

Bowtie Children's Growth Term Critical Illness Insurance:

Definitions of Covered Diseases, Critical Illnesses and Surgical Procedures and Benefit Limits

Bowtie 子女成長危疾保：承保疾病、危疾及手術程序定義及保障限額

The definitions of the medical conditions and surgical procedures relating to Bowtie Children's Growth Term Critical Illness Insurance and their relevant benefit limits are as follows:

與Bowtie 子女成長危疾保相關的醫療狀況和手術程序的定義及其相關的保障限額如下：

Pregnancy Complications	妊娠併發症	Benefit limit 保障限額
<p>(1) Disseminated Intravascular Coagulation (DIC)</p> <p>Actual diagnosis of Disseminated Intravascular Coagulation of Pregnancy where over-activation of the coagulation and fibrinolytic system characterized by generalized bleeding and end organ damage resulting in microvascular thrombosis, consumption of platelets and coagulation factors, and major hemorrhage has occurred and insured has received emergency treatment with frozen plasma and platelet concentrates in hospital confinement. Only disseminated intravascular coagulation caused as a result of complications of the Pregnancy is covered.</p> <p>The diagnosis of Disseminated Intravascular Coagulation of Pregnancy must be confirmed by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology supported by blood tests and evidence of clinical sign and symptoms.</p>	<p>(1) 妊娠瀰漫性血管內凝血</p> <p>妊娠瀰漫性血管內凝血是指凝血和纖維蛋白溶解系統過度激活，導致毛細血管內形成血栓、消耗血小板和凝血因子，以及大出血和器官損傷為特徵，並需接受冰凍血漿和血小板濃縮液治療。此保險賠償只保障在懷孕期內出現併發症所引致的瀰漫性血管內凝血。</p> <p>診斷必須由一名註冊婦產科醫生確認，並提供血液檢查以及臨床徵兆和症狀的醫學證據證實。</p>	<p>HKD/港元 100,000</p>

<p>(2) Pre-eclampsia Complications</p> <p>Pre-eclampsia complications means hypertension developing after twenty (20) weeks gestation with a systolic blood pressure of at least one hundred and sixty (160) mmHg and diastolic blood pressure of at least one hundred and ten (110) mmHg recorded on two (2) successive measurements of at least six (6) hours apart, as well as proteinuria of more than or equal to three hundred (300) mg in a twenty-four (24) hour urine sample collection, leading to one or more of the following:</p> <ul style="list-style-type: none"> a) seizures requiring treatment with anti-convulsive drug; b) acute kidney failure requiring dialysis; c) cerebral hemorrhage; or d) pulmonary edema causing respiratory distress and reducing blood oxygen concentration below 90% of normal level. <p>The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology supported by blood tests, urine test, imaging investigation test, blood oxygen concentration and clinical sign and symptoms.</p> <p>Any complications due to primary or secondary hypertension is specifically excluded.</p>	<p>(2) 子癲前症併發症</p> <p>子癲前症併發症是指妊二十(20)周後發生高血壓，收縮壓至少為160mmHg，舒張壓至少為110mmHg，進行兩次連續測量並間隔至少六(6)個小時，以及二十四(24)小時尿液樣本檢測蛋白尿超過或等於300毫克，導致以下一項或多項：</p> <ul style="list-style-type: none"> a) 需要抗驚厥藥物治療的癲癇發作； b) 需要透析的急性腎功能衰竭； c) 腦出血；或 d) 肺水腫導致呼吸窘迫以及血氧濃度降低到正常水準的 90% 以下。 <p>診斷必須由一名註冊婦產科醫生確認，並提供血液檢查、尿液檢查、影像學檢查、血氧濃度和臨床徵兆和症狀的醫學證據證實。</p> <p>原發性或繼發性高血壓引起的任何併發症不在此保險賠償範圍內。</p>	<p>HKD/港元 100,000</p>
<p>(3) Miscarriage</p> <p>Miscarriage means, in respect of a Pregnancy existing on the date of the application form for this Policy, the spontaneous loss of a fetus before twenty-eight (28) weeks of gestation.</p> <p>Termination of Pregnancy and abortion are specifically excluded.</p>	<p>(3) 流產</p> <p>流產是指就本保單申報的懷孕，胎兒在妊娠二十八(28)周前流產。</p> <p>終止妊娠和墮胎不在此保險賠償範圍內。</p>	<p>HKD/港元 100,000</p>

<p>(4) Medically Prescribed Induced Abortion</p> <p>Actual undergoing Medically Prescribed Induced Abortion. Medically Prescribed Induced Abortion means, in respect of a Pregnancy existing on the date of the application form for this Policy, the termination of such pregnancy by induced abortion due to risk specifically identified by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology, and according to such Registered Medical Practitioner the identified risk will lead to risk of death of the life insured if the pregnancy is continued.</p> <p>The diagnosis of such health risk must be certified by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology and the induced abortion must be conducted by the same Registered Medical Practitioner.</p>	<p>(4) 醫療訂明誘導性流產</p> <p>醫療訂明誘導性流產是指就本保單申報的懷孕，由於註冊婦產科醫生所識別的風險，從而進行醫學處方人工流產。根據該醫生的判斷，如果懷孕持續，所識別的風險將導致受保人死亡。</p> <p>風險須由一名註冊婦產科醫生診斷，並且人工流產必須由同一名註冊婦產科醫生執行。</p>	<p>HKD/港元 100,000</p>
<p>(5) Stillbirth</p> <p>Stillbirth means the delivery of a fetus at or after twenty-eight (28) weeks of gestation, as a result of a Pregnancy existing on the date of the application form for this Policy, where the fetus demonstrates no signs of life at delivery.</p> <p>The stillbirth must be certified by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology.</p> <p>Termination of Pregnancy and abortion are specifically excluded.</p>	<p>(5) 胎兒死亡</p> <p>胎兒死亡是指就本保單申報的懷孕，胎兒在妊娠二十八(28)周或之後分娩時沒有表現出生命跡象。</p> <p>診斷須由一名註冊婦產科醫生確認。</p> <p>終止妊娠和墮胎不在此保險賠償範圍內。</p>	<p>HKD/港元 100,000</p>

<p>(6) Postpartum Hemorrhage Requiring Hysterectomy</p> <p>Postpartum Hemorrhage Requiring Hysterectomy means actual undergoing of hysterectomy due to the ongoing bleeding after the delivery secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring hysterectomy. The hysterectomy must have been required as a direct treatment for the episode of Postpartum Hemorrhage occurred within 2 weeks of childbirth.</p> <p>The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology. Medical necessity indicators and supporting histological documentation is required.</p>	<p>(6) 產後出血引致子宮切除術</p> <p>產後出血引致子宮切除術是指由於子宮反應遲緩及弛緩、子宮破裂、或因子宮頸破裂延伸至子宮所引發的產後持續性出血，並接受子宮切除術。其子宮切除術必須視為直接醫治產後出血情況的，並且在分娩後兩星期内進行。</p> <p>診斷必須由一名註冊婦產科醫生確認，並須提供該次治療為有醫療必要的證明及病理報告文件作確診證明。</p>	<p>HKD/港元 100,000</p>
<p>(7) Amniotic Fluid Embolism</p> <p>Amniotic Fluid Embolism means a condition characterized by amniotic fluid, fetal cells, hair or other debris entering the maternal pulmonary circulation, that causes sudden development of acute respiratory distress and shock in the pregnant life insured resulting in cardiorespiratory collapse which requires immediate delivery or procedure to save the life of the pregnant life insured.</p> <p>The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology. Medical necessity indicators and supporting histological documentation is required.</p>	<p>(7) 羊水栓塞</p> <p>羊水栓塞是指羊水、胎兒的細胞、毛髮或其他細胞組織進入母體肺循環系統，並突然出現急性呼吸窘迫和休克，並導致心肺衰竭而必須進行即時分娩或拯救孕婦生命的程序。</p> <p>診斷須由一名註冊婦產科醫生確認，並須提供該次治療為有醫療必要的證明及病理報告文件作確診證明。</p>	<p>HKD/港元 100,000</p>

<p>(8) Abruptio Placentae</p> <p>Abruptio Placentae means premature separation of the placentae from the uterine wall after twenty (20) weeks gestation that is Grade 2 or Grade 3 level.</p> <ul style="list-style-type: none"> - Grade 2 – Moderate Abruptio: evidence of fetal distress, uterus tenderness and concealed hemorrhage. - Grade 3 – Severe Abruptio: fetal death, maternal shock and extensive concealed hemorrhage. <p>The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology and supported with ultrasound examination, fetal monitoring and coagulation test reports.</p>	<p>(8) 胎盤早期剝離</p> <p>胎盤早剝是指胎盤在妊娠期滿二十(20)周後被確診為第 2 級或第 3 級之胎盤過早剝落：</p> <ul style="list-style-type: none"> - 第 2 級 — 中度胎盤早剝：胎兒窘迫、子宮壓痛及內出血。 - 第 3 級 — 嚴重胎盤早剝：胎兒死亡、產婦休克及廣泛內出血。 <p>診斷須由一名註冊婦產科醫生確認，須提供超聲波檢查、胎兒監測、凝血功能檢查的測試報告作確診證明。</p>	<p>HKD/港元 100,000</p>
<p>(9) Placenta Accreta or Placenta Increta</p> <p>Actual diagnosis of Placenta Accreta or Placenta Increta. Placenta Accreta or Placenta Increta means the abnormal adherence of the placenta to the uterus with penetration of villi into the myometrium resulting in severe hemorrhage requiring surgical removal of the placenta.</p> <p>The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology and supported with imaging reports. Surgery must have been performed to correct the condition.</p>	<p>(9) 植入性胎盤</p> <p>胎盤植入是指胎盤異常地附着在子宮纖毛狀肌層而導致嚴重出血並須進行手術移除胎盤。</p> <p>診斷必須由一名註冊婦產科醫生確認，並已進行手術糾正有關情況，且須提供病理報告文件作確診證明。</p>	<p>HKD/港元 100,000</p>

<p>(10) Peripartum Cardiomyopathy</p> <p>Peripartum Cardiomyopathy means heart failure due to left ventricular systolic dysfunction which is triggered solely due to the pregnancy in the last month of gestation or within 2 weeks of childbirth characterized by left ventricular ejection fraction less than 45%.</p> <p>The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in obstetrics and gynecology and supported with echocardiographic findings of compromised ventricular performance.</p> <p>Cardiomyopathy due to all other causes are specifically excluded.</p>	<p>(10) 圍產期心肌病變</p> <p>圍產期心肌病是指由於妊娠最後一個月或分娩後兩星期內以左心室射血分數低於45% 為特徵的左心室收縮功能障礙引起的心臟衰竭。</p> <p>診斷須由一名註冊婦產科醫生確認，須提供以心室功能受損為結果的心臟超聲波報告作確診證明。</p> <p>其他原因引起的心肌病不在此保險賠償範圍內。</p>	<p>HKD/港元 100,000</p>
<p>Genetic Diseases</p> <p>(1) Severe Combined Immunodeficiency (SCID)</p> <p>An unequivocal diagnosis of Severe Combined Immunodeficiency by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing reduction in T cell count below normal range value and low or absent T cell receptor excision circle (TREC); and b) The Insured undergoes hematopoietic stem cell transplantation which is Medically Necessary as certified by the treating specialist for treatment of Severe Combined Immunodeficiency. 	<p>基因疾病</p> <p>(1) 嚴重複合型免疫缺乏症</p> <p>由註冊兒科醫生明確診斷為嚴重複合型免疫缺乏症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷須經基因測試及血液測試確認，且檢測結果顯示T細胞計數低於正常範圍值，且T細胞受體切除環 (TREC) 水平偏低或缺失；及 b) 受保人因治療嚴重複合型免疫缺乏症而接受造血幹細胞移植，且該移植須由主治專科醫生證明為醫療所需。 	<p>Benefit limit 保障限額</p> <p>HKD/港元 500,000</p>

<p>(2) Severe Maple Syrup Urine Disease (MSUD)</p> <p>An unequivocal diagnosis of Maple Syrup Urine Disease by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The diagnosis is confirmed based on genetic testing and blood test showing elevated plasma allo-isolucine, leucine, isoleucine, and valine over the normal range values; and b) The Insured undergoes liver transplantation which is Medically Necessary as certified by the treating specialist for treatment of Maple Syrup Urine Disease. 	<p>(2) 嚴重型楓糖尿病</p> <p>由註冊兒科醫生明確診斷為楓糖尿症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷須經基因測試及血液測試確認，且檢測結果顯示血漿中別異亮氨酸 (allo-isoleucine) 、亮氨酸 (leucine) 、異亮氨酸 (isoleucine) 及纈氨酸 (valine) 水平超出正常範圍值；及 b) 受保人因治療楓糖尿症而接受肝臟移植，且該移植須由主治專科醫生證明為醫療所需。 	<p>HKD/港元 500,000</p>
<p>(3) Severe Propionic Acidaemia (PA)</p> <p>An unequivocal diagnosis of Propionic Acidaemia by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated plasma organic acid C3 (propionylcarnitine) over the normal range values; and b) The Insured develops Cardiomyopathy due to Propionic Acidaemia supported with imaging evidence. 	<p>(3) 嚴重型丙酸血症</p> <p>由註冊兒科醫生明確診斷為丙酸血症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷須經基因測試及血液測試確認，且檢測結果顯示血漿有機酸C3 (丙酰肉鹼 · propionylcarnitine) 水平超出正常範圍值；及 b) 受保人因丙酸血症導致心肌病變，且須有影像學證據支持。 	<p>HKD/港元 500,000</p>

<p>(4) Severe Adrenoleukodystrophy (ALD)</p> <p>An unequivocal diagnosis of Adrenoleukodystrophy by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) Testing with very long-chain fatty acid (VLCFA) analysis and molecular genetic testing for pathogenic variants in ABCD1 confirms diagnosis ; and b) Diagnosis of leukodystrophy is made on MRI 	<p>(4) 嚴重型腎上腺腦白質失養症</p> <p>由註冊兒科醫生明確診斷為嚴重腎上腺腦白質失養症 (ALD) ，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷須經極長鏈脂肪酸 (VLCFA) 分析及針對 ABCD1 基因致病性變異之分子基因檢測確認；及 b) 透過磁力共振掃描 (MRI) 確診腦白質失養症。 	<p>HKD/港元 500,000</p>
<p>(5) Severe Argininosuccinic Aciduria</p> <p>An unequivocal diagnosis of Argininosuccinic Aciduria by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated levels of plasma ammonia, citrulline and argininosuccinic acid levels over the normal range values; and b) The Insured undergoes liver transplantation which is Medically Necessary as certified by the treating specialist for treatment of Argininosuccinic Aciduria. 	<p>(5) 嚴重型精氨基琥珀酸尿症</p> <p>由註冊兒科醫生明確診斷為嚴重精氨基琥珀酸尿症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測及血液檢測確認，且檢測結果顯示血漿氨、瓜胺酸及精氨基琥珀酸水平超出正常範圍值；及 b) 受保人因治療精氨基琥珀酸尿症而接受肝臟移植，且該移植須由主治專科醫生證明為醫療所需。 	<p>HKD/港元 500,000</p>

<p>(6) Severe Classic Citrullinemia Type 1</p> <p>An unequivocal diagnosis of Classic Citrullinemia Type 1 by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated plasma ammonia and citrulline levels over the normal range values and absence of plasma arginosuccinate; and b) The Insured undergoes liver transplantation which is Medically necessary as certified by the treating specialist for treatment of Citrullinemia type 1. 	<p>(6) 嚴重典型第一型瓜胺酸血症</p> <p>由註冊兒科醫生明確診斷為為嚴重典型第一型瓜胺酸血症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測及血液檢測確認，且檢測結果顯示血漿氨及瓜胺酸水平高於正常範圍值，且血漿中缺乏精氨基琥珀酸；及 b) 受保人因治療第一型瓜胺酸血症而接受肝臟移植，且該移植須由主治專科醫生證明為醫療所需。 	<p>HKD/港元 500,000</p>
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<p>(7) Severe Methylmalonic Aciduria -MUT, cblA/B</p> <p>An unequivocal diagnosis of Methylmalonic Aciduria by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated plasma organic acid C3 (propionylcarnitine) over the normal range values; b) Vitamin B12 analysis showing vitamin deficiency; and c) The Insured is suffering from at least one of the following: <ul style="list-style-type: none"> i. Developmental delay manifested by deficits in gait and speech requiring physical therapy and speech therapy. ii. Intellectual disability manifested by severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others, requiring behavioural therapy, occupational therapy or special education at a government approved special education institution. 	<p>(7) 嚴重型甲基丙二酸血症 -MUT 型、cblA/B 型</p> <p>由註冊兒科醫生明確診斷為嚴重甲基丙二酸血症 -MUT 型、cblA/B 型，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷須經基因檢測及血液檢測確認，且檢測結果顯示血漿有機酸 C3 (丙酰肉鹼, propionylcarnitine) 高於正常範圍值； b) 維生素 B12 分析顯示維生素缺乏；及 c) 受保險人須符合以下至少一項臨床表現： <ul style="list-style-type: none"> i. 發展遲緩：表現為步態及語言能力缺失，需接受物理治療及言語治療； ii. 智能障礙：表現為語言及非語言社交溝通能力嚴重缺失，導致日常功能嚴重受損、社交互動能力極為有限，且對他人的社交示意反應極微，需接受行為治療、職業治療，或於政府認可的特殊教育機構接受特殊教育。 	<p>HKD/港元 150,000</p>
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<p>(8) Severe Classic Phenylketonuria (PKU)</p> <p>An unequivocal diagnosis of Classic Phenylketonuria by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated plasma phenylalanine (Phe) level over normal range values and Phe (phenylalanine) : Tyr (tyrosine) ratio of >3; and b) The Insured is suffering from at least one of the following: <ul style="list-style-type: none"> i. Developmental delay manifested by deficits in gait and speech requiring physical therapy and speech therapy. ii. Intellectual disability manifested by severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others, requiring behavioural therapy, occupational therapy or special education at a government approved special education institution. iii. Paraplegia. 	<p>(8) 嚴重典型苯丙酮尿症</p> <p>由註冊兒科醫生明確診斷為嚴重典型苯丙酮尿症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷須經基因檢測及血液檢測確認，且檢測結果顯示血漿苯丙氨酸 (Phe) 水平高於正常範圍值及苯丙氨酸 (Phe) 與酪氨酸 (Tyr) 比值 >3；及 b) 受保人須符合以下至少一項臨床表現： <ul style="list-style-type: none"> i. 發展遲緩：表現為步態及語言能力缺失，需接受物理治療及言語治療。 ii. 智能障礙：表現為語言及非語言社交溝通能力嚴重缺失，導致日常功能嚴重受損、社交互動能力極為有限，且對他人的社交示意反應極微，需接受行為治療、職業治療，或於政府認可的特殊教育機構接受特殊教育。 iii. 下半身癱瘓。 	<p>HKD/港元 150,000</p>
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<p>(9) Severe Isovaleric Acidemia (IVA)</p> <p>An unequivocal diagnosis of Isovaleric Acidemia by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated plasma C5-acylcarnitine over the normal range values; and b) The Insured suffers from metabolic crisis manifested by breathing difficulty and seizures requiring emergency NICU/ICU admission for at least 3 days requiring feeding via nasogastric tube and lifelong medications treatment with L-carnitine and glycine. 	<p>(9) 嚴重型異戊酸血症</p> <p>由註冊兒科醫生明確診斷為嚴重異戊酸血症 (IVA)，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷須經基因檢測及血液檢測確認，且檢測結果顯示血漿C5-酰基肉鹼 (C5-acylcarnitine) 高於正常範圍值；及 b) 受保人出現代謝危象，表現為呼吸困難及癲癇發作，且需因緊急狀況入住新生兒加護病房 (NICU) 或加護病房 (ICU) 至少3天；需透過鼻胃管餵食；及需終身接受左旋肉鹼及甘氨酸藥物治療。 	<p>HKD/港元 150,000</p>
<p>(10) Severe Classic Congenital Adrenal Hyperplasia (CAH)</p> <p>An unequivocal diagnosis of Classic Congenital Adrenal Hyperplasia by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and Corticotropin stimulation test showing elevated 17-hydroxyprogesterone (17-OHP) over the normal range values; and b) The Insured suffers from metabolic acidosis or adrenal crisis requiring emergency NICU/ICU hospitalization for at least 3 days. <p>Non-Classic Congenital Adrenal Hyperplasia is specifically excluded.</p>	<p>(10) 嚴重型典型先天性腎上腺皮質增生症</p> <p>由註冊兒科醫生明確診斷為嚴重典型先天性腎上腺皮質增生症 (CAH)，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷須經基因檢測及促腎上腺皮質激素刺激檢驗確認，且檢測結果顯示17-羥孕酮 (17-OHP) 高於正常範圍值；及 b) 受保人出現代謝性酸中毒或腎上腺危象，且需因緊急狀況入住新生兒加護病房 (NICU) 或加護病房 (ICU) 至少3天。 <p>非典型先天性腎上腺皮質增生症 (Non-Classic CAH) 明確不屬於保障範圍。</p>	<p>HKD/港元 150,000</p>

(11) Severe Medium-chain Acyl-CoA Dehydrogenase Deficiency (MCAD)	(11) 嚴重型中鏈醯輔酶A去氫酶缺乏症	HKD/港元 150,000
<p>An unequivocal diagnosis of severe Medium-chain Acyl-CoA Dehydrogenase Deficiency by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated C8, C8/C10 ratio and C8/C2 ratio over the normal range values; and b) The Insured suffers from hepatomegaly, cerebral palsy or seizure requiring emergency in-patient hospital NICU/ICU admission for at least 3 days and receives treatment which is Medically Necessary as certified by the treating specialist for treatment of severe Medium-chain Acyl-CoA Dehydrogenase Deficiency. 	<p>由註冊兒科醫生明確診斷為嚴重中鏈醯輔酶A去氫酶缺乏症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測及血液檢測確認，且檢測結果顯示C8, C8/C10比值及C8/C2比值高於正常範圍值；及 b) 受保人患有肝腫大、腦性麻痺或癲癇發作，且需因緊急狀況入住新生兒加護病房 (NICU) 或加護病房 (ICU) 至少3天，並接受由主治專科醫生證明為醫療所需的嚴重中鏈醯輔酶A去氫酶缺乏症治療。 	

(12) Severe Glutaric Acidemia Type 1 (GA1)	(12) 嚴重典型第一型戊二酸血症	HKD/港元 150,000
<p>An unequivocal diagnosis of Glutaric Acidemia Type 1 by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated plasma acylcarnitine and glutaric acid levels over the normal range values; and b) The Insured is suffering from at least one of the following: <ul style="list-style-type: none"> i. Developmental delay manifested by deficits in gait and speech requiring physical therapy and speech therapy. ii. Intellectual disability manifested by severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others, requiring behavioral therapy, occupational therapy or special education at a government approved special education institution. 	<p>由註冊兒科醫生明確診斷為嚴重典型第一型戊二酸血症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測及血液檢測確認，且檢測結果顯示血漿酰基肉鹼 (acylcarnitine) 及戊二酸 (glutaric acid) 水平高於正常範圍值；及 b) 受保人須符合以下至少一項臨床表現： <ul style="list-style-type: none"> i. 發展遲緩：表現為步態及語言能力缺失，需接受物理治療及言語治療。 ii. 智能障礙：表現為語言及非語言社交溝通能力嚴重缺失，導致日常功能嚴重受損、社交互動能力極為有限，且對他人的社交示意反應極微，需接受行為治療、職業治療，或於政府認可的特殊教育機構接受特殊教育。 	

<p>(13) Severe Neonatal Multiple Carboxylase Deficiency (MCD)</p> <p>An unequivocal diagnosis of Neonatal Multiple Carboxylase Deficiency by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated plasma C5-hydroxy acylcarnitine (C5-OH) and propionylcarnitine (C3) over the normal range values; b) The Insured suffers from metabolic crisis manifested by breathing difficulty and seizures requiring emergency NICU/ICU admission for at least 3 days requiring feeding via nasogastric tube. 	<p>(13) 嚴重型新生兒多發性羧化酶缺乏症</p> <p>由註冊兒科醫生明確診斷為嚴重新生兒多發性羧化酶缺乏症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測及血液檢測確認，且檢測結果顯示血漿C5-羥基醯基肉鹼 (C5-OH) 及丙酰肉鹼 (C3) 水平高於正常範圍值；及 b) 受保人出現代謝危象，表現為呼吸困難及癲癇發作，並需要緊急入住新生兒深切治療部 (NICU) 或深切治療部 (ICU) 至少3天，期間需透過鼻胃管餵食。 	<p>HKD/港元 150,000</p>
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<p>(14) Severe 3-Methylcrotonyl-CoA Carboxylase Deficiency (3MCC)</p> <p>An unequivocal diagnosis of 3-Methylcrotonyl-CoA Carboxylase Deficiency (3MCC) by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing, blood test showing elevated plasma C5-hydroxy acylcarnitine (C5-OH) over the normal range values and urine test showing positive 3-HIVA and positive 3-MCG; b) The Insured suffers from metabolic crisis manifested by breathing difficulty and seizures requiring emergency NICU/ICU admission for at least 3 days requiring feeding via nasogastric tube and treatment which is Medically Necessary as certified by the treating specialist for treatment of 3-Methylcrotonyl-CoA Carboxylase Deficiency (3MCC). 	<p>(14) 嚴重型三甲基巴豆酰輔酶A羧化酵素缺乏症</p> <p>由註冊兒科醫生明確診斷為嚴重三甲基巴豆酰輔酶A羧化酵素缺乏症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測及血液檢測確認，且檢測結果顯示血漿C5-羥基醯基肉鹼 (C5-OH) 水平高於正常範圍值及尿液檢測顯示3-羥基異戊酸 (3-HIVA) 和3-甲基巴豆酰甘氨酸 (3-MCG) 呈陽性；及 b) 受保人出現代謝危象，表現為呼吸困難及癲癇發作，並需要緊急入住新生兒深切治療部 (NICU) 或深切治療部 (ICU) 至少3天，期間需透過鼻胃管餵食，並接受由主治專科醫生證明為醫療所需的三甲基巴豆酰輔酶A羧化酵素缺乏症(3MCC)治療。 	<p>HKD/港元 150,000</p>
<p>(15) Severe Primary Carnitine Deficiency</p> <p>An unequivocal diagnosis of Primary Carnitine Deficiency by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing very low plasma free and total carnitine concentrations and reduced fibroblast carnitine transport below normal range values; and b) The Insured suffers from encephalopathy or hypoketotic seizures requiring emergency in-patient hospital NICU/ICU admission for at least 3 days. 	<p>(15) 嚴重型原發性肉鹼缺乏症</p> <p>由註冊兒科醫生明確診斷為嚴重型原發性肉鹼缺乏症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測及血液檢測確認，且檢測結果顯示血漿游離及總肉鹼濃度極低，且纖維母細胞肉鹼運輸功能低於正常範圍值；及 b) 受保人出現腦病變或低酮性癲癇發作，並需要緊急入住新生兒深切治療部 (NICU) 或深切治療部 (ICU) 至少3天。 	<p>HKD/港元 150,000</p>

<p>(16) Severe Biopterin defect in cofactor regeneration (BIOPT-REG)</p> <p>An unequivocal diagnosis of Biopterin Defect In Cofactor Regeneration (BIOPT-REG) by a Registered Medical Practitioner who is a pediatrician and all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing and blood test showing elevated plasma phenylalanine (Phe) concentration over the normal range values and urine test showing abnormal pterins; b) The Insured suffers from intellectual disability manifested by severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others, requiring behavioural therapy, occupational therapy or special education at a government approved special education institution; and c) Requires lifelong BH4 supplementation which is Medically Necessary as certified by the treating specialist for treatment of Biopterin Defect In Cofactor Regeneration (BIOPT-REG). 	<p>(16) 嚴重型輔酶再生生物蝶呤缺陷</p> <p>由註冊兒科醫生明確診斷為嚴重型輔酶再生生物蝶呤缺陷 (BIOPT-REG) ，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測及血液檢測確認，且檢測結果顯示血漿苯丙氨酸 (Phe) 濃度高於正常範圍值及尿液檢測顯示蝶呤代謝異常； b) 智能障礙：表現為語言及非語言社交溝通能力嚴重缺失，導致日常功能嚴重受損、社交互動能力極為有限，且對他人的社交示意反應極微，需接受行為治療、職業治療，或於政府認可的特殊教育機構接受特殊教育；及 c) 由主治專科醫生證明，為治療輔酶再生生物蝶呤缺陷 (BIOPT-REG) 而進行醫療所需的終身四氫生物蝶呤 (BH4) 補充治療。 	<p>HKD/港元 150,000</p>
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<p>(17) Angelman Syndrome</p> <p>An unequivocal diagnosis by a Registered Medical Practitioner who is a pediatric psychiatrist or a neurologist of a severe form of Angelman Syndrome where all of the following conditions are met:</p> <ul style="list-style-type: none"> a) The Diagnosis is confirmed based on genetic testing; and b) The Insured is suffering from at least two of the following: <ul style="list-style-type: none"> i. Developmental delay manifested by deficits in gait and speech requiring physical therapy and speech therapy. ii. Intellectual disability manifested by severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others, requiring behavioural therapy, occupational therapy or special education at a government approved special education institution. iii. Epilepsy requiring treatment with anticonvulsant drugs. 	<p>(17) 天使綜合症</p> <p>由註冊兒科醫生或神經科醫生明確診斷為嚴重型天使綜合症，且須符合以下所有條件：</p> <ul style="list-style-type: none"> a) 診斷需經基因檢測確認；及 b) 受保人須符合以下至少兩項臨床表現： <ul style="list-style-type: none"> i. 發展遲緩：表現為步態及語言能力缺失，需接受物理治療及言語治療。 ii. 智能障礙：表現為語言及非語言社交溝通能力嚴重缺失，導致日常功能嚴重受損、社交互動能力極為有限，且對他人的社交示意反應極微，需接受行為治療、職業治療，或於政府認可的特殊教育機構接受特殊教育。 iii. 癲癇需使用抗癲癇藥物治療。 	<p>HKD/港元 150,000</p>
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Congenital and Juvenile Diseases and Treatments	先天性及兒童疾病及治療	Benefit limit 保障限額
(A) Cancer	(A) 癌症	
<p>(1) Cancer</p> <p>The first unequivocal diagnosis of any malignant tumor characterized by the uncontrolled growth of malignant cells and invasion of tissue, and positively diagnosed with histological confirmation. The term malignant tumor includes leukemia, sarcoma and lymphoma except cutaneous lymphoma (lymphoma confined to the skin).</p> <p>For the avoidance of doubt, the following conditions are excluded:</p> <ul style="list-style-type: none"> a) Urinary bladder tumors that have not invaded the muscle layer (Tis and Ta) b) Cervical Intra-epithelial Neoplasia (CIN I, CIN II, or CIN III) or Cervical Squamous Intra-epithelial Lesion c) All tumors which are histologically classified as benign, carcinoma-in-situ, pre-malignant, non-invasive, having borderline malignancy or having low malignant potential d) All tumors in the presence of any human immunodeficiency virus e) All chronic lymphocytic leukemia classified as less than RAI stage III f) All prostate tumors which are histologically classified as less than T2N0M0 according to the TNM classification system and having a Gleason score below 7 g) All thyroid tumors which are histologically classified as T1N0M0 or a lower stage according to the TNM classification system h) All skin tumors except malignant melanoma i) WHO Grade 1 neuroendocrine tumors without lymph node or other organ involvement 	<p>(1) 癌症</p> <p>首次的惡性腫瘤診斷，以惡性細胞不受控制地生長以及侵略其他正常細胞組織為特徵，以及經組織學確診。除了皮膚淋巴瘤，癌症包括白血病，肉瘤，淋巴瘤。</p> <p>為免存疑，此保障並不包括下列任何一項：</p> <ul style="list-style-type: none"> a) 未侵入肌肉層的膀胱癌 (Tis 及 Ta) b) 子宮頸上皮內瘤變(CIN-1、CIN-2 和 CIN-3)或子宮頸鱗狀上皮內病變 c) 任何經組織學界定為良性，原位癌，癌前病變，非侵入性病變，邊緣或低惡性腫瘤 d) 任何存在人體免疫力缺乏病毒 (HIV) 的腫瘤 e) RAI 級別 III以下的慢性淋巴性白血病 f) TNM組織學分級在T2N0M0以下或 Gleason分數7分以下的前列腺癌 g) TNM 組織學分級在 T1N0M0或更低分級的甲狀腺癌 h) 所有皮膚癌，皮膚黑色素瘤除外 i) 任何無波及淋巴或其他器官的WHO 級別 I 的神經內分泌腫瘤 	<p>HKD/港元 500,000</p>

<p>(2) Early Stage Cancer: Carcinoma-in-situ and Early stage malignancy</p> <p><u>Carcinoma-in-situ</u></p> <p>Focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. "Invasion" means an infiltration beyond the epithelial basement membrane. Carcinoma-in-situ is limited only to:</p> <ul style="list-style-type: none"> a) Cervix Uteri which is classified as cervical intraepithelial neoplasia grade III (CIN III) or carcinoma in situ (CIS); b) Breast; c) Uterus; d) Ovary; e) Fallopian Tube; f) Vagina; g) Testicle; h) Colon and rectum; i) Penis; j) Lung; k) Stomach and oesophagus; l) Urinary tract; or m) Nasopharynx <p>The diagnosis of Carcinoma-in-situ must always be supported by a histopathological biopsy report and confirmed by a Registered Medical Specialist in the relevant field. Clinical or cytological diagnosis alone does not meet this standard.</p> <p>To be qualified for a benefit under this Early Stage Critical Illness for the second time, the second claim must be a carcinoma-in-situ of one of the organs specified above that is different from the organ of the first claim for which benefit has been paid. For those organs with both left and right components (breast, fallopian tube, lung, ovary and testicle), the left component and right component of the organ shall be considered as one and the same organ.</p>	<p>(2) 與癌症相關之早期危疾：原位癌及早期惡性腫瘤</p> <p><u>原位癌</u></p> <p>一組新的局部自行生長的惡性細胞群，而該細胞群並未侵略正常組織。'侵略'是指透過細胞基底膜對正常組織進行滲透及/或活性的破壞。僅限於下列器官的原位癌：</p> <ul style="list-style-type: none"> a) 子宮頸，必須界定為子宮頸上皮內瘤樣病變級別III(CIN III)或子宮頸原位癌(CIS) b) 乳房 c) 子宮 d) 卵巢 e) 輸卵管 f) 陰道 g) 睾丸 h) 結腸及直腸 i) 陰莖 j) 肺 k) 胃部及食道 l) 泌尿道 m) 鼻咽 <p>原位癌之診斷必須以組織病理學報告及活檢結果作為支持並由有關領域的註冊專科醫生確診。單憑臨床診斷將不符合本準則。如要符合資格獲得本項疾病的第二次保險賠償，第二次索償之原位癌必須與第一次已獲保險賠償為不同器官。若相關器官由左右兩部份所組成（乳房、輸卵管、肺、卵巢及睾丸），則該器官的左右兩部份將被視為一個及相同的器官。</p>	<p>HKD/港元 150,000</p>
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Early stage malignancy

Early Stage Malignancy shall mean the presence of one (1) of the following malignant conditions:

- a) Papillary thyroid cancer histologically classified as T1N0M0 according to the TNM classification system;
- b) Tumour of the prostate histologically classified as T1a, T1b or T1c according to the TNM classification system;
- c) Chronic lymphocytic leukaemia classified as RAI Stage I or II; or
- d) Melanoma as AJCC stage I or Non melanoma skin cancer which are classified as AJCC stage I or above.

The diagnosis must be based on histopathological features and confirmed by a Registered Medical Specialist in the relevant field. Pre-malignant lesions and conditions, unless listed above, are excluded.

早期惡性腫瘤

早期惡性腫瘤是指出現以下任何一(1)種的惡性腫瘤情況：

- a) 根據TNM評級系統，有關甲狀腺乳頭狀腫瘤必須在組織學上被界定為T1N0M0級別；
- b) 根據TNM評級系統，前列腺腫瘤必須在組織學上被界定為T1a · T1b 或T1c；
- c) 被分類為 RAI 級別I或II的慢性淋巴性白血病；或
- d) AJCC 1期的惡性黑色素瘤或AJCC 1期或以上的任何非黑色素瘤皮膚癌

診斷必須以組織病理學的特徵為準，並由註冊專科醫生確定。除非在以上所列，否則惡性腫瘤前的病變及情況並不受此保障。

(B) Illnesses related to the Heart
(B) 與心臟相關之疾病
(3) Aorta Graft Surgery
(3) 主動脈移植手術

HKD/港元
500,000

The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta, but not its branches.

實際進行因主動脈疾病而需要切除以及移植主動脈之手術。就此定義而言，主動脈指胸部及腹部之主動脈，惟其分支除外。

主動脈創傷並不包括在內。

(4) Coronary Artery By-Pass Grafts
(4) 冠狀動脈搭橋手術

HKD/港元
500,000

The undergoing of heart surgery to correct narrowing or blockage of one or more coronary arteries with by-pass grafts, but excluding nonsurgical techniques such as balloon angioplasty or laser relief of an obstruction.

實際進行冠狀動脈搭橋手術以矯正一個或多個冠狀動脈的縮窄或阻塞，但並不包括非手術技術，例如球囊血管成形術或激光緩解阻塞。

<p>(5) Heart Attack</p> <p>The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply, where all of the following criteria are met:</p> <ul style="list-style-type: none"> a) a history of typical chest pain; b) new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident; and c) either elevation of the cardiac biomarker, CK-MB above the generally accepted normal laboratory levels, or Troponin T > 0.5ng/ml or Troponin I > 0.5ng/ml. <p>Angina, heart attack of indeterminate age, and rise in cardiac biomarkers or Troponin T or Troponin I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty are specifically excluded.</p>	<p>(5) 心臟病</p> <p>因心臟血液供應不足，引致部份心臟肌肉（心肌）壞死，並須符合下列所有準則：</p> <ul style="list-style-type: none"> a) 典型的胸痛病史； b) 在相關心臟事故期間心電圖（ECG）顯示新近具急性心肌梗塞特徵的變化；及 c) 心肌酵素（CK-MB）提高至一般公認的實驗室水平的正常水平以上或心肌旋轉蛋白T（Troponin T）> 0.5 ng/ml 或心肌旋轉蛋白I（Troponin I）> 0.5ng/ml。 <p>心絞痛，未知年歲出現的心臟病，及因進行心臟動脈程序（包括但不限於心臟冠狀動脈電腦斷層檢查及冠狀動脈血管成形術）導致的心肌酵素、心肌旋轉蛋白T（Troponin T）或心肌旋轉蛋白I（Troponin I）提升並不包括在內。</p>	<p>HKD/港元 500,000</p>
<p>(6) Heart Valve Replacement or Repair</p> <p>The actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. Repair via intra-vascular procedure, key-hole surgery or similar techniques is specifically excluded.</p>	<p>(6) 心瓣置換及修補</p> <p>實際進行因心瓣缺陷或異常之剖開心臟手術以置換或修復心瓣。血管內所作之手術、小切口手術或類似技術進行的修復並不包括在內。</p>	<p>HKD/港元 500,000</p>

<p>(7) Kawasaki Disease with heart complications</p> <p>This is acute, febrile and multisystem disease of children, characterized by non-suppurative cervical lymphadenopathy, skin and mucous membrane lesions. Diagnosis must be confirmed by a Specialist and there must be echocardiograph evidence of cardiac involvement manifested by dilatation or aneurysm formation in the coronary arteries which persists for at least 180 days after the initial acute episode.</p>	<p>(7) 俱心臟併發症的川崎病</p> <p>川崎綜合症是一種急性的、發熱的及多系統性的兒童疾病，其特徵為非化膿的頸部淋巴腺腫大、皮膚及黏膜損傷。診斷必須由專科醫生證實及必須由心臟超聲波素描顯示有冠狀動脈擴張或形成冠狀動脈瘤，此情況於最初急性病發後持續出現最少180日。</p>	<p>HKD/港元 150,000</p>
<p>(8) Other Serious Coronary Artery Disease</p> <p>Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded). For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).</p>	<p>(8) 其他嚴重的冠狀動脈疾病</p> <p>嚴重的冠狀動脈疾病包括有最少三 (3) 條主要冠狀動脈分別閉塞達最少百分之六十 (60%) 或以上，並只限以冠狀動脈造影術作證明 (非創傷性之診斷檢查並不符合此要求)。就此定義而言，「主要冠狀動脈」是指任何左冠狀動脈主幹，左冠狀動脈前降支、迴旋動脈及右冠狀動脈 (但不包括所有上述之動脈的分支血管)。</p>	<p>HKD/港元 500,000</p>

<p>(9) Primary Pulmonary Arterial Hypertension</p> <p>Primary Pulmonary Arterial Hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, and which results in permanent irreversible physical impairment to the degree of New York Heart Association (NYHA) classification Class III or Class IV, based on the following classification criteria:</p> <p>Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.</p> <p>Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.</p> <p>Pulmonary Arterial Hypertension which does not meet the above conditions is excluded.</p>	<p>(9) 原發性肺動脈高血壓</p> <p>透過包括心導管檢查在內的檢查確定為原發性肺動脈高血壓連同右心室大幅擴大，導致永久不可復原的損害，其程度達到紐約心臟協會 (NYHA) 界定第三級或第四級心臟損害分級，基於以下分類標準：</p> <p>第三級：體力活動嚴重受到限制，於其在靜止休息時沒有症狀，但低於普通活動即會導致症狀。</p> <p>第四級：無法舒適的執行任何活動。即使在靜止休息時也可能出現症狀。</p> <p>不符合上述條件的肺動脈高血壓並不包括在內。</p>	<p>HKD/港元 500,000</p>
<p>(10) Rheumatic Heart Valve Disease</p> <p>The occurrence of Rheumatic Fever with Valvular Impairment where all of the following conditions are met:</p> <p>a) Diagnosis of acute rheumatic fever according to the revised Jones diagnostic criteria by a Registered Medical Practitioner who is a pediatrician; and</p> <p>b) Involvement of one (1) or more heart valves and at least mild valve incompetence attributable to rheumatic fever is confirmed by quantitative investigations of the valve function by a Registered Medical Practitioner who is a cardiologist.</p>	<p>(10) 風濕性心瓣疾病</p> <p>確診為風濕性心瓣疾病並符合下列所有狀況：</p> <p>a) 經由兒童專科註冊醫生根據已修訂的 Jones 標準診斷證實患上急性風濕熱；及</p> <p>b) 因風濕熱導致一(1)個或以上最少輕度的心臟瓣膜功能不全。有關診斷必須由心臟科專科註冊醫生根據心瓣功能的數量檢查證實。</p>	<p>HKD/港元 150,000</p>

(C) Illnesses related to Neurodevelopmental Disorder	(C) 與神經發育障礙相關的疾病	
<p>(11) Severe Autism</p> <p>An unequivocal Diagnosis by a Registered Medical Practitioner who is a pediatric psychiatrist of a severe form of Autism Spectrum Disorder which must have continued without interruption for a period of at least six (6) months after diagnosis where all of the following conditions are met:</p> <p>a) The Insured is undergoing behavioral therapy, occupational therapy, speech therapy, psychological interventions, or special education at a recognized institute for autistic children; and</p> <p>b) All of the following diagnostic criteria (based on Diagnostic and Statistical Manual of Mental Disorders (DSM-5)) are fulfilled, as certified by the Insured's treating pediatric psychiatrist:</p> <p>A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following:</p> <ul style="list-style-type: none"> • Severe deficits in verbal and nonverbal social communication skills causing severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. <p>B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by the following:</p> <ul style="list-style-type: none"> • Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors that markedly interfere with functioning in all spheres. • Great distress/difficulty changing focus or action. <p>C. Symptoms are present in the early developmental period.</p> <p>D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.</p>	<p>(11) 嚴重自閉症</p> <p>經由註冊兒童精神科專科醫生作出明確診斷該自閉症屬嚴重級別，有關情況須在診斷後最少持續出現六(6)個月，以及符合以下條件：</p> <p>a) 受保人在為自閉症兒童而設的認可機構內接受行為治療、職能治療、言語治療、心理介入或特殊教育；及</p> <p>b) 必須由受保人的主診兒童精神科專科醫生證實其情況（根據《精神疾病診斷及統計手冊》(DSM-5)）並符合診斷性的條件：</p> <p>A. 在多種環境下長期缺乏社交溝通及社交互動能力，並有以下的表現：</p> <ul style="list-style-type: none"> • 言語及非言語的社交溝通技巧嚴重不足，導致功能上嚴重缺陷、在社交互動中作出非常有限度的主動及對其他人的社交友好表示作出最小的回應。 <p>B. 限制性、重複性的行為、興趣或活動，並有以下的表現：</p> <ul style="list-style-type: none"> • 行為缺乏彈性、極度難於適應改變；或作出有限制性/重複性的行為，嚴重妨礙各種領域的功能發揮。 • 對改變焦點或行為時表示極度憂慮及困難 <p>C. 症狀在早期發展階段出現</p> <p>D. 症狀對社交、職業或其他重要範圍的功能上造成有臨床意義的重要損害。</p>	<p>HKD/港元 150,000^(a)</p>

<p>(12) Severe Attention Deficit Hyperactivity Disorder (Severe ADHD)</p> <p>Severe Attention Deficit/Hyperactivity Disorder (Severe ADHD) shall mean an unequivocal diagnosis by a Registered Medical Practitioner who is a pediatric psychiatrist or a developmental pediatrics specialist of Attention-Deficit/ Hyperactivity Disorder (ADHD), as defined by DSM-5, is a disorder characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. The diagnosis of ADHD must meet all of the following criteria:</p> <p>a) Inattention, or Hyperactivity and Impulsivity:</p> <ul style="list-style-type: none"> i. Inattention: At least six (6) symptoms of inattention as characterized by DSM-5 which have persisted for at least six (6) months to a degree that is inconsistent with developmental level and negatively impacts directly on social and academic activities; or ii. Hyperactivity and Impulsivity: At least six (6) symptoms of hyperactivity and impulsivity as characterized by DSM-5 which have persisted for at least six (6) months to a degree that is inconsistent with developmental level and negatively impacts directly on social and academic activities; <p>And such behaviors have been going on since the Insured was young;</p> <p>b) Distractibility, hyperactivity, and impulsivity affect the Insured at school and at home;</p> <p>c) A health check shows that the health or learning issue is not caused by other problems; and</p> <p>d) The Insured must be undergoing appropriate therapeutic intervention including but not limited to pharmacological treatment prescribed by the Registered Medical Practitioner.</p>	<p>(12) 嚴重專注力不足及過度活躍症</p> <p>嚴重專注力不足/過度活躍是指在DSM-5的準則下，受保人經兒童精神科註冊醫生或兒童發展專家作出明確診斷，屬患上專注力不足 / 過度活躍症 (ADHD)。其特徵為持續專注力弱及 / 或過度活躍及行為衝動，並干擾功能或發展。確診ADHD必須符合以下所有條件：</p> <p>a) 專注力弱或過度活躍及行為衝動：</p> <ul style="list-style-type: none"> i. 專注力弱：根據DSM-5的準則下，持續最少六個月出現最少六項專注力弱的徵狀，以致其程度與發育水平不一致，及對社交及學術活動有直接負面影響；或 ii. 過度活躍及行為衝動：根據DSM-5的準則下，持續最少六個月出現最少六項過度活躍及行為衝動的徵狀，以致其程度與發育水平不一致，及對社交及學術活動有直接負面影響； <p>同時，受保人自小已持續出現相關行為；</p> <p>b) 分心、過度活躍及行為衝動對受保人之學校及家庭生活造成影響；</p> <p>c) 健康檢查顯示健康或學習問題並不是由其他問題所導致；及</p> <p>d) 受保人必須正接受適當的介入治療，包括不限於由主診醫生處方的藥物治療。</p>	<p>HKD/港元 25,000^(a)</p>
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<p>The below situations are excluded:</p> <ul style="list-style-type: none"> a) Diagnosis based on any other criteria other than DSM-5 or subsequent updated DSM criteria; b) Symptoms that do not interfere with or reduce the quality of social and/or academic functioning; and <p>Symptoms that occur during the course of another disorder or are attributable to the physiological effects of a substance or neurological condition and are related to another neurodevelopmental or mental disorder.</p>	<p>以下情況並不包括在此定義：</p> <ul style="list-style-type: none"> a) 診斷並非基於DSM-5或任何隨後DSM更新的準則； b) 徵狀沒有干擾或降低社交及 / 或學術功能的質素；及 <p>徵狀於另一種疾病病程中出現，並歸因於某種物質或神經系統情況的心理影響，及與另一項神經發展或精神障礙有關。</p>	
<p>(D) Illnesses related to the Nervous System</p>	<p>(D) 與神經系統相關之疾病</p>	
<p>(13) Amyotrophic Lateral Sclerosis</p> <p>Characterised by muscular weakness and atrophy, evidence of anterior horn cell dysfunction, visible muscle fasciculations, spasticity, hyperactive deep tendon reflexes and extensor plantar reflexes, evidence of corticospinal tract involvement, dysarthria and dysphagia. The diagnosis must be made by a Registered Medical Specialist who is a neurologist with appropriate neuromuscular testing such as Electromyogram (EMG). The disease must result in significant physical impairment as evidenced by the Insured's permanent inability to perform at least three (3) of the Activities of Daily Living.</p>	<p>(13) 肌萎縮性側索硬化症</p> <p>有肌肉無力及萎縮為特徵，並有以下情況作為證明：脊髓前角細胞功能失調、可見的肌肉顫動、痙攣、過度活躍之深層肌腱反射和外部足底反射、影響皮質脊髓束、構音障礙及吞嚥困難。必須由腦神經科專科醫生以適當的神經肌肉檢查如肌電圖 (EMG) 證實。本項疾病必須導致嚴重的生理功能損壞，受保人永久性無法獨立完成最少三 (3) 項日常生活活動作為證明。</p>	<p>HKD/港元 500,000</p>
<p>(14) Apallic Syndrome</p> <p>Universal necrosis of the brain cortex with the brainstem remaining intact. The definite diagnosis must be confirmed by a Registered Medical Specialist who is a neurologist. This condition must be medically documented as lasting for at least one (1) month by a Registered Medical Specialist who is a neurologist.</p>	<p>(14) 植物人</p> <p>指腦皮質全面壞死，唯腦幹仍保持完整。必須由腦神經註冊專科醫生確診。這種情況必須由腦神經註冊專科醫生證明已持續不少於一 (1) 個月。</p>	<p>HKD/港元 500,000</p>

<p>(15) Bacterial Meningitis</p> <p>Bacterial Meningitis causing inflammation of the membranes of the brain or spinal cord, which is associated with a Permanent Neurological Deficit. The diagnosis of Bacterial Meningitis must be confirmed by:</p> <ul style="list-style-type: none"> a) a Registered Medical Specialist who is a neurologist; and b) a lumbar puncture confirming the presence of bacterial infection in the cerebrospinal fluid. 	<p>(15) 細菌性腦(脊)膜炎</p> <p>a) 由細菌感染引致腦或脊髓的腦脊膜炎症，並導致永久性神經機能缺損。細菌性腦(脊)膜炎之診斷必須由以下所列確定：有關診斷必須獲腦神經註冊專科醫生確定；及</p> <p>b) 腰椎穿刺證實腦脊髓液受細菌感染。</p>	<p>HKD/港元 500,000</p>
<p>(16) Benign Brain Tumour</p> <p>A non-cancerous tumour in the brain or meninges within the cranium, giving rise to characteristic signs of increased intra-cranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. The presence of the underlying tumour must be confirmed by imaging studies such as Computed Tomography (CT) Scan or Magnetic Resonance Imaging (MRI). The following are excluded:</p> <ul style="list-style-type: none"> a) cysts; b) granulomas; c) malformations in, or of, the arteries or veins of the brain; d) haematomas; e) tumours in the pituitary gland or spine; and f) tumours of the skull base. 	<p>(16) 良性腦腫瘤</p> <p>頭臚內的腦部或腦膜的非惡性腫瘤，造成臚內壓力增加的典型症狀，例如視乳頭水腫、神經功能障礙、痙攣及感覺神經障礙。腦瘤須經由影像研究如電腦斷層掃描(CT)檢查或磁力共(MRI)檢查確認。並不包括下列任何一項：</p> <ul style="list-style-type: none"> a) 囊腫； b) 肉芽腫； c) 腦部動脈或靜脈血管畸形； d) 血腫； e) 腦垂體或脊髓腫瘤；及 f) 顱底腫瘤。 	<p>HKD/港元 500,000</p>
<p>(17) Coma</p> <p>A state of unconsciousness with no reaction or response to external stimuli or internal needs, which is associated with a Permanent Neurological Deficit, persists continuously for at least ninety-six (96) hours, and requires the use of a life support system. The Coma must be confirmed by a Registered Medical Specialist who is a neurologist. Irrespective of the above, Coma resulting directly from self-inflicted injury, alcohol or drug mis-use is excluded.</p>	<p>(17) 昏迷</p> <p>昏迷是指一種失去知覺的狀態，對外來刺激或體內需求毫無反應，並導致永久性神經機能缺損及持續最少九十六(96)小時，並需要利用生命維持系統。昏迷必須由腦神經註冊專科醫生確定。即使符合上述情況，因自我傷害所致的傷害、酒精或濫用藥物而引致的昏迷並不包括在內。</p>	<p>HKD/港元 500,000</p>

<p>(18) Encephalitis</p> <p>Severe inflammation of brain substance, which is associated with a Permanent Neurological Deficit, as certified by a Registered Medical Specialist who is a neurologist.</p>	<p>(18) 腦炎</p> <p>嚴重的腦實質炎症，並導致永久性神經機能缺損，經腦神經註冊專科醫生確定。</p>	<p>HKD/港元 500,000</p>
<p>(19) Huntington's Disease (HD)</p> <p>An unequivocal diagnosis of Juvenile Huntington Disease supported by genetic test result and confirmed by a Registered Medical Practitioner who is a specialist in the related field. There must be evidence of permanent and irreversible cognitive impairment and neurological deficit including all of the following:</p> <ul style="list-style-type: none"> a) Bradykinesia, stiffness and rigidity; b) Impaired voluntary movement; and c) Oromotor dysfunction including speech and swallowing impairment confirmed by a registered speech therapist. 	<p>(19) 兒童亨廷頓舞蹈症</p> <p>兒童亨廷頓舞蹈症須由註冊專科醫生診斷，並有基因測試結果確認。必須有永久性及不可逆轉的認知障礙及神經功能缺陷和受損，並符合以下所有情況：</p> <ul style="list-style-type: none"> a) 動作遲緩，身體僵硬及僵化； b) 不自主動作；及 c) 須由註冊言語治療師確定有口腔動作障礙，包括言語及吞嚥障礙。 	<p>HKD/港元 150,000</p>
<p>(20) Juvenile Spinal Muscular Atrophy Type I</p> <p>Juvenile Spinal Muscular Atrophy Type I means an infantile form of spinal muscular atrophy characterized by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in neurology based on electromyography (EMG) and muscle biopsy.</p> <p>To be eligible to receive a benefit under this illness, the Insured must be below age 18 at the time of first diagnosis.</p> <p>If this benefit is paid or payable then no benefit shall be payable under Juvenile Spinal Muscular Atrophy Type II.</p>	<p>(20) 第一型兒童脊髓肌萎縮症</p> <p>第一型兒童脊髓肌萎縮指脊髓前角細胞及腦幹頸神經的逐步功能障礙並有嚴重肌肉無力及延髓功能障礙。診斷須由神經科專科註冊醫生根據肌電圖(EMG)及肌肉活檢證實確診。</p> <p>受保人首次獲確實診斷患上本項疾病的年齡必須在 18 歲以下才可有資格獲得保險賠償。</p> <p>如果合資格獲得或已獲得此保險賠償，第二型兒童脊髓肌萎縮的保險索償將不符合資格。</p>	<p>HKD/港元 500,000</p>

<p>(21) Juvenile Spinal Muscular Atrophy Type II</p> <p>Juvenile Spinal Muscular Atrophy Type II means a form of spinal muscular atrophy characterized by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction. The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in neurology based on electromyography (EMG) and muscle biopsy.</p> <p>To be eligible to receive a benefit under this illness, the Insured must be below age 18 at the time of first diagnosis.</p> <p>No benefit shall be paid for Juvenile Spinal Muscular Atrophy Type II if any claim is paid or payable for Juvenile Spinal Muscular Atrophy Type I.</p>	<p>(21) 第二型兒童脊髓肌萎縮症</p> <p>第二型兒童脊髓肌萎縮指脊髓前角細胞及腦幹神經的逐步功能障礙並有嚴重肌肉無力及延髓功能障礙。診斷須由神經科專科註冊醫生根據肌電圖(EMG)及肌肉活檢結果證實確診。</p> <p>受保人首次獲確實診斷患上本項疾病的年齡必須在 18 歲以下才可有資格獲得保險賠償。</p> <p>如果符合資格獲得或已獲得第一型兒童脊髓肌萎縮的保險賠償，此保險賠償將不符合資格。</p>	<p>HKD/港元 500,000</p>
<p>(22) Juvenile Spinal Muscular Atrophy Type III</p> <p>Juvenile Spinal Muscular Atrophy Type III means a form of spinal muscular atrophy characterized by progressive dysfunction of the anterior horn cells in the spinal cord and brainstem cranial nerves with profound weakness and bulbar dysfunction leading to progressive weakness and atrophy of lower limbs for a continuous period of at least six (6) months. The diagnosis must be confirmed by Registered Medical Practitioner who is a specialist in neurology based on all of the following:</p> <ul style="list-style-type: none"> a) Muscle biopsy or molecular genetic testing confirming diagnosis of Spinal Muscular Atrophy type III; and b) Muscle weakness and muscle atrophy of both legs based on physical exam at two different dates at least 6 months apart prior to Insured attaining age 18. 	<p>(22) 第三型兒童脊髓肌萎縮症</p> <p>第三型兒童脊髓肌萎縮指脊髓前角細胞及腦幹神經的逐步功能障礙並有嚴重肌肉無力及延髓功能障礙，並且有關情況持續六(6)個月或以上。診斷須由註冊神經科醫生證實，並符合以下所有情況：</p> <ul style="list-style-type: none"> a) 肌肉活檢或分子遺傳學檢測結果證實確診第三型兒童脊髓肌萎縮；及 b) 雙腳肌肉無力及萎縮的情況經醫生兩次的身體檢查結果證實，兩次的身體檢查之間至少相隔6個月或以上，並且須在受保人18 歲之前進行 	<p>HKD/港元 500,000</p>

<p>(23) Major Head Trauma</p> <p>Accidental head injuries resulting in residual brain damage to the extent that there is a Permanent Neurological Deficit causing Significant Functional Impairment. "Significant Functional Impairment" means a Registered Medical Specialist who is a neurologist has assessed the Insured Person as scoring five (5) or less on the eight (8) point version of the Glasgow Outcome Scale of Head Injuries or equivalent levels of functional impairment on a similar scale which has been generally accepted in medical literature.</p>	<p>(23) 嚴重頭部創傷</p> <p>因頭部意外受傷導致遺留的腦部損傷，以致永久性神經機能缺損，從而導致嚴重功能障礙。「嚴重功能障礙」是指由腦神經註冊專科醫生評估受保人的格拉斯哥預後指數於八(8)分制中為五(5)分或以下，或於醫學文獻中普遍接受的同等功能障礙。</p>	<p>HKD/港元 500,000</p>
<p>(24) Multiple Sclerosis</p> <p>Unequivocal diagnosis by a Registered Medical Specialist who is a neurologist confirming more than one (1) episode of well-defined neurological deficit. There must be evidence of typical symptoms of demyelination with persisting signs of involvement of co-ordination and motor and sensory function. The diagnosis must be confirmed by Computed Tomography (CT) Scan or Magnetic Resonance Imaging (MRI) with evidence of lesions of the central nervous system.</p>	<p>(24) 多發性硬化症</p> <p>經腦神經註冊專科醫生無可置疑地證實發作多於一(1)次的明確神經機能缺損。必須有典型的脫髓鞘症狀，並伴有持續的病徵及影響到協調、運動和感覺功能。診斷必須通過電腦斷層掃描(CT)檢查或磁力共振(MRI)檢查確認，並伴 有中樞神經系統病變的證據。</p>	<p>HKD/港元 500,000</p>
<p>(25) Muscular Dystrophy</p> <p>Hereditary muscular dystrophy confirmed by a Registered Medical Specialist who is a neurologist resulting in the inability to perform, without assistance, 3 or more of the Activities of Daily Living.</p>	<p>(25) 肌營養不良</p> <p>由註冊腦神經科專科醫生證實為遺傳性肌營養不良，導致在沒有協助的情況下無法完成三(3)項或以上的日常活動。</p>	<p>HKD/港元 500,000</p>

<p>(26) Osteogenesis Imperfecta</p> <p>This is a genetic disorder characterized by brittle, osteoporotic, easily fractured bones. The Insured must be diagnosed as a type III Osteogenesis Imperfecta confirmed by the occurrence of all of the following conditions:</p> <ul style="list-style-type: none"> a) The result of physical examination of the Insured by a Registered Medical Practitioner who is a specialist in the relevant field that the Insured suffers from growth retardation and hearing impairment; and b) The result of X-ray studies reveals multiple fracture of bones and progressive kyphoscoliosis; <p>The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in the relevant field and the Insured must be below age 18 at the time of first diagnosis.</p>	<p>(26) 成骨不全症</p> <p>這是一種遺傳病，其特徵為骨骼脆弱、骨質疏鬆及容易骨折。受保人必須確診為第三型成骨不全症且出現以下所有情況以證實：</p> <ul style="list-style-type: none"> a) 相關專科註冊醫生為受保人進行身體檢查的結果顯示受保人的成長遲緩及聽覺受損；及 b) X光調查結果顯示有多處骨折及愈趨嚴重的脊椎骨後突側彎 <p>診斷必須由一名相關專科註冊醫生確認。受保人首次獲確實診斷患上本項疾病的年齡必須在 18 歲以下才可有資格獲得保險賠償。</p>	<p>HKD/港元 500,000</p>
<p>(27) Progressive bulbar palsy</p> <p>Neurological disorder with paralysis in the head region, difficulties in chewing and swallowing, problems in speaking, persistent signs of involvement of the spinal nerves and the motor centres in the brain and spastic weakness and atrophy of the muscles of the extremities. The disease must be unequivocally diagnosed by a Registered Medical Specialist who is a neurologist. These conditions have to be medically documented for at least three (3) months.</p>	<p>(27) 延髓性逐漸癱瘓</p> <p>神經系統疾病包括腦神經癱瘓、咀嚼、吞嚥及說話困難，持續性脊髓神經及腦內運動神經中樞受損，肢體強直性肌無力及肌肉萎縮，需由神經科專家顧問明確診斷。此狀況需有最少三 (3) 個月的醫療紀錄。</p>	<p>HKD/港元 500,000</p>

<p>(28) Primary Lateral Sclerosis</p> <p>A progressive degenerative disorder of the motor neurons of the cerebral cortex resulting in widespread weakness on an upper motor neuron basis. Clinically it is characterized by progressive spastic weakness of the limbs, preceded or followed by spastic dysarthria and dysphagia, indicating combined involvement of the corticospinal and corticobulbar tracts. The unequivocal diagnosis must be made by a Registered Medical Specialist who is a neurologist and confirmed by appropriate neuromuscular testing such as electromyogram (EMG). The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.</p>	<p>(28) 原發性側索硬化症</p> <p>大腦皮質運動神經元逐漸退化失調，導致由上運動神經元控制的肌肉廣泛衰弱，臨床特徵為肢體肌肉漸進式出現痙攣性衰弱，此前或其後伴有痙攣性發音及吞嚥困難，顯示皮質脊髓束及皮質延髓束同時受到影響。確診須由神經科醫生作出，並經由肌電圖檢查等適當的神經肌肉測試驗證實。病情必須導致受保人在沒有別人協助的情況下，永久性失去進行日常活動六（6）項中最少三（3）項的能力。此狀況需有最少連續三（3）個月的醫療記錄。</p>	<p>HKD/港元 500,000</p>
<p>(29) Paralysis of Limbs</p> <p>Complete and permanent loss of use of two (2) or more limbs through paralysis due to Accident or sickness.</p>	<p>(29) 癱瘓</p> <p>因意外或疾病引致癱瘓進而導致完全及永久失去兩（2）個或以上肢體的功能。</p>	<p>HKD/港元 500,000</p>
<p>(30) Poliomyelitis</p> <p>Unequivocal diagnosis by a Registered Medical Specialist who is a neurologist of infection by the polio virus leading to paralytic disease as evidenced by impaired motor function or respiratory weakness. Cases not involving paralysis and other causes of paralysis are excluded.</p>	<p>(30) 脊髓灰質炎</p> <p>須由腦神經註冊專科醫生無可置疑地確診為受脊髓灰質炎病毒的感染而引致癱瘓性之疾病，並由運動功能受損或呼吸無力所證明。不涉及癱瘓或和其他癱瘓原因的個案並不包括在內。</p>	<p>HKD/港元 500,000</p>

<p>(31) Stroke</p> <p>Any cerebrovascular accident or incident causing a Permanent Neurological Deficit, lasting at least four (4) weeks. Infarction of brain tissue, haemorrhage and embolism from an extra-cranial source are included. The diagnosis of Stroke must be confirmed by a Registered Medical Specialist who is a neurologist, based on new radiological changes as seen in a Computed Tomography (CT) Scan or Magnetic Resonance Imaging (MRI) which correlate to the functional impairments observed.</p> <p>The following are excluded:</p> <ul style="list-style-type: none"> a) Cerebral symptoms due to transient ischaemic attacks; b) Vascular disease affecting the eye or optic nerve or vestibular functions. 	<p>(31) 中風</p> <p>由於任何腦血管意外或事故導致永久性神經機能 缺損，並必須持續最少四 (4) 個星期。中風包括 腦組織梗塞、腦出血及由顱以外原因引致血栓梗塞。中風的診斷必須由腦神經註冊專科醫生根據 電腦斷層掃描 (CT) 檢查或磁力共振 (MRI) 檢查中發現與所觀察到的功能障礙有關的放射學變化來確認。並不包括下列任何一項：</p> <ul style="list-style-type: none"> a) 因短暫性腦缺血引致的腦部症狀； b) 對眼或視覺神經或前庭系統功能造成影響 的血管疾病。 	<p>HKD/港元 500,000</p>
<p>(E) Illnesses related to Major Organs and Functions</p> <p>(32) Aplastic Anaemia</p> <p>Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one (1) of the following:</p> <ul style="list-style-type: none"> a) blood product transfusion; b) marrow stimulating agents; c) immunosuppressive agents; or d) bone marrow or haematopoietic stem cell transplantation. <p>The diagnosis of Aplastic Anaemia must be confirmed by a bone marrow biopsy.</p>	<p>(E) 與主要器官和功能相關之疾病</p> <p>(32) 再生障礙性貧血</p> <p>由不可逆轉的持續骨髓衰竭所導致的貧血、嗜中性白血球減少及血小板減少而必須接受下列一 (1) 種或以上的治療：</p> <ul style="list-style-type: none"> a) 輸入血液製品； b) 骨髓刺激藥劑； c) 免疫抑制劑；或 d) 骨髓或造血幹細胞移植。 <p>再生障礙性貧血的診斷必須通過骨髓活檢證實。</p>	<p>HKD/港元 500,000</p>
<p>(33) End-Stage Liver Disease</p> <p>End stage liver disease as evidenced by all of the following:</p> <ul style="list-style-type: none"> a) permanent jaundice; b) ascites; and c) encephalopathy. <p>Liver disease secondary to alcohol or drug misuse is excluded.</p>	<p>(33) 末期肝病</p> <p>末期肝病必須有下列所有的症狀證明：</p> <ul style="list-style-type: none"> a) 永久性黃疸； b) 腹水；及 c) 腦病。 因酗酒或濫用藥物引致的肝病並不包括在內。 	<p>HKD/港元 500,000</p>

(34) End-Stage Lung Disease End stage lung disease including interstitial lung disease requiring permanent oxygen therapy as well as a FEV 1 test result of consistently less than one (1) litre.	(34) 末期肺病 末期肺病，包括需長期吸氧的間質性肺病以及第一秒最大呼氣量 (FEV 1) 的測試結果持續少於一 (1) 公升。	HKD/港元 500,000
(35) Fulminant Viral Hepatitis Sub-massive to massive necrosis of the liver by a hepatitis virus, leading precipitously to liver failure, where the following criteria are met: a) Rapid decrease in liver size associated with necrosis involving entire lobules; b) Rapid deterioration of liver enzymes; c) Deepening jaundice; and d) Hepatic encephalopathy. Hepatitis infection or carrier status alone does not meet the diagnostic criteria.	(35) 暴發性病毒性肝炎 由肝炎病毒造成的次大面積至大面積肝細胞壞死，導致急性肝衰竭，同時符合以下所有條件： a) 肝臟體積急劇縮小並涉及廣泛性肝小葉壞死； b) 肝酶急劇退化； c) 黃疸加深；及 d) 肝性腦病。 僅肝炎感染或攜帶者並不符合診斷標準。	HKD/港元 500,000
(36) Intussusception Surgery An unequivocal diagnosis of intussusception based on ultrasound by a Registered Medical Practitioner who is a pediatrician followed by undergoing bowel resection and anastomosis surgery which is considered as Medically Necessary by the treating pediatrician for treatment of intussusception. Reduction of intussusception without bowel resection and anastomosis is not eligible for the benefit. Bowel resection and anastomosis for treating conditions other than intussusception is not eligible for the benefit.	(36) 腸套疊手術 腸套疊須由註冊兒科醫生根據超聲波檢查而作出診斷。進行腸道切除及腸端縫合手術為有醫療必要的，並且完成手術。 沒有進行腸道切除及腸端縫合手術的腸套疊復位情況不在此保險賠償範圍內。用於治療腸套疊以外的疾病的腸道切除及腸端縫合手術不在此保險賠償範圍內。	HKD/港元 150,000
(37) Kidney Failure End stage renal disease, due to whatever cause or causes, with the Insured Person undergoing regular peritoneal dialysis or haemodialysis	(37) 腎衰竭 由某種原因導致的末期腎病，令受保人需定期進行腹膜透析或血液透析。	HKD/港元 500,000

(38) Major Organ Transplant The actual undergoing as a recipient of a transplant of a heart, lung, liver, pancreas, kidney or bone marrow.	(38) 主要器官移植 實際進行接受心臟，肺，肝，胰臟，腎臟或骨髓移植。	HKD/港元 500,000
(39) Pediatric Scoliosis Requiring Surgery The actual undergoing of corrective surgery to treat congenital or idiopathic scoliosis. There must be at least 45 degrees of spinal curvature abnormality at the time of surgery. Only one (1) claim can be made under this policy for either (i) Leg Length Discrepancy; or (ii) Pediatric Scoliosis with corrective surgery.	(39) 特發性脊柱側彎手術 實際接受矯正手術治療先天性或特發性脊柱側彎。手術時必須至少有 45 度的脊柱彎曲異常。 根據本保單，只可索償 (i) 腿長不一致；或 (ii) 小兒脊柱側彎矯正手術中其中一(1)項。	HKD/港元 150,000
(40) Pyloric Stenosis Surgery An unequivocal diagnosis of pyloric stenosis based on ultrasound by a Registered Medical Practitioner who is a pediatrician followed by undergoing pyloromyotomy surgery which is considered as Medically Necessary by the treating pediatrician for treatment of pyloric stenosis. Balloon dilation or any other form of treatment is specifically excluded.	(40) 幽門狹窄手術 幽門狹窄須由註冊兒科醫生根據超聲波檢查而作出診斷。進行幽門肌切開手術為有醫療必要的，並且完成手術。 球囊擴張或任何其他形式的治療不在此保險賠償範圍內。	HKD/港元 150,000
(41) Severe Ulcerative Colitis Acute fulminant ulcerative colitis with life threatening electrolyte disturbances, where all of the following criteria are met: a) the entire colon is affected, with severe bloody diarrhea; b) the necessary treatment is total colectomy and ileostomy; and c) diagnosis of Severe Ulcerative Colitis is based on histopathological features and confirmed by a Registered Medical Specialist who is a gastroenterologist.	(41) 嚴重潰瘍性結腸炎 是指急性暴發性潰瘍性結腸炎並伴有威脅生命的 電解異常，並必須符合以下所有準則： a) 整個大腸（結腸及直腸）受影響並有嚴重的帶血腹瀉； b) 需要的治療為完全結腸切除及迴腸造口術；及 c) 確診必須根據組織病理學說的特徵為依據 並經腸胃病註冊專科醫生確認。	HKD/港元 500,000

<p>(42) Surgery for Congenital Megacolon</p> <p>An unequivocal diagnosis of Congenital Megacolon also known as Hirschsprung's disease based on barium meal X-ray or colon tissue biopsy as confirmed by a Registered Medical Practitioner who is a pediatrician followed by undergoing pull-through surgery or ostomy surgery which is considered as Medically Necessary by the treating pediatrician for treatment of Congenital Megacolon.</p>	<p>(42) 先天性巨結腸的手術</p> <p>先天性巨結腸須由註冊兒科醫生根據鋇餐X光檢查或結腸組織活檢而作出診斷。進行拉通手術或造口手術為有醫療必要的，並且完成手術。</p>	<p>HKD/港元 150,000</p>
<p>(43) Wilson's Disease</p> <p>A potentially fatal disorder of copper toxicity characterized by progressive liver disease and/or neurologic deterioration due to copper deposit, where all of the following conditions are met:</p> <p>a) Diagnosis of Wilson's Disease by a Registered Medical Practitioner who is a specialist in the relevant field, confirmed with liver biopsy; and</p> <p>b) treatment of the disorder with a chelating agent which is documented for at least six (6) months.</p>	<p>(43) 威爾遜病</p> <p>威爾遜病是一種可能危及生命的銅毒性疾 病，以銅沉積造成的漸進性肝功能損害及／ 或神經功能惡化為特徵，並須符合下列所 有狀況：</p> <p>a) 必須由相關專科的註冊醫生透過肝活 組織檢查術確定診斷；及</p> <p>b) 使用螯合劑進行治療已經記錄為持續 最少六(6)個月。</p>	<p>HKD/港元 150,000</p>

(F) Other Major Illnesses	(F) 其他主要疾病	
<p>(44) Acquired Immune Deficiency Syndrome (AIDS) / Human Immunodeficiency Virus (HIV) due to Blood Transfusion</p> <p>being infected by Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) provided that:</p> <ul style="list-style-type: none"> a) the infection is due to blood transfusion received after the policy effective date; b) the blood transfusion is received on the advice of and under the regular care and attention of a Registered Medical Specialist in the relevant field and is received in a legally constituted Hospital in Hong Kong; and c) certification is received from the Registered Medical Specialist in the relevant field performing the relevant blood transfusion and from the legally constituted blood or blood product supplier in Hong Kong which supplied the particular blood or blood product for the relevant transfusion confirming that the Insured Person is infected by HIV or AIDS through blood transfusion. <p>This insurance will not apply and no benefit payment will be payable whenever a Cure is available. "Cure" means any treatment that renders the HIV inactive or non-infectious.</p>	<p>(44) 因輸血而感染愛滋病/人體免疫力缺乏病毒</p> <p>受保人感染了人體免疫力缺乏病毒 (HIV) 或後天免疫機能喪失綜合症 (AIDS)，亦稱愛滋病，並須符合下列各項條件：</p> <ul style="list-style-type: none"> a) 感染是在保單生效日後接受輸血導致； b) 輸血是根據有關領域的註冊專科醫生的意見並在其定期護理下，於香港合法醫院中進行；及 c) 從執行輸血的有關領域的註冊專科醫生以及為相關輸血提供了特定的血液或血液製品的香港合法供應商獲得證明，以確認受保人通過該輸血感染了人體免疫力缺乏病毒 (HIV) 或愛滋病 (AIDS)。 <p>若已有任何療法可供醫治，則是項保障並不適用，我們亦不會作出任何賠償。「療法」是指任何可以使人體免疫力缺乏病毒 (HIV) 變為不活躍或非傳染性的治療。</p>	HKD/港元 500,000
<p>(45) Ebola</p> <p>Infection with the Ebola virus where the following conditions are met:</p> <ul style="list-style-type: none"> a) presence of the Ebola virus has been confirmed by laboratory testing; b) there are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and c) the infection does not result in death. 	<p>(45) 伊波拉</p> <p>伊波拉病毒感染，同時符合以下所有條件：</p> <ul style="list-style-type: none"> a) 由實驗室檢驗證明伊波拉病毒存在； b) 由出現有關病徵開始起計持續超過三十 (30) 天不斷因感染引致併發症；及 c) 感染並沒有導致死亡。 	HKD/港元 500,000

<p>(46) Severe Hemophilia</p> <p>Severe Hemophilia means the condition where the insured is suffering from severe hemophilia A (VIII deficiency) or hemophilia B (IX deficiency) with factor VIII or factor IX activity levels less than 1%. The diagnosis must be confirmed by a Registered Medical Practitioner who is a specialist in hematology and the Insured must be below age 18 at the time of first diagnosis.</p>	<p>(46) 嚴重血友病</p> <p>嚴重血友病指受保人必須是患上嚴重甲型血友病（缺乏VIII 凝血因子）或嚴重乙型血友病（缺乏 IX 凝血因子），而凝血因子VIII 或凝血因子 IX 的活性水平少於 1%。 診斷必須由一名註冊血液專科醫生確認。 受保人首次獲確實診斷患上本項疾病的年齡必須在 18 歲以下才可有資格獲得保險賠償。</p>	<p>HKD/港元 500,000</p>
<p>(47) Severe Rheumatoid Arthritis</p> <p>Severe Rheumatoid Arthritis where all of the following criteria are met:</p> <ol style="list-style-type: none"> fulfill the diagnostic criteria of Rheumatoid Arthritis Classification by the American College of Rheumatology (ACR) as confirmed by a Registered Medical Specialist who is a rheumatologist; widespread joint destruction with major clinical deformity of three (3) or more of the following areas: hands, wrists, elbows, spine, knees, ankles, feet; permanent inability to perform, without assistance, two (2) Activities of Daily Living; and the above conditions has lasted for at least six (6) months. 	<p>(47) 嚴重類風濕關節炎</p> <p>符合以下所有條件的嚴重類風濕關節炎：</p> <ol style="list-style-type: none"> 達到美國風濕病學會 (ACR) 就類風濕關節炎所界定之診斷準則，並由風濕病註冊 專科醫生確認； 廣泛性關節損壞及下列之關節部位有三 (3) 個或以上出現嚴重臨床變形：手，腕，肘，脊柱，膝蓋，腳踝，腳； 在沒有幫助的情況下永久性失去進行最少 兩 (2) 項日常生活活動的能力；及 上述狀況已持續最少六 (6) 個月。 	<p>HKD/港元 500,000</p>

<p>(48) Still's Disease</p> <p>The occurrence of Still's Disease, a form of juvenile chronic arthritis, where all of the following conditions are met:</p> <ol style="list-style-type: none"> There is widespread joint destruction as a result of the disease necessitating hip or knee replacement; and The Diagnosis has been confirmed by a Registered Medical Practitioner who is a rheumatologist. 	<p>(48) 斯蒂爾病</p> <p>斯蒂爾病（一種幼年型慢性關節炎）須符合下列所有條件：</p> <ol style="list-style-type: none"> 因該病引致廣泛性關節破壞，以致需要進行髋及膝關節置換；及 由風濕病專科註冊醫生確定診斷。 	<p>HKD/港元 150,000</p>
<p>(49) Systemic Lupus Erythematosus (SLE) with Lupus Nephritis</p> <p>Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of this definition, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded. Abbreviated ISN/RPS classification of lupus nephritis (2003):</p> <ul style="list-style-type: none"> Class I - Minimal mesangial lupus nephritis Class II - Mesangial proliferative lupus nephritis Class III - Focal lupus nephritis Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis Class V - Membranous lupus nephritis Class VI - Advanced sclerosing lupus nephritis 	<p>(49) 系統性紅斑狼瘡連狼瘡性腎炎</p> <p>多系統自身免疫性疾病，特徵是產生自身抗體以對抗多種自身抗原。就此定義而言，系統性紅斑狼瘡（SLE）僅限指涉及腎臟（經腎臟活檢確定為國際腎臟協會/腎臟病理協會（ISN/RPS）的狼瘡性腎炎分類（2003）中的第三級、第四級、第五級或第六級）的系統性紅斑狼瘡。其他類型如盤狀紅斑狼瘡，以及只涉及血液和關節的系統性紅斑狼瘡，則明確不受保。國際腎臟協會/腎臟病理協會（ISN/RPS）的狼瘡性腎炎分類（2003）：</p> <ul style="list-style-type: none"> 第一級 - 微小系膜狼瘡性腎炎 第二級 - 系膜增生性狼瘡性腎炎 第三級 - 病灶性狼瘡性腎炎 第四級 - 彌漫性節段性（IV-S級）狼瘡性腎炎或全球性（IV-G級）狼瘡性腎炎 第五級 - 膜性狼瘡性腎炎 第六級 - 高度硬化性狼瘡性腎炎 	<p>HKD/港元 500,000</p>

<p>(50) Systemic Scleroderma</p> <p>A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a Registered Medical Specialist who is a rheumatologist and supported by biopsy or equivalent confirmatory test, and serological evidence, and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys. The following are excluded:</p> <ul style="list-style-type: none"> a) Localized scleroderma (linear scleroderma or morphea); b) Eosinophilic fascitis; and c) CREST syndrome 	<p>(50) 系統性硬皮病</p> <p>是一種全身性膠原血管疾病引起進行性瀰漫性皮膚、血管和內臟器官的纖維化。診斷必須由風濕病註冊專科醫生經活檢或血清學檢查無可置疑地證實，和病變必須侵犯至心臟、肺或腎。並不包括下列任何一項：</p> <ul style="list-style-type: none"> a) 局部硬皮病（線性硬皮病或硬斑病）； b) 嗜酸性粒細胞筋膜炎；及 c) CREST 症候群。 	<p>HKD/港元 500,000</p>
<p>(51) Transfusion-Dependent Severe Beta-Thalassemia</p> <p>An unequivocal diagnosis of hereditary beta thalassemia major that is confirmed by a Registered Medical Practitioner who is a specialist in hematology supported by all of the following conditions:</p> <ul style="list-style-type: none"> a) diagnosis prior to insured attaining age 18 based on complete blood count and hemoglobin electrophoresis analysis; and b) prior to attaining age 18 the insured undergoes at least three blood transfusions within a period of at least six (6) months. <p>Non-transfusion dependent thalassemia, Beta Thalassemia intermedia and Beta Thalassemia minor is specifically excluded.</p>	<p>(51) 依賴輸血的β 重型地中海型貧血</p> <p>須由註冊血液專科醫生確認的遺傳性β 重型地中海型貧血診斷，並符合以下所有條件：</p> <ul style="list-style-type: none"> a) 根據全血細胞計數和血紅蛋白電泳分析，在受保人年滿 18 歲之前進行診斷；及 b) 受保人在18歲之前，在至少六(6)個月內接受至少三次輸血。 <p>非依賴輸血的β 重型地中海型貧血、β 中型地中海貧血和β 輕型地中海貧血不在此保險賠償範圍內。</p>	<p>HKD/港元 500,000</p>

(G) Disabilities	(G) 殘障	
<p>(52) Blindness</p> <p>Irrecoverable loss of sight of both eyes as a result of injury or disease, where any one of the following conditions is met:</p> <p>a) the best corrected visual acuity in both eyes must be 6/60 or less using a Snellen Chart or equivalent test; or</p> <p>b) the best corrected visual field in both eyes must be twenty (20) degrees or less.</p> <p>The diagnosis must be certified by an ophthalmologist's report issued by a Registered Medical Specialist who is an ophthalmologist.</p>	<p>(52) 失明</p> <p>因疾病或意外導致的雙目失去視力及不可復原，同時符合以下其中一項條件：</p> <p>a) 使用施氏視力表或同等測試，雙目的最佳矯正視力必須為 6/60 或以下；或</p> <p>b) 雙目的最佳矯正視野必須在二十(20)度或以下。</p> <p>診斷必須由眼科註冊專科醫生發出的眼科報告確定。</p>	<p>HKD/港元 500,000</p>
<p>(53) Loss of Hearing</p> <p>Total and irreversible loss of hearing (involving the loss of at least eighty (80) decibels in all frequencies of hearing) in both ears as a result of illness or injury.</p> <p>Medical evidence in the form of an audiology and sound-threshold test must be provided, and the diagnosis of Loss of Hearing must be confirmed by a Registered Medical Specialist in ear, nose and throat (ENT).</p>	<p>(53) 失聰</p> <p>因疾病或意外導致雙耳完全失去聽覺及不可復原(指喪失所有頻率中最少八十(80)分貝的聽力)。</p> <p>診斷必須由耳鼻喉註冊專科醫生(ENT)確診，並由聽力測驗和聲域測驗證實。</p>	<p>HKD/港元 500,000</p>

<p>(54) Loss of One Eye and One Limb</p> <p>The Insured Person has sustained both of the following:</p> <ul style="list-style-type: none"> a) Irreversible loss of sight in one (1) eye (aided or unaided), where any one of the following conditions is met: <ul style="list-style-type: none"> i. the best corrected visual acuity in one (1) eye must be less than 6/60 using a Snellen Chart or equivalent test; or ii. the best corrected visual field in one (1) eye must be twenty (20) degrees or less. The diagnosis must be certified by an ophthalmologist's report issued by a Registered Medical Specialist who is an ophthalmologist.; and b) Total and irreversible severance of one (1) limb at or above the wrist or ankle. 	<p>(54) 失去一肢及一眼</p> <p>受保人須同時符合以下條件：</p> <ul style="list-style-type: none"> a) 一(1)眼失去視力及不可復原(輔助或無輔助)。同時符合以下其中一項條件： i. 使用施氏視力表或同等測試，一(1)眼的最佳矯正視力必須為6/60或以下；或 ii. 一(1)眼的最佳矯正視野必須在二十(20)度或以下。 診斷必須由眼科註冊專科醫生發出的眼科報告確定；及 b) 一(1)肢已斷離並且不可駁回，但斷肢必須是在手腕或腳踝以上。 	<p>HKD/港元 500,000</p>
<p>(55) Loss of Speech</p> <p>Total permanent and irrecoverable loss of the ability to speak due to physical damage to the vocal cords which must be established for a continuous period of three (3) months.</p>	<p>(55) 肢失語言能力</p> <p>聲帶因物理傷害導致完全喪失說話能力及不可復原，喪失說話能力必須持續三 (3) 個月。</p>	<p>HKD/港元 500,000</p>
<p>(56) Major Burns</p> <p>Third (3rd) degree burns due to injury covering at least twenty percent (20%) of the body surface as measured by the Lund and Browder Surface Chart.</p>	<p>(56) 嚴重燒傷</p> <p>根據 Lund and Browder Surface Chart 的測量，受保人最少有百分之二十 (20%) 的身體表面受到三 (3) 級燒傷。</p>	<p>HKD/港元 500,000</p>

(H) Supplementary Coverages	(H) 附加保障	
<p>(57) Loss of Independent Existence^(b)</p> <p>The unequivocal diagnosis must be made by a Registered Medical Specialist in the relevant field that the Insured Person is not able to perform at least three (3) Activities of Daily Living without assistance, as a result of injury or disease. Such Loss of Independent Existence must be certified by our medical adviser and have continued without interruption for at least six (6) consecutive months.</p>	<p>(57) 不能獨立生活^(b)</p> <p>必須由有關領域的註冊專科醫生無可置疑地確診受保人因受傷或疾病而在沒有幫助的情況下失去進行最少三 (3) 項日常生活活動的能力。這種不能獨立生活必須由我們的醫學顧問證明，並且無間斷地持續最少六 (6) 個月。</p>	<p>HKD/港元 500,000</p>

<p>(58) Major Medical Treatment</p> <p>The actual undergoing of a Medically Necessary Complex Surgery in Hong Kong due to an injury or illness condition, which directly or indirectly results in admission to Intensive Care Unit (ICU); and being treated with life supporting medical devices of one-hundred-and-twenty (120) or more consecutive hours in post-surgical care. Intensive Care Unit (ICU) includes: High Dependency Unit (HDU), Intensive Therapy Unit / Intensive Care Unit (ITU/ICU), Coronary Care Unit (CCU) and Neuro Intensive Care Unit (NICU). ICU admission due to the following events are excluded:</p> <ul style="list-style-type: none"> a) any treatment or surgical procedure for congenital abnormalities or deformities including hereditary and developmental conditions; b) pregnancy or pregnancy related conditions including: childbirth (whether surgical or otherwise), miscarriage, abortion, prenatal or postnatal care, surgical, mechanical or chemical contraceptive methods of birth control, test or treatment pertaining to infertility and erectile dysfunction and sterilization; c) non-Medically Necessary surgeries or procedures such as, but not limited to, plastic/cosmetic surgery, gender changes, bariatric surgery or any surgery of experimental, investigational or research nature; or d) psychotic or nervous disorders (including psychosis, neurosis and their physiological psychosomatic manifestations). 	<p>(58) 重大醫療情況</p> <p>因受傷或疾病而於香港實際進行的醫療所需的複雜手術，同時由於手術關係直接或間接導致進入重症監護病房 (ICU) 並已接受連續一百二十 (120) 小時或以上的生命支持醫療設備的手術後治療。重症監護病房 (ICU) 包括：加護病房 (HDU)、重症治療病房/重症監護病房 (ITU/ICU)、心臟科監護病房 (CCU) 和神經科監護病房 (NICU)。由於以下事件導致進入重症監護病房 (ICU) 並不包括在內：</p> <ul style="list-style-type: none"> a) 對先天異常或畸形，包括遺傳和發育狀況的任何治療或手術程序； b) 懹孕或與懷孕相關的疾病，包括分娩 (不論是否外科手術)，流產，人工流產和產前或產後護理，手術、機械或化學避孕，有關不育、勃起功能障礙的測試或治療以及絕育； c) 非醫療所需的手術或程序，例如但不限於整形/美容手術，變性，減肥手術或任何具有實驗、調查或研究性質的手術；或 d) 精神或神經疾病 (包括精神病，精神官能症及其生理身心表現)。 	<p>HKD/港元 500,000</p>
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(59) Terminal Illness	(59) 末期疾病	HKD/港元 500,000
<p>The conclusive unequivocal diagnosis of an illness that is expected to result in the death of the Insured Person within twelve (12) months. This diagnosis must be supported by a Registered Medical Specialist in the relevant medical field and confirmed by our medical adviser.</p>	<p>受保人無可置疑地確診為極可能在十二 (12) 個月內身故的疾病。有關確診必須由相關註冊專科醫生支持，並由我們的醫學顧問確定。</p>	
<p>Notes:</p> <p>(a) The total benefit limit for Severe Autism and Severe ADHD is HKD150,000. For example, if HKD25,000 has been paid for Severe ADHD as Congenital and Juvenile Disease Benefit, the balance of the benefit payable under this plan for Severe Autism will be HKD125,000.</p> <p>嚴重自閉症以及嚴重專注力不足及過度活躍症的總賠償限額為150,000港元。舉例來說，若我們已為嚴重專注力不足及過度活躍症支付25,000港元作為先天性及兒童疾病保障，本計劃就嚴重自閉症應支付的賠償餘額將為125,000港元。</p> <p>(b) The Insured Person's Age shall be at least five (5) at the time of the diagnosis of the Loss of Independent Existence.</p> <p>受保人在被診斷為不能獨立生活之時年齡須至少五(5)歲。</p>		

ICU Admission and Phototherapy for Severe Jaundice	深切治療部留醫及嚴重黃疸的照光治療	Benefit limit 保障限額
<p>(1) ICU Admission</p> <p>The actual occurrence of Medically Necessary confinement at an Intensive Care Unit (ICU) of a Hospital in Hong Kong for a continuous period of 72 hours or more with the use of Invasive Life Support.</p> <p>“ICU” or “Intensive Care Unit” means a section within a Hospital which is designated as an intensive care unit by the Hospital providing one to one nursing care, in which patients undergo specialized resuscitation, monitoring and treatment procedures. The unit must be staffed 24 hours a day with highly trained nurses, technicians and doctors, and be equipped with resuscitative equipment and monitoring devices that allow continuous assessment of vital body functions such as heart rate, blood pressure and blood chemistry.</p> <p>“Invasive Life Support” means mechanical ventilation through tracheal intubation, the use of left ventricular assist device (LVAD), intra-aortic balloon pump or Extracorporeal Membrane Oxygenation (ECMO), for the purpose of sustaining life. Ventilation by any non-invasive ventilator such as Continuous Positive Airway Pressure (CPAP), Bi-level Positive Airway Pressure (BiPAP) or face mask, shall not be considered as Invasive Life Support.</p>	<p>(1) 深切治療部留醫</p> <p>因醫療必要而入住位於香港的醫院深切治療部 (ICU) · 必須連續住院 72 小時或以上 · 並且使用侵入性維生支持。</p> <p>「ICU」或「深切治療部」是指醫院指定用作深切治療部之範圍 · 以便為病人提供一對一之護理服務及進行恢復其知覺、監察及治療等特別程序。該病房必須每日24小時均由接受過特別訓練的護士、技術人員以及醫生留守 · 並配備復甦儀器及監察器 · 以便持續監察 / 評估各種維持生命的重要功能 · 如心跳速度、血壓和血液內的化學性質。</p> <p>「侵入性維生支持」是指就維持生命而借助氣管插管機械式呼吸輔助 · 使用左心室輔助裝置 (LVAD) · 主動脈內氣囊泵或體外膜肺氧合支援療法 (ECMO) · 任何非侵入性呼吸機 (例如持續性正壓呼吸器 (CPAP) 、雙正壓呼吸器(BiPAP) 或面罩) 將不被視為侵入性維生支持。</p>	<p>每天 HKD/港元 2,000 per day; 最高up to HKD/港元 20,000</p>

<p>(2) Phototherapy for Severe Jaundice</p> <p><i>Only applicable for the Pre-Birth Version of the Plan</i></p> <p>The Insured Person who is born on or after thirty-seven (37) weeks of gestation suffers from neonatal jaundice and receives Medically Necessary in-patient phototherapy in a Hospital in Hong Kong for at least five (5) consecutive days within 30 days from the date of Live Birth.</p>	<p>(2) 嚴重黃疸的光線治療</p> <p>只適用於本計劃的產前版本</p> <p>懷孕三十七 (37) 周或之後出生的受保人患有新生兒黃疸，並於出生日期起三十 (30) 天內在位於香港的醫院接受至少連續五 (5) 天住院的光線治療。住院光線治療必須為有醫療必要的。</p>	<p>每天 HKD/港元 2,000 per day ; 最高up to HKD/港元 20,000</p>
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Other Definitions

其他定義

<p>Activities of Daily Living</p> <p>"Activities of Daily Living" shall mean any of the activities listed and specified below:</p> <ul style="list-style-type: none"> a) washing: washing oneself in the bath or shower (including getting in or out of the bath or shower) or wash oneself by any other means; b) dressing: putting on and taking off all necessary items of clothing without requiring assistance of another person; c) feeding: all tasks of getting food into the body once it has been prepared without requiring assistance of another person; d) continence: voluntarily controlling bladder and bowel functions so as to maintain personal hygiene; e) transferring: getting in and out of a chair or bed without requiring any physical assistance; and f) moving: moving from room to room without requiring any physical assistance. <p>The inability to perform any of the above listed Activities of Daily Living resulted from any medical conditions and surgical procedures relating to Bowtie Children's Growth Term Critical Illness Insurance must be confirmed by a Registered Medical Specialist on or after the fifth (5th) birthday of the Insured Person except where the context otherwise specified.</p>	<p>日常生活活動</p> <p>「日常生活活動」是指下列任何活動：</p> <ul style="list-style-type: none"> a) 洗澡：自行在浴缸或淋浴間進行沐浴或淋浴（包括進出浴缸或淋浴間）或使用其他方式洗澡； b) 更衣：在無需其他人士幫助的情況下，自行穿著及除掉一切所需衣物； c) 餵養：在無需其他人士幫助的情況下，自行進食已預備好之食物； d) 如廁：自發控制膀胱及大腸功能，以保持個人衛生； e) 移動：在無需任何幫助的情況下，自行上落床、坐椅及自椅子起立；及 f) 行動：在無需任何幫助的情況下，自行由某一間房間移動至另一間房間。 <p>由任何與Bowtie 子女成長危疾保相關的醫療狀況和手術程序而導致沒有能力做到上述的日常生活活動，除內文另有所指，它們必須於受保人年齡五（5）歲生日或之後被註冊專科醫生確認。</p>
<p>Hospital</p> <p>"Hospital" shall mean a lawfully operating institution licensed as a hospital for the care and treatment of injured or ill persons which provides facilities for diagnosis, major surgery and twentyfour (24)-hour nursing service and is not primarily a rest or convalescent home, or similar establishment or, other than incidentally, a place for treatment of alcoholics or drug addicts.</p>	<p>醫院</p> <p>「醫院」是指合法營運及註冊為醫院的機構，為受傷或不適的人提供護理及治療，並提供診斷及進行大型手術的設施與二十四 (24) 小時護理服務，而並非主要作為寧養或紓緩護理中心、戒酒或戒毒中心或同類機構。</p>
<p>Medically Necessary</p>	<p>醫療所需</p>

“Medically Necessary” shall mean the conditions in respect of any medical procedures, which are, in our opinion:

- a) required for, appropriate and consistent with the symptoms and findings or diagnosis and treatment of the injury or sickness;
- b) in accordance with generally accepted medical practice and not of an experimental or investigative nature;
- c) not for the convenience of the Insured Person, the Policy Holder, the medical practitioner or any other person; and
- d) not able to be omitted without adversely affecting the Insured Person's medical condition.

「醫療所需」是指就醫療程序而言，我們認為所符合的下列情況：

- a) 根據受傷或患病的症狀及調查結果或診斷及治療判斷為必需、適當及一致；
- b) 符合公認的醫學標準，而非實驗性或調查性質；
- c) 並非為對受保人、保單持有人、醫師或任何其他人帶來方便而提供；及
- d) 不能省卻，否則會對受保人的健康狀況產生不利影響。

Permanent Neurological Deficit

“Permanent Neurological Deficit” shall mean symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the Insured Person's life. Symptoms that are covered include numbness, hyperesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of co-ordination, tremor, seizures, lethargy, dementia, delirium and coma. The following are not covered:

- a) an abnormality seen on brain or other scans without definite related clinical symptoms;
- b) neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms; or
- c) symptoms of psychological or psychiatric origin.

永久性神經機能缺損

「永久性神經機能缺損」是指臨床檢查中出現的神經系統功能障礙症狀，預計將持續至受保人一生。所涵蓋的症狀包括麻木，感覺異常（敏感性增加），麻痺，局部虛弱，構音障礙（說話困難），失語症（無法說話），吞嚥困難，視力障礙，行走困難，缺乏協調，震顫，癲癇，嗜睡，癡呆，譫妄和昏迷。並不包括下列任何一項：

- a) 在腦部或其他掃描中發現但沒有明確的相關臨床的異常症狀；
- b) 發生沒有異常症狀的神經學跡象，例如無其他症狀的反射增加；或
- c) 心理或精神病學症狀。