

MACAO POLYTECHNIC UNIVERSITY
澳門理工大學

Group Medical Insurance Scheme
團體醫療保險福利計劃

PLAN 1
計劃 1

MPU Student
理工學生

Policy Year
保險計劃期

Expiry Date: 15 August 2024
有效期至2024年8月15日

Insured by
MACAU INSURANCE COMPANY LIMITED
承保
澳門保險股份有限公司

IMPORTANT NOTE:

This leaflet is for reference only and the description herein is a general summary of the coverage described. Please refer to the current Group Policy contract for the exact and complete terms, conditions, provisions, definitions and exclusions of the Group Policy. If any discrepancy exists between this leaflet and the Policy contract, the Policy contract will govern.

重要事項:

本小冊子只供參考而保障惠益之描述為簡介而已。有關保單條款、條文、詞彙定義及不保事項之原文及原整敘述，請參閱團體保單。如此小冊子與保單有異，一概以保單為準。

Group Medical Insurance 團體醫療保險

Benefits Description 福利細則

Hospitalization & Surgical Benefits

住院及手術福利

Maximum Amount (MOP)

最高賠償金額 (澳門幣)

100% Reimbursement 按單賠償百分之百

- | | |
|---|--------|
| a) Room and Board, per day limit 房租膳食, 每天限額
(Maximum 30 days per disability) (每病症最高賠償30天) | 200 |
| b) In-Hospital Doctor's visit, per day limit 醫生巡房, 每天限額
(Maximum 30 days per disability) (每病症最高賠償 30天) | 100 |
| c) Miscellaneous Hospital Charges 醫院雜費
per disability limit 每病症最高限額 | 4,000 |
| d) In-Hospital Specialist Consultation 專科醫生巡房 *
per disability limit 每病症最高限額 | 1,000 |
| e) Surgical Fee, per disability limit 手術費, 每病症最高限額 | |
| Complex 複雜 | 10,000 |
| Major 大型 | 7,500 |
| Intermediate 中型 | 5,000 |
| Minor 小型 | 2,250 |
| f) Anaesthetist's Fee, Per disability limit 麻醉師費, 每病症最高限額 | |
| Complex 複雜 | 3,000 |
| Major 大型 | 2,250 |
| Intermediate 中型 | 1,500 |
| Minor 小型 | 750 |
| g) Operating Room, Per disability limit 手術室費, 每病症最高限額 | |
| Complex 複雜 | 3,000 |
| Major 大型 | 2,250 |
| Intermediate 中型 | 1,500 |
| Minor 小型 | 750 |

Worldwide Emergency Assistance Benefit

Evacuation & Repatriation

Unlimited

Out-Patient Benefits 門診福利

100% Reimbursement 按單賠償百分之百

Maximum Amount (MOP)

最高賠償金額 (澳門幣)

- | | |
|---|-------|
| a) General Practitioner, per visit per day
西醫門診醫療費, 每天一次限額 | 250 |
| Maximum no. of Visit per policy year 每保單年度次數 | 15 |
| b) Diagnostic X-Rays & Laboratory Tests Benefit *
診斷性 X光及化驗費 * | |
| Maximum amount per policy year 每保單年度限額 | 1,000 |

Remark 備註:

- The local student can join the medical scheme in specific period, after the specific period, enroll and/or cancelation are not allowed during the policy year and no refund if the student drop out. 本地學生只可於指定之時期參加此計劃，新加入的本地學生不能於中途加入，中途退學之本地學生亦不獲退還已繳保費。
- Inpatient and Outpatient benefits limit to Kiang Wu Hospital, University Hospital and Centro Hospitalar Conde de S. Januario Macau, other doctors /Clinics/Hospitals will not be acceptable. 住院及門診醫療保障範圍僅限於鏡湖醫院, 科大醫院和仁伯爵醫院 (即山頂醫院), 其他醫生/診所/醫院將不獲賠償。
- If the total reimbursement amount of Centro Hospitalar Conde de S. Januario Macau is less than or equal to MOP300, which is requested to write down a diagnosis and stamp the company chop on the receipt, if the total reimbursement amount is more than MOP300, please submit the certificates which is issued by Hospital, otherwise it will not be reimbursed. 仁伯爵醫院(即山頂醫院)之索償單據, 若索償總金額少於或等於 MOP300, 請於正式收據上寫上該次診斷, 並於學生處蓋章作實, 方能賠償。若索償總金額多於 MOP300, 則需提交由醫院開出之診斷證明, 否則不予賠償。

Claim Procedures 索償手續

By Reimbursement (Kiang Wu Hospital, University Hospital and Centro Hospital Conde de S. Januario Macau) 報銷索償 (鏡湖醫院, 科大醫院和仁伯爵醫院)

- (1) Complete a MediGroup Claim Form, which can be obtained from Student Affairs Office or downloaded from MIC's website:
填妥可於學生事務處索取或從澳門保險網站下載之團體醫療保險索償申請表。網址: www.mic.com.mo
- (2) Submit the completed claim form to Student Affairs Office, along with all the original bills or receipts (stating the name of the patient, consultation date, diagnosis, breakdown of charges, and attending doctor's signature with chop) and referral letter (if applicable).
把填妥之索償申請表連同所有醫療保險之正本單據 (應列明求診者姓名、診症日期、診斷、收費明細、及主診醫生/醫院之簽署並蓋章) 及轉介信(如適用)投放於學生事務處。

Please note that: 請注意:

- (1) You will be entitled to Hospitalization Benefit when admitted into hospital for a continuous period of not less than six (6) hours except if a surgical operation is performed.
住院索償必須住院不少於連續六小時, 唯進行外科手術則不受此條件限制。
- (2) For hospitalization or surgical claims, you must ask attending doctor to complete Part 2 of Hospitalization & Surgical Claim form.
若閣下申請住院或手術之索償, 主診醫生必須填寫住院及手術索償申請表之乙部分。
- (3) Claim forms should be submitted within 30 days after the patient is discharged from hospital (for hospitalization claims) or 90 days from the date of consultation (for out-patient claims).
住院索償申請須於出院後30天內遞交, 而門診索償申請須於診治後90天內遞交至澳門保險。

Worldwide Emergency Assistance Services

全球緊急支援服務

A worldwide assistance service is provided by Inter Partner Assistance Hong Kong Limited (IPA) under the Master Policy for

your trips abroad. 主保單在閣下出外公幹或旅遊時提供由國際救援(亞洲)公司保障的全球緊急支援服務。

Details of services agreement shall be referred to the agreement subject to limits and exclusions specified in the Master Policy. The Insured Member or any party shall only be entitled to reimbursement for expenses incurred with the prior authorization of IPA. IPA reserves all rights to determine all worldwide emergency assistance services provided.

服務詳情應參閱主保單內列明之限額及除外條款, 受保成員或任何其他人的可索償費用應先得到國際救援(亞洲)公司的事前批准。國際救援(亞洲)公司保留一切有關提供此等全球緊急支援服務的決定權利。

For more detailed information or service, please call our Worldwide Assistance Hotline:

如欲查詢詳細資料或服務, 請致電全球緊急支援熱線:

Tel 電話號碼: (852) 2861 9271

General Exclusions of Group Medical Insurance

團體醫療保險之一般不保事項

Coverage of Master Policy is subject to the following exclusions:

以下為載於主保單內之除外條款:

- a) Losses that can be recovered from others
可向第三者提出索償之損失
- b) Expenses not deemed medically necessary
非屬必需之醫療費用
- c) General checkups
一般身體驗查
- d) Congenital or developmental conditions
先天性疾患或成長障礙狀況
- e) Human Immunodeficiency Virus (HIV) and its related disability, including Acquired Immunization Deficiency Syndrome (AIDS)
後天免疫力缺乏症病毒及其有關的傷病, 包括愛滋病
- f) Abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, drunk driving, or venereal and sexually transmitted disease or its sequelae
濫用藥物或酒精、自我毀傷或企圖自殺、違法活動、醉酒駕駛、或經由性接觸傳染的疾病或其後遺症
- g) Any charges in respect of services for beautification purposes
以美容為目的的任何服務費用
- h) Dental treatment and oral surgery expect for emergency treatment arising from an accident
牙科治療及口腔外科手術, 因意外而需在醫院接受的緊急治療除外

- i) Maternity and its complications
與懷孕及其併發症有關的所有檢查及治療
- j) Purchase of artificial limbs and prosthetic devices
購買義肢及矯型裝置
- k) Psychotic, psychological, or psychiatric conditions
精神或心理狀況, 以及其身理及心理表現而引致的治療
- l) Acupressure, Tui Na, hypnotism, rolfing, massage therapy and aroma therapy, etc.
指壓、推拿、催眠、羅夫式按摩、按摩治療及香薰治療等
- m) Experimental and/ or new medical technology or procedures not yet approved by the Company
未獲本公司批准的試驗性及 / 或新醫療技術或程序
- n) Non-medical services
非醫療服務
- o) Treatment or disability arising from war (declared or undeclared), civil war, invasion, terrorism, acts of foreign enemies, terrorism, hostilities, rebellion, revolution, insurrection or military or usurped power
因戰爭 (不論宣戰與否)、內戰、侵略、恐怖活動、外敵行動、敵對行動、叛亂、革命、起義或軍事政變或奪權而引致的治療或傷病
- p) Treatment or disability resulting from radioactive contamination
由放射性污染引致的治療或傷病
- q) Treatment or disability resulting from taking part in military, air force, naval and other disciplinary services
因參與陸軍、空軍、海軍及其他紀律性服務而引致的治療或傷病

Noted: Details of General Exclusions are as per policy wordings

備註: 不保事項詳情以保單條文為準。

Enquiries 查詢

For any enquiry, please contact Claims Department during office hours.

如有任何查詢, 請於辦公時間內聯絡賠償部:

Tel 電話號碼: (853) 8396 9538

Fax 傳真號碼: (853) 2832 9370

E-Mail 電郵: claims@mic.com.mo

Website 網址: www.mic.com.mo

Address 地址: Avenida Praia Grande No. 594, Edf. BCM, 10/F, Macau
澳門南灣大馬路 594 號澳門商業銀行大廈 10 樓

Office Hours 辦公時間: Monday to Friday 星期一至五

9:00am ~ 1:00pm 早上九時三十分至下午一時

2:00pm ~ 6:00pm 下午二時三十分至下午六時

(Except Holiday) (例假日除外)