

SECTION ONE 第一部分

YOUR AREA OF COVERAGE 您的保险覆盖范围

Geographic Areas of Coverage

Alltrust*GBG offers three areas of coverage; **Greater China, Greater China Plus and Mainland China**. Your Schedule of Benefits and Medical Identification card will state the area of coverage included in your plan. These areas have rules associated with them that must be followed to maximize your benefits.

保险覆盖的地理范围

Alltrust*GBG 提供如下三个可选地理区域的保障：

大中华、大中华增强和中国大陆。您的保障福利表和保险卡会标明保险计划的地理覆盖区域。为了保障您的权益，请您务必遵守相应区域保障的保险规则。

Greater China Coverage

- Full coverage up to Usual and Customary Charges in Mainland China, Taiwan, Macao and Hong Kong only
- No coverage outside of Mainland China, Taiwan, Macao and Hong Kong under any conditions

大中华保障

- 保险人对被保险人在中国大陆，香港，澳门以及台湾地区发生的符合通常惯例水平的医疗费用提供保险保障
- 上述地区以外的任何地区发生的任何医疗费用均不提供保障

Greater China Plus Coverage

- Full coverage up to Usual and Customary Charges in Mainland China, Taiwan, Macao and Hong Kong
- Other areas are deemed restricted areas, where only emergency coverage is covered up to ¥500,000 or ¥200,000
- Emergency treatment is defined in the policy and must be approved by our Care Coordination Company

大中华增强保障

- 保险人对被保险人涵盖在中国大陆、香港、澳门和台湾地区发生的符合通常惯例水平的医疗费用提供保险保障
- 上述地区以外任何国家和地区紧急情况下的医疗费用，紧急医疗费用最高保额为¥500,000 或 ¥200,000
- 紧急医疗必须得到我们的医疗协助机构的认可

Mainland China Coverage

- Full coverage up to Usual and Customary Charges in Mainland China only
- No coverage outside of Mainland China under any conditions

中国大陆保障

- 保险人对被保险人在中国大陆发生的符合通常惯例水平的医疗费用提供保险保障
- 中国大陆外的任何地区发生的任何医疗费用均不提供保障

GBG Assist will guide you to appropriate facilities and will evaluate the medical necessity of the recommended treatment. The intention of this process is not to substitute for the medical judgment of your physician, as the ultimate decision for treatment is up to the patient. Regardless of the decisions taken by the patient, coverage under this policy is subject to all stated limitations and exclusions as well as a consideration of the medical necessity of the proposed treatment and the effective management of health care costs. Treatment is approved and monitored by GBG Assist, who will be the sole determinant of the nature and scope of treatment.

GBG 援助中心会协助您去合适的医疗机构就诊，并评估医生建议的治疗是否属于医学必需。这个程序的目的并不是要取代您的主治医师的医学判断，最终的治疗判断由病人决定。无论病人的决定如何，本保单的保险责任以所有列明的限额和除外责任为准，同时，医生建议的治疗项目须符合医学必需及通常惯例水平。治疗需得到 GBG 援助中心的批准和监督，GBG 援助中心是治疗范围和本质的唯一的决定者。

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SECTION TWO 第二部分

PRE-AUTHORIZATION REQUIREMENTS AND PROCEDURES 事先授权的要求和程序

Certain designated services require Pre-Authorization and depending on the geographical location, Pre-Authorization and utilization of Insurer's Preferred Provider Organization (PPO) Network is required. **Failure to Pre-Authorize and to utilize the appropriate network when required will result in a 40% reduction in the normal benefit.** Any penalty will be applied to the entire episode of care and there will be no Out-of-Pocket maximum. **You must obtain a letter of authorization, prior to the performance of those services. In order to appeal the application of the 40% Co-payment, you will need to provide proof of Pre-Authorization.**

某些指定的服务需要事先授权并视被保险人所居住的地理区域而定，事先授权和有效利用保险公司的首选医疗网络(PPO)是必须的。在需要事先授权时，未进行事先授权或不按要求使用合适医疗网络时，客户额外承担整个治疗可保医疗费用的40%，且无自付上限。在接受某些服务之前，您必须获得事先授权批准的信函。在申诉时，您需要提供事先授权批准的证明以豁免40%的自付额。

Notwithstanding the requirement to Pre-Authorize, Pre-Authorization approval does not guarantee payment of a claim in full, as additional Co-payments and Out-of-Pocket expenses may apply. Benefits payable under the Policy are still subject to eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy.

即使已符合事先授权的要求：批准事先授权并不保证理赔款的全额支付，因为可能会发生额外的自付额。保单可支付的福利还是以是否符合当时实际发生费用和保单其他条款、限额和除外责任的限制为准。

In the event of an emergency that requires medical evacuation, contact the **GBG Assist 24-hour Department**, in advance in order to approve and arrange such emergency medical air transportation. The Operations Center, on behalf of the Insurer, retains the right to decide the medical facility to which the Insured Person shall be transported. **Approved medical evacuations will only be to the nearest medical facility capable of providing the necessary medical treatment only.** The GBG Assist contact information can be located on the Insured's Identification card. In the event of an emergency, Pre-Authorization is required for **International Plus Insureds** who require treatment in a restricted area.

如果紧急情况下需要提供医疗转运，请事先联系 **GBG 援助中心——24 小时客服中心**，以便于获得批准并安排此类紧急医疗空中转运服务。援助中心代表保险公司，有权决定被保险人运送的医疗机构。**被批准的医疗转运仅以转运至能够提供医疗必需治疗的最近距离的医疗机构。** GBG 援助中心的联系信息请参见被保险人保险卡。如果投保国际增强保障的被保险人在受限制区域发生紧急医疗，需要事先授权

If the following services are received within the United States, use of the PPO Network is also required. Failure to receive Pre-Authorization and/or use the appropriate Network as required will result in a 40% penalty for the entire episode of care. The following services require Pre-Authorization worldwide:

如果下列服务发生在美国，使用首选医疗网络，也需要事先授权。未进行事先授权和/或不按要求使用合适医疗网络的，客户额外承担整个治疗可保医疗费用的40%。下列服务在全球范围内需要事先授权：

- Any Hospitalization including Maternity Delivery;
包括分娩在内的所有住院治疗
- Outpatient Surgeries requiring general anesthesia
任何需要全麻下进行的门诊手术
- Skilled or Private Duty Nursing – (When 4 or more visits are required);
专业或私人护士家庭护理（当需要4次或4次以上时需要事先授权）
- Hospice Care;
临终关怀
- Organ, Bone Marrow, Stem Cell Transplants, and other similar procedures;
器官、骨髓、干细胞等类似组织移植
- Air Ambulance – Air Ambulance service will be coordinated by Insurer's air ambulance provider;
空中医疗转运，由保险人指定的空中医疗转服务商协调

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- Any condition, including cancer treatment or any chronic condition, which does not meet the above criteria, but are expected to accumulate over \$10,000 of medical treatment per policy year; and
不符合以上标准，但保险期间内预计累积医疗费用超过 10,000 美元的任何疾病，包括癌症或慢性病
- Prescription medications in excess of \$3,000 per refill
单次配药金额超过 3000 美元

Emergency Services must be received within 48 hours of the admission or procedure. In instances of an emergency, the Insured should go to the nearest Hospital or provider for assistance even if that hospital or provider is not part of the PPO Network.

紧急医疗服务必须在 48 小时内进入申报流程。如发生紧急情况，被保险人应该去往附近最近的医院或救助机构，即使他们不在我们的首选医疗网络中。

To obtain a **Pre-Authorization** and verification of Network utilization the Insured, the Provider, or the Insured's representative must call the number listed on the back of the Medical Identification Card. Customer Service representatives are available 24 hours a day, everyday. Network lookup information can also be found at www.gbg.com

为获得**事先授权**并查证医疗网络可用性，被保险人、医疗服务供应商或被保险人的代表必须拨打保险卡背面保险公司服务热线。客户服务代表提供 24 小时服务。医疗网络的信息也可以在网上查询（查询网址：www.gbg.com）。

GBG Assist offers a 24/7 assistance service to answer any medical emergency around the world no matter the time or day. Case managers, nurse case managers, and the GBG Assist Medical Director work as a team to manage all aspects of a case from initial referral until the patient returns home. They coordinate admissions, Pre-Authorize services, and coordinate discharge planning. They provide patient advocacy while monitoring costs.

GBG 援助中心提供 7 天 24 小时的援助服务，以应对全球范围内无论何时发生的任何紧急医疗救援。客户经理、护理人员 和 GBG 援助中心的医疗主管共同全方位协助病人就医，自最初就诊至痊愈出院。他们协调入院、事先授权服务和出院计划，他们在监控成本的同时为患者提供支持。

GBG Assist case management services include coordination of treatment, assistance to patient and family Insureds, monitoring and review of treatment, and coordination of air ambulance needs if necessary. GBG Assist should be contacted immediately when there is any medical issue. Your claim reimbursement will be maximized and they will help to handle many of the issues that come up during an illness, accident, or emergency illness.

GBG 援助中心案例管理服务包括协调治疗费用，援助被保险人及家庭成员，监控和检查治疗过程，当有必要需求时，也可调拨空中转运服务。当有任何医疗服务发生时，请直接联系 GBG 援助中心，您将得到最大赔付，并且他们能帮助您处理在疾病、意外或紧急医疗过程中面临的诸多问题。

Pre-Authorization Appeals follow the same process as 'Claims Appeals' except there is an expedited process available if all requirements are met. See Section 5 - Claims

事先授权的申诉流程遵循“理赔申诉”的流程，特定的加急处理流程除外。详情参考第五部分-理赔

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SECTION THREE 第三部分

EMERGENCY SERVICES 紧急救援服务

“**Medical Emergency**”, is defined as a sudden or unexpected onset of a condition requiring medical or surgical care which the Insured Person secures after the onset of such condition (or as soon thereafter as care can be made available, but in any case not any later than 24 hours after the onset) and in the absence of which care an Insured would be expected to suffer severe life-long injury or premature death.

紧急医疗定义为被保险人发生突然或意外状态后急需要进行医学或手术施救以确保生命安全（或者在之后可以进行治疗，但无论如何不迟于事件发生的 24 小时），且若未及时进行医疗救治会导致被保险人身体的严重损伤或死亡。

Medical Emergency Pre-Authorizations must be received within **48 hours of the admission** or procedure. In instances of an emergency, you or the Insured should go to the nearest hospital or provider for assistance even if that hospital or provider is not part of the PPO Network. Contact GBG Assist.

紧急医疗的事先授权必须发生在事件发生的 **48 小时** 以内。例如，发生紧急医疗时，您或被保险人应该前往附近最近的医院或医疗网络寻求帮助，即使那些医院或医疗网络不属于我们 PPO 网络的范围。请直接联系 GBG 援助中心。

Emergency Ambulance Services 紧急救护车服务

Benefits are provided for medically necessary emergency ground ambulance transportation to the nearest Hospital able to provide the required level of care, and are payable in accordance with the current Schedule of Benefits.

保险计划提供符合医学必需的紧急地面交通工具运送以利于被保险人得到要求水准的医学治疗，我们可承担的此项费用以当前的保障利益表为准。

Emergency Coverage – The following treatment is excluded for those whose geographic coverage is Plus:

紧急医疗承保的地理区域为增强型保障，但以下的治疗除外：

- Treatment related to a condition that existed prior to arrival in the United States or Canada or a Restricted Area;
- 被保险人在到达美国、加拿大或其他限制区域前已有疾病和症状相关的治疗
- Routine medical treatment;
- 常规医学治疗
- Treatment that could have been postponed until return from United States or Canada or a Restricted Area;
- 可以推迟至被保险人从美国、加拿大或其他限制区域返回后接受的治疗
- Treatment that has been planned in advance;
- 被保险人事先计划好的医疗
- Treatment arising from circumstances that could have been reasonably anticipated by the Insured; and
- 因被保险人已知或应该知道的情形而发生的医疗
- Maternity treatment.
- 妊娠、分娩及相关治疗

Emergency Air Ambulance (Medical Evacuation) Services

紧急空中救助服务（紧急医疗转运）

Reimbursement of emergency Air Ambulance (medical evacuation) and repatriation of mortal remains is covered under this Policy and outlined in the current Schedule of Benefits, including any exclusions and requirements specified in this Policy. The cost of a person accompanying and Insured Person is covered under this policy.

本保险条款根据当前的保障利益表，包括保单载明的责任免除和要求，承担紧急空中救助服务（紧急医疗转运）、遗体运费费用。被保险人的一位家属的陪伴费用也予以承担。

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Medical Evacuation 紧急医疗转运

Utilization of the medical evacuation provision requires the *prior approval of GBG Assist*. In the event of an emergency that may require medical evacuation, contact **GBG Assist** in advance in order to approve and arrange such Emergency Medical Air Transportation. GBG Assist, on behalf of the Insurer, retains the right to decide the medical facility to which the Insured Person shall be transported and the means of transportation. *Approved Medical Evacuations will only be to the nearest medical facility capable of providing the necessary medical treatment.*

使用紧急医疗转运条款时 *事先需要得到 GBG 援助中心的批准*。如果发生紧急情况需要安排医疗转运时，请提前联系 **GBG 援助中心** 以得到批准并协助安排此项紧急空中转运服务。**GBG 援助中心** 将代表保险公司，决定转运的医疗机构和选择合适的运送方式。*批准后的紧急医疗转运仅以到达附近最近的并能够提供医学必需的医疗机构为限。*

Should treatment be available locally but the Insured Person chooses to be treated elsewhere, transportation expenses shall be the responsibility of the Insured Person. GBG Assist must be contacted in advance in order to approve and arrange such Emergency Medical Air Transportation. GBG Assist, on behalf of the Insurer, retains the right to decide the medical facility to which the Insured Person shall be transported. If the person chooses not to be treated at the facility and location arranged by GBG Assist, then transportation expenses shall be the responsibility of the Insured Person. Failure to arrange transportation as indicated will result in non-payment of transportation costs.

如果在当地即能进行治疗而被保险人选择去往别处，被保险人需承担往来的交通费用。必须提前联系 **GBG 援助中心** 以确保得到批准并协助安排此项紧急空中转运服务。**GBG 援助中心** 将代表保险公司决定转运的医疗机构。如果被保险人选择不在 **GBG 援助中心** 安排的地点和医疗机构进行治疗，转运的交通费用需由被保险人承担。不按照我们指定的方式进行转运，我们将不支付任何转运费用。

Repatriation of Mortal Remains 遗体运返或安葬费用

A benefit for either repatriation of mortal remains or local burial is included under this plan. The necessary clearances for the return of an Insured Person's mortal remains by air transport to the home country will be coordinated by Insurer's GBG Assist department.

本保险条款承担遗体遣返或就地安葬费用。**GBG 援助中心** 协调安排被保险人的遗体通过飞机运送至其国籍国所支付的必需的运返或安葬费用。

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SECTION FOUR 第四部分

HOW TO USE MY HEALTH PLAN 如何使用我的健康保险计划

Choosing a Provider 选择医疗服务供应商

We recommend you try to establish a relationship with primary health care providers in your location before you require care. GBG maintains a Worldwide Provider Network for the ease and convenience of our Insured's in accessing healthcare around the world. You can access a list of International Provider Facilities online at www.gbg.com and in the United States you can find provider information at the same website. If you haven't established a relationship with a health care provider and are experiencing symptoms, please call GBG Assist. They can refer you to an appropriate provider. They can also provide additional provider referrals including specialists. Outside the United States, the Company maintains the right to require the use of a Network Provider where available.

我们建议您需要接受医疗服务之前在您的居住地与首选的医疗服务供应商建立联系。我们在世界范围内通过全球医疗服务网络为我们的被保险人提供便捷的医疗服务支持。您能通过 www.gbg.com 查询国际医疗机构的名单，在美国，您能在 www.gbg.com 上查询医疗服务供应商的信息。如果您在需要就诊时没有医疗服务供应商的联系方式，请致电 GBG 援助中心，他们能推荐您去往附近一家合适的医院以及一些专家医师的信息。在美国以外，我公司有权要求被保险人使用当地的网络医疗机构。

All inpatient treatment and outpatient surgeries received are required to be Pre-Authorized to avoid additional Co-payments (See Pre-Authorization section for more details of services requiring preauthorization.)

为避免额外的个人自付部分，所有的住院医疗和门诊手术都需要得到我们的事先授权（有关事先授权服务的内容请参见相应部分）。

The Company maintains a **Preferred Provider Network** both inside and outside the United States. GBG is expanding this network on a daily basis and we welcome Insured recommendations. The list of facilities that are currently participating in these networks are available on line at www.gbg.com and click on Provider Directory. Contact **GBG Assist** for the latest list and to make sure that your services are Pre-Authorized.

我们建议在美国和美国以外地区都使用**首选医疗服务网络**进行就医。GBG 一直致力于医疗服务网络的扩大，也欢迎被保险人为我们推荐更多合适的医院。目前在册的医疗机构可在 www.gbg.com 进行查询。我们建议您联系 **GBG 援助中心**以获得最新的医疗机构名单并确保进行必要的事先授权。

World Medical Network – Outside USA 全球医疗网络——美国以外地区

To accommodate the fact that most of our Insureds are assigned to overseas locations, Global Benefits Group has built a network of health care facilities through our affiliate, World Medical Network. These facilities are known for the care they provide in their local environment, but also have been chosen for their expertise in dealing with expatriates. They maintain an English speaking staff, have many western trained staff, and provide quality and professional medical care.

考虑到我们的绝大多数被保险人被指派到海外工作，我们通过会员制的方式建立起医疗服务机构网络，即全球医疗网络 World Medical Network。这些医疗机构能按照他们当地的医疗环境提供治疗服务，但也能被选中为外籍人员提供医学治疗。他们有能用英语进行沟通的团队，在西方受过训的人员，能提供高质量且专业的医疗服务。

In addition, all Network Providers will bill GBG directly. Present your GBG Health Insurance Identification card and these network providers will bill GBG directly, eliminating the requirement for you to pre-pay the provider and file claims for reimbursement.

另外，所有网络医院发生的费用由 GBG 直接进行支付。您只需要出示您的 GBG 保险卡，这些网络医院就会直接与 GBG 公司进行结算，免去了您预先支付费用、申请理赔的繁杂过程。

Preferred Provider Network – Inside USA

首选医疗服务网络——美国

GBG utilizes one of the nation's largest networks of hospitals and outpatient care providers, helping to control medical insurance costs. The network's doctors and nurses continually evaluate the service they deliver to you, to their clients, and to health care professionals who participate in the network. Approximately 99% of network hospitals and doctors remain in the network each year. In the United States and Canada, provider choices and reimbursement assessment will be based upon the following three tiers of provider network type.

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GBG 拥有全美最大的直付医疗网络机构，能够有效的控制医疗保险费用。直付医疗网络机构的医务人员将持续的评估为被保险人，其他客户提供的医疗服务。每年，近 99% 的直付医疗网络机构和签约医生将持续为我们的客户提供医疗服务。在美国和加拿大，提供以下三类医疗网络供您选择，但其所含医疗机构范围和理赔结论将有不同：

- **U.S. In-Network Preferred Provider:** This Tier consists of all Network providers as well as other preferred providers designated by the Company and listed on the website. In-Network providers have agreed to accept a negotiated discount for services. This results in lower out-of-pocket costs to you.
- **美国首选医疗服务网络内服务供应商。** 由所有医疗网络机构和我们指定的其他医疗服务供应商组成的列表可以在我们的网站上查询。网络内服务供应商均接受协商的服务费用折扣，这降低了被保险人需要自行负担的金额。
- **U.S. Out-of-Network Providers:** Utilizing providers that are Out-of-Network is a more costly financial option for the Insured. The Insurer reimburses such providers up to a reasonable and customary amount as determined by the Insurer. The provider may bill the Insured the difference between the amounts reimbursed by the Insurer and the provider's billed charge. Additionally, the Insured will pay a coinsurance amount that is higher than if an In-Network provider were used.
- **美国首选医疗网络以外服务供应商：** 被保险人选择网络外的服务供应商费用更为高昂。保险公司依合理的且符合通常惯例水平的医疗费用进行赔付。服务供应商出具的费用与赔付费用之间的差价由被保险人支付。此外，相较选择网络内服务商，被保险人支付共同保险金额更高。
- **Out-of-Market Area –** When there are no network providers located within a 30-mile radius of your local residence, charges from such providers will be treated the same as a U.S. In-Network provider.
- **真空地带 –** 在您的居住点方圆 30 英里的半径以内没有首选医疗服务供应商时，发生的理赔视同为美国网络内服务提供商发生并进行赔付。

For non-emergency treatment within the United States, outside of the Preferred Provider Network, where an appropriate network provider is available, you may be reimbursed up to the GBG negotiated charges with the Preferred Provider Network or Reasonable and Customary amounts. Amounts in excess of these charges shall be the sole responsibility of the Insured. Amounts in excess of the Reasonable and Customary charges will not count toward the Out-of-Pocket Maximum, Deductibles or Plan Co-payments.

非紧急医疗的治疗费用在美国首选医疗网络以外发生的非紧急医疗的治疗费用，如果当地有可用的网络医疗供应商，您可以按照保险公司与之协商的合理的且符合通常惯例水平的医疗费用获得赔偿。医疗费用金额超出部分由被保险人自己承担。超出合理的且符合通常惯例水平的医疗费用的金额将不会计入共付上限、免赔额或保险计划的自付部分。

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Section Five: How to File a Claim, Claims Status, and Claims Appeal

第五部分: 如何申请理赔, 理赔状态和理赔申诉

International Claims Services (ICS) must receive claims within **180 days** of treatment to be eligible for reimbursement of covered expenses. Claim forms should be submitted only when the medical service provider does not bill ICS directly, and when you have out-of-pocket expenses to submit for reimbursement. All claims worldwide are subject to Reasonable and Customary charges as determined by GBG and are processed in the order in which they are received. In order for claims payment to be made, claims must be submitted in a form acceptable to Insurer.

在治疗 的 180 天内递达 ICS(国际理赔服务中心)理赔服务部门的理赔申请视为有效申请。只有当医疗服务供应商不是直接与 ICS 进行结算或者申请赔付自付金额时才需要提交申请表格。全球范围内所有的理赔必须属于合理的且符合通常惯例水平的医疗费用, 并以 GBG 公司的最终判断为准且根据收到文件先后进行理赔处理。为确保理赔支付的顺利进行, 理赔必须以被保险公司接受的形式递交保险公司。

Releasing Necessary Information 提供如实信息

By applying for enrollment, the Insured Employee agrees to let any physician, hospital, pharmacy, provider, or Insured to give the Insurer all medical information determined by Insurer to be necessary, including a complete medical history and/or diagnosis, maternity questionnaire, medical accident questionnaires etc. Insurer will keep this information confidential. In addition, by applying for coverage, the Insured Employee authorizes GBG to furnish any and all records respecting such Insured Person including complete diagnosis and medical information to an appropriate medical review board, utilization review board, or organization and/or to any administrator or other insurance carrier for purposes of administration of this Policy.

为便于保险投保申请, 被保险雇员同意向保险公司提供所有投保必需的医师、医院、药品、服务提供商及被保险人的医疗信息, 还包括被保险人完整的病历、诊断报告、生育调查问卷、医疗事故调查问卷等。保险公司承诺对以上收到的信息予以保密。此外, 为便于申请理赔保障, 被保险人需授权 GBG 公司基于本保险合同的管理目的了解任何关于被保险人在医疗管理机构、行政管理机构和/或其他保险公司的所有完整诊疗记录。

Status of Claims 理赔状态

Members can check the claims status online by logging on to our website at www.gbg.com All Explanation of Benefits will be provided electronically to members through the same website at www.gbg.com. Questions about a particular claim or claim reimbursement can be emailed to us via our website or to our Customer Service department at aicclaims@gbg.com. Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review.

您可要登陆我们的网站 www.gbg.com 查询您的理赔状态, 会员也可登入 GBG 官网 www.gbg.com 来获取电子版理赔结论通知函。如果对于理赔或对收到的赔款有任何疑问, 请通过我们的网站或通过客服邮箱 aicclaims@gbg.com 联系我们。对过往赔案的状况查询必须在医疗服务发生的 12 个月以内。

Claims Appeal 理赔申诉

If you do not agree with the outcome of a processed claim, you may submit an appeal/grievance online at www.gbg.com. (See Online Forms/Applications.) Alternatively, you can send a completed Appeal/Grievance Form (available at www.gbg.com) along with all the supporting documents to:

若对理赔审核的结果存在异议, 您可登录 GBG 官网 www.gbg.com 获取在线申诉表格并提交申诉申请。或者, 您可以将填写好的申诉申请表格 (可在网站 www.gbg.com 下载) 以及支持性补充文件一并提交至以下地址:

GBG China/International Claims Services GBG 中国/国际理赔服务中心
Attention: Appeals Department 申诉部门
707 Zhang Yang Road, Suite 3401, Shanghai 200120, PRC
中国 上海 张杨路 707 号 3401 室, 邮编: 200120

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Appeals Procedure 申诉流程

For the purposes of this section, any reference to “you”, “your”, or Insured Person also refers to a representative or provider designated by you to act on your behalf, unless otherwise noted.

在以下章节中，任何“您”“您的”或被保险人均可代指特定的代理人或代理机构，除非另有说明。

The company has a two-step appeals/grievance procedure for coverage decisions. To initiate an appeal, you must submit a request for an appeal/grievance in writing within 180 days of receipt of a denial notice. You should state the reason why you feel your appeal or grievance should be approved and include any information supporting your appeal/grievance. You may send it to the address above, or go to the website where you can complete an appeal form and submit it to us.

GBG 提供两个层级的申诉程序。为建立申诉案件，您需在收到理赔拒付通知后的 180 天内提交申诉，并说明申诉原因和提供相关支持性信息。您可将申诉材料提交至以上地址，或登录 GBG 官网，填写在线申诉申请表格，根据提示完成申诉提交。

LEVEL ONE APPEAL 一级申诉

If you are not satisfied with an administrative, eligibility, rescission of coverage, denial or reduction of benefit or if a health care determination for pre-service, or current care coverage has been denied; you or your appointed representative has the right to file an appeal or a grievance within 180 days.

若您对保单承保资格，保单取消，保险福利的削减，事前或进行中的医疗服务的拒赔决定存在异议，您或指定的代理人可在 180 天内有权提出申诉。

Your appeal/grievance will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving Medical Necessity, clinical appropriateness, or experimental and investigational will be considered by a health care professional.

您的申诉的案件将由最初理赔审核之外的其他人员进行申诉审核并做出决定。涉及到医学必须性，临床适应性或实验性或探索性治疗的将以专业的医疗人员的审核为准。

For Level One Appeals, we will respond in writing or electronically with a decision within 15 calendar days after we receive an appeal for a required pre-service or concurrent care coverage determination (decision). We will respond within 30 calendar days after we receive an appeal for a post service coverage determination. If more time or information is needed to make the determination, we will notify you in writing or electronically to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

对于事前或进行中的医疗服务的一级申诉，GBG 将在收到申请后的 15 个自然日内以书面或电子形式告知审核决定。对于既往医疗服务的申诉，GBG 将在收到申请后的 30 个自然日内以书面或电子形式做出审核决定。若审核期限需要延长或需要补充进一步信息来做出决定的，GBG 将以书面或电子形式告知被保险人并列明补充所需信息。延长期限将不超过 15 个自然日。

You may request that the appeal process be expedited if, (a) the time frames under this process would seriously jeopardize your life, health, ability to regain maximum function or in the opinion of your Physician would cause you severe pain which cannot be managed without the requested services; or (b) your appeal involves non-authorization of an admission or continuing inpatient stay. Our Medical Review Agent in consultation with the treating Physician will decide if an expedited review is necessary. When an appeal is expedited, we will respond within 72 hours, followed up in writing or electronically within five days.

您可在以下情况下要求优先申诉审核：1) 申诉审核的时效会严重危害到您的生活，健康，身体复原能力或医生认为您因没有接受所需的、正在申诉的治疗而承受剧烈疼痛；2) 您的申诉申请涉及到未事先授权的住院或延长住院治疗。我司的医学审核机构会咨询您的主治医师，确认优先审核的必要性。一旦申诉审核进入优先处理流程，GBG 将在 72 小时内做出回应，并在 5 日内以书面或电子形式跟进。

LEVEL TWO APPEAL 二级申诉

If you are dissatisfied with our Level One appeal decision, you may request a second review. To start a Level Two Appeal, follow the same process required for a Level One appeal.

若您对一级申诉的结果仍有异议，可提交二级申诉。提交流程同一级申诉流程。

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Most requests for a second review will be conducted by the Appeals Committee, which consists of at least three people. Anyone involved in the prior decisions may not vote on the committee. For appeals involving Medical Necessity, clinical appropriateness, or being experimental or investigational, the Committee will consult with at least one Physician reviewer in the same or similar specialty as the care under consideration, as determined by our medical review agent.

二级申诉由申诉委员会进行审核处理。该委员会由至少 3 人组成。凡参与最初理赔审核及一级申诉审核的人员，将不再参与二级申诉审核。涉及到医学必要性，临床适应性或实验性治疗的申诉，委员会将咨询至少一名相关领域内的专业医师后，做出审核决定。

For Level Two appeals we will acknowledge in writing or electronically that we have received your request and schedule a Committee Review. For required pre-service and concurrent care coverage determinations, the Committee review will be completed within 15 calendar days. For post-service claims, the Committee Review will be completed within 30 calendar days. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional time needed by the committee to complete the review. You will be notified in writing of the decision within five working days of the meeting, and within the Committee Review time frames.

一旦收到您的二级申诉申请，GBG 会以书面或电子形式通知您，同时提交申诉委员会进行审核。对于事前和进行中的医疗服务的申诉，申诉委员会须在 15 个自然日完成审核。对于既往医疗服务的申诉，申诉委员会须在 30 个自然日完成审核。若需要补充进一步信息或延长审核期限，GBG 将会以书面形式通知您，阐明需要延长期限的原因和列明所需补充材料。延长的期限不得超过 15 个自然日。委员会在收到补充材料后并发起委员会审核的 5 个工作日内以书面形式告知审核决定。

You may request that the Level Two appeal process be expedited if, (a) the time frames under this process would seriously jeopardize your life, health, ability to regain maximum function or in the opinion of your Physician would cause you severe pain which cannot be managed without the requested services; or (b) your appeal involves non-authorization of an admission or continuing Inpatient stay. Our medical review agent in consultation with the treating Physician will decide if an expedited review is necessary. When an appeal is expedited, we will respond within 72 hours, followed up in writing or electronically within five calendar days.

您可在以下情况下要求优先申诉审核：1) 申诉审核的时效会严重危害到您的生活，健康，身体复原能力或医生认为您因没有接受所需的、正在申诉的治疗而承受剧烈疼痛；2) 您的申诉申请涉及到未事先授权的住院或延长住院治疗。我司的医学审核机构会咨询您的主治医师，确认优先审核的必要性。一旦申诉审核进入优先处理流程，GBG 将在 72 小时内做出回应，并在 5 日内以书面或电子形式跟进。

INDEPENDENT REVIEW PROCEDURE 独立审核流程

If you are not satisfied with the final adverse benefit determination decision of the Level Two appeal review regarding your Medical Necessity, clinical appropriateness, or experimental or investigational issue, you may request that your appeal be referred to an Independent Review Organization. The Independent Review Organization is composed of persons who are not employed by us or our administrator or any of our affiliates. A decision to use this external level of appeal will not affect the claimant's rights to any other benefits under the plan.

若您对二级申诉审核的最终结果，医学必需性，临床适应性或实验性疗法仍有异议，可要求将申诉提交至独立审核机构。该机构是由 GBG 或其附属机构以外的人员组成，其审核决定不会影响被保险人在该保单下享有的其他福利。

There is no charge for you to initiate this Independent Review process. The Company will abide by the decision of the Independent Review Organization.

被保险人将不承担任何由独立审核而产生的费用。GBG 将遵循独立审核机构的最终决定。

In order to request a referral to an Independent Review Organization, certain conditions apply. The reason for the denial must be based on a Medical Necessity or clinical appropriateness determination or because it is considered to be experimental or investigational by our medical review agent. Administrative, eligibility, or benefit coverage reductions or exclusions are not eligible for appeal under this process.

在一定的情况下方可申请独立机构审核。因非医学必需，非临床适应性或判定为实验性治疗的拒赔案件可申请独立机构审核。保险条款的认定，承保资格，福利除外责任等不在独立审核机构的审核范畴

To request a review, you must notify the Appeals Coordinator within 180 days of your receipt of The Company's final adverse benefit determination. The Company will then forward the file to the Independent Review Organization.

您需要在收到 GBG 最终二级申诉审核决定的 180 天内，联系申诉协调员并要求申诉提交至独立审核机构。GBG 将在收到您的申请后，会将相关申诉材料递交至独立审核机构。

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The Independent Review Organization will render an opinion within 30 days, when requested and when a delay would be detrimental to your condition, as determined by your physician and the external review agent, the review shall be completed within 72 hours upon receipt of required information.

独立审核机构将在 30 天内给出审核意见。若您要求或主治医生、审核机构人员认为审核延期会对您的状况不利，审核则会在收到必须材料后的 72 个小时内完成。

Request for Reproduction of Records 病历复制的要求

GBG reserves the right to charge a fee for reproductions of claims or records requested by the Insured or Enrollee's representative.

GBG 有权向被保险人或其代表人收取因复制理赔病历产生的额外费用。

Time Limits 理赔时效

All requests for payment of benefits need to be received in GBG's claims administrators' office no later than **180 days** following the date on which the Insured received the service. Inquiries regarding past claims must be received within 12 months of the date of service to be considered for review.

所有的理赔申请需在被保险人接受医疗服务后的 **180 天**之内递交 GBG 的理赔部门。对过往赔案的查询必须在接受医疗服务后 12 个月以内提出。

Coordination of Benefits 保险福利的协调

When you have coverage under another insurance contract, benefits will be reduced under this Policy to avoid duplication of benefits available under the other contract including benefits that would have been payable had you filed a claim for them (See Policy for more detailed information).

当您在其他的保险合同下也有相同的保险保障时，我们的保险利益在本保险合同下可能会减少以避免在其他保险合同下保险责任的重复赔偿，包括避免产生某些理赔已被其他保险公司接受并正等待支付的情况（请参考保险条款以了解详细信息）。

Subrogation 代位偿还

If you or your Insured Dependents receive benefits under this plan that result from an event for which a third party is or may be liable, you and your dependents have certain obligations and the Company has certain subrogation and reimbursement rights (See policy for more detailed information).

如果您或您的附属被保险人在本保险项下获得保险理赔，而保险事故的发生由第三方导致的，您或您的附属被保险人有义务配合我们取得代位求偿权，我们有权向第三方申请保险金偿还（请参考保险条款以了解详细信息）。

SECTION SIX 第六部分**EXCLUSIONS AND LIMITATIONS 责任除外**

All services and benefits described below are excluded from coverage or limited under your Policy of Insurance.

以下描述的所有医疗服务费用，保险公司不承担保险责任。

1. Charges in excess of reasonable and customary allowable charges for any covered procedure.
超过通常惯例水平的费用；
2. Services obtained in a Restricted Area or in a sanctioned country may be excluded.
在受限制地区产生的医疗服务费用
3. Claims and costs for medical treatment, occurring before the effective date of coverage (including waiting periods) or after the expiration date of the policy. This includes any portion of a covered prescription to be used after the expiration of the current policy year.
保险期间届满后或保险计划生效前（含等待期间）发生的医疗费用，包括在保险期届满后按疗程使用的药品费用；
4. Services, supplies, or treatment including drugs and/or emergency services that are provided by or payment is available from:
由以下提供或支付的医疗服务，医疗用品及治疗（包括药物治疗和/或紧急服务）：
 - a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country;
根据工伤补偿、职业病或其他与各国职业疾病相关的法律法规可从中获得补偿的费用；
 - b. The Insured Person, a family member or any enterprise owned partially or completely by the aforementioned persons;
由被保险人或被保险人家庭成员拥有全部或部分所有权的机构提供的医疗、药品、设备或服务而发生的费用；
 - c. Another insurance company or government; or
已从政府、其他福利计划获得补偿的费用；
 - d. Under the direction of public authorities related to epidemics.
在政府当局指导下，实施的与传染病相关的费用。
5. Exceptional Risks: Under "War and Terrorism", the Policy does not provide benefits if the Insured Person is an active participant, or in training, for activities described under the War and Terrorism section of this Policy. Additionally, benefits are not provided if nuclear, chemical, or biological weapons are used, regardless of the participation status of the Insured Person. Injuries resulting from War and Terrorism
除外风险：对由于被保险人受训或参加战争和恐怖主义等活动以及使用核武器、生化武器引起的风险，不论被保险人参加与否；战争及恐怖主义活动引起的伤害
6. Services, supplies or treatments, including drugs, which are deemed to be experimental or investigational.
试验性医疗治疗方法、手段、设备、药品等费用；
7. Any services, supplies, treatments including drugs and/or emergency air services:
以下医疗服务、医疗用品、治疗方法、药物及/或紧急空运服务：
 - a. Not ordered by a Physician;
非医师处方要求的服务费用；
 - b. Not medically necessary, not recommended or approved by a physician;
非医疗必须的医疗费用，没有经过医师批准或建议的费用；
 - c. Not rendered under the scope of the Physician's licensing; or
不在执业范围的医疗服务费用；
 - d. Medical and dental services that do not meet professionally recognized standards or are determined by Insurer to be unnecessary for proper treatment.
不符合保险人专业认可标准或为进行适当治疗所不必要的医疗和牙科服务费用。
8. Telephonic consultations, missed appointments, and after hours expenses.
电话咨询费、没有按时就诊产生的预约费用、因超过医院/医师正常工作时间产生的费用；
9. Personal comfort and convenience items including but not limited to: television, private rooms, housekeeping services, guest meals and accommodations, special diets, telephone charges, take home supplies, ambulance services (other than those provided by this Policy), and all other services and supplies that are not medically necessary including expenses related to travel and hotel costs incurred for medical or dental care.

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为个人舒适或方便而产生的费用，包括但不限于电视、单人病房、房屋打扫、访客膳食和住宿、特殊饮食、电话、携带医疗用品；本合同没有列明的急救费以及其他非医学必需的服务和设备如医疗或牙科产生的旅行费及住宿费；

10. Health check-ups, inoculations, visits, and tests necessary for administrative purposes (e.g., determining insurability, employment, school or sport related physical examinations, travel etc.), other than provided for under the optional preventive care benefit.
体检费、接种费、旅行费、出于行政或管理事务目的的费用，包括但不限于与投保保险、招聘、入学、旅行或运动相关的检查费用（本合同另有约定的可选“体检疫苗福利”不在此限）；
11. Immunizations, other than provided for under well baby coverage, or optional Preventive Care benefit.
疫苗费（本合同另有约定的“儿童基本健康检查”或可选“体检疫苗福利”的不在此限）；
12. Over-the-counter (OTC) drugs, supplies or medical devices, which do not require a Physician prescription, even if recommended by a Physician, including but not limited to; smoking cessation drugs, appetite suppressant, hair regenerative drugs or products, anti-photo aging drugs, cosmetic and beauty aids, acne and rosacea drugs (including hormones and retin A) for cosmetic purposes, Megavitamins, vitamins, (other than pre-natal as described under Maternity), sexual enhancement devices, supplements, herbs or drugs, for any reason.
非医师处方要求（即使是医师推荐）的非处方药品和设备，包括但不限于戒烟药物、食欲抑制剂、头发再生药物、抗光老化药物、美容用品、为美容目的使用的去痤疮、红斑痤疮的药物（含激素和视色素）、大剂量维生素、维他命费（福利中列出的产前维他命费用不在此限）、用于提高性功能的药物或设备费用、中草药费用（本保险合同另有约定的不在此限）
13. Services and supplies related to visual therapy, Radial Keratotomy procedures, Lasik, or eye surgery to correct refractive error or deficiencies, including myopia or presbyopia.
视觉治疗相关费用、激光角膜切开术、镭射视力矫正手术、准分子激光原位角膜磨镶术、屈光不正（包括近视、远视）校正手术费；
14. Rest cures, custodial care, home-like care, assistance with activities of daily living (ADL), Milieu Therapy for rest and/or observation whether or not prescribed by a Physician. Any admission to a nursing home, home for the aged, long term care or rehabilitation facility, sanatorium, spa, hydro clinic, or similar facilities that do not meet the policy definition of a hospital. Any admission, arranged wholly or partly for domestic reasons, where the hospital effectively becomes or could be treated as the Insured's home or permanent abode.
为休息、观察而实施的日常居家照顾环境疗法费（无论医师是否要求）；在任何养老院、长期护理康复机构、疗养院、矿泉疗养地、水疗院门诊、等非本合同规定的医疗机构接受的服务或治疗费；因被保险人自身因素使得医疗机构已实际成为或倾向作为被保险人住家或常住处的情形下发生的费用；
15. Elective and or cosmetic surgery, procedures, treatments, technologies, drugs, devices, items and supplies that are not medically necessary treatments.
选择性及/或美容手术、治疗、设备、药物等非医疗必须治疗产生的费用；
16. Services or supplies for aesthetic treatment and cosmetic surgery, unless required because of a non-occupational injury that occurs while covered under the Policy.
美容、整容手术（在保险生效期间因为非工伤引起的并符合本合同约定的手术不在此限）；
17. Treatment for hair loss including but not limited to Hairplasty for male pattern alopecia or any alopecia; hair transplants to correct permanent hair loss that is caused by disease or injury; for male pattern baldness or age related thinning in women; the temporary removal of hair by laser; electrolysis; waxing; or any other means. Charges or treatment for breast reduction or augmentation; treatment of superficial, non-cystic or non-pustular acne or rosacea; treatment or removal of benign skin lesions not demonstrating evidence of suspicious cellular activity, or recent changes in size, shape, and color.
与脱发相关的治疗费用，包括但不限于男性型秃头症或其他种类秃发的治疗，疾病或意外伤害导致的脱发等情形时的头发移植，男性型脱发女性与年龄相关脱发，以激光、电解、蜡或其他方法祛除毛发；丰胸或缩胸手术及其并发症治疗费用；对皮肤表面非囊肿粉刺的治疗；对未表现出可疑细胞行为（如近期大小、形状、颜色发生改变）的良性皮肤损害的治疗；
18. Any medical complications arising directly or indirectly as a result of a non-authorized elective or cosmetic procedure.
因未经授权的选择性或整容手术直接或间接引起的任何并发症治疗费用；
19. Sleep studies and other treatments relating to sleep apnea, except as described under Sleep Studies or testing section, and as Pre-Authorized by GBG Assist.
睡眠检查和呼吸暂停症状的其他治疗费用（本合同另作规定并经中心授权的治疗不在此限）；
20. Smoking cessation treatments whether or not recommended by a Physician.
戒烟治疗费用（无论医师建议与否）；
21. Weight Reduction and the cost of all treatments, supplies, services or drugs for weight reduction or weight reduction programs. Medical fast diets, weight loss programs, and educational dietary counseling related to weight loss efforts.

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- 减肥和任何为减肥接受的治疗、咨询、药物、饮食费、减肥代餐费、减肥项目、饮食咨询费用；
22. Health care services and associated expenses related to or associated with treatment of morbid or non-morbid obesity, including, but not limited to, gastric bypass, gastric balloons, gastric stapling, jejunal ileal bypass, and any other procedures or complications arising there from.
与单纯性肥胖和病理性肥胖相关治疗（包括但不限于胃旁路术、胃球置放术、胃分隔术、空肠回肠旁路术以及其他治疗）及相应并发症治疗费；
23. Organ transplants and related procedures except as specified in the Transplant Services section of this Policy including but not limited to the following:
器官移植产生的费用（符合本合同约定的不在此限），包括但不限于以下所列：
- All donor expense is excluded 供体费用；
 - services are not automatically covered and must be approved and managed by GBG Assist
未经中心授权批准并进行管理安排的治疗和服务；
 - All expenses of cryopreservation and the implantation of living supportive cells on a deceased person or in conjunction with infertility or reproductive treatments
低温储藏费用；与不孕不育症或生育治疗相关的移植费用；
 - Medically necessary organ, blood, or cell transplants may be covered on a case by case basis when Pre-Authorized and managed by GBG Assist
经由中心批准的医疗必须的器官、血液、细胞移植费用根据实际情况可以承担。
24. Fertility/infertility services, treatments, and/or procedures of any kind, including, but not limited to, fertility/infertility drugs, including drugs to regulate the menstrual cycle/ovulation for family planning purposes, artificial inseminations, in-vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), surrogate mother, and all other procedures and services related to fertility and infertility. Any pregnancy resulting from such treatments, complications of that pregnancy, delivery and postpartum care are also excluded.
与不孕不育症或生育治疗相关的治疗、检测等费用，包括但不限于受胎药、不孕不育症药（含为生育做准备的经期调理药物）、人工授精、试管授精、配子输卵管内移植、受精卵输卵管植入术、代理怀孕费用以及其他相关费用，与此相关的怀孕、妊娠并发症、分娩、产后护理费等；
25. Genetic counseling, screening, testing, or treatment.
优生优育咨询、筛查、检查和治疗费用；
26. Elective abortions and complications thereof, except for emergencies.
选择性流产及并发症费用（紧急情况除外）；
27. Reproductive treatments including but not limited to male and female birth control, vasectomies and sterilization, any expenses for male or female reversal of sterilization. Treatments for sex change or implantation or treatments for sexual transformation, sexual dysfunctions or inadequacies.
生殖方面治疗费用包括但不限于男女生育控制、输精管切除术和绝育术、男性或女性绝育恢复手术、变性治疗、性障碍治疗等；
28. Viagra® or other sexual enhancement drugs and their respective generic equivalents will not be covered for any purpose.
伟哥以及其他用于提高性功能的药物费；
29. Pregnancy and related conditions for a dependent child.
作为附属被保险子女的怀孕及相关症状治疗费；
30. Maternity/Delivery Preparation Classes; Elective C-sections.
生育前培训、选择性剖腹产；
31. Circumcisions, unless medically necessary, and Pre-Authorized by GBG Assist.
包皮环切术（医疗必须并取得中心授权的不在其限）；
32. Rehabilitative treatment for alcoholism, solvent abuse, drug abuse, or addictive conditions of any kind is limited to the benefit shown in the Schedule of Benefits. Treatment of any illness arising directly or indirectly from alcohol or drug abuse or addiction is excluded from coverage. This includes but is not limited to treatment for any injuries caused by, contributed to or resulting from the Insured's use of alcohol, illegal drugs, or any drugs or medicines that are not taken in the dosage or for the intended purpose prescribed by the Insured's Doctor.
对由酒精、溶剂、毒品滥用或任何上瘾引起的伤害或疾病的治疗费仅限于福利保障表中所列。对完全或部分由服用酒精、滥用毒品或上瘾引起的伤害的治疗费均不属于保险责任，包括但不限于由于被保险人服用酒精、违禁药物、非医师处方要求药物或非医师处方要求用量药物引起的伤害；
33. Treatment for any conditions as a result of self-inflicted illnesses or injuries, suicide or attempted suicide, while sane or insane, or emergency air services for the same.
自残、自杀或者企图自杀（无论被保险人精神正常与否）行为所引发的费用，包括空中紧急运送费用；
34. Injuries and/or illnesses resulting or arising from or occurring during the commission or perpetration of a violation of law by an Insured Person.

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对由被保险人从事违法犯罪行为或因此引起的或在这一过程中发生的伤害、病症治疗费用；

35. Eyeglasses, contact lenses, or sunglasses unless the Optional Vision coverage has been purchased and they are included as a covered benefit.
眼镜、隐形眼镜、太阳眼镜费用；除非额外购买的选择性眼科福利且合同另有约定的不在此限。
36. Dental care is limited to accidental injury of sound, natural teeth sustained while covered under this plan, unless the Optional Dental coverage has been purchased. Accidental injury does not include damage to teeth incurred while chewing food or foreign objects. Dental Services at a hospital, including general anesthesia are not covered under the medical plan.
紧急牙科福利仅限当健康牙齿遭受意外事故受损时产生的费用。咀嚼食物或其他物体引起的牙齿损伤不属于保险责任（本合同另有约定的“常规牙科福利”不在此限）；
37. Any treatment for temporomandibular joint disorders (TMJ) and complications thereof; Replacement of lost, missing or stolen crown, bridge or dentures; Night mouth guards or other services for teeth grinding
任何与颞下颌关节紊乱症（TMJ）及其并发症的治疗；牙冠、牙桥及假牙的丢失；护牙托或其他磨牙相关服务的费用
38. Prosthesis and corrective devices which are not medically required intra-operatively or equivalent appliances, except prosthesis or durable medical equipment used as an integral part of treatment prescribed by a physician, meeting the covered categories of durable medical equipment or prosthesis and approved in advance by GBG Assist.
非手术中医疗必需的假体、矫正器具或相似的器具费（医生处方开具作为治疗一部分的，满足相应承保范围内的且事先得到中心批准的假肢或耐用医疗设备不在此限）；
39. Self-copayment resulting from emergency medical evacuation if the insured fails to get the approval of third administration agent; Self-copayment resulting from medical services that require pre-authorization if the insured fails to inform the insurer ahead of time, or get approved by the insurer.
未获得第三方管理机构许可，被保险人所接受的紧急医疗转运及没有提前通知或者得到保险人批准就接受需事先授权的医疗服务所产生的自负责任；
40. Routine podiatry or other foot treatment not resulting from an illness or injury. Orthopedic shoes or other supportive devices for the feet, such as, but not limited to, arch supports and orthotic devices or any other preventative services and supplies; any devices resulting from the diagnosis of weak, strained, unstable or flat feet or fallen arches; or any tarsalgaia, metatarsalgia; or specified lesions of the feet, such as corns, calluses, and hyperkeratosis, toenails or bunions.
常规足部治疗费（因意外伤害或疾病引起的足部治疗情形不在此限）；矫正鞋或其他脚支撑器材（包括但不限于足弓支撑器、矫正器或任何其他预防性的服务或器材）费；任何用于治疗弱足、矫形足、不稳足、扁平足或足弓塌陷的器材费；任何与跗骨、跖骨相关的治疗费；对脚表面损害（如鸡眼、老茧、角质化、脚趾或拇指外翻）的治疗；
41. Growth Hormones, unless medically necessary and preauthorized by GBG Assist.
生长激素治疗费（经中心批准的医学必需情形不在此限）；
42. When a Health care provider advises against travel, health care services incurred during such period of travel will not be covered.
因健康原因被医师建议不宜旅行的被保险人执意旅行引起的伤害或病症的治疗费；
43. Hearing Aids, Hearing Devices and Bone Anchored Hearing Aids.
助听器，助听设备以及骨锚式助听器费用；
44. Exceptional Risks 除外风险
- a. Treatment as a consequence of injury sustained while participating in a hazardous activity or training for any professional sport;
参加危险活动，受训或参加职业体育运动等受伤产生的医疗服务费用；
 - b. Treatment as a consequence of injury sustained while participating in, or training for, or as a consequence of: war (declared or not), acts of terrorism (see Policy for definition);
受训或参加战争（无论战争公开与否）和恐怖主义活动；
 - c. Chemical contamination;
化学污染；
 - d. Contamination by radioactivity from any nuclear material or from the combustion of nuclear fuel;
放射材料辐射或核燃料燃烧；
 - e. Treatment for any loss or expense of nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with self-exposure to peril or bodily injury, except in an endeavor to save human life.
不必要但主动置身于风险（抢救他人性命情形不在此限）；
45. Treatment of sexually transmitted diseases including Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex Syndrome (ARCS) and all diseases caused by and/or related to the HIV Virus, if defined as a pre-existing condition.
对属于既往症的艾滋病、艾滋相关综合征（ARCS）和其他与 HIV 病毒相关的性传染病或症状的治疗费用。

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46. Other exclusions stated on insurance policy or insurance certificate.
其它在保险单或保险凭证中载明的责任免除事项。

SECTION SEVEN 第七部分

DEFINITIONS 释义

This is a list of Defined Terms that you will see used in this guide. It is important to understand their meaning and how they affect your benefits and coverage.

本表罗列了使用手册上出现的条款定义。理解它们的含义并了解他们在保险福利和保障的作用是非常重要的。

Allowable Charge: The fee or price Insurer determines to be the Reasonable and Customary Charge for health care services provided to Insured Persons that are covered under the Policy. The Insured Person is responsible for the payment of any balance over the Allowable Charge (except in the U.S. when a Preferred Provider has delivered the service, then there is no balance due) All services must be medically necessary. Once an allowable charge is established then the deductible, coinsurance, co-payments and any excess charges must be paid by the Insured.

可接受的费用:指由保险公司判定的提供给保险责任范围内的被保险人的用于医学治疗服务的合理且符合通常惯例水平的医疗费用。超出可接受的费用支付的余额部分由被保险人承担（除在美国，若医疗服务由首选服务供应商提供，则无不足额发生）。所有治疗均需要符合医学必需。确定可接受的费用之后，所有的免赔额，共付比例，自付部分以及超出可接受的费用由被保险人承担。

Coinsurance: Coinsurance is the percentage amount of the Allowable Charges that the Insured and the Insurer will share after the deductible is met. Coinsurance does not include deductibles or co-payments or any excess fees. The Coinsurance Maximum is the maximum amount of out-of-pocket expenses the Insured will pay for allowable charges during the Policy year after the deductible is met.

共付比例是指保险公司和被保险雇员在扣除免赔额部分以后共同分摊可接受的医疗费用。共付比例不包括免赔额、自付额以及超出费用。共付上限是指在扣除免赔额以后被保险人需要支付的可接受的医疗费用的共付最高金额。

- Once the Policy Year Coinsurance Maximum set forth in the Schedule of Benefits is reached, the Insurer shall pay 100% of eligible covered expenses for the remainder of the Policy Year.
若达到保单列出的保险年度共付比例上限，保险公司将在剩余的保险年度 100% 赔付
- The out-of-pocket expenses apply to the first CNY70,000/USD10,000 or any amount agreed to between the Policyholder and the Company of covered treatment.
自付费用需达到可赔付医疗费用的首个 7 万人民币/1 万美元，具体数字由投保人与公司进行商议后决定
- The Policyholder may change the coinsurance level at the time of the policy renewal.
投保人在续保时可以更改共付比例
- In addition to basic coinsurance requirements, there may be additional co-payments associated with specific benefits, such as prescription drug coverage and/or physician office visits.
除了基本的共付要求，对于一些福利可能产生额外的自付额，如处方药或者诊疗
- The Coinsurance Maximum does not include any of the expenses covered under the optional Dental or Vision benefits.
不含可选牙科或眼科福利发生的费用

Co-payment A designated amount, either a percentage or a fixed dollar amount that may be applied per office visit for each time medical services including consultations and follow ups, are received. Ancillary services such as Laboratory and Radiology service (i.e. blood tests, x-rays) that may be in conjunction with an office visit do not require a co-payment. Co-payments are also applicable to some pharmacy benefits and other covered services. Co-payments do not apply to the Deductible or to the Out-Of-Pocket Maximum.

自付额（自付比例）在每次医疗服务包括专家会诊及后续治疗中，个人每次诊疗需要自己负担的一个一定的医疗费用，可以是一个百分比或一个固定金额的医疗费用。自付额还通常被用于一些药品福利和特定的一些保障服务。自付额不适用于您的免赔额或共付上限。

Deductible: The amounts of covered Allowable Charges payable by the Insured Person during each policy year before the Policy benefits are applied. Such amount will not be reimbursed under the Policy. The Deductible is not considered part of the annual Out-Of-Pocket Maximum.

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免赔额指每个保单年度在保险福利支付之前应先应由被保险人支付的部分可接受的医疗费用。这部分医疗费用在保单项下不能得到赔偿。免赔额也不能被视为共付上限的一部分。

Exclusions and Limitations: If the term excluded is used on your schedule of benefits, then these services are not part of the coverage chosen by your employer. In addition to excluded services, there are also some coverages that are considered benefit limitations and exclusions. This is in addition to services that you have received, but that did not meet the terms and conditions of the policy or that you did not get Pre-Authorization for.

责任免除和保险限额: 如果“除外”这个术语用于您的保障利益表中, 那么这些医疗服务不是您的雇主选择的保障的内容。除此之外, 也有一些保险保障会受到保险限额和除外责任的限制, 比如, 他们不符合保险合同的条款和条件, 或者没有通过事先授权。

Experimental and/or Investigational: Any treatment, procedure, technology, facility, equipment, drug, drug usage, device, or supplies not recognized as accepted medical practice by Insurer.

实验室的和/或研究性质的是指被保险人认为不能作为医疗实践应用的任何治疗、程序、技术、设施、药品、用药指导、装置或供应品。

Hazardous Activity: Activities that might heighten the risk of disease or death to an individual. These may include but are not limited to mountain or rock climbing, scuba diving, or race car driving.

危险活动: 任何能增加死亡或疾病风险的活动, 包括但不限于爬山, 攀岩, 潜水或赛车。

Insured Dependent: Refers to member of the Insured's family who is enrolled under the Policy with the Company after meeting all the eligibility requirements of the Employer Group and the Company and for whom premiums have been received by the company (See Eligibility and Conditions of Coverage Section).

附属被保险人是指参加保险计划的、符合由雇主选择的保险计划下所有条款和条件的要求并已支付保险费的被保险人的家属。

Insured Employee: The person who is actively at work and employed by the Policyholder on a full time basis, or who is otherwise eligible on his own behalf and not as a Dependent to be Insured under this Policy, as agreed to between the Policyholder and the Insurer.

被保险雇员 (主被保险人)是指能够正常工作并为保单持有人专职雇佣的个人, 或者符合参保条件的, 以自己的名义而不是以附属被保险人的身份参保, 且须经由保单持有人和保险公司的同意。

Insured Person: An Insured Employee or his Insured Dependents enrolled in and entitled to coverage under this Policy and for whom the required Premium has been paid.

被保险人是指参加保险、在保险项下享有保险保障的、应缴并已支付保险费的主被保险雇员或其附属被保险人。

Lifetime Maximum: Payment of benefits are subject to a lifetime aggregate maximum per individual Insured Person as indicated in the Schedule of Benefits, as long as the Policy remains in force. The Lifetime Maximum includes all benefit maximums specified in the Policy, including those specified in the Schedule of Benefits and in any Policy Endorsements or Riders.

终身福利限额是指在保障利益表里载明的, 只要保单生效, 保险公司在被保险人一生过程中可支付的最高赔偿限额。终身福利限额包括所有在保单、保障利益表以及保险批单和保险附加条款中载明的福利限额。

Maximum Benefit: The payment specified in the Schedule of Benefits, for specific services, which is the maximum amount payable by Insurer per person, per Policy year (unless otherwise noted) regardless of the actual or allowable charge. This is after the insured has met his obligations of deductible, coinsurance, co-payments and any other applicable costs.

最大福利限额是指每个保险年度, 无论实际发生或可接受的医疗费用多少, 扣除免赔额, 自付额, 共付比例以及其他相关费用后, 保险公司在保障利益表里载明的针对特定医疗服务可支付的最高赔偿限额。

Medically Necessary: Those services or supplies which are provided by the hospital, physician or other approved medical provider that are required to identify or treat an illness or injury and which, as determined by the Insurer, are as follows:

医学必需是指由医院、医师或其他被批准的医疗供应商提供的那些医疗服务或供应被证明符合治疗疾病或损伤的要求, 保险公司按以下条件及标准进行判断:

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- Consistent with the symptom, or diagnosis and treatment of condition, disease or injury;
疾病或损伤与症状、诊断、治疗相一致
- Appropriate with regard to standards of accepted professional practice;
与接受治疗当地普遍接受的医疗专业实践标准一致
- Not solely for the Insured Person's convenience, the Physician's convenience or any other provider's convenience;
非单纯为了被保险人的舒适、医师或其他医疗供应商的方便
- The most appropriate supply or level of service, which can be provided. When applied to an inpatient, it further means that the medical symptoms or conditions require that the services or supplies cannot be safely provided as an outpatient;
提供最恰当、合适的医疗服务水平。当采用住院治疗时，它意味着无法以门诊的方式对相应疾病和症状提供安全的治疗
- Is not a part of or associated with the scholastic education or vocational training of the patient;
非学术教育或病人职业培训的一部分或与之相关
- Is not Experimental or Investigative;
非实验或研究性质

Out-of-Pocket Maximum (Coinsurance Maximum): An amount of allowable expenses as designated in the Schedule of Benefits that is the responsibility of each Insured Person to meet before the Company will begin paying the expenses at 100%. It does not include Deductibles, Co-payments or Excess Charges. Once the Out-of-Pocket Maximum is met, the Policy will begin paying 100% of allowable Reasonable and Customary costs for the remainder of the Policy year, not to exceed Policy limits. The out-of-pocket maximum does not apply to any of the expenses covered under the Prescription Benefit, or the optional Dental and Vision benefits.

自付上限（适用于“自付比例”）是指保障利益表中载明在保险公司 100% 赔付之前由被保险人承担的可接受医疗费用。不包括免赔额，共付额及超出费用。达到自付上限后，保险单将在剩余的保险年度 100% 赔付可接受的且符合通常惯例水平的医疗费用，但不得超过保险合同限额。自付上限不适用药物福利，可选牙科眼科福利下发生的费用。

Pre-Existing Condition: Any illness or injury, physical or mental condition, for which an Insured Person received any diagnosis, medical advice or treatment, or had taken any prescribed drug, or where distinct symptoms were evident prior to the effective date. The Terms and Conditions related to this plan's Pre-existing Conditions are described in the Schedule of Benefits.

既往症是指保险责任生效之前被保险人已经接受诊断、医学咨询或治疗、或服用药物、或显现症状的疾病、损伤或精神疾病。本保险计划中有关既往症约定请参见保障利益表。

Reasonable and Customary Charge: The lower of: a) the Provider's usual charge for furnishing the treatment, service or supply; or b) the charge determined by GBG to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons (1) who reside in the same area (zip code) and (2) whose Injury or Illness is comparable in nature and severity.

合理且符合通常惯例水平的医疗费用是指以下两者中较低者：

- a) 医疗服务供应商对医学治疗及服务通常的收费标准；或
- b) 在统计分析了在“类似情况”下其他医疗服务供应商通常的收费水平，由 GBG 判定的收费标准：评判“类似情况”标准如下：(1)在相同的地区，以邮政编码为准；(2)伤情或疾病在性质和严重程度具有可比性

The **Reasonable and Customary Charge** for a treatment, service, or supply that is unusual, or not often provided in the area, or that is provided by only a small number of providers in the area, will be determined by the Insurer. The Insurer will consider such factors as (1) complexity, (2) degree of skill needed, (3) type of specialist required, (4) range of services or supplies provided by a facility, and (5) the prevailing charge in other areas. The term “area” refers to a city, county, or any greater area, which is necessary to obtain a representative cross section of similar institutions or similar treatment, based upon United States standards.

若某项医疗服务在当地不常见或仅当地少数医疗机构能够提供，保险公司将参考下列因素确定**通常惯例水平的医疗费用**：(1)治疗复杂程度；(2)治疗必要的专业程度；(3)必要的医疗专业类型；(4)相应医疗机构提供的医疗服务范围和种类；(5)其他地区通常的收费水平。本条中的“地区”是指根据美国的标准为取得类似医疗机构或医疗服务水平所必需的地域范围，可为一个城市、国家或更广大的区域。

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In the United States, when PPO providers are available within a 30-mile radius of your local residence, the reasonable and customary charge may be the negotiated PPO provider fee for such services. If you do not use a network provider, the excess charges will be your responsibility and will not accrue to the Out-of-Pocket Maximum.

在美国，当在您居住的方圆 30 英里以内有“**首选网络医疗机构 PPO**”时，合理且符合通常惯例水平的医疗费用可以咨询 PPO 的网络医院以获得这些服务。如果您放弃使用首选网络医院，您将承担超过部分的费用，并不能累计至**自付上限**中。