

	计划 A PLAN A			计划 B PLAN B		
	80% 共同保险计划 80% Insurance Project			90%共同保险计划 90% Insurance Project		
保险金额 Sum Insured	无限制 Unlimited			无限制 Unlimited		
承保区域 Area of Cover	美国 USA			美国 USA		
每个保单年度每个被保险人在承保区域外的最高保额 Maximum Outside Area of Cover Limit per covered person per policy year	500 美元			500 美元		
	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)
免赔额 (每个保单年度每个被保险人) Deductible (Per covered person per policy year)	250 美元 USD 250	500 美元 USD 500	250 美元 USD250	250 美元 USD 250	500 美元 USD 500	250 美元 USD250
按保险计划规定, 适用于可赔付医疗费用的赔付比例 (赔付比例=1-免赔比例) (相关给付下另外注明的除外) Eligible medical expenses payable at the plan co-insurance percentage specified after applying deductible, unless otherwise stated under the benefit (Co-insurance factor = 1 - co-insurance)	80%	60%	100%	90%	60%	100%
每个保单年度每个被保险人最高自付金额 Out of Pocket Maximum by the insured person per policy year	6,350 美元 USD 6,350	不适用 Not Applicable	不适用 Not Applicable	6,350 美元 USD 6,350	不适用 Not Applicable	不适用 Not Applicable
住院和日间治疗责任 (赔付比例) In-patient and daycare treatment benefits (Co-insurance factor)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)
医院病房食宿- 双人病房 Hospital Room & Board – Semi-Private Room	80%	60%	100%	90%	60%	100%
医院费用 • 检查检验费用; • 手术费用; • 手术室费用; • 看护护理、药品和敷料费用; • 手术器具费用和外科植入物; • 手术医生和麻醉师费用; • 重症监护室和加护病室费用; • CT、MRI、x 光和其他成熟的医学影像技术; • 化疗和放疗; • 肾透析。 Hospital Charges • Diagnostic procedures • Surgical procedures • Operating theatre charges • Nursing care, drugs and dressings • Surgical appliance and surgical implants • Surgeon and anesthetist charges • Intensive care unit and high dependency unit charges • CT scan, MRI, x-rays and other such proven medical imaging techniques • Chemotherapy and/or radiotherapy • Kidney dialysis	80%	60%	100%	90%	60%	100%

门诊治疗责任 (自付额、赔付比例) Out-patient treatment benefits (Deductible & Co-insurance factor)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)
每次就诊的自付额: 被保险人到非大学学生中心或学生健康中心的全科医生处就诊 Co-Payment per visit by the insured person to a General Practitioner who is not from the University Student Centre or Student Health Centre	25 美元 USD 25	50 美元 USD 50	25 美元 USD 25	25 美元 USD 25	50 美元 USD 50	25 美元 USD 25
每次就诊的自付额: 被保险人到非大学学生中心或学生健康中心的专科医师处就诊 Co-Payment per visit by the insured person to a Specialist who is not from the University Student Centre or Student Health Centre	50 美元 USD 50	100 美元 USD 100	50 美元 USD 50	50 美元 USD 50	100 美元 USD 100	50 美元 USD 50
门诊治疗 • 挂号费、咨询费 • 诊断费 • CT、PET、MRI • 放疗和化疗 • 肾透析 • 门诊外科手术 Out-patient Treatment • Consultation • Diagnostic procedures • CT Scan, PET Scan, and MRI • Radiotherapy and Chemotherapy • Kidney dialysis • Out-patient Surgical Procedures	80%	60%	100%	90%	60%	100%
门诊处方药 (自付额不适用于本给付) Out-patient Prescription (co-payment do not apply to this benefit)	80%	60%	100%	90%	60%	100%
急诊治疗 (如为住院治疗, 则免赔额不适用) Emergency Out-patient Treatment— (Deductible waived if admitted as an in-patient)	100%	100%	100%	100%	100%	100%
替代疗法 • 职业疗法; • 物理疗法; • 语言疗法。 按每次就诊 50 美元、每个保单年度每个被保险人最多 30 天计算 Therapeutic Services • Occupational Therapy • Physical Therapy • Speech Therapy Subject to USD 50 per visit and a maximum of 30 days per insured person per policy year	80%	60%	100%	90%	60%	100%
产科责任 (赔付比例) Maternity benefits (Co-insurance factor)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)
受孕妇的产科治疗 • 产前和产后的常规治疗 (最高 90 天) • 产前和产后的并发症 (最高 90 天) • 生产费用 • 不孕症的检查和治疗 * 本保险责任不包括主被保险人的女儿 * 本保险无等待期。 * 必须是在保单生效后受孕的 Maternity Care for covered pregnancy • Pre- and post-natal routine care (Subject to a maximum of 90 days per insured person per policy year)	80%	60%	80%	90%	60%	80%

<ul style="list-style-type: none"> • Complications of Pre- and post-natal (Subject to a maximum of 90 days per insured person per policy year) • Cost of delivery • Investigation and treatment to the cause of infertility * Dependent daughters are excluded from the coverage * No waiting period on coverage. * Conception must occur after the policy effective date 						
避孕 (免赔额和免赔比例不适用于本给付) Contraception (deductible and co-insurance do not apply to this benefit)	100%	无给付 No benefit	无给付 No benefit	100%	无给付 No benefit	无给付 No benefit
终止妊娠 按每个保单年度每个被保险人 500 美元计算；主动终止妊娠：每年仅限 1 次 Termination of Pregnancy Subject to USD 500 per insured person per policy year and once per policy year	80%	60%	80%	90%	60%	80%
新生儿责任 (赔付比例) New born benefits (Co-insurance factor)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)
早产儿、先天性疾病、新生儿异常情况 Premature Birth, Congenital conditions, Anomalies of the New born.	80%	60%	80%	90%	60%	80%
新生儿常规治疗 不超过 4 天 Routine New born Care Not last more than four days	80%	60%	100%	90%	60%	100%
特殊疾病保险责任 (赔付比例) Special benefits (Co-insurance factor)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)
意外造成的牙科治疗 按每个保单年度每个被保险人每颗牙齿 300 美元, 最高 600 美元计算 Dental Treatment due to accident Subject to USD 300 per tooth and a maximum of USD 600 per insured person per policy year	80%	60%	100%	90%	60%	100%
<ul style="list-style-type: none"> • 儿童牙科及眼科 (19 岁以下受抚养子女) • (免赔额不适用于本给付) • 门诊常规牙科检查按每个保单年度 2 次计算 • 视力检查按每个保单年度 1 次计算 • 眼睛和隐形眼镜按每个保单年度 150 美元计算 * Paediatric Dental and Vision (for dependent child < 19 years old) * (deductible do not apply to this benefit) * Out-patient routine dental check-up subject to 2 visits per policy year * Vision examination subject to 1 per policy year * Eyeglass frames, prescription glasses or prescription contact lenses subject to USD 150 per policy year 	100%	70%	无给付 No benefit	100%	70%	无给付 No benefit
精神疾病 (按任何其他适用的病情处理) Mental Health (treated as any other eligible medical condition)	80%	60%	100%	90%	60%	100%

试图自杀造成的受伤/自残伤害引起的医疗费用 Treatment expense of injury from Attempted Suicide/Self-inflicted Injury	80%	60%	100%	90%	60%	100%
治疗酒精滥用和成瘾性物品滥用的费用 Treatment expense of Alcohol and Substance Abuse	80%	60%	80%	90%	60%	80%
治疗艾滋病（AIDS）、人类免疫缺陷病毒（HIV）和性传播疾病（STD）的费用 Treatment expense of AIDS, HIV and Sexually Transmitted Diseases	80%	60%	80%	90%	60%	80%
院际、校际、校内、体育俱乐部运动导致的医疗费用 Treatment expense of injury from Intercollegiate, interscholastic, intramural, club sports	80% 每个保单年度每个被保险人最高 1500 美元 Pays 80% Up to USD 1500 per insured person per policy year	60% 每个保单年度每个被保险人最高 1500 美元 Pays 60% Up to USD 1500 per insured person per policy year	80% 每个保单年度每个被保险人最高 500 美元 Pays 80% Up to USD 500 per insured person per policy year	90% 每个保单年度每个被保险人最高 1500 美元 Pays 90% Up to USD 1500 per insured person per policy year	60% 每个保单年度每个被保险人最高 1500 美元 Pays 60% Up to USD 1500 per insured person per policy year	80% 每个保单年度每个被保险人最高 500 美元 Pays 80% Up to USD 500 per insured person per policy year
既往疾病 Pre-Existing Condition	无等待期 No waiting period			无等待期 No waiting period		
其他保险责任 (赔付比例) Other benefits (Co-insurance factor)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)	美国 (网络内) USA (IN-NETWORK)	美国 (网络外) USA (OUT-NETWORK)	美国之外 (仅限中国, 含港、澳、台) Outside of U.S.A (restricted to China including Hong Kong, Macau and Taiwan)
健康筛查/预防保健 (免赔额和免赔比例不适用于本给付) Health Screening/Preventive Care (deductible and co-insurance do not apply to this benefit)	100%	无给付 No benefit	无给付 No benefit	100%	无给付 No benefit	无给付 No benefit
离院后康复治疗费用 按每个保单年度每个被保险人最多 30 天计算 Extended Care / Inpatient Clinics /in-patient Rehabilitation Subject to maximum of 30 days per insured person per policy year	80%	60%	100%	90%	60%	100%
临终关怀和姑息治疗 按终身最多 30 天计算 Hospice and palliative care Subject to lifetime maximum of 30 days	80%	60%	80%	90%	60%	80%
家庭护理/私人护理 按每个保单年度每个被保险人最多 100 天计算 Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse Subject to a maximum of 100 days per insured person per policy year	80%	60%	80%	90%	60%	80%
耐用医疗设备 Durable Medical Equipment	80%	60%	80%	90%	60%	80%
本地道路救护车 Local Road Ambulance	100%			100%		
紧急医疗运送和送返 (免赔额和免赔比例不适用于本给付) Emergency Medical Evacuation and Repatriation (deductible and co-insurance do not apply to this benefit)	100%			100%		
遗体送返 (免赔额和免赔比例不适用于本给付) Repatriation of Remains (deductible and co-insurance do not apply to this benefit)	100%			100%		
陪同紧急运送送返 (免赔额和免赔比例不适用于本给付) Emergency Reunion (deductible and co-insurance do not apply to this benefit)	每个保单年度每个被保险人 5,000 美元, 终身最多 15 天 USD 5,000 per insured person per policy year and a lifetime maximum of 15 days			每个保单年度每个被保险人 5,000 美元, 终身最多 15 天 USD 5,000 per insured person per policy year and a lifetime maximum of 15 days		

意外伤害身故 Accidental Death	主金额- 终身最高金额 25,000 美元 (被保险人) 10,000 美元 (配偶) 5,000 美元 (子女) Principle Sum - Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child)	主金额- 终身最高金额 25,000 美元 (被保险人) 10,000 美元 (配偶) 5,000 美元 (子女) Principle Sum - Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child)
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