

Schedule of Benefits

保障福利表

This Schedule of Benefits and Policy Face Page forms part of the health insurance Policy and is a summary outline of the benefits payable under the Policy. All benefits described are subject to the definitions, limitations, exclusions, and provisions of the Policy Face Page and the Schedule of Benefits. All amounts are shown in USD.

本保障福利表及本保险单构成本医疗险条款之组成内容，概述了本条款下的福利赔付额。所述全部福利均适用本保险单和本保障福利表之定义、限制条件、责任除外和条款的限额。所有货币单位均为美元。

The following benefits are per person per Policy Period and subject to the Plan Participant's Policy Period Deductible. After satisfaction of the Policy Period Deductible, Insurer will pay the eligible benefits set forth in this Schedule at the Allowable Charge, which is defined as Usual, Customary, and Reasonable (UCR). This is the lower of: a) the Provider's usual charge for furnishing the treatment, service or supply; or b) the charge determined by the Insurer to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons who reside in the same country and whose Injury or Illness is comparable in nature and severity.

以下每位被保险人在每个保单期间的福利受限于被保险人保单年度内的免赔额。在满足保单年度内的年免赔额后，保险公司将根据该保险福利表支付合理的费用。可保费用的定义为常规收费水平 (UCR)。此项收费为以下两项费用中较低的收费：a) 医疗供应商提供治疗、服务或必需品的费用；b) 保险公司认定的其他医疗供应商向居住在同一个国家/地区且受伤或疾病性质和程度相似人员提供此类治疗、服务或必需品收取的费用。

Benefits will be paid on a Usual, Customary, and Reasonable basis, subject to Policy exclusions, limitations and conditions, for the charges listed, if they are; incurred as a result of Illness or Accidental bodily injury, under the care of a Physician, Medically Necessary; ordered by a Physician; and delivered in an appropriate medical setting.

所有赔付的项目需为符合医学惯例、通常且合理、受制于保单责任除外及限额、由疾病或意外带来的身体损伤引起、且为医疗必需或医师建议、并进行了合适的医疗治疗的费用。

GENERAL FEATURES AND PLAN SPECIFICATIONS 一般特征与计划说明			
U.S. Provider Network 美国医疗服务网络		Aetna Aetna	
Annual Maximum 年限额		Unlimited 无限制	
Lifetime Maximum 终身限额		Unlimited 无限制	
		Outside U.S. and U.S. In-Network 美国以外和美国网络内	U.S. Out-of- Network 美国非网络内
Plan Coinsurance 计划赔付比例		100% UCR 100%常规收费水平	80% UCR 80%常规收费水平
		OR	
		80% UCR 80%常规收费水平	60%UCR 60%常规收费水平
Overall Individual Deductible 个人年免赔额 • Family is 2x Individual 家庭免赔额为个人免赔额的 2 倍	Option 1: 可选1 :	USD 0 0美元	USD500 500美元
	Option 2: 可选2 :	USD250 250美元	USD500 500美元
Office Visit Co-payment, including Student Health Center 每次免赔额，包括学生健康中心		USD 25 25美元	USD 50 50美元
Emergency Room Deductible 急诊室免赔额 (waived if admitted) (不适用于经急诊室转入住院)		USD250 per Occurrence 每次事故250美元	
Out-of-Pocket-Maximum 最高自付限额		USD6,350 (excluding deductible) 6,350美元 (免赔额除外)	Unlimited 无限制
Pre-Existing Conditions 既往症		Covered for Policy Periods of 120 Days or More 对于120 天及以上的保单承保	
Residence Country Coverage 居住国保障		Up to USD1,000 per Policy Period 每个保单期间最高1,000美元	
Area of Coverage 保障范围		Worldwide 全球	

Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum. 承保服务及福利： 受限于免赔额，自付比例，自付额以及最高限额		PLAN REIMBURSEMENT 计划赔付 Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100% 当满足年自付限额（自付比例最高限额）后，100%赔付	
		Outside U.S. and U.S. In-Network 美国以外和美国网络内	U.S. Out-of- Network 美国非网络内
HOSPITALIZATION AND INPATIENT BENEFITS 住院治疗			
Inpatient Expense 住院费用			
<ul style="list-style-type: none"> Room and Board (semi-private room) 病房和膳食（双人病房） Intensive Care/Cardiac Care 重症监护/心脏监护 Inpatient Consultation (Physician or Specialist) 住院诊疗（住院医师或专家） Use of operation room and recovery room; 手术室和复苏室的使用； All medicines listed in the U.S. Pharmacopoeia or National Formulary; 所有列入《美国药典或国家处方集》的药品； Blood transfusions, blood plasma, blood plasma expanders, and all related testing, components, equipment and services; 输血、血浆、血液血浆膨胀剂和所有相关的检验、组件、设备及服务； Respiratory therapy rendered by a Physician or registered respiratory therapist; 由医生或注册呼吸治疗师进行的呼吸治疗； 		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平
Surgical Expense 手术费用			
<ul style="list-style-type: none"> Inpatient Surgery or Procedure 住院手术或治疗 Assistant Surgeon and Anesthesiologist 助理外科医生或麻醉师 Surgical dressings; 外科敷料； Reconstructive Surgery 重建手术 		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平

Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum. 承保服务及福利： 受限于免赔额，自付比例，自付额以及最高限额		PLAN REIMBURSEMENT 计划赔付 Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100% 当满足年自付限额（自付比例最高限额）后，100%赔付	
		Outside U.S. and U.S. In-Network 美国以外和美国网络内	U.S. Out-of- Network 美国非网络内
Diagnostic Tests and Procedures 诊断测试和治疗			
<ul style="list-style-type: none"> MRI, PET and CT Scans, X-Rays, Pathology, Laboratory, Echocardiography, Ultrasound, Endoscopy (e.g. gastroscopy, colonoscopy, cystoscopy) 核磁共振检查、正电子发射断层扫描及 CT 扫描、X 光线费、病理分析、化验、超声心动图、超声波检查以及内窥镜检查（如胃镜、肠镜和膀胱镜）		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平
OUTPATIENT BENEFITS 门诊治疗			
Outpatient or Ambulatory Surgery 门诊或门诊手术			
<ul style="list-style-type: none"> Outpatient or Ambulatory Surgery 门诊或门诊手术 Outpatient Surgeon Expense 门诊外科医生费用 Anesthesia, Drugs, Medications 麻醉、药物或药品 		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平
Outpatient Physician Visit 门诊医师			
<ul style="list-style-type: none"> General Practitioner or Specialist 普通医师或专家 Urgent Care Center 急诊中心 		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平
Diagnostic Tests and Procedures 诊断测试和治疗			
<ul style="list-style-type: none"> MRI, PET and CT Scans, X-Rays, Pathology, Laboratory, Echocardiography, Ultrasound, Endoscopy (e.g. gastroscopy, colonoscopy, cystoscopy) 核磁共振检查、正电子发射断层扫描及 CT 扫描、X 光线费、病理分析、化验、超声心动图、超声波检查以及内窥镜检查（如胃镜、肠镜和膀胱镜）		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平

Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum. 承保服务及福利： 受限于免赔额，自付比例，自付额以及最高限额		PLAN REIMBURSEMENT 计划赔付 Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100% 当满足年自付限额（自付比例最高限额）后，100%赔付	
		Outside U.S. and U.S. In-Network 美国以外和美国网络内	U.S. Out-of- Network 美国非网络内
Prescription Drugs 处方药			
<ul style="list-style-type: none">Includes Contraceptives 包括避孕药	80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平	
	<ul style="list-style-type: none">Up to 31-day supply per prescription 每个处方最多供应 31 天		
Diabetic Medical Supplies 糖尿病医疗辅助设备			
Includes Insulin Pumps and associated supplies 包括胰岛素泵及相关用品	80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平	
	USD7,500 Maximum per Policy Period 每个保单期间限额7,500美元		
Therapeutic Services, Physiotherapy 理疗服务，物理疗法			
Physical Therapy, Chiropractic, Occupational Therapy, Vocational Speech Therapy, only when prescribed by a Physician 经医嘱的物理治疗、脊椎推拿、职业疗法以及语言障碍治疗。	80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平	
	USD70 per visit, maximum 30 visits per Policy Period per injury or Illness 每个保单期间每次损伤或疾病最多 30 次就诊,每次70美元		
Homeopathic Care and Acupuncture 顺势疗法和针灸			
Treatment for a covered illness 可保疾病的治疗	80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平	
	USD500 Maximum per Policy Period 每个保单期间限额500美元		

<p>Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum.</p> <p>承保服务及福利： 受限于免赔额，自付比例，自付额以及最高限额</p>	<p>PLAN REIMBURSEMENT 计划赔付</p> <p>Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100%</p> <p>当满足年自付限额 (自付比例最高限额) 后，100%赔付</p>	
	<p>Outside U.S. and U.S. In-Network 美国以外和美国网络内</p>	<p>U.S. Out-of- Network 美国非网络内</p>
<p>Preventive Care and Annual Exams 体检疫苗和年度体检</p>		
<p>Child Wellness: 儿童健康：</p> <ul style="list-style-type: none"> Includes child immunizations and routine medical exams 包括儿童疫苗接种和常规医学检查 0-12 months of age – maximum 9 visits 0-12 个月年龄段，上限 9 次 Up to 18 years – Annual visit 至18周岁 – 每年一次 <p>Adult Wellness: 成人健康：</p> <ul style="list-style-type: none"> Adult Female and Male Examinations, Mammograms and Immunizations 成年女性与男性健康检查，乳房X光和疫苗接种 Covered on an Annual Exam Basis (USD100 per policy) 一年一次 (每保单年度100美元) 	<p>100% UCR 100% 常规收费水平</p>	<p>80% UCR 80% 常规收费水平</p>
<p>SPECIAL COVERAGES 特殊治疗</p>		
<p>Chemotherapy, Radiotherapy 化疗、放疗</p>		
<ul style="list-style-type: none"> Coverage for chemotherapy and radiotherapy 化疗和放疗保障 	<p>80% UCR 80% 常规收费水平</p>	<p>60% UCR 60% 常规收费水平</p>
<p>Mental Health 精神疾病</p>		
<ul style="list-style-type: none"> Inpatient benefit to treat a covered diagnosis 用于承保诊断所接受治疗的住院福利 Outpatient treatment 门诊治疗 	<p>80% UCR 80% 常规收费水平</p>	<p>60% UCR 60% 常规收费水平</p>
<p>Alcohol and Drug Abuse 酒精和药物滥用</p>		
<ul style="list-style-type: none"> Rehabilitative treatment only 仅限戒断治疗 	<p>80% UCR 80% 常规收费水平</p>	<p>60% UCR 60% 常规收费水平</p>

Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum. 承保服务及福利： 受限于免赔额，自付比例，自付额以及最高限额		PLAN REIMBURSEMENT 计划赔付 Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100% 当满足年自付限额（自付比例最高限额）后，100%赔付	
		Outside U.S. and U.S. In-Network 美国以外和美国网络内	U.S. Out-of- Network 美国非网络内
Durable Medical Equipment 耐用医疗设备			
Reimbursement of rental up to purchase price 租借费用最高以购置费用为限	80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平	
	USD10,000 Maximum Benefit per Policy Period 每个保单期间限额10,000美元		
Home Health Care 家庭健康护理			
Private Duty Nursing, Skilled Nursing, Visiting Nurse, Home Health Nursing 私人护理、专业护理、上门服务护士以及家庭健康护理	80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平	
	120 Days Maximum per Policy Period 每个保单期间上限 120 天		
Hospice Care 临终关怀			
Covered services are available in home, outpatient and inpatient settings up to the amount listed on the Schedule of Benefits. Admission to a hospice program is made on the basis of patient and family need. 承保服务可在家中、门诊及住院提供，上限至保障福利表中列明的金额。由患者及其家庭决定是否需要临终关怀服务。	80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平	
	Inpatient Lifetime Maximum Benefit: 45 Days 终身住院限额：45 天 Outpatient Lifetime Maximum Benefit: USD5,000 终身门诊限额：5,000美元		
Extended Care / Inpatient Rehabilitation 康复护理/住院康复			
Must be confined to extended care facility immediately following a Hospital stay. 必须于出院后立即接受的康复治疗	80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平	
	45 Days Maximum per Policy Period 每个保单期间上限 45 天		

Covered Services and Benefit Levels: Subject to Deductible, Coinsurance, Co-payments, and Benefit Maximum. 承保服务及福利： 受限于免赔额，自付比例，自付额以及最高限额		PLAN REIMBURSEMENT 计划赔付 Once the Annual Out-of-Pocket Maximum (Coinsurance Maximum) is met, the Plan reimbursement is 100% 当满足年自付限额（自付比例最高限额）后，100%赔付	
		Outside U.S. and U.S. In-Network 美国以外和美国网络内	U.S. Out-of- Network 美国非网络内
Sports and Leisure Activities 运动和休闲活动			
Injuries arising from participation in intercollegiate, interscholastic, intramural, or club sports 参加校际、校内或者俱乐部运动导致的损伤		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平
HIV, AIDS 艾滋病病毒、艾滋病			
Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions 人体免疫缺损病毒 (艾滋病病毒)、获得性免疫缺陷综合征 (艾滋病)、艾滋病相关综合征 (ARC)、性传播疾病和所有相关症状 <ul style="list-style-type: none"> Treatment available if condition is not pre-existing 仅限非既往症的情形治疗 		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平
Maternity 生育			
<ul style="list-style-type: none"> Normal delivery including prenatal care, postnatal care and complications of pregnancy. 正常分娩包括产前护理、产后护理和妊娠并发症。 Newborn Infant Care 新生儿护理 		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平
EMERGENCY COVERAGES 紧急治疗			
Ambulance Services 救护车服务			
<ul style="list-style-type: none"> Emergency Local Ground Ambulance 当地紧急救护车 Emergency Air Ambulance -Pre-authorization Required 紧急空中救护（需获事先授权） 		100% UCR 100% 常规收费水平	

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		Outside U.S. and U.S. In-Network 美国以外和美国网络内	U.S. Out-of- Network 美国非网络内
Emergency Room 急诊室			
Deductible waived if admitted (免赔额不适用于经急诊室转入住院)		100% UCR after Deductible 100% 常规收费水平（满足免赔额后）	
Emergency Dental Care 紧急牙科治疗			
Limited to accidental injury of sound natural teeth sustained while covered under the policy 保单责任仅限于因遭受意外伤害而受损且承保时未经过任何治疗的牙齿的紧急治疗和修复		100% UCR 100% 常规收费水平	
		USD300 Maximum Benefit per Tooth 每颗牙齿限额 300 美元	
Palliative Dental Care 牙科止痛治疗			
Emergency treatment for relief of dental pain 紧急牙齿止痛治疗		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平
		USD600 Maximum Benefit per Policy Period 每个保单期间限额600美元	
Motor Vehicle Accident 机动车事故			
Injuries caused from motor vehicle accidents 机动车事故引起的损伤		80% UCR 80% 常规收费水平	60% UCR 60% 常规收费水平

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	<p>Outside U.S. and U.S. In-Network 美国以外和美国网络内</p>	<p>U.S. Out-of- Network 美国非网络内</p>
<p>Additional Benefits 附加福利</p>		
<p>Passport Recovery 护照找回</p>	<p>USD750 per Policy Period 每个保单期间750美元</p>	
<p>Lost Baggage 行李遗失 • Loss Baggage Expense reimbursement due to flight delays 航班延误造成的行李遗失费用赔偿</p>	<p>USD200 per Item 每件行李200美元 USD500 per Policy Period 每个保单期间限额500美元 USD100 Deductible applies 免赔额为100美元</p>	
<p>ATM Safe ATM 安全 Provides lost cash replacement for losses occurring during a robbery at an ATM. 赔偿因 ATM 机遭抢劫造成的现金损失。</p>	<p>USD500 per Occurrence 每次事故500美元</p>	
<p>Medical Evacuation and Repatriation 医疗转运和遣返</p>	<p>USD300,000 Maximum Benefit per Policy Period 每个保单期间限额300,000美元</p>	
<p>Return of Mortal Remains 遗体运返</p>	<p>USD50,000 Maximum Benefit 限额50,000美元</p>	
<p>Accidental Death and Dismemberment 意外死亡及伤残</p>	<p>USD30,000 Maximum Benefit 限额 30,000美元</p>	
<p>Compassionate Care Visit 慰问探访</p>	<p>USD1,000 Maximum Benefit per Policy Period 每个保单期间限额1,000美元</p>	
<p>War and Terrorism 战争和恐怖主义</p>	<p>Included 包含</p>	

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	<p>Outside U.S. and U.S. In-Network 美国以外和美国网络内</p>	<p>U.S. Out-of- Network 美国非网络内</p>
<p>Accidental Death and Dismemberment 意外死亡及伤残</p>		
<p>Principal Sum for Primary Plan Participant 被保险人总保额</p>	<p>USD30,000 30,000美元</p>	
<p>Coverage Period after Accident 意外发生后承保期限</p>	<p>Within 90 days 90 天内</p>	
<p>Loss of: 丧失：</p>	<p>Benefit: Percentage of Principal Sum 福利：总保额百分比</p>	
<ul style="list-style-type: none"> Accidental Death 意外死亡 	100%	
<ul style="list-style-type: none"> Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes 丧失双手或双脚或双眼失明 	100%	
<ul style="list-style-type: none"> Loss of One Hand and One Foot 丧失一只手和一只脚 	100%	
<ul style="list-style-type: none"> Loss of One Hand or Foot and Entire Sight of One Eye 丧失一只手或一只脚并且单眼失明 	100%	
<ul style="list-style-type: none"> Loss of One Hand or Foot 丧失一只手或一只脚 	50%	
<ul style="list-style-type: none"> Loss of Sight of One Eye 单眼失明 	50%	
<ul style="list-style-type: none"> Quadriplegia 四肢瘫痪 	100%	
<ul style="list-style-type: none"> Paraplegia (total paralysis of both lower limbs) 截瘫 (下肢完全瘫痪) 	75%	
<ul style="list-style-type: none"> Hemiplegia (total paralysis of upper and lower limbs of one side of body) 偏瘫 (身体一侧的上下肢完全瘫痪) 	50%	
<ul style="list-style-type: none"> Uniplegia (total paralysis of one limb) 单瘫 (身体一侧的上肢或下肢完全瘫痪) 	25%	