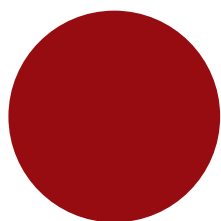




《全球保》
会员手册
WorldCare
Members'
Handbook



个人与家庭
Individuals and families

您需要知道的国际医疗保险

Everything you need to know about your international health insurance

二零二一年四月生效
Effective April 2021

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简介

欢迎您加入亚太财险与时康的“全球保”国际医疗保险。

本会员手册旨在为您提供明确的指引，以确保您了解如何使用您的保险计划。请仔细阅读本会员手册内容。

1. 如何使用本手册？

本手册是很重要的文件。它阐明了您的权利和我们对您的义务。您所选择的全球保保险计划的保障范围，请参见保险合同条款中的第五条——保险责任。

在这手册中，包含以下内容：

- 如何提交理赔
- 如何管理您的保险计划
- 如何提交投诉
- 您在本保险计划中所能享受到的服务

我们为您提供的服务

当您需要使用您的医疗保险时，我们可以为您提供如下服务：

- 迅速处理您的理赔
- 24小时客户服务热线
- 帮助在您所在的地区寻找合适的医疗机构
- 提供预先书面同意服务，以减少您的医疗支出
- 通过国际化的理赔管理团队，为您提供专业医疗支持

如果您希望更进一步了解此项保险计划，或者您有任何建议，请通过以下方式联系我们：

时康管理顾问(上海)有限公司

中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室，邮编200080

电话 +86 400 077 7500 / +86 21 6156 0910 | 传真 +86 400 077 7900 | CustomerService@now-health.com

联系我们

请您务必仔细阅读本手册。同时您也可以致电我们的客户服务团队，我们将竭诚回答您的所有相关疑问。

如果您有任何与您的保险有关的疑问，您可以拨打电话 +86 400 077 7500 / +86 21 6156 0910 或发送邮件到 CustomerService@now-health.com。例如，如果您需要相关治疗，您可以在接受治疗以前通知我们，以便我们向您说明您的保障范围。

如果您有任何有关您个人信息的变更需要告知我们，您可以按以上联系方式联系我们，或者写信至：

时康管理顾问(上海)有限公司

中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室，邮编200080

请注意为了提高我们的服务质量，您的来电可能会被录音以作内部管理及培训之用。

客户服务团队

我们中国办公室的办公时间是周一到周五，早上9点至下午6点。

电话 +86 400 077 7500 / +86 21 6156 0910 | 传真 +86 400 077 7900

紧急转运及送返援助团队

我们的服务团队能够提供多种语言服务，每天24小时，全年365天随时为您服务。更多关于紧急转运及送返服务的信息请参考本手册第3.3项。

电话 +86 400 077 7600 / +86 21 6156 0914

如果有任何关于会员资格或理赔进展的疑问，您可以登录到www.now-health.cn进入您的网上安全组合区自助查询，或者发送邮件至ClinicalService@now-health.com。

Introduction

Thank you for choosing Asia-Pacific P&C and Now Health International to provide your international health insurance policy.

The objective for this handbook is to provide you clear information about how your policy works and how to use it. Please read this handbook carefully.

1. How to use this handbook

This handbook is an important document. It sets out your rights and our obligations to you. Along with the insurance policy, Article 5 — Insurance Liability, it explains your WorldCare policy and the terms of your cover.

Inside you will find details of:

- How to make a claim
- How your policy is administered
- How to make a complaint
- Other services available to you under your policy

Our service for you

When you need to use your insurance, here's what you can expect from us:

- A commitment to process your claim as quickly as possible
- A 24-hour customer service team
- Help to find suitable healthcare providers in your area
- Pre-authorisation of certain claims where possible, to reduce your out-of-pocket expenses
- An international claims management team with the medical expertise to support you in making decisions about your healthcare

If you require more details about this policy, or if you would like to tell us about any changes in your personal circumstances, please contact us through our administrator at:

Now Health International (Shanghai) Limited

Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China
T +86 400 077 7500 / +86 21 6156 0910 | F +86 400 077 7900 | CustomerService@now-health.com

Contacting Us

While it is important that you read and understand this members' handbook, we understand that there are times when it is easier to call us for information. Our customer service team is ready to help with any queries you may have.

If you have any questions about your policy, you can contact us on +86 400 077 7500 / +86 21 6156 0910 or email CustomerService@now-health.com. For example, if you need treatment, you can contact us first so we can explain the extent of your cover before you incur any costs.

If you need to let us know about any changes in your personal circumstances, you can do so using the contact details above, or write to us through our administrator at:

Now Health International (Shanghai) Limited

Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China

Please note that we may record and/or monitor calls for quality assurance and training and as a record of our conversation.

Customer service team

Our China team is available Monday to Friday from 9am to 6pm.

T +86 400 077 7500 / +86 21 6156 0910 | F +86 400 077 7900

Assistance team for emergency evacuation or repatriation

Our multilingual team is available 24 hours a day, 365 days a year. For details on how to use our emergency evacuation and repatriation service see section 3.3.

T +86 400 077 7600 / +86 21 6156 0914

If you have any questions about your membership or would like to request information on the progress of a claim, you can log in to your secure online portfolio provided by our administrator at www.now-health.cn or contact us via email at ClinicalService@now-health.com.

2. 在线管理您的保险

您的网上安全组合区简介

访问我们的网站www.now-health.cn通过网上安全组合区管理您的国际医疗保险，是最简单快捷的方法。您的所有相关文件都保存在一个网上安全组合区里，您可以使用您的用户名和密码进行登录查询。如果需要帮助，请致电 +86 400 077 7500 / +86 21 6156 0910。

关于我

在此项中，您可以查看并更新个人联系信息，登录信息，您的文档传递和您可以告诉我们如何支付您的索赔。

我的保单

在此项中，您可以查看并下载保险凭证，会员手册和理赔申请表。您可以要求更换会员证并查看您的计划细节。

我的索赔

在此项中，您可以找到最适合您的方式来提交理赔。在这里您可以在线提交索赔，并且实时跟踪理赔进展状态。您可以查看所有的理赔记录，包括有关过去和现在理赔状态，就诊医院，理赔申请及赔付的金额与币种（只有发生在海外的理赔，可以允许选择赔付币种）等。所有的信息都是实时更新，以便让您随时查看您的理赔最新情况。您也可以从这里提交预先授权申请表。

其他功能

除了以上各项功能，您也可以通过这个网站，通过网上安全组合区直接联系我们，下载各种表格以及向我们推荐您常就诊的医院，并在时康国际医疗机构网络中找到您的首选医疗机构。欲了解更多信息，请访问www.now-health.cn首页中的常见问题选项。

下载我们的移动应用程序

我们的移动应用程序提供了多项功能，适用于iPhone和小米(Mobile Internet)，您能够容易在时康国际医疗机构网络中查找您的首选医疗机构，同时您亦可透过移动应用程序提交索赔。



2. Manage your policy online

A guide to the secure online portfolio area

The simplest way to manage **Your Plan** is via the secure online portfolio area which **You** can access at www.now-health.cn. To access it **You** need the unique username and password **You** were supplied with when **You** joined. If **You** need help to retrieve this information, contact **Us** on +86 400 077 7500 / +86 21 6156 0910.

About me

In this section **You** can view and update **Your** personal contact and login details, **Your** document delivery settings and tell **Us** how **You** would like **Us** to pay **Your** claims.

My Plan

You can view **Your Plan** details and download **Your Certificate of Insurance**, members' handbook and claim form from here. **You** can order replacement membership cards and view **Your Benefit** limits.

My claims

Here **You** can make a claim online and track **Your** claims in real time. **You** can view information about all **Your** claims, past and present, including claim status, the medical provider and the amounts claimed and settled, in the currency **You** have selected. All updated are displayed as they happen so **You** always have the latest information. **You** can also submit a pre-authorisation request from here.

Other features

In addition to the above, **You** can use the secure online portfolio to download forms, introduce **Us** to **Your** preferred intermediary or medical provider and find a medical provider in the **Now Health International Provider Network**.

For more information, visit the FAQ section of the website, which **You** can access from **Our** homepage www.now-health.cn

Download our mobile app

Our mobile app, which is available for both iPhone and MI (Mobile Internet) has many useful functions including the ability to find a medical provider with the **Now Health International Provider Network** and submit a claim for **Treatment You** have already paid for in a few simple touches.



3. 如何理赔

您加入我们的保险计划后，可以联系我们的客户服务团队寻求相关帮助。

同时您可以拨打我们的24小时紧急援助热线。

在时康国际的会员网站上，您的网上安全组合区有一个专门的理赔区，通过此区域您可以查看您所有的理赔记录。除此以外您还可以找到最适合您的方式提交理赔。登录此网站仅需要您的时康会员用户名及密码。

为了让我们能快速审核您的理赔，请遵照以下步骤：

3.1 对于您已支付医疗费用的理赔

第一步

选择您提交理赔的方式

您可以通过www.now-health.cn登录您的网上安全组合区提交理赔。此外，您可以通过移动应用程序或如果您更喜欢更传统的解决方案，您可以使用电子邮件，传真或邮寄方式向我们发送理赔申请表。

您可以通过www.now-health.cn登录您的网上安全组合区或“如何提交理赔”下载电子版理赔申请表。

如果需要帮助登录您的网上安全组合区，或者需要电子版或印刷版的理赔申请表，请致电 +86 400 077 7500 / +86 21 6156 0910向我们的客户服务人员索取。

第二步

对于门诊和日间留院或住院治疗的每个医疗状况的医疗费用低于人民币3,000元的理赔

使用理赔申请表(印刷版或pdf):

请完整填写理赔申请表的第一项和第二项，并签名。然后连同您扫描的发票收据(请在每个发票收据上签名)以及您的身份证/护照复印件发送给我们。发票收据必须包括疾病病情、治疗详情，以及主治医师的姓名，职业资质，联系方式和盖章。(如果发票收据没有上述信息，请提供您的医疗记录和治疗费用明细。)

- 电邮至ClaimsService@now-health.com或
- 传真至+86 400 077 7900，或
- 邮寄到时康管理顾问(上海)有限公司，上海市虹口区吴淞路218号宝矿国际大厦11楼1103-1105室，邮编200080。

使用移动设备提交理赔：

完整填写理赔申请表，上传所要求的图像(包括您扫描的发票)(请在每个发票上签名)和身份证/护照复印件，接受声明和授权，然后点击“提交”。我们将在设置中保存您的信息。

使用网页设备提交理赔：

从下拉列表中选择被保险人，填写表单中的所有字段，上传所要求的图像，接受声明和授权，然后单击“提交理赔申请表”。

您的理赔需要包括以下资料：

- 正式的医疗费用发票
- 相关的医疗费用明细单
- 医疗病历/检查报告
- 身份证/护照复印件

第二步

对于日间留院或住院治疗的每个医疗状况的医疗费用等于或高于人民币3,000元的理赔

使用理赔申请表(印刷版或pdf):

请完整填写理赔申请表的所有部分，签名并请求您的医生完成相关部分。使用以下方法之一并附上所有账单和副本的诊断报告，疾病病情和出院小结以及身份证/护照副本。请保留这些文件的副本，以备记录。

- 电邮至ClaimsService@now-health.com或
- 传真至+86 400 077 7900，或
- 邮寄到时康管理顾问(上海)有限公司，上海市虹口区吴淞路218号宝矿国际大厦11楼1103-1105室，邮编200080。

使用移动设备提交理赔：

您无法使用移动应用程序提交此理赔。

使用网页设备提交理赔：

扫描已完成的理赔表格，并附上所有账单和副本的诊断报告，疾病病情和出院小结(如果您是日间留院或住院病人)以及身份证/护照副本，然后单击“提交理赔申请表”。

您的理赔需要包括以下资料：

- 完整填写并签名的理赔申请表
- 正式的医疗费用发票
- 相关的医疗费用明细单
- 医疗病历/检查报告
- 身份证/护照复印件

第三步

在收齐所有必需的材料后，我们会审核您的理赔，并且在收到日起五个工作日内对所有在保障范围内的符合资格理赔进行审核。

第四步

您可以通过登录您的网上安全组合区对您所有的理赔进行跟踪查询(只提供英语服务)。

您可以随时登录网站查询您的理赔进展情况，包括理赔状态，就诊医院，申请及赔付的金额与币种，以及所有扣除的免赔额与自付比例。所有理赔都是实时更新以便您掌握最新情况。如果您的理赔状态发生变更，我们会第一时间发送邮件或短信通知您去登录查询。

重要提示：

您必须在接受治疗之日起六个月内向我们提交理赔(除非有不可抗力因素)。

如果您递交的理赔材料是复印件，请务必保存好原件。我们可能在您递交理赔的六个月之内请您重新递交原件。

如果您正在提交的或者已经提交的理赔的金额(以每位被保险人，每个医疗状况，每个保障期间为计)超过人民币3,000元，请确保让您的主治医生完整填写理赔单上的第三部份。

如果您不能确定每个医疗状况的理赔金额是否超过人民币3,000元，请您完整填写理赔单上的所有选项，并且也请您的主治医生完整填写相关医疗信息，然后将所有原始材料邮寄至我公司。地址见第三步。

以下情况，需同时提供被保险人的身份证/护照复印件：

1. 给付货币为人民币，索赔金额人民币10,000元或以上；或
2. 给付货币为非人民币。

请注意，上述提交理赔过程不适用于生育，牙科和体检、眼科、疫苗医疗保障费用

3. How to claim

As soon as you join, you can contact our customer service team for support.

You also have access to our international helpline, which is open 24 hours a day, 365 days a year.

Your online secure portfolio area has a dedicated claims section with the latest information on past and present claims. You can also use this area to make a claim.

To log in, you just need your Now Health username and password.

To help us assess your claim as quickly as possible, please follow these simple steps:

3.1 Claiming for treatment you have already paid for

Step 1

Choose how you would like to claim

You can claim using the secure online portfolio at www.now-health.cn, the mobile app or if you prefer a more traditional solution, you can send us a claim form using email, fax or post.

You can download a claim form from the secure online portfolio or the 'How to claim' page of www.now-health.cn.

Alternatively call us on +86 400 077 7500/ +86 21 6156 0910 to request a form or if you need help to access the secure online portfolio area.

Step 2

For all out-patient claims and in-patient/ day-patient claims under RMB 3,000 per medical condition:

Using the claim form (printed or pdf):

Complete sections 1 and 2 of the claim form, sign it, and send it to us with your scanned fapiao (please also sign your name on each medical fapiao) and a copy of your ID/passport if required. The fapiao must include details of the medical condition, treatment given and the name, qualifications, contact details and stamp of the attending medical practitioner. (If the fapiao does not have the above information, please provide your medical records.)

- Email to ClaimsService@now-health.com, or
- Fax to +86 400 077 7900, or
- Post to Now Health International (Shanghai) Limited, Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.

Using the mobile app:

Complete all the fields in the form, upload the requested images including your scanned fapiao (please also sign your name on each medical fapiao) and a copy of your ID/passport, accept the declaration and authorisation and click 'Submit'. We will save the information you include in your settings.

Using the secure online portfolio:

Select the Insured Person from the dropdown list, complete all the fields in the form, upload the requested images, accept the declaration and authorisation and click 'Submit form'.

Please include the following documents with your claim:

- Completed official Chinese fapiao
- Completed cost breakdown
- Completed medical notes/records
- ID/Passport copy

Step 2

For in-patient/day-patient claims equal to or over RMB 3,000 per medical condition:

Using the claim form (printed or pdf):

Complete all sections of the claim form, sign it and ask your medical practitioner to complete their relevant section. Sign the claim form and send all bills and copies of diagnostic reports, medical notes and a discharge summary (if you have been a day-patient or in-patient) plus a copy of your ID/passport using one of the methods below. Please keep a copy of these documents for your own records.

You can send us your completed claim form and supporting documents in one of the following ways:

- Email to ClaimsService@now-health.com, or
- Fax to +86 400 077 7900, or
- Post to Now Health International (Shanghai) Limited, Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.

Using the mobile app:

You cannot use the mobile app to submit a claim of this value.

Using the secure online portfolio:

Scan the completed claim form and upload it along with all bills and copies of diagnostic reports, medical notes and a discharge summary (if you have been a day-patient or in-patient) plus a copy of your ID/passport, and click 'Submit form'.

Please include the following documents with your claim:

- Completed claim form with signature
- Completed official Chinese fapiao
- Completed cost breakdown
- Completed medical notes/records/discharge summary
- ID/Passport copy

Step 3

We will assess your claim. Provided we have all the information we need, we will assess all eligible claims within five working days of receipt.

Step 4

You can track all your claims using your online secure portfolio area.

Log in at any time using your username and password to see how your claim is progressing. You will be able to view the status, the provider, the currency claimed and settled and the benefit for each individual claim, as well as any deductible, co-insurance or out-patient per visit excess applied. All updates are displayed as they happen so you always have the latest information on your claims. We will email or SMS you every time there is a change to the claims status on your account so you know the most relevant time to log in.

Important notes:

You must send us your claim within six months of treatment (unless this is not reasonably possible).

Please keep original records if you are sending us a copy, as we may ask you to forward these at a later date.

If we do, it will be within six months of when you told us about the claim.

If the total amount you are claiming now or have claimed (per insured person, per medical condition, per period of cover) is over RMB 3,000, please ensure Section 3 of the claim form is completed by the treating medical practitioner. If you don't know if your claim falls within the RMB 3,000 per medical condition guideline, please complete all sections of the claim form and ask your medical practitioner to complete their section then post it with the original receipts to the address in Step 3.

For any claim amount more than RMB 10,000 or any overseas claims (settlement in non RMB), please also enclose a copy of your ID/passport.

Please note that the above process applies to claims against both the maternity, dental and wellness, optical and vaccinations benefits, should you have opted for a policy with those Benefits.

3. 如何理赔

3.2 安排直付服务

3.2.1 住院及日间留院治疗

如果您需要接受住院治疗或日间留院治疗，我们会尽力安排与合作医疗机构进行直接结算。

第一步

在您住院前5个工作日（或尽可能提前），您可以通过以下方式联系我们的客户服务团队：
电话 +86 400 077 7500 / +86 21 6156 0910 | 传真 +86 400 077 7900 | ClinicalService@now-health.com
请告知您即将接受住院治疗或日间留院治疗的医疗机构的名称，电话号码，传真号码，医院联络人姓名及主治医生姓名。

第二步

选择您提交理赔的方式

您的医生应需要填写预先授权申请表。
您可以从时康网站的“如何提交理赔”或您的网上安全组合区下载此表。
如果您的医生完整填写理赔申请表上所有相关选项，他们可以直接将其提交给我们，或者您可以使用理赔申请表中的一种方法提交或登录网上安全组合区，通过“我的理赔”提交。我们将作适当安排并与您联系。

第三步

在您接受治疗当天，到达医疗机构后请您先出示您的会员卡，并告知工作人员我们已经为您安排了直付服务。
我们可能会请您填写一些附加的表格，您可以通过www.now-health.cn登录您的网上安全组合区找到所有相关文件。
在您离开之前，您需要支付您的保险合同下所有相关免赔额或自付比例。

第四步

在您离开的时候，请让医疗机构工作人员将所有原始理赔申请表和账单邮寄给我们以申请赔付。您可以使用您的用户名和密码通过登录时康国际的网站www.now-health.cn，通过您的网上安全组合区跟踪查询您所有的理赔记录。

重要提示：

如果您需要接受住院治疗，日间留院治疗或者重大门诊治疗，请务必在接受治疗前告知我们。我们会尽力安排与合作医疗机构进行直接结算。这意味着您可能需要向医疗机构支付押金甚至全额支付您的账单。

如果您需要再次接受住院治疗或日间留院治疗，尽管可能是因为相同的疾病，我们仍然需要您提交新的理赔申请表。
在您离开之前，您需要支付您的保险合同下所有相关免赔额或自付比例。

3. How to claim

3.2 Arranging Direct Settlement

3.2.1 For in-patient and day-patient treatment

If you are referred for in-patient or day-patient treatment, we will try to arrange to settle the bill directly with the medical provider.

Step 1

Five working days before you are admitted (or whenever possible), contact our customer service team on
T +86 400 077 7500 / +86 21 6156 0910 | F +86 400 077 7900 | ClinicalService@now-health.com

Tell us the hospital name, telephone number, fax number, the contact name at the hospital and the name of the medical practitioner.



Step 2

Choose how you would like to claim.

Your medical practitioner should complete a Pre-authorisation Request Form. You can download this form from the 'How to claim' page of the website or from the secure online portfolio area.

Once your medical practitioner has completed the form, they can return it to us directly or you can do so using one of the methods on the form or using the secure online portfolio area in the My Claims page.

We will contact you once the arrangements have been made.



Step 3

When you arrive at the medical provider on the day of your treatment, show your membership card and tell them that Direct Billing has been arranged.

We may also ask you to fill in some extra forms. You can access all the forms you need from your online secure portfolio area at www.now-health.cn.

You will need to pay any deductible on your plan to the medical provider before you leave.



Step 4

When you leave, ask the medical provider to send the original claim form and bill to us for payment. You can track all subsequent claims activity in your secure online portfolio area. Log in using your username and password at www.now-health.cn.

Important notes:

For in-patient treatment, day-patient treatment or major out-patient treatment, please contact us before you get treatment. If you don't make contact before your admission, we may not be able to arrange to pay the medical provider directly. This might mean that you have to pay a deposit to the medical provider or pay your bill in full.

If you need repeat in-patient or day-patient treatment, we need a new claim form for each stay, even if it's for the same medical condition.

You will need to pay any deductible or co-insurance on your policy to the medical provider before you leave.

3. 如何理赔

3.2.2 时康国际直付网络内的门诊治疗

如果您选择了有免赔额的保障，则不适用于您在门诊直付网络中以门诊直付的治疗。您的门诊直付治疗范围内的治疗是根据每次就诊免赔额或自付比例进行的。

如果您选择了门诊每次就诊免赔额选项，您需要先向医疗人员支付符合直付治疗范围的门诊治疗的免赔额：人民币90元或150元（根据所选择的选项）。如果您有此选项，则会在您的会员卡上说明。

如果您选择了门诊费用的自付比例选项，您必须通过门诊直付网络向符合直付治疗范围的门诊治疗费用支付自付比例金额给医疗人员的。

如果选择门诊每次就诊免赔额或自付比例，那么无论您在时康国际网络医疗服务供应商网络内外接受直付治疗范围的门诊治疗时，每个被保人都将适用相应的免赔额或自付比例。

如果您选择了尊安计划，那么不可使用门诊直付。

第一步

如需查找可以提供直付服务的医疗机构，请登录www.now-health.cn下载国际医疗网络列表。您可以在我们的直付网络医院里找到适合您的医疗机构。

如果您没有找到在您附近的可以提供直付的医疗机构，我们的客户服务团队可以帮助您解决此类问题。您可以通过以下方式进行联系：电话 +86 400 077 7500 / +86 21 6156 0910 | 传真 +86 400 077 7900 | ClinicalService@now-health.com

第二步

当您到达医疗机构时，请出示您的亚太财险与时康会员卡。同时请随身携带相关身份证件如护照和身份证等。医疗机构可能请您填写并签署相关授权及免责声明。

第三步

医疗机构在安排您就诊之前，会查询您的保障限额，门诊每次就诊免赔额及自付比例。如果您所就诊的疾病不在保障范围内，医疗机构仍然会安排您就诊但是会请您自己支付相关治疗费用。

第四步

当您离开时，医疗机构可能会请您签署确认接受治疗的确认函。

第五步

如果您需要再次接受后续治疗，您需要再次完成以上步骤。

重要提示：

如果您选择了“自付比例”选项，自付比例不适用于时康国际医疗机构网络内的中国大陆公立医院接受的门诊治疗。网络外的其他公立医院将无法提供门诊直付服务。

如果您通过门诊直付服务接受的治疗不在您的门诊直付医疗网络保险保障范围内，您需要承担此部分费用并将已赔付的理赔款返还给我们。我们也可能直接从您的应付理赔款上抵消此部分费用。否则我们可能暂时终止您的保障直至投保人或者您本人偿还这部分费用。如果发现理赔欺诈情况，我们可以立即终止您的保险合同，并且不会退还已交付的保费。单次门诊直付的金额含门诊费用，药费及实验室费用上限为人民币10,000。

对于保障范围内的治疗，如果不符合直付服务的条件，请参照本手册第3.1项“对于你已支付医疗费用的理赔”处理。

请注意以下治疗不能进行门诊直付（以下部份为不能进行直付服务的范围，仅供参考）：

1. 被保险人应承担的自付比例；
2. 替代疗法；
3. 在保险凭证的责任免除中列出的相关治疗；
4. 牙科治疗；包括正畸治疗；
5. 怀孕/分娩/产前与产后生育保障，除非由时康国际书面同意；
6. 投保前疾病及其相关疾病；
7. 出生伤害/先天性损伤；
8. 就诊日期不在保障期间内；和/或未支付到期保费，和/或保险人暂停、取消保单持有人的保单；
9. 所有预防性疫苗；例行检查、健康检查、眼科；
10. 中医治疗/阿育吠陀治疗；
11. 电子计算机断层扫描(CT)，磁共振成像(MRI)，正电子放射断层扫描(PET)。
12. 精神疾病治疗；
13. 物理治疗；
14. 维生素、矿物质及有机食品(适用包括生育保障在内的任何医疗状况)。

3. How to claim

3.2.2 Out-patient treatment within the Now Health International Direct Billing Network

If you have a deductible it does not apply to treatment you receive on an out-patient basis in our out-patient direct billing network. Your eligible out-patient treatment is subject any selected out-patient per visit excess option or co-insurance out-patient treatment option.

If you have selected an out-patient per visit excess option, You need to pay the first RMB 90 or RMB 150 (depending on the option chosen) per consultation on eligible out-patient treatment to the medical provider upfront through our out-patient direct billing network. If you have this option, it will say so on your membership card.

If you have selected a co-insurance out-patient treatment option, you must pay the co-insurance amount on eligible out-patient treatment to the medical provider upfront through our out-patient direct billing network.

If the out-patient per visit excess or co-insurance out-patient treatment is selected it will apply per insured person when you receive eligible out-patient treatment inside and outside of the Now Health International provider network.

Out-patient direct billing is not available if you have chosen WorldCare Essential with the out-patient charges option.

Step 1

To find an out-patient direct billing facility, download a network visit at www.now-health.cn. Here you can locate an appropriate medical facility within the out-patient direct billing network.

If you can't find an out-patient direct billing facility near you, our customer service team will be happy to help.

You can contact them on T +86 400 077 7500 / +86 21 6156 0910 | F +86 400 077 7900 | ClinicalService@now-health.com

Step 2

When you arrive at the medical facility, please show your Asia-Pacific P&C and Now Health membership card. Please also take a form of identification such as an ID card or passport. The medical facility may ask you to complete and sign an authorisation form or disclaimer.

Step 3

The medical facility will check your benefit limits, out-patient per visit excess and any co-insurance before arranging for you to see a doctor.

If your cover is not eligible, they will still arrange for you to see a doctor but will ask you to pay for the treatment.

Step 4

When you leave, the medical facility may ask you to sign a confirmation that you have received treatment.

Step 5

If you need to return for further treatment, you will have to complete the same procedure again.

Important notes:

If you select the "co-insurance out-patient charges" option, out-patient co-insurance does not apply to any out-patient treatment received in public hospitals in Mainland China that are within the Now Health International Provider Network. Other public hospitals outside the network will not be able to provide out-patient direct billing service.

If you receive treatment that is not eligible under your policy through the out-patient direct billing network, you are liable for the costs incurred and you must refund us. We may offset valid claims against outstanding funds due to us or we may suspend your benefits until the policyholder or until you have settled the outstanding amounts in full. If we determine that a claim was fraudulent, we may terminate you from the policy with immediate effect without refund of premiums. There's CNY10,000 cap for out-patient direct billing services including consultation fee, medicine charges and lab test charges.

If your chosen treatment features on the list below, please follow the process in 3.1.

The following treatments (such as but not limited to) cannot be obtained within the Now Health International out-patient direct billing network.

1. Any co-insurance due by the insured person as notified by Now Health;
2. Alternative Therapies;
3. Any treatment related to an exclusion endorsed on your certificate of policy, applied at the time of our acceptance of your application or applied retrospectively during your policy year;
4. Dental treatment, including orthodontics treatment;
5. Pre and post pregnancy, maternity-related treatments, except when approved in writing by Now Health;
6. Pre-existing conditions;
7. Birth injuries/congenital injuries;
8. Treatment received after the "Expiry Date" date, as shown on the insured person's card and/or from the date the premium due is outstanding and/or from the date the insurer suspends, cancels or voids the policyholder's policy;
9. All preventative immunisations; routine examinations, health screening, optical;
10. Traditional Chinese Medicine/Ayurvedic Treatment;
11. CT, MRI and PET scan;
12. Any treatment related to Psychiatric Illness;
13. Any treatment related to Physiotherapy;
14. Vitamins, Minerals and Organic substances (for any medical condition including Maternity).

3. 如何理赔

3.3 当您需要紧急医疗治疗时

如果您因为紧急状况而接受住院治疗，或者您因为紧急状况需要被转运到另一个医疗机构，那么您，您的主治医生或者就诊医院必须在第一时间联系我们的24小时紧急援助服务团队。

通过联系我们的紧急援助服务团队，在条件允许的情况下，我们可以帮助直接结算您的医疗账单，并且确保尽快审核您的理赔申请。

第一步

您可以通过致电 +86 400 077 7600 / +86 21 6156 0914 或者发送邮件至ClinicalService@now-health.com联系我们的紧急援助服务团队。我们将竭诚为您提供全天24小时，全年365天无休的服务。他们可能需要核查相关信息，包括您的姓名，会员号码，医院名称，医院联络人姓名和联系方式，主治医生姓名等。

第二步

我们的紧急援助服务团队将会核查您的疾病是否在您的保险合同的保障范围内。

第三步

如果您的疾病在保险合同的保障范围内，我们的紧急援助服务人员将会审核您的紧急入院申请或者紧急转运申请。

第四步

如果我们的紧急援助服务人员认定您的紧急状况符合以下几种情况：

- 面临生命危险
- 在您的保险保障范围之内
- 当地无法提供相关治疗
- 需要立即住院治疗

他们将会采取各种必要措施用空中或地面转移的方式帮助您转运到最近的能够提供相关治疗的医疗机构，同时会确保安排在目的地所发生的在保障范围内的医疗费用的直接结算，例如住院费。

第五步

在治疗结束以后，我们的紧急援助工作人员会在您的健康情况允许的情况下帮助安排交通帮您返回合适的目的地。

重要提示：

我们只赔付由我们的紧急援助服务团队预先书面同意及安排的医疗转运的费用。如果医疗转运的费用直接或间接与您的保险凭证中所列的责任免除或者与您的保险合同中所列明的责任免除相关，我们将不会赔付此次医疗转运的费用。

3. How to claim

3.3 When you need emergency medical treatment

If a hospital admits you for emergency medical treatment or if the hospital that is treating your emergency medical condition tells you that you need to be evacuated to another medical facility for treatment, you, the treating medical practitioner or the hospital, must contact our 24 hour emergency assistance service as soon as possible.

By contacting our emergency assistance service you will give us the opportunity to arrange to settle your hospital bills directly where possible. It will also ensure that your claim can be processed without any delays.

Step 1

Contact our emergency assistance service on +86 400 077 7600 / +86 21 6156 0914 or email ClinicalService@now-health.com. This service is available 24 hours a day, 365 days a year.

They will need your name and membership number as well as the hospital name, telephone number and fax number, a contact name at the hospital and the name of the medical practitioner.



Step 2

Our emergency assistance service will verify whether the medical condition you are claiming for is eligible under your policy.



Step 3

If your claim is eligible, our emergency assistance service staff will consider your emergency admission or your request for evacuation in relation to your medical needs.



Step 4

If our emergency assistance service agrees that your medical condition meets all of the following:

- is life-threatening
- is covered by your policy
- cannot be treated adequately locally, and
- requires immediate in-patient treatment

They will make all the necessary arrangements to have you moved by air and/or surface transportation to the nearest hospital where appropriate medical treatment is available.

Our assistance service will also ensure that any eligible costs at the destination, such as admission costs, are settled directly with the hospital.



Step 5

Once you have received your medical treatment, if our emergency assistance service agrees that it is necessary, they will make all the necessary arrangements to repatriate you to your appropriate destination, provided that you are medically fit to travel.

Important notes:

We will only pay for evacuation costs that have been authorised and arranged by our emergency assistance service.

We will not pay for your evacuation costs if the evacuation is directly or indirectly related to a medical condition which has been specifically excluded on your certificate of insurance, or to any other medical condition or event specifically excluded in your policy.

3. 如何理赔

3.4 在美国进行选择治疗

如果您已经购买了美国选择性治疗这一保障，并且需要在美国的医院或医生诊所接受治疗，请按以下步骤操作：

如果您需要在美国接受门诊治疗，日间留院治疗或住院治疗，请您务必尽可能在第一时间联系我们。我们将确认您将要就诊的医院或诊所是否在我们的直付网络之内。如果在我们的直付网络之内，我们将帮助安排与该医院或诊所直接结算您的医疗费用。如果您选择的医院或诊所不在我们的直付网络之内，我们将帮助安排一家在我们医疗网络内而且有着同等医疗水平的医院或诊所。

第一步

请您在接受治疗之前五个工作日（或尽可能提前）联系我们的客户服务团队。
联系方式：电话 +86 400 077 7500 / +86 21 6156 0910 | 传真 +86 400 077 7900 | ClinicalService@now-health.com
我们的医疗顾问将会核实与您此次治疗相关的保险保障项目，并且指导您如何申请相关理赔。
您需要向我们提供您所就诊医院的名称，联系人，联系电话，传真号码以及主治医生的姓名。

第二步

选择适合您的理赔方式

您可以从我们的网站下载理赔申请表，填写完整，打印后寄给我们。您也可以联系我们的客户服务部获取理赔申请表。如果您是通过经纪人加入我们的保障计划，您也可以联系他们获取理赔申请表。
如果您需要印刷版的理赔申请表，或者您需要我们帮助您登录您的网上安全组合区，请您拨打 +86 400 077 7500 / +86 21 6156 0910 联系我们。
您也可以在就诊时带上理赔申请表，并请您的就诊医疗机构工作人员帮助填写完整，在提交理赔时传真给我们。
请您务必将理赔申请表上所标注的相关内容填写完整。

第三步

当您在医院就诊时，请出示您的会员卡，并告知医院服务人员我们已经通过在美国的援助公司提供直付服务，并帮您在该医院安排了医疗费用直付服务。我们有可能需要您填写一些附加表格，比如一张同意医院将有关您的信息告知给我们的同意书，等等。您可以登录www.now-health.cn 在您的网上安全组合区中找到这些表格。
您需要在离开医院之前支付您的医疗保险中所规定的免赔额或自付比例。

第四步

离开医院时，请您让医院相关人员将填写完整的理赔申请表原件及账单原件寄给我们，以便我们做出赔付。您可以使用您的用户名和密码登录 www.now-health.cn，并在网上安全组合区追踪所有随后的理赔过程。

重要提示：

请您务必在接受住院治疗，日间留院治疗或者一些重大门诊治疗之前联系我们。
如果您在接受以上治疗之前没有提前通知我们，我们可能无法帮您安排直付服务。这意味着您可能需要支付一定金额的押金，甚至全额医疗费用。
如果您在我们的直付网络外的医院就诊，我们将根据您的保险保障范围内的治疗的相关保障收取50%自付比例，您将需要直接支付差额给该直付网络外就诊医院。
您在美国接受的、没有获得我们预先书面同意的医疗费用，我们保留拒绝赔付的权利。
对于您的保险合同中保障范围外的治疗，如我们已将此医疗费用直接支付给医院的，您必须将我们已支付的金额全额返还给我们。
您需要在离开医院之前支付您的保险合同中所规定的免赔额。

3. How to claim

3.4 Accessing elective treatment in the USA

If you have selected the USA elective treatment option and need referral to a medical practitioner or hospital in the USA, please follow the steps below.

If you are referred for out-patient, day-patient or in-patient treatment in the USA, you must contact us as soon as you can. We will confirm that the facility is an in network medical provider and will try to arrange to settle the bill directly with the medical provider. If the medical provider you have selected is out of network, we will make arrangements to find an equivalent medical provider that is in network.

Step 1

Five working days before your treatment (or as early as possible), contact our customer service team on
T +86 400 077 7500 / +86 21 6156 0910 | F +86 400 077 7900 | ClinicalService@now-health.com

A clinical adviser will verify your entitlement to benefits for the proposed treatment and give you details on how to claim.

Tell us the name of the medical facility, telephone number, fax number, contact name and the name of the medical practitioner.



Step 2

Choose how you would like to claim.

You can download a claim form to send to us or use a printed claim form. You can request a form from our customer service team, or your intermediary.

Call us on +86 400 077 7500 / +86 21 6156 0910 to request a printed claim form, or if you would like help to access your online secure portfolio area.

Complete all relevant sections of the claim form. Take the claim form with you and ask the medical provider to complete it and fax it to us.



Step 3

When you arrive at the medical provider on the day of your treatment, show your membership card and tell the medical provider that we have arranged direct billing through our agents in the USA.

We may also ask you to fill in some extra forms, such as an agreement that the medical provider can release information about you to us.

You can access all forms from your online secure portfolio area at www.now-health.cn.

You will need to pay any deductible or co-insurance on your policy to the medical provider before you leave.



Step 4

When you leave, ask the medical provider to send the original claim form and bill to us for payment. You can track all subsequent claims activity on your online secure portfolio area. Log in at www.now-health.cn using your username and password.

Important notes:

Please contact us before you receive any in-patient treatment, day-patient treatment or major out-patient treatment. If you don't contact us before your admission, we may not be able to arrange to pay the medical provider directly. This might mean that you have to pay a deposit to the hospital or pay your bill in full.

If you go to an out of network medical provider, we will apply a co-insurance of 50% to any eligible treatment as per your benefit schedule. You will be responsible for the difference, which you will have to pay directly to the out of network medical provider.

We reserve the right to refuse to cover any medical expenses that you incur in the USA that we have not authorised.

If we pay the medical provider directly for any treatment that is not eligible under your policy, you must refund the equivalent sum to us.

You will need to pay any deductible on your policy to the medical provider before you leave.

3. 如何理赔

3.5 在申请理赔时，您需要提供的资料

请您确保完整填写我们所要求的所有表格。

自接受治疗日起六个月内，您必须将所有相关理赔信息提供给我们（不可抗力因素情况除外）。

如果您所申请的日间留院或住院理赔金额或已经申请的理赔金额（以每名被保险人于每个保险期间的每个医疗状况）等于或超过人民币3,000元，请确保您的主治医生完整填写理赔申请表第三部分。

对于金额等于或超过人民币3,000元的理赔申请，您必须将原始单证提交给我们。以下情况，需同时提供被保险人的身份证/护照复印件：

1. 给付货币为人民币，索赔金额人民币10,000元或以上；或
2. 给付货币为非人民币。

3.6 我还需要提供其他信息吗？

有时候我们无法仅从您的理赔申请表来完成对您的理赔审核，这意味着我们可能需要您提供进一步的信息，这些将仅限于我们审核理赔所需要的合理信息。

我们可能需要您提供就诊病历记录，包括医疗转诊单。如果您无法合理提供给我们这些重要信息，我们将不得不拒绝赔付相关疾病理赔申请。这意味着我们将要求您返还我们此前已经赔付的与此疾病相关的理赔款。

当无法确定您的理赔是否在您的保险保障范围内时，我们可能会出资选择聘请医生复审您的理赔。他们可能会重新审查所有与此理赔相关的医疗信息，或对您进行相关检查。我们会根据您的个人情况选择聘请相关医生进行复审。请您务必配合我们的医生，否则我们将不会赔付您的理赔。

3.7 如果同时投保了另一家保险公司，我应该如何申请理赔？

在提出理赔申请时，您必须向我们告知您是否能够从其他保险公司获得赔付。如果有其他的保单涉及此次理赔，我们将只对我们应该承担的合理保险责任进行赔付。

3.8 对于由他人导致的疾病或伤害，我应该如何申请赔付？

您必须在理赔申请表上注明您是否能够从他处或得任何赔偿。

如果您向我们提出申请赔付由他人导致的疾病所产生的治疗费用，我们仍将根据您的保险合同做出相关赔付。

如果您向我们提出申请赔付由他人所导致的受伤所产生的治疗费用，我们有权根据法律规定向该第三方追偿我们已向您赔付的款项。您必须尽快告知我们您对该第三方所采取的任何行动，并将采取行动后所产生的任何结果或解决方法及时通知我们。

如果您成功从第三方获得任何赔偿，您必须在收到此赔偿后的21天内根据以下约定将所得款项直接返还给我们。

- 如果您对第三方提出的索赔获得全额支付，您必须全额返还我们的理赔款；
- 如果您对所受到的伤害只获得了部分赔偿，您必须将这笔赔偿返还给我们已抵消我们已赔付的理赔款。

如果您没有将所获赔偿金返还给我们（包括从第三方处获偿的任何利益），我们有权要求您偿还我们金额。

3.9 如果您的保险合同中包含免赔额，门诊每次就诊免赔额和/或自付比例

免赔额，门诊每次就诊免赔额或自付比例都将显示在您的保险凭证上，并以于您的保费相同的币种收取。

免赔额，门诊每次就诊免赔额或自付比例是指当您的保险计划中的被保险人发生理赔时，您需对此承担的理赔成本。

当一个理赔申请可获赔付时，免赔额将会自动扣除，我们将先赔付保单范围内的住院或日间留院治疗的费用。

免赔额是基于每名被保险人于每个保险期间来扣除的。例如，如果被保险人在一个保险期间申请多于一次的住院治疗，则如果第一次理赔已经完成了免赔额可抵扣额，则该免赔额仅适用于首次符合条件的住院申请。如果第一次理赔后的免赔额未达到，则在支付任何合格理赔之前，可扣除免赔额的余额将从第二次索赔中扣除。

门诊每次就诊免赔额是基于每名被保险人于每次就诊来扣除的。例如，如果被保险人对单一或多种医疗状况的门诊咨询有不止一次的访问，则门诊每次就诊免赔额将适用于每次咨询。

自付比例是您在每个保险期限内支付合格理赔费用的百分比。例如，如果被保险人具有适用于符合门诊治疗的20%的自付比例，理赔额为1,000元，则被保险人必须支付200元，我们将支付理赔金额800元。

即使免赔额高于您的某次理赔申请金额，请您也务必将相关理赔申请表和账单提交给我们，以便我们正确地管理您的保险计划。当您向我们提交理赔时，我们将从应付理赔款中扣除免赔额，直至免赔额用完。

3.10 如何计算理赔应付款

所有中国大陆境内发生的理赔都只能以人民币进行结算。如果您的理赔是发生在中国大陆以外，我们也可以根据您的选择以您期望的币种进行支付（取决于当地货币和/或国际限制/监管规定）。我们会以就诊日期当天花旗银行的汇率为基准进行转换结算。

3. How to claim

3.5 What documents do you need to provide to us during a claim?

Please make sure that you complete all the forms we ask you to.

You must send us all your claim information within six months of the first day of treatment (unless this is not reasonably possible).

If the total in-patient/day-patient treatment amount you are claiming now or have claimed (per insured person, per medical condition, per period of cover) is equal or over RMB 3,000, please ensure Section 3 of the claim form is completed by the treating medical practitioner.

For claims equal or over RMB 3,000 you must send us original receipts.

For any claim amount more than RMB 10,000 or any overseas claims (settlement in non RMB), please also enclose a copy of your ID / passport.

3.6 Do I need to provide any other information?

It may not always be possible to assess the eligibility of your claim from the claim form alone, which means we may sometimes ask you for additional information. This will only ever be reasonable information that we need to assess your claim.

We may request access to your medical records including medical referral letters. If you don't reasonably allow us access to this important information, we will have to refuse your claim. This means that we will also recoup any previous payments that we have made for that medical condition.

There may be instances where we are uncertain about the eligibility of a claim. If this is the case, we may, at our own cost, ask a medical practitioner chosen by us to review the claim. They may review the medical facts relating to a claim or ask to examine you in connection with the claim. In choosing a relevant medical practitioner, we will take into account your personal circumstances. You must co-operate with any medical practitioner chosen by us or we will not pay your claim.

3.7 What should I do if I also have cover on another insurance policy?

If you are making a claim, you must tell us if you are able to claim any costs from another insurance policy. If another insurance policy is involved, we will only pay our proper share.

3.8 What should I do if the benefits I am claiming relate to an injury or medical condition caused by another person?

You must tell us on the claim form if you are able to claim any of the cost from another person.

If you are claiming for treatment for a medical condition caused by another person, we will still pay for benefits that you can claim under your policy.

If you are claiming for treatment for an injury caused by another person, we obtain the right by law, to recover the sum of the benefits paid from the other person. You must tell us as quickly as possible about any action against another person and keep us informed of any outcome or settlement of this action.

Should you successfully recover any monies from the third party, they should be repaid directly to us within 21 days of receipt on the following basis:

- if the claim against the third party settles in full, you must repay our outlay in full; or
- if you recover only a percentage of your claim for damages you must repay the same percentage of our outlay to us.

If you do not repay us (including any interest recovered from the third party), we are entitled to recover the same from you.

3.9 If you have a deductible, an out-patient per visit excess and/or co-insurance on your policy

Any deductible, out-patient per visit excess or co-insurance applicable is shown on your certificate of insurance and charged in the same currency as your premium.

A deductible, an out-patient per visit excess or co-insurance is the amount you pay towards the cost of a claim for any insured person on your policy.

When a claim is made, any deductible is automatically deducted from the amount we pay in relation to eligible in-patient or day-patient treatment first.

The deductible applies per insured person, per period of cover. For example, if an insured person claims more than once for in-patient treatment during one period of cover, the deductible will only apply to the first eligible in-patient claim if the full deductible amount has already been fulfilled on the first claim. If the deductible has not been fulfilled after the first claim, the deductible balance will be taken from the second claim before any eligible claim amount is paid.

The out-patient per visit excess applies per insured person, per out-patient consultation in relation to eligible out-patient treatment. For example, if an insured person has more than one visit in relation to out-patient consultations for a single or multiple medical condition(s), then the out-patient per visit excess will be applied to each consultation.

A co-insurance is a percentage payment made by you towards the cost of an eligible claim per period of cover. For example, if an insured person has 20% co-insurance applicable on eligible out-patient treatment and the claimed amount is RMB 1,000, then the insured person will have to pay RMB 200 and we will pay RMB 800 towards this claim.

You need to submit your claim form and bills, even if the deductible or out-patient per visit excess is greater than the benefits you are claiming so we can administer your policy correctly. When you make a claim, we will reduce the amount we pay you until the deductible or out-patient per visit excess limit is used up.

3.10 How will claim reimbursements be calculated?

Claims reimbursements will in all cases be based on the date of treatment, and in the first instance will be paid in the same currency as the claim invoice. All medical expenses incurred in China can only be settled in RMB. If you incur medical expenses outside China, we will settle your claim reimbursement as per the currency you request (subject to local currency and/or international restrictions/regulations). We will convert currencies based on the exchange rates quoted by Citibank as of the treatment date.

4. 保险保障范围内的福利

所有在全球保保障范围内的保险保障都将显示在保险条款和保障一览表中。所列保障限额都是针对每一位被保人或每一种医疗状况，或每一保险年度而言，但对终末期疾病的保障限额则是终生限额。

请记住此保险计划不是保障所有的不测事件。

在收到保费之后，我们将对此保险合同计划中所约定的条件提供保障。

4.1 全球保概述

全球保旨在保障对疾病或受伤采取积极的且医疗上必需的治疗所产生的合理惯常费用。

全球保为您提供全球各地的保障，但美国除外，除非您已购买美国境内的选择性治疗保障。

以下是每一种保险计划的概述：

尊安计划 保障住院治疗 and 日间留院治疗，您也可以选择较高的免赔额以降低保费。这一计划适用于您想获得仅针对高额医疗费用/不太频繁的重大治疗的保障。

尊乐计划 包含尊安计划，加上一定限额的门诊治疗保障。

尊爱计划 包含尊乐计划，加上牙科治疗保障及更高的最高保障限额。

尊享计划 包含尊爱计划，加上牙科治疗以及生育保障，并享有更高的最高保障限额。

以上只是全球保保险计划部分内容的概述。请您务必仔细阅读保险合同以了解详细的保障范围和责任免除。

4.2 预先书面同意

请您务必在治疗开始之前联系我们。

您的保险计划仅对医疗上必需的合理及惯常的医疗费用提供保障。请您务必在接受治疗之前联系我们以确保您所接受的治疗在您的保险保障范围之内。

因此在接受治疗并产生医疗费用之前，请您联系我们取得预先书面同意。

在保险保障计划中详细注明了需要取得预先书面同意的保障，在其旁边标注了“预先书面同意”及电话图标。

您可以通过拨打电话+86 400 077 7500 / +86 21 6156 0910或传真至+86 400 077 7900联系我们的客户服务团队。

预先书面同意意味着有关该治疗项目的所有医疗费用必须获得我们的预先书面同意。

下列情况需要取得我们的预先书面同意：

- 所有住院治疗
- 所有预先计划的日间留院治疗
- 所有预先计划的手术
- 有关怀孕和/或分娩的日间留院治疗/住院治疗
- 所有预先计划的诊断程序 — 正电子放射断层扫描(PET)
- 化学疗法，放射疗法，内窥镜(胃镜、结肠镜检查、乙状结肠镜检)
- 住院精神病治疗
- 转运和送返
- 遗体运送
- 尊爱计划及尊享保险中被保险人接受10次以上的物理治疗(医生或专科医生的医疗转诊单)
- 家庭护理
- 艾滋病
- 美国境内的选择性治疗
- 药物服用为期3个月以上
- 药物服用费用超过1,000美元

如果您在接受治疗前没有取得我们的预先书面同意，而所接受的治疗不是医疗必需的，我们保留拒绝支付理赔的权利。如果所接受的治疗确属医疗必需的，但您没有取得我们的预先书面同意，我们只赔付合理及惯常收费。

若有任何紧急情况，您的主诊医生或医院，应尽快联系我们的24小时援助热线。如未及时获得预先书面同意，对于保障范围内的医疗状况，您可能要自行承担一定比例的费用。

4. Benefits: What is covered?

All the benefits covered by WorldCare are shown in the policy wording and benefit schedule. The benefit limits are per insured person and either per medical condition or per period of cover, with lifetime limits in place for terminal illness.

Please remember that this policy is not intended to cover all eventualities.

In return for payment of the premium, we agree to provide cover as set out in the terms of this policy.

4.1 Summary of WorldCare

WorldCare has been designed to provide cover for reasonable and customary charges for medically necessary and active treatment of disease, illness or injury.

WorldCare provides worldwide cover, excluding the USA, unless the USA elective treatment option is selected.

A summary of each policy option is shown below:

Essential Cover for in-patient and day-patient treatment, and the option for a deductible to lower your premiums, if you want to cover high cost/low frequency major medical events only.

Advance As with Essential, and limited cover for out-patient treatment.

Excel As with Advance, and cover for dental and generally higher plan limits.

Apex As with Excel, and cover for dental and maternity, as well as benefits with higher overall limits.

The above is a summary of just some of the policy benefits. For full details of the benefits and exclusions, it is important that you read the policy wording in full.

4.2 Pre-Authorisation

When you should contact us before treatment starts.

Your policy with us will only cover reasonable and customary charges for treatment that is medically necessary.

It is important that you contact us before treatment for us to confirm if such treatment is eligible under your policy.

Pre-authorisation is therefore required before undertaking treatment and incurring charges.

The benefit schedule details those benefits requiring pre-authorisation by showing "Pre-Authorisation".

You should contact our customer service team on +86 400 077 7500 / +86 21 6156 0910 or Fax +86 400 077 7900.

Pre-authorisation means all costs under this benefit require Pre-Authorisation from us, which may or may not be included in your policy.

Pre-authorisation is required for the following:

- All in-patient admissions and/or treatment
- All pre-planned day-patient treatment
- All pre-planned surgery
- In-patient/day-patient treatment related to pregnancy and/or maternity
- All pre-planned diagnostic procedures – PET (Positron Emission Tomography) scan
- Chemotherapy, radiotherapy, endoscopies (gastroscopy, colonoscopy, sigmoidoscopy)
- In-patient psychiatric treatment
- Evacuation and repatriation
- Mortal remains
- Physiotherapy for the Excel and Apex policy options after the first 10 sessions (referral letter from medical practitioner or specialist)
- Nursing care at home
- AIDS
- USA elective treatment
- Medicines for more than three months duration
- Medicines cost exceeding USD 1,000

If pre-authorisation is not obtained and treatment is received and is subsequently proven not to be medically necessary, we reserve the right to decline your claim. If treatment is medically necessary, but you did not obtain pre-authorisation, we will pay only up to reasonable and customary charges.

In the case of any emergency, you, the treating medical practitioner or the hospital, must contact our 24 hour emergency assistance service as soon as possible. Failure to obtain pre-authorisation for treatment of an eligible medical condition means you may incur a proportion of the costs.

4. 保险保障范围内的福利

4.3 亚太财险与时康国际：全球保

全球保旨在对疾病或受伤所采取的医疗必需的治疗而发生的合理惯常费用提供保障。此处附加信息是保险条款的补充。

保险保障范围包括慢性疾病的急性发作期的短期治疗，直至恢复到发作期前的身体状况或完全康复。针对诸如（但不局限于）哮喘，糖尿病，高血压等之类的慢性疾病，无法完全治愈但却需要持续维持治疗，则需要由“慢性疾病”这一保障项目来提供保障。如果您不确定您的病情及其相关保障范围，请在接受治疗之前联系我们的客户服务团队。某些保障项目注明全额赔付，这是指对于保障范围内的疾病或受伤所采取的医疗必需的治疗而发生的合理及惯常的费用，在扣除相关的免赔额，门诊每次就诊免赔额或自付比例之后的全额赔偿。

4. Benefits: What is covered?

4.3 Asia-Pacific P&C and Now Health International: WorldCare

WorldCare has been designed to provide cover for reasonable and customary charges for medically necessary and active treatment of disease, illness or injury. This is additional information that should be read in conjunction with the policy wording.

Benefits aim to cover short term treatment of acute episodes of chronic conditions, to return you to the state of health you were in immediately before suffering the episode, or which leads to a full recovery.

If this is not possible and maintenance therapy of a chronic condition, such as but not limited to asthma, diabetes, and hypertension, is required, such cover will be provided by the benefit maintenance of chronic medical conditions. If you are unsure of your particular circumstances, please contact our customer services team before incurring any treatment costs.

Some cover states "Full Refund" and this means that eligible claims are covered up to the annual maximum plan limit, after any deduction of any deductible, out-patient per visit excess or co-insurance or similar condition, if reasonable and customary charges for medically necessary treatment are incurred.

5. 投诉

5.1 如何提出合理投诉？

我们与保险人致力向您提供直接明了的服务。其中很重要的一个环节便是在书面文件或电话交谈中向您提供清楚准确的信息。作为时康的会员，我们的客户服务团队将会为您提供最好的服务。他们能够帮助您提交理赔，并且提醒您关于您的保险计划中可能存在的限制（请记住您的保险并不是保障所有的不测事件）。

如果您对我们提供的服务不满意，或者您不认同我们的决定，我们将会尽力解决您的疑虑。您的反馈也会帮助我们改善服务。请联系我们的董事总经理，地址如下：

董事总经理

时康管理顾问(上海)有限公司

中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室，邮编200080

您亦可以发送电子邮件至CustomerService@now-health.com或您可在网址www.now-health.cn通过网上安全组合区提出您的投诉。

我们董事总经理将会在收到您的投诉之后告知您，同时展开相关调查并在十个工作日内给您回复。期间如果出现不可避免的延迟，我们也会通知您。

5.2 资料保障相关信息

在审核您的投保申请以及与被保险人往来（如已向其出具保险计划）的过程中，保险人将收集到部分与被保险人相关的信息。该信息将被用于确认您的保障范围、管理已签发的保险计划以及处理赔案。被保险人的信息可能因为上述目的而被转交至核保人、医生、医疗援助公司及理赔管理人。

任何协助管理您的保险计划的第三方亦需承担相同的保密责任。除上述者外，被保险人的姓名及联系资料将不会向其他组织披露。

5. Making a complaint

5.1 What should I do if I have reason to complain?

We and the insurer aim to provide you with a simple and straightforward service. Providing you with clear and accurate information, whether in writing or by telephone, is an important part of this service. Our customer services team is there to help you get the best from your Asia-Pacific P&C and Now Health membership. They can help you when you make a claim, as well as remind you of restrictions you may have on your policy (please remember that your policy is not intended to cover all eventualities).

If you are dissatisfied with the service we have provided or if you feel that we have made a wrong decision, we will of course try to address your concerns. Your feedback helps us improve our service to you. Please contact:

The Managing Director

Now Health International (Shanghai) Limited

Room 1103–1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China

You can also email the Managing Director at CustomerService@now-health.com or make a complaint directly from your secure online portfolio area at www.nowhealth.cn.

We will acknowledge your letter upon receipt. Our Managing Director will review your complaint and respond to you within 10 working days of receiving your letter. If there is an unavoidable delay, we will inform you.

5.2 How is my personal data protected?

The insurer will collect certain information about the insured member in the course of considering the application and if a policy is issued to the insured member, conducting the insurer's relationship with the members. This information will be processed for the purposes of underwriting the insured member's insurance coverage, managing any policy issued and administering claims. The insured members' information may be passed to underwriters, medical practitioners, medical assistance companies and claims administrators for these purposes.

The same duty of confidentiality is required of any third parties to whom the administration of your policy may be subcontracted. The insured members' name and contact details will not be disclosed to other organisations (except as stated above).



阿联酋 UAE

Arabia Insurance Company S.A.L.
c/o Now Health International Gulf Third Party Administrators LLC,
Unit 3701, Burj Al Salam Building, 3 Sheikh Zayed Rd,
PO Box 334337, Dubai, United Arab Emirates
T +971 (0) 4450 1410 | F +971 (0) 4450 1416
MEAService@worldcare.ae

Now Health International

欧洲 (马耳他) Europe (Malta)

Now Health International Services (Europe) Limited
Dragonara Business Centre 5th Floor,
Dragonara Road, St Julian's, STJ 3141, Malta
T +356 2260 5110
CustomerService@now-health.com

英国 United Kingdom

Now Health International (UK) Limited
Suite 2.3, Building Three, Watchmoor Park, Camberley,
Surrey, GU15 3YL, United Kingdom
T +44 (0) 1276 602110 | F +44 (0) 1276 602130
CustomerService@now-health.com

亚太 Asia Pacific

Now Health International (Asia Pacific) Limited
Units 1501-3, 15/F, AIA Tower, 183 Electric Road
North Point, Hong Kong
T +852 2279 7310 | F +852 2279 7330
CustomerService@now-health.com

中国 China

Asia-Pacific Property & Casualty Insurance Co., Ltd.
c/o Now Health International (Shanghai) Limited
Room 1103-1105, 11/F, BM Tower
No. 218 Wusong Road
Hongkou District, Shanghai 200080, China
T +(86) 400 077 7500 / +86 21 6156 0910 | F +(86) 400 077 7900
CustomerService@now-health.com

新加坡 Singapore

Now Health International (Singapore) Pte. Ltd.
4 Robinson Road
#07-01A/02 The House of Eden
Singapore 048543
T +65 6880 2300 | F +65 6220 6950
CustomerService@now-health.com

印尼 Indonesia

PT Now Health International Indonesia
17/F, Indonesia Stock Exchange, Tower II
Jl. Jend. Sudirman Kav. 52 – 53
Jakarta 12190, Indonesia
Toll-free 0800 1 889900/ Toll +62 21 2783 6910 | F +62 21 515 7639
CustomerService@now-health.com

全球 Rest of the World

Now Health International Limited
PO Box 482055, Dubai, UAE
T +971 (0) 4450 1510 | F +971 (0) 4450 1530
CustomerService@now-health.com

保险合同由亚太财产保险有限公司签发，并委托时康管理顾问(上海)有限公司进行保单管理。亚太财产保险有限公司地址：中国深圳市福田区中心区福华一路免税商务大厦29-30楼，邮编：518048
时康管理顾问(上海)有限公司地址：中国上海市虹口区吴淞路218号宝矿国际大厦11楼1103室-1105室，邮编：200080

Policies are issued by Asia-Pacific Property & Casualty Insurance Co., Ltd.
Registered Office: 29-30F, Dutyfree Business Building, 1st Fuhua Road, Futian CBD, Shenzhen 518048, China.
Policies are administered by Now Health International (Shanghai) Limited.
Room 1103-1105, 11/F, BM Tower, No. 218 Wusong Road, Hongkou District, Shanghai 200080, China.