**众惠财产相互保险社**

**附加旅行医药补偿医疗保险（互联网专属）条款**

**总则**

**Public Mutual Insurance Corporation(PMIC)**

**Extend travel medical compensation medical insurance (Internet exclusive) clause**

**General**

**第一条 附加保险合同构成**

本附加保险合同须附加于互联网专属的意外伤害保险合同、短期健康保险合同（以下简称“主保险合同”）项下。

主保险合同所附条款、投保单、保险单、保险凭证以及批单等构成主保险合同的全部书面文件，凡与本附加保险合同相关者，均为本附加保险合同的构成部分。

本附加保险合同与主保险合同相抵触之处，以本附加保险合同为准。本附加保险合同未约定事项，以主保险合同为准。**主保险合同效力终止，本附加保险合同效力亦同时终止；主保险合同无效，本附加保险合同亦无效。**

凡涉及本附加保险合同的约定，均应采用书面形式。

Article 1 Composition of additional insurance contract

This additional insurance contract must be attached to the Internet exclusive accident insurance contract and short-term health insurance contract (hereinafter referred to as the "main insurance contract").

The clauses, application forms, insurance policies, insurance certificates and endorsements attached to the main insurance contract constitute all the written documents of the main insurance contract, and all those related to this additional insurance contract are an integral part of this additional insurance contract.

In case of any conflict between this additional insurance contract and the main insurance contract, this additional insurance contract shall prevail. Matters not agreed in this additional insurance contract shall be subject to the main insurance contract. The validity of the main insurance contract shall be terminated, and the validity of this additional insurance contract shall also be terminated; The main insurance contract is invalid, and this additional insurance contract is also invalid.

Any agreement involving this additional insurance contract shall be in writing.

**第二条 受益人**

除另有约定外，本附加保险合同的受益人为被保险人本人。

Article 2 Beneficiary

Unless otherwise agreed, the beneficiary of this additional insurance contract is the insured himself.

**保险责任**

**第三条** **保险责任**

**（一）**在本附加合同有效期内，若被保险人于旅行期间遭受主保险合同约定的意外伤害事故或罹患疾病而进行必要治疗，本社将**以保险单所载本附加保险合同项下该被保险人对应的保险金额为限，**补偿被保险人自遭受意外伤害事故或罹患疾病之日起90天（含）内已在医院（若为境外旅行，则包括在境外的**医疗诊所（释义一）**）内支出的、**必需且合理的实际医药费用（释义二）**。

**（二）但若任何被保险人因下列情形于境内发生下述医药费用：**

1.被保险人于境外旅行期间遭受意外事故或罹患疾病，且自其返回境内后需接受必要治疗，自遭受意外事故或罹患疾病之日起90天（含）内在境内医院支出必需且合理的实际医药费用；

2.被保险人于境内旅行期间遭受意外事故或罹患疾病进行必要治疗，自遭受意外事故或罹患疾病之日起90天（含）内在境内医院支出必需且合理的实际医药费用，

**本社按下述规定补偿该被保险人：**

（1） 若被保险人没有公费医疗、社会基本医疗保险、其他费用补偿型医疗保险或被保险人未从公费医疗、社会基本医疗保险、其他费用补偿型医疗保险取得医药费用补偿，**则本社对其在医院内已支出的、必需且合理的实际医药费用，将以下列方式确定的限额为限补偿被保险人：**

**1）在上述第1项所提及的情形下，以保险单所载本附加保险合同项下该被保险人相应的保险金额的百分之十（10%）为限；**

**2）在上述第2项所提及的情形下，若因意外伤害事故导致治疗，以保险单所载本附加保险合同项下该被保险人相应的保险金额为限；若因罹患疾病导致治疗，以保险单所载本附加保险合同项下该被保险人相应的“境内旅行的疾病医药补偿”保险金额为限。**

（2） 若被保险人拥有且从公费医疗、社会基本医疗保险或其他费用补偿型医疗保险取得医药费用补偿，**则本社对其在医院内已支出的、必需且合理的实际医药费用，将以下列方式确定的限额为限按如下公式补偿被保险人：**

**医药费用补偿金 = 已在医院内支出的、必需且合理的实际医药费用 – 任何获得的医药费用补偿（包括被保险人已收到的医药费用补偿或应收到的医药费用补偿，二者以较高者为准）。**

**1）在上述第1项所提及的情形下，以保险单所载本附加保险合同项下该被保险人相应的保险金额的百分之十五（15%）为限；**

**2）在上述第2项所提及的情形下，若属意外伤害事故，以保险单所载本附加保险合同项下该被保险人相应保险金额的百分之百为限；若属罹患疾病，以保险单所载本附加保险合同项下该被保险人相应的“境内旅行的疾病医药补偿”保险金额的百分之百为限。**

**（3）上述“任何获得的医药费用补偿”包括从公费医疗、社会基本医疗保险、其他费用补偿型医疗保险、其他政府机构或社会福利机构等所取得的医药费用补偿。**

**（4）本社按上述规定赔付被保险人于境内发生的上述医药费用包括“境内旅行的疾病医药补偿”为保险单上所载本附加合同项下的保险金额的一部分，而非增加该保险金额。**

**（三）在本附加保险合同项下，实际医药费用以当地政府核准的收费标准为限，范围包括医生诊断、处方、手术费、救护车费、住院费、药费、X光检查、护理、医疗用品等费用。**

**（四）若被保险人可从其他社会福利机构或任何其他第三方、或依任何医疗保险取得补偿，则无论该补偿是否已经获得，本社仅给付剩余的部分。**

**（五）本社在赔偿上述医药费用时，适用保险单所载之免赔额（如有），本社将在扣除免赔额后承担赔偿责任。**

**Insurance liability**

**Article 3 Insurance liability**

**（1） During the period of validity of this additional insurance contract, if the insured suffers from accidental injury or illness as agreed in the main insurance contract during the trip and carries out necessary treatment, our agency will limit the insurance amount corresponding to the insured under this additional insurance contract as stated in the insurance policy, The insured shall be compensated for the necessary and reasonable actual medical expenses (interpretation 2) that have been paid in the hospital (including overseas medical clinics (interpretation 1)) within 90 days (including) from the date of the accidental injury or illness.**

**（2） However, if any insured person incurs the following medical expenses in China due to the following circumstances:**

**1. If the insured suffers from an accident or illness during overseas travel and needs to receive necessary treatment after returning to China, he/she shall pay necessary and reasonable actual medical expenses in domestic hospitals within 90 days (including) from the date of the accident or illness;**

**2. If the insured suffers from an accident or illness during his domestic travel, he/she shall pay the necessary and reasonable actual medical expenses within 90 days (inclusive) from the date of the accident or illness,**

**PMIC shall compensate the insured according to the following provisions:**

**(1) If the insured does not have public medical treatment, social basic medical treatment insurance, or other cost compensation type medical insurance, or the insured does not obtain medical expense compensation from public medical treatment, social basic medical treatment insurance, or other cost compensation type medical insurance, PMIC will compensate the insured for the necessary and reasonable actual medical expenses that have been paid in the hospital within the limit determined in the following ways:**

**1) In the case mentioned in item 1 above, ten percent (10%) of the insured's corresponding insured amount under this additional insurance contract as stated in the insurance policy;**

**2) Under the circumstances mentioned in item 2 above, if the treatment is caused by accidental injury, the corresponding insurance amount of the insured under this additional insurance contract contained in the insurance policy shall be limited; In case of treatment due to illness, the insurance amount of "medical compensation for illness in domestic travel" of the insured under this additional insurance contract contained in the insurance policy shall be limited.**

**(2) If the insured owns and obtains medical expense compensation from public medical insurance, social basic medical insurance or other medical insurance with cost compensation, PMIC will compensate the insured for the necessary and reasonable actual medical expenses that have been paid in the hospital according to the following formula, subject to the limit determined in the following way:**

**Medical expense compensation=the necessary and reasonable actual medical expense that has been paid in the hospital – any medical expense compensation obtained (including the medical expense compensation that the insured has received or should receive, whichever is higher).**

**1) In the case mentioned in item 1 above, fifteen percent (15%) of the insured's corresponding insured amount under this additional insurance contract as stated in the insurance policy;**

**2) Under the circumstances mentioned in item 2 above, in case of accidental injury, 100% of the corresponding insured amount of the insured under this additional insurance contract contained in the insurance policy shall be limited; In case of illness, the limit shall be 100% of the insured's corresponding "medical compensation for illness in domestic travel" under this additional insurance contract contained in the insurance policy.**

**(3) The above "any medical expense compensation obtained" includes medical expense compensation obtained from public medical care, social basic medical insurance, other medical insurance with cost compensation, other government agencies or social welfare institutions.**

**(4) The above medical expenses incurred by the insured in China, including the "medical compensation for diseases during domestic travel", shall be paid by PMIC in accordance with the above provisions as part of the insurance amount under this additional contract contained in the insurance policy, rather than increasing the insurance amount.**

**（3） Under this additional insurance contract, the actual medical expenses are limited to the charging standard approved by the local government, and the scope includes the doctor's diagnosis, prescription, surgery, ambulance, hospitalization, medicine, X-ray examination, nursing, medical supplies and other expenses.**

**（4） If the insured can obtain compensation from other social welfare institutions or any other third party, or according to any medical insurance, whether the compensation has been obtained or not, the club will only pay the remaining part.**

**（5） When we compensate for the above medical expenses, we will apply the deductibles (if any) contained in the insurance policy, and we will be liable for compensation after deducting the deductibles..**

**责任免除**

**第四条 任何直接或间接由于下列情形引起的，与之有关的，或可归因于之的医药费用，保险人不负任何赔偿责任：**

**（一）被保险人因任何原因进行的牙齿保养、牙齿修复、牙齿整形或牙齿植种；被保险人非因意外事故进行的任何牙科检查、治疗或手术，以及任何进食活动（包括咀嚼或啃咬）引发的牙科治疗；对被保险人的非自然牙进行的任何治疗；**

**（二）被保险人屈光不正；被保险人非因意外事故（释义三）进行的任何眼科检查、视力矫正，以及因矫正视力而作的眼科验光检查；**

**（三）被保险人的一般身体检查（不包括因意外事故进行的牙科和眼科检查）、疗养、特别护理或静养、康复性治疗或心理治疗；**

**（四）被保险人罹患脊椎病；**

**（五）先天性疾病和先天性畸形；**

**（六）被保险人的任何妊娠、流产、分娩、不孕不育症、避孕或绝育手术、美容手术、外科整形手术或任何非必要的手术；**

**（七）药物过敏或其他医疗导致的伤害，未能取得医院或医生证明；**

**（八）被保险人的精神疾病、错乱、失常；受酒精、毒品、管制药物、药品或麻醉品的影响, 除非该药物、药品或麻醉品经医生处方开具，并按医嘱对症使用；**

**（九）被保险人罹患性传播疾病，包括但不限于罹患艾滋病（AIDS）、感染艾滋病病毒（HIV）或罹患与艾滋病（AIDS）或艾滋病病毒（HIV）有关的疾病；**

**（十）被保险人旅行的目的之一是为了进行治疗或该旅行违背医嘱；**

**（十一）被保险人受保前已存在的疾病（释义四）及其并发症；**

**（十二）被保险人因扁桃腺、腺样体肥大、疝气、女性生殖器官疾病而实施的治疗与外科手术；**

**（十三）被保险人由于任何原因导致的推拿、按摩及针灸治疗；**

**（十三）中草药、中药材或传统中医治疗，传统中医治疗包括但不限于脊椎指压治疗、足科治疗、营养师治疗、理疗、针灸、顺势治疗、整骨治疗；**

**（十四）根据被保险人的主治医生的意见，可以被合理延迟至被保险人返回境内后进行而被保险人坚持在境外进行的治疗或手术；**

**（十五）属于主保险合同的责任免除事项（但若该事项与本附加条款有相抵触之处，以本附加保险条款为准）。**

**Exemption from liability**

**Article 4 The insurer shall not be liable for any medical expenses directly or indirectly caused by, related to or attributable to the following circumstances:**

**（1） Tooth maintenance, tooth repair, tooth shaping or tooth planting carried out by the insured for any reason; Any dental examination, treatment or operation conducted by the insured person not due to an accident, as well as dental treatment caused by any eating activity (including chewing or gnawing); Any treatment for the unnatural teeth of the insured;**

**（2） The insured has ametropia; Any ophthalmic examination, correction of vision, and ophthalmic optometry for correction of vision performed by the insured not due to accident (interpretation 3);**

**（3） General physical examination (excluding dental and ophthalmic examination due to accidents), convalescence, special care or rest, rehabilitation treatment or psychological treatment of the insured;**

**（4） The insured suffers from spinal disease;**

**（5） Congenital diseases and malformations;**

**（6） Any pregnancy, abortion, childbirth, infertility, contraception or sterilization, cosmetic surgery, plastic surgery or any unnecessary operation of the insured;**

**（7） Failure to obtain hospital or doctor's certificate for drug allergy or other medical injury;**

**（8） Mental illness, disorder and disorder of the insured; Affected by alcohol, drugs, controlled drugs, drugs or narcotics, unless the drugs, drugs or narcotics are prescribed by a doctor and used symptomatically according to the doctor's instructions;**

**（9） The insured suffers from sexually transmitted diseases, including but not limited to AIDS, AIDS virus (HIV) or diseases related to AIDS or AIDS virus (HIV);**

**（10） One of the purposes of the insured's travel is to carry out treatment or the travel violates medical advice;**

**（11） The disease (Interpretation 4) and its complications of the insured before being insured;**

**（12） Treatment and surgical operations performed by the insured due to tonsillar, adenoid hypertrophy, hernia and female genital diseases;**

**（13） Massage, massage and acupuncture treatment caused by the insured for any reason;**

**（13） Chinese herbal medicine, Chinese herbal medicine or traditional Chinese medicine treatment, including but not limited to chiropractic treatment, pediatrics treatment, dietitian treatment, physical therapy, acupuncture, homeopathic treatment, osteopathic treatment;**

**（14） According to the opinion of the attending doctor of the insured, the treatment or surgery can be reasonably delayed until the insured returns to China and the insured insists on being carried out abroad;**

**（15） It is a liability exemption item of the main insurance contract (but if there is any conflict between this item and this additional clause, this additional insurance clause shall prevail).**

**保险金额**

1. 本附加保险合同的保险金额由投保人、保险人双方约定，并在保险单中载明。

insurance amount

Article 5 The insured amount of this additional insurance contract shall be agreed by the applicant and the insurer, and shall be stated in the insurance policy.

**保险期间**

1. 本附加保险合同的保险期间同主保险合同一致，最长不超过一年。

Insurance period

Article 6 The insurance period of this additional insurance contract shall be the same as that of the main insurance contract, and the maximum period shall not exceed one year.

**续保**

1. **本附加保险合同不保证续保。本附加保险合同保险期间不超过一年，保险期间届满，投保人需要重新向保险人申请投保本产品，并经保险人同意，交纳保险费，获得新的附加保险合同。**

**Renewal**

**Article 7 This additional insurance contract does not guarantee renewal. The insurance period of this additional insurance contract shall not exceed one year. At the end of the insurance period, the applicant needs to reapply to the insurer for the insurance of this product, pay the premium and obtain a new additional insurance contract with the consent of the insurer.**

**保险费支付方式**

第八条 本附加保险合同保险费支付方式分为一次性支付全部保险费或分期支付保险费，由投保人、保险人双方约定，并在附加保险合同中载明。

约定一次性支付全部保险费的，投保人应当在附加保险合同成立时一次性支付全部保险费。投保人未按约定全额支付应缴保险费的，附加保险合同不生效，对附加保险合同生效前发生的保险事故，保险人不承担保险责任。

约定分期支付保险费的，每期缴费金额应一致，投保人在投保时支付首期保险费，并应于附加保险合同约定的各分期缴费之日前及时并足额支付当期应缴保险费。投保人未按约定支付首期保险费的，附加保险合同不生效，对附加保险合同生效前发生的保险事故，保险人不承担保险责任。若投保人未按约定支付当期应缴保险费，保险人允许投保人在缴费延长期内补缴保险费，如果被保险人在此缴费延长期内发生保险事故，保险人按照附加保险合同约定给付保险金，但有权先从给付的保险金中扣除投保人欠缴的当期应缴的保险费。缴费延长期由投保人、保险人双方约定，并在附加保险合同中载明。

若投保人在缴费延长期内未补缴当期应缴保险费，本附加保险合同在上期保险费对应的保障期满日24时终止，终止之日后（含缴费延长期内）发生的保险事故，保险人不承担保险责任。

Payment method of insurance premium

Article 8 The premium payment method of this additional insurance contract is divided into one-time payment of all premium or installment payment of premium, which shall be agreed by both the applicant and the insurer, and shall be specified in the additional insurance contract.

If it is agreed to pay all the insurance premiums at one time, the applicant shall pay all the insurance premiums at one time when the additional insurance contract is established. If the applicant fails to pay the premium payable in full as agreed, the additional insurance contract will not come into force, and the insurer will not bear the insurance liability for the insurance accident that occurred before the additional insurance contract comes into force.

If the insurance premium is agreed to be paid in installments, the amount of each installment shall be the same. The applicant shall pay the first installment of the insurance premium when applying for insurance, and shall timely and fully pay the current payable insurance premium before the date of each installment agreed in the additional insurance contract. If the applicant fails to pay the initial premium as agreed, the additional insurance contract will not take effect, and the insurer will not bear the insurance liability for the insured accident that occurred before the additional insurance contract takes effect. If the applicant fails to pay the current payable premium as agreed, the insurer allows the applicant to make up the premium within the extended period of payment. If the insured has an insurance accident within the extended period of payment, the insurer shall pay the premium according to the additional insurance contract, but has the right to deduct the current payable premium that the applicant has not paid from the premium paid. The additional period of payment shall be agreed by both the applicant and the insurer, and shall be specified in the additional insurance contract.

If the applicant fails to pay the current premium within the additional period of payment, this additional insurance contract will be terminated at 24:00 on the expiry date of the corresponding guarantee period of the previous premium. The insurer will not be liable for any insurance accident occurring after the termination date (including the additional period of payment).

**保险金的申请**

**第九条 保险金申请**

**保险金申请人（释义五）向保险人申请给付保险金时，应提交以下材料：**

**（一）理赔申请书；**

**（二）保险单或其他保险凭证；**

**（三）保险金申请人的有效身份证件；**

**（四）支持索赔的全部账单、证明、信息和证据，包括但不限于医院出具的病历资料、医学诊断书、处方、病理检查报告、化验检查报告、医疗费用单据、费用明细单据、完整的门、急诊病历或出院小结等；已从其他途径获得医疗费用补偿的，还应提供医疗费用分割单、理赔结算单。保险金申请人因特殊原因不能提供上述材料的，应提供其它合法有效的材料；**

**（五）其他与确认保险事故的性质、原因、损失程度等有关的证明和资料；**

**（六）若保险金申请人委托他人申请的，还应提供授权委托书原件、委托人和受托人的身份证明等相关证明文件；**

**（七）保险金作为被保险人遗产时，须提供可证明合法继承权的相关权利文件；**

**（八）受益人或者继承人为无民事行为能力人或者限制民事行为能力人的，由其监护人代为申领保险金，并需要提供监护人的身份证明等资料。**

**如果被保险人本人作为保险金受益人已向保险人书面申领保险金，但在实际领取保险金前身故，保险金将作为其遗产，由保险人向其合法继承人给付。**

**保险金申请人未能提供有关材料，导致保险人无法核实该申请的真实性的，保险人对无法核实部分不承担给付保险金的责任。**

**Application for insurance benefits**

**Article 9 Application for insurance benefits**

**When applying for payment of insurance benefits to the insurer, the applicant for insurance benefits (Interpretation 5) shall submit the following materials:**

**（1） Claim settlement application;**

**（2） Insurance policy or other insurance certificate;**

**（3） The valid identity certificate of the insurance benefit applicant;**

**（4） All bills, certificates, information and evidence supporting the claim, including but not limited to medical records, medical diagnosis, prescriptions, pathological examination reports, laboratory examination reports, medical expense documents, expense details documents, complete outpatient and emergency medical records or discharge summary issued by the hospital; If the medical expense compensation has been obtained from other ways, the medical expense split sheet and claim settlement sheet shall also be provided. If the applicant for insurance benefits cannot provide the above materials due to special reasons, other legal and valid materials shall be provided;**

**（5） Other certificates and materials related to the confirmation of the nature, cause and degree of loss of the insured accident;**

**（6） If the insurance benefit applicant entrusts others to apply, it shall also provide the original power of attorney, the identity certificates of the principal and the trustee and other relevant supporting documents;**

**（7） When the insurance money is taken as the property of the insured, the relevant rights documents that can prove the legal inheritance rights must be provided;**

**（8） If the beneficiary or heir is a person without or with limited capacity for civil conduct, his guardian shall apply for the insurance benefits on his behalf and provide the guardian's identity certificate and other information.**

**If the insured, as the beneficiary of the insurance benefits, has applied for the insurance benefits in writing from the insurer, but died before the actual payment of the insurance benefits, the insurance benefits will be paid by the insurer to its legal successor as its heritage.**

**If the applicant for insurance benefits fails to provide relevant materials, resulting in the insurer's inability to verify the authenticity of the application, the insurer will not be responsible for paying the insurance benefits for the part that cannot be verified.**

**释义**

**一、医疗诊所：**指在**合格医生（释义六）**监督下运营的提供意外和疾病医疗服务的医疗机构。

**二、必需且合理的实际医药费用：**指

1. 由医生或医院根据被保险人伤害情况，决定收取的必要的医疗和医药费用；

2. 即使无本保险赔偿情况下被保险人仍需支出的同样费用。

**三、意外事故**：指遭受外来的、突发的、非本意的、非疾病的使身体受到伤害的客观事件。**自然死亡、疾病身故、猝死、自杀、自伤、中暑以及高原反应均不属于意外伤害。**

**四、受保前已存在的疾病：**指被保险人于其在本附加合同项下获保前两年内曾出现任何症状而引致一正常而审慎的人寻求诊断、医疗护理或医药治疗；或被保险人于其在本附加合同项下获保前曾经医生推荐接受医药治疗或医疗意见。

**五、保险金申请人：**指受益人或被保险人的继承人或依法享有保险金请求权的其他自然人。

**六、合格医生：**指除被保险人本人、其家庭成员或与被保险人有直接利益关系的人员以外的任何持有被认可并依据其执业国家之法律，正式注册及提供其认可执业医疗范围内之医生。

**本附加保险合同的未释义名词，以本附加保险合同所附属的主保险合同条款中的释义为准。**

**interpretation**

**1、 Medical clinic: refers to a medical institution that provides medical services for accidents and diseases under the supervision of a qualified doctor (Interpretation 6).**

**2、 Necessary and reasonable actual medical expenses:**

**1. The doctor or hospital shall determine the necessary medical and medical expenses according to the injury situation of the insured;**

**2. The same expenses that the insured still needs to pay even if there is no compensation under this insurance.**

**3、 Accident: refers to external, sudden, unintentional and non-disease objective events that cause physical injury. Natural death, disease death, sudden death, suicide, self-injury, heatstroke and altitude reaction are not accidental injuries.**

**4、 Pre-insurance disease: refers to any symptom of the insured within two years before being insured under this Additional Contract, which causes a normal and prudent person to seek diagnosis, medical care or medical treatment; Or the insured has been recommended by a doctor for medical treatment or medical advice before being insured under this Additional Contract.**

**5、 Insurance benefit applicant: refers to the beneficiary or the heirs of the insured or other natural persons who have the right to claim insurance benefits according to law.**

**6、 Qualified doctor: refers to any doctor who has been officially registered and provided with the approved medical practice in accordance with the laws of the country of practice, except for the insured himself, his family members or the person who has a direct interest with the insured.**

**The undefined terms in this additional insurance contract shall be subject to the interpretation in the main insurance contract attached to this additional insurance contract.**