received by the Insured Person or the Supplementary Insured Person outside the emergency departments of US hospitals, the Company shall pay insurance compensation after deducting a Deductible of RMB 640, up to a maximum payout amount of RMB 4,000. The Company does not bear any medical treatment fees other than emergency treatment fees incurred in US by the above-mentioned Insured Person or the Supplementary Insured Person.
- IV. During the insured period of this Contract, the

accumulated coverage to be borne by the Company shall not exceed the aggregate sum of RMB 12.8 million. This Contract terminates when the accumulated coverage reaches the maximum coverage limit.

Article VI: Exclusions

The Company will not bear any liabilities for insurance compensation if the hospitalization, outpatient treatment fees or any other treatment are incurred by the Insured Person or the Supplementary Insured Person as a result of any of the following situations:

- I. The Insured Person or the Supplementary Insured Person intentionally committed crime(s) or resisted criminal coercive measures legally performed.
- II. The Insured Person or the Supplementary Insured Person committed affray, drunkenness, and drug-taking, drug-smoking or injection.
- III. The Insured Person or the Supplementary Insured Person committed suicide, intentional self-injury, with the exceptions when the Insured Person or the Supplementary Insured Person is a person of no civil disposition capacity upon committing suicide or intentional self-injury.
- IV. The Insured Person or the Supplementary Insured Person failed to receive treatment pursuant to doctor's advice, took, applied or injected drugs other than those prescribed by a doctor.
- V. The Insured Person or the Supplementary Insured Person committed drunk-driving, driving without legal and valid driving licence or driving motor vehicles without valid vehicle licence.
- VI. The Insured Person or the Supplementary Insured Person caused accident(s) under the influence of alcohol, drugs or controlled drugs.
- VII. The Insured Person or the Supplementary Insured Person participated in any sport on a professional basis.
- VIII. The Insured Person or the Supplementary Insured Person participated in high-risk sports such as horse racing, car racing, diving, parachuting, gliding, mountaineering, rock climbing, martial art game, boxing, wrestling, acrobatic performances or exploring activities.
- IX. The Insured Person or the Supplementary Insured Person engaged in convalescent or non-medically necessary examinations or treatments.
- X. The Insured Person or the Supplementary Insured Person suffered sexually-transmitted diseases, congenital diseases or hereditary diseases.

- XI. Examination and treatment of pre-existing diseases suffered by the Insured Person or the Supplementary Insured Person. Should there be no morbidity of the Insured Person's or the Supplementary Insured Person's pre-existing diseases or should no related examination or treatment received after two years of continuous coverage, these diseases will be covered under this Contract.
 - XII. Assisted pregnancy and sequelae, injuries and diseases caused by assisted pregnancy, or induced abortion due to non-medical reasons, voluntary caesarean birth surgery, and birth control surgeries, sterile-curing or ligature releasing.
 - XIII. Examination and treatment due to pregnancy, childbirth and pregnancy complications within 12 months from the effective date of this Contract or non-timely renewal (excluding those covered by Insurance Plans 6 and 7, under which related fees will be covered in accordance with the relevant maternity benefits under of this Contract).
 - XIV. Treatment of alcohol abuse, drug abuse or any addictions as well as treatment for curing physical injuries caused by the foregoing reasons.
 - XV. Health care, routine physical examination and other preventive medical service.
 - XVI. Gynaecological examination, newborn nursing, epidemic prevention injection and vaccination injection.
 - XVII. The following treatments, including:
 - 1. All types of cosmetic surgeries or plastic surgeries (including dental deformity modeling);
 - 2. Treatment of non-physiological or natural decline of eyesight and sense of hearing; laser eye surgeries for curing myopia, amblyopia or strabismus;
 - 3. Purchase of eye-glasses, eyesight correction facilities, hearing aids, glass eyes, dentures, dental appliances or deformity correction fixators;
 - 4. Rehabilitation treatment at the out-patient department of non-hospital nursing organization, mineral spring infirmary care location, spa facilities, rehabilitation organization, infirmary hospital or at home;
 - 5. Any weight loss treatment and its derived treatment;
 - 6. Dental treatment (excluding those covered under Insurance Plans 6 and 7, under which related fees will be paid in accordance with the relevant dental benefits under of this Contract);
 - 7. Purchase or renting of appliances, walking sticks, wheel chairs and other medical facilities; repairs or fixture of artificial limbs;
 - 8. Fees associated with impotence treatment or trans-sexuality;
 - 9. Psychology treatment or treatment of children's learning disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), language obstacles, and developmental and behavioral problems;
 - 10. Treatment related to snoring disease, sleep apnea, fatigue, jet lag syndrome or work pressure;
 - 11. Nutritional health care medicine (including but not limited to vitamins, minerals and organic matters);
 - 12. Organ removal, transportation fees and all related costs of organ donors;
 - 13. Chronic Supportive treatment of renal failure (including hemodialysis).
 - XXVIII. Situations of war, military conflict, rebellion, riot, civil rebellion, terrorist attacks or actions.
 - XIX. Nuclear explosion, radiation or nuclear pollution.
 - XX. Treatment of an experimental nature or treatment not yet recognized as effective by general opinions of the medical profession.
 - XXI. Doctors' or nurses' home visit fees.
 - XXII. Traveling transportation and lodging costs.
 - XXIII. Items for personal use purchased during hospitalization period of the Insured Person or the Supplementary Insured Person.
 - XXIV. Repeated treatments or examinations performed for the same disease in different hospitals (except those with written approval of the Company).
- Article VII: Insurance Plans and Premiums**
- I. The Policyholder shall consult with the Company and decide on the selection of one of the seven insurance plans listed in Schedule 1 during the proposal process and the selected plan shall be specified in the insurance policy. The Insured Persons and the related Supplementary Insured Persons at the same level of cover under the same Policyholder must choose the same insurance plan. Any baby given birth by the Insured Person or the Insured Person's spouse having become the Supplementary Insured Person of this Contract as agreed in this Contract shall enjoy the same insurance plan and coverage as that of the Insured Person.

- II. Where payment of insurance premium is to be made, the foreign exchange buying rates published by the People's Bank of China on the date of payment shall be adopted as the currency exchange rates between RMB and other currencies.
- III. Payment of premiums under this Contract shall be settled in one lump sum after the proposal process. When the insured period is 1 (one) year, the premium can also be paid according to the mode of installments agreed upon in the Contract.
- IV. The Company reserves its rights to terminate the renewal right of this Contract and shall be entitled to adjust premium rates.

Article VIII: Post-Initial Term Premium Payment and Premium Payment Grace Period

For premium payment by installments, quarterly or semi-annually payment can be selected, with the due date on the corresponding quarterly or semi-annually effective date of the Contract, and the post-initial term premium shall be paid before the due date or within the premium payment grace period.

Unless otherwise specified, a 60-day grace period will be given from the following day of the premium payment due date, for premium payment by installments. Insured incident(s) which take(s) place within the grace period shall be covered by the Company, but the Company is entitled to deduct the payable outstanding premium from the insurance compensation payment to the Insured Person concerned.

Should the Insured Person fail to pay the premium after the grace period, the Contract shall be terminated on the day following expiration of the grace period.

Article IX: Full and Frank Disclosure

Upon execution of the Contract, the Company shall explain explicitly to the Policyholder the terms and conditions of this Contract, and for the exclusions, make indications on the proposal form, policy or other insurance certificates to sufficiently call the attention of the Policyholder, and explain explicitly to the Policyholder orally or in writing.

The Company may inquire on relevant conditions of the Policyholder, the Insured Person or the Supplementary Insured Person, and the Policyholder shall provide full and frank disclosure to the Company.

Should the Policyholder fail to perform its obligation of full and frank disclosure due to material default, attributable to influence the decision of the Company on whether to accept the insurance proposal or raise the premium rate, the Company is entitled to terminate the Contract.

Failure to exercise the right of termination as mention in the

above paragraph within 30 days upon knowledge of the cause in fact shall be deemed waiver of such right.

Should the Policyholder intentionally fail to perform its obligation of full and frank disclosure, the Company shall not be liable for payment of premium compensation for the insured incidents occurred before termination of this Contract, and shall not refund the premium.

Should the Policyholder fail to perform its obligation of full and frank disclosure due to material default, materially attributable to occurrence of the insured accident, the Company shall not be liable for payment of premium compensation for the insured incidents occurred before termination of this Contract, but shall refund the premium.

If knowing the Policyholder fails to perform its obligation of full and frank disclosure upon execution of the Contract, the Company can not terminate this Contract and, shall be liable for payment of premium compensation for the insured incidents occurred before termination of this Contract if any.

Article X: Beneficiaries

The Insured Person or the Supplementary Insured Person or the Policyholder may designate one or several persons as the beneficiary/beneficiaries of his/her mortal remains repatriation and funeral insurance benefits. The Policyholder covering the insurance for anyone with labor relation with him/her shall not designate anyone other than the Insured Person or the Supplementary Insured Person or their relatives as the beneficiary.

Unless otherwise designated, the beneficiary of the other benefits of this Contract is the Insured Person or the Supplementary Insured Person himself/herself.

Should there be several beneficiaries, the Insured Person or the Supplementary Insured Person or the Policyholder may decide on the order and portions of the benefits to be received by beneficiaries. In the absence of specified portions, the beneficiaries will share the benefits in equal portions.

The Insured Person or the Supplementary Insured Person or the Policyholder may change the beneficiary/beneficiaries of his/her mortal remains repatriation and funeral insurance benefits by giving written notice to the Company, in which event the Company will make endorsement on the policy or other insurance certificates.

Any designation or change of the beneficiary/beneficiaries to be made by the Policyholder shall be subject to the consent of the Insured Person.

Under any of the following circumstances after the death of the Insured Person or the Supplementary Insured Person, the Company shall perform the obligation of paying the insurance compensation, as his/her estate, according to Law of Succession of the People's Republic of China:

1. No beneficiary(ies) is designated, or the designation is not clear and definite;
2. The beneficiary(ies) died before the death of the Insured Person or the Supplementary Insured Person, and there are no other beneficiaries;
3. The beneficiary(ies) is deprived of or waives the beneficial right according to law, and there are no other beneficiaries.

When the beneficiary(ies) died together with the Insured Person or the Supplementary Insured Person in a same accident, and the order of death cannot be determined, it can be presumed that the beneficiary(ies) died earlier.

When intentionally causing the death, injury or illness, or committing an attempted murder of the Insured Person or the Supplementary Insured Person, the beneficiary(ies) shall be deprived of the beneficial right.

Article XI: Notification of Insured Incidents

The Policyholder, the Insured Person or the Supplementary Insured Person shall inform the Company timely upon becoming aware of the insured incident. **When the Policyholder, the Insured Person or the Supplementary Insured Person fails to inform the Company timely of such accident intentionally or out of material default, causing difficulty in identification of the nature, cause, degree of loss, etc., the Company shall not be liable for payment of insurance compensation for the portion that cannot be identified**, with exception to the case the Company has timely known or ought to have known such accident through other channels.

During the insured period of this Contract, should the Insured Person or the Supplementary Insured Person be in need of rescue or assistance due to the occurrence of insured incidents within or outside China, unless under extremely urgent circumstances which render it impossible for the Policyholder, the Insured Person or the Supplementary Insured Person to contact legitimate rescue organizations recognized by the Company due to health conditions requiring emergency treatment, the Policyholder, the Insured Person or the Supplementary Insured Person should immediately contact the legitimate rescue organizations and ask for rescue/assistance services, failing which the increased portion of fees associated with the delay in its giving of notice shall be borne by the Policyholder, the Insured Person or the Supplementary Insured Person.

Article XII: Claims and Payment of Insurance Compensation

- I. During the valid term of this Contract, the Insured Person or the Supplementary Insured Person or its agent(s) shall lodge claim(s) as applicant for costs and

expenses incurred by the Insured person or the Supplementary Insured Person within the scope of insurance cover, fill in insurance claim form(s) and apply for payment of insurance compensation with the following supporting documents and information:

1. Insurance policy or Policyholder's certificate;
2. Applicant's legitimate identity certificate;
3. Medical receipts issued by the hospital (emergency treatment stamp of the hospital is required for medical expense receipts for emergency treatment), original diagnosis certificate and medical records;
4. For medical evacuation occurred within or outside China, written documentary proof issued by legitimate rescue organizations recognized by the Company shall be provided;
5. If the application is made by an agent, documents such as authorization letter, legitimate identity certificate and other documents shall be provided;
6. Other supporting documents and information required by the Company, relating to identification of the nature, cause and degree of injury, etc. which are capable of being provided by the applicant.

- II. The beneficiary/beneficiaries shall act as the applicant, fill in the claim form(s) and provide the following supporting documents and information in respect of claims for coverage of mortal remains transfer and funeral expenses incurred as a result of death of the Insured Person or the Supplementary Insured Person:

1. Insurance policy or Policyholder's certificate;
2. Applicant's legitimate identity certificate;
3. Death certificate of the Insured Person or the Supplementary Insured Person issued by a public security department or legitimate medical institution;
4. Original receipts of mortal remains transfer and funeral expenses incurred as a result of death of the Insured Person or the Supplementary Insured Person;
5. Other supporting documents and information required by the Company, relating to identification of the nature of the insured incident and its cause, etc. which can be provided by the applicant.

- III. When the supporting documents and information mentioned in I and II of the Article are found not full and complete, the Company shall inform the applicant at one time to supplement all the relevant supporting documents and information.

- IV. Following receipt by the Company of the claim form and the supporting documents and information mentioned in I and II of the Article, the Company will make assessment timely, or within 30 days for such complicated cases, unless otherwise specified in the Contract. When the claim has been confirmed to be under the insurance cover, the company shall perform the obligation of payment of insurance compensation within 30 days after signing the agreement on payment of insurance compensation with the applicant; otherwise, the Company will issue an insurance compensation payment denial notice to the applicant within 3 days after the assessment where the claim has been confirmed to be beyond the insurance cover.
- V. The Company will pay the amount which can be confirmed in the first instance according to the available supporting documents and information within 60 days from receipt by the Company of the claim form and the above-stated supporting documents and information in respect of cases identified as within the insurance cover but are difficult to be assessed the amount payable. The Company shall pay the corresponding remaining balance upon final assessment of the amount payable in respect of the insurance compensation.
- VI. When the Insured Person or the Supplementary Insured Person applies for payment of insurance compensation, the Company may require medical verification and re-examination by the relevant medical institution if the Company deems it necessary.
- VII. The applicant's right of claims will be two years from the day on which the applicant becomes aware of the occurrence of the insured incident

Article XIII: Changes of the Insured person or the Supplementary Insured Person

- I. The Policyholder should issue a written notice to the Company if the number of the Insured Persons and the Supplementary Insured Persons are to be increased due to change in staffing. Upon verification and approval of the Company, insurance cover shall commence from the following day from its receipt of the premium as specified in this Contract. Premiums for the newly added Insured Persons or the Supplementary Insured Persons should be paid in proportion to the unexpired insured period. Their insurance cover shall expire on the same date as the expiry date of the insurance cover under this Contract.
- II. The Policyholder should issue a written notice to the Company if the number of the Insured Persons and the

Supplementary Insured Persons has to be decreased due to resignation of staff or other reasons. The liabilities to such Insured Persons or Supplementary Insured Persons under this Contract shall terminate upon the receipt of the notice. For the Insured Persons and the Supplementary Insured Persons without any insurance compensation payment, the cash value will be refunded, and for the Insured Persons and the Supplementary Insured Persons with any insurance compensation payment or occurrence of any incident specified in the Contract but the insurance compensation payment having not been made, the cash value shall not be refunded.

- III. Should the number of the Insured Persons decrease to less than 5 persons, the Company is entitled to terminate this Contract and refund the cash value of the Contract to the Policyholder.

Article XIV: Changes of Content of Contract

The contents of this Contract may be changed subject to agreement between the Policyholder and the Company. Upon change of the Contract, the Policyholder shall fill out the Contract Change Application, and the Company will make endorsements or attach an endorsement slip to the policy or other insurance certificates after review and approval, or both parties shall sign the written agreement for the change.

Article XV: Change of Address

The Policyholder should inform the Company of its changes of address of residence or communication in a timely manner by giving written notice (to the Company). The Company shall issue notices to the last-known address if the Policyholder fails to inform (the Company of such change) by written notice.

Article XVI: Termination of Contract by the Policyholder

Following the formation of this Contract, the Policyholder may request to terminate this Contract, provided that the Policyholder is not permitted to terminate this Contract if any insurance compensation payment has been made or any incident specified in the Contract occurred but the insurance compensation payment has not been made. When the Policyholder requires termination of this Contract, a Contract Discharge Application Form should be filled in and submitted by the Policyholder together with Policyholder's certificate, and Insurance Contract.

This Contract terminates upon the Company's receipt of the Contract Discharge Application Form. Within 30 days from the date of receipt of the above-mentioned Application, the Company will refund the cash value of the Contract to the Policyholder.

Article XVII: Applicable Law

The laws of the People's Republic of China shall be applicable to the formation, change, termination, performance, dispute resolution of this Contract and all matters related thereto.

Article XVIII: Dispute Resolution

For resolution of any dispute arising from the Contract, the parties concerned may choose from either of the following methods as agreed upon in the Contract:

- I. Disputes arising from the performance of this Contract shall be resolved through consultations by the parties concerned, failing which the disputes shall be submitted to the *** Arbitration Commission for arbitration.
- II. Disputes arising from the performance of this Contract shall be resolved through consultations by the parties concerned, failing which the disputes shall be submitted to the People's Court for litigation.

Article XIX: Definitions

For the purpose of the Contract, the following terms shall be defined as follows:

Inside the People's Republic of China: means any place within the territory of the People's Republic of China (including Hong Kong Special Administrative Region, Macau Special Administrative Region and Taiwan Region).

Outside the People's Republic of China: means countries (including USA) and regions outside the territory of the People's Republic of China for such Insured Persons or Supplementary Insured Persons under Insurance Plan 3, 5 and 7; and countries (excluding USA) and regions outside the territory of the People's Republic of China for such Insured Persons or Supplementary Insured Persons under Insurance Plan 1, 2, 4 and 6.

Foreign Employee: means any person living or working for more than 6 months outside the country issuing his/her visa during the insured period.

Corresponding Effective Date: means the corresponding date of the effective date of the Contract.

Hospitalization: action of treatment process which requires the Insured Person or the Supplementary Insured Person to be hospitalized due to illness or injury by accident to receive treatment at a hospital due to clinical needs through formal hospitalization procedures upon the doctor's diagnosis but excluding any stay at an outpatient observation room, emergency observation room, other informal ward, combined ward or bunk bed.

Injury by Accident: means bodily injury directly caused by an external, sudden, unintentional and non-illness instigated objective event.

Hospital: means a medical institution which fulfils all of the following conditions:

1. Owns legitimate medical practice institution licence and business licence;
2. General hospitals and specialist hospitals with systematic treatment procedures and surgical facilities, excluding its observation rooms, combined wards and rehabilitation wards;
3. Its main purpose of establishment is to provide hospitalization and nursing services to the injured and patients;
4. Has qualified doctors and nurses providing whole day 24-hour medical and nursing services;
5. Clinics, nursing homes, spas, rehabilitation institutions, infirmary care institutions, elderly care homes, alcohol abstinence centres, drug addiction treatment centres or medical institutions of similar nature are not considered hospitals.

Medically necessary: medical treatment, services or medicines meeting the following conditions are medically necessary.

1. The diagnosis or treatment of diseases or injuries of the patient which is appropriate and fundamental;
2. The provision of safe, sufficient and appropriate diagnosis and necessary care required by the treatment within a certain range, period of continuance, intensity and level;
3. Prescription by a medical practitioner and treatment which is consistent with locally well-recognized medical professional level;
4. Items which are not mainly carried out for the comfort and convenience of the patients, families, doctors or other personnel providing the treatment;
5. Not a part of academic education or professional training of patients;
6. Not for experiment or research purposes.

Customary Medical and Hospitalization Costs: means medical treatment costs for receiving the same medical service in hospitals (in one country or region) of similar levels and medical technology levels with certifications issued by third parties or governmental hygiene departments.

Treatment Fees: means routine medical treatment fees, nursing fees, medical material fees, intensive care fees, blood transfusion fees and oxygen therapy fees.

Examination Fees: means (1) routine examinations: x-ray,

electrocardiogram; (2) special examinations: CT, MRI, Ultrasonography, HOLTER, gastrofiberscopic, bronchoscopic, endoscopic colonoscopic, proctoscopic, esophagoscopic, and pathological examinations.

Doctor: means a person who has completed medical course at a medical school recognized by World Health Organization with a basic degree in physician or surgical medicine and is licensed by the relevant authority to practise as a doctor in the country concerned.

Surgery Fees: means surgeon's fees and surgical theatre equipment, surgical appliances, hygiene materials and anaesthetist's fees.

Complications from Chronic Disease: means another related disease or several related diseases arising during treatment of a chronic disease. The complications have the following three basic characteristics:

1. The latter disease is caused by the former disease;
2. From the perspective of the regular occurrence pattern of the later occurred disease, only occasional causation relations (not inevitable causation relations) exist between the former and later occurred diseases. The occurrence of later occurred disease is of a sudden nature;
3. The later occurred disease is not caused by any fault of the medical staff.

Outpatient Treatment: means outpatient treatment received by the Insured Person or the Supplementary Insured Person at a hospital or specialist clinic.

Homoeopathy: a therapy originated by Samuel Hahnemann in the 18th century based on the principle of "combating poison with poison", using minimal energy to produce the drugs for treatment of the symptoms of the patient's disease for the purpose of improving or curing the disease.

Pregnancy Complications: means diseases such as pregnancy high blood pressure syndrome, eclampsia, placenta abruption, and placenta previa, etc. suffered by a pregnant woman during pregnancy.

Timely Insurance Renewal: where the Policyholder submitted a written application for one year renewal within 30 days prior to the expiration of insured period under this Contract and with the approval of the Company, this Contract will then be renewed for one year from the day following expiration after the Policyholder has paid the specified premium before the expiration date.

Reconstructive Surgery: means medical treatment by means of surgery to treat injuries and diseases suffered by a skeleton and muscle system to recover, maintain and develop the

normal forms and functions of such system (excluding reconstructive surgeries for correcting congenital deformities and for beauty purposes).

Emergency Rescue: medical aid determined as necessary by a doctor authorized by a legitimate rescuing organizations recognized by the Company according to his/her professional knowledge when the Insured Person suffers from injuries by accident or sudden diseases.

Escorted Hospital Transfer Costs: costs of sending the Insured Person or the Supplementary Insured Person to a hospital with appropriate medical facilities in the country, which is nearest to the spot of accident upon determination of the doctor in charge. Only economic class tickets are covered if flight tickets are required to be purchased.

Legitimate Rescue Organizations Recognized by the Company: detailed list available at www.e-chinalife.com.

Day-patient: means the Insured Person or the Supplementary Insured Person who is hospitalized for daytime treatment without having to stay overnight.

Routine Dental Treatment: means dental examination, teeth cleaning, composite teeth filling, simple or non-surgical teeth extraction.

Complicated Dental Treatment: means extraction of injured, buried or non-emerged teeth; root canal treatment, removal of solid odontoma, cutting of temporal bone top, installation or repair of corona, installation or repair of dentures.

Chronic Disease: means chronic protracted disease (e.g. high blood pressure, diabetes, rheumatoid disease, etc.) regarded as incurable with current medical ways or means according to the general medical views.

Emergency Treatment: the following conditions suffered by the Insured Person or the Supplementary Insured Person will warrant emergency treatment (excluding treatment needed due to the recurring of all the pre-existing diseases before the Insured Person's or the Supplementary Insured Person's arrival in the US):

1. High fever (38.5 degrees Celsius or above for adults, 39 degrees Celsius or above for infants);
2. Acute abdominal pain, violent vomiting, serious diarrhoea;
3. Shocks caused by all kinds of reasons;
4. Stupor;
5. Epileptic seizure;
6. Severe gasping, breathing difficulties;
7. Acute chest pain, acute heart failure, serious arrhythmia cordis;

8. Hypertensive crisis, hypertensive encephalopathy, brain vascular accidents;
9. Acute bleeding caused by all kinds reasons;
10. Acute flowing out of hematocele from urinary tract, anuresis, renal colic;
11. Acute poisoning of all types (e.g. food or drug poisoning), accidents of all types (e.g. electric shock and drowning);
12. Traumatic brain injury, bone fracture, dislocation, tear, burns, scalds, or other acute traumatic injuries;
13. Bites by various kinds of poisonous animals or insects or acute allergic diseases;
14. Foreign objects in the five sense organs or respiratory track, acute eye pain, eye redness or swelling, sudden sight obstacle and eye traumatic injuries;
15. Other emergency treatment provided to patients in dangerous, urgent and serious conditions (not including complications arising from pregnancy or child-bearing and childbirth).

Designated US Medical Network: means the Company's Contracted hospitals or medical service institutions in the US (detailed list available at www.e-chinalife.com).

Diving: means underwater sports carried out with auxiliary breathing equipment underwater such as in rivers, lakes, seas, reservoirs or canals.

Rock Climbing: means sports such as climbing cliffs, exterior walls of buildings, artificial cliffs, ice cliffs and icebergs.

Martial Art Game: means boxing game such as opposing judo, karate, tae kwon do, and free combat and pugilism between two or more persons and other opposing matches where instruments are used.

Stunt Performance: means performance of horsemanship, acrobatics, animal taming, etc.

Exploration: means intentional behavior of putting oneself in certain natural dangerous conditions, which may cause death or bodily injury such as river drifting, mountain climbing, crossing deserts or remote primitive forests on foot.

Sexually Transmitted Diseases: means serious health threatening infective diseases with sexual behaviors as the main means of transmission, including syphilis, gonorrhoea, chancroid, LGV, herpes progenitalis, condyloma acuity, nongonococcal urethritis and AIDS.

Congenital Disease: means disease caused by changes in hereditary materials which are harmful to the human body (including chromosomes or genes inside); or by certain physical, chemical and biological factors of internal or external environment during the mother's pregnancy, resulting in

abnormal development of partial somatic cells of the foetus and in-born abnormalities in forms or functions of the related organs and systems of the baby from birth.

Hereditary Disease: means disease caused by harmful changes in hereditary materials (genes or chromosomes).

Pre-existing Disease: means disease suffered by or appeared to the Insured Person or the Supplementary Insured Person before being covered by this insurance policy.

War: means armed fights between countries, nations or political groups for certain political or economic purposes. Subject to governmental declarations.

Military Conflict: means armed confrontations in certain range between countries or nations. Subject to governmental declarations.

Riot: means armed turmoil disrupting social order. Subject to governmental declarations.

Legitimate Identity Certificate: means the identity certificate, documents, etc. prepared and issued by the relevant authority, e.g. resident identity certificate, household register, passport, serviceman certificate, etc.

Proportion of Unexpired Term of the Contract: (365-number of preceding days)/365.

Cash Value: Latest premium portion payment x (1 – Handling fee rate) x (1 – Days lapsed covered by the premium portion/ Days covered by the premium portion). Any day lapsed that is less than one day shall be calculated as one day. The handling fee rate shall be agreed upon with the Company upon proposing the insurance.

Payable outstanding Premium: means the difference between the total payable premium within the entire insured period agreed upon with the Company when proposing the insurance and the premium already paid.

Drug: means opium, heroin, methylamphetamine, morphine, marijuana and cocaine and other narcotic or psychotropic drugs prone to cause addiction of people, to be controlled according to the national regulation, but not including the prescription drugs containing narcotic content prescribed by a physician and used according to the advice of the physician.

Drink Driving: Any vehicle driver, with the alcohol content in his/her blood reaching or exceeding a certain limit after testing or detection, upon occurrence of an accident, shall be deemed as drink driving or drunk driving by the public security traffic administration according to the Road Traffic Safety Law.

Driving without Legal and Valid Driving Licence: means one of the following conditions:

1. Driving without driving qualification;
2. Driving vehicles not in conformity with the vehicle types specified on the driving licence;
3. Driving with a driving licence showing failure in examination;
4. When studying driving with the studying certificate, driving without the instruction of the coach or not following the designated time or route.

Without Valid Vehicle Licence: means one of the following conditions:

1. Registration of motor vehicle cancelled according to law;
2. Failure to receive or pass the vehicle safety technical inspection timely.

Motor Vehicle: means any wheeled vehicle driven or drawn with power devices, for driving and carrying passenger or transporting goods, or for special engineering purposes.

Schedule 1: Table of insurance plans

Insurance Responsibilities	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7
Hospitalisation	Included	Included	Included	Included	Included	Included	Included
Outpatient	-	Included	Included	Included	Included	Included	Included
Special Medical Treatment	Included	Included	Included	Included	Included	Included	Included
Medical Evacuation and Transfer	Included	Included	Included	Included	Included	Included	Included
Chronic Diseases	-	-	-	Included	Included	Included	Included
Dental	-	-	-	-	-	Included	Included
Maternity	-	-	-	-	-	Included	Included

Notes: Liabilities for medical expenses in the US are covered under Insurance Plans 3, 5 and 7 only, and are not covered under other plans.

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