

Zurich i-Gen Surgical Cash Insurance Plan Schedule of Minor Surgery

蘇黎世「i-世代」手術現金保險計劃

小型手術表

Zurich Insurance Company Ltd reserves the right from time to time to revise or adjust the Schedule of Minor Surgery. Any such changes will take place upon policy anniversary.

蘇黎世保險有限公司會定期調整小型手術表內列出之小型手術並保留更新小型手術表之權利。任何調整將於保單週年日期 適用。

| EYE AND OCULAR ADNEXA 眼睛 | |
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| Eyelid surgery | 眼瞼手術 |
| Removal of corneal foreign body | 清除角膜異物 |
| Repair of cornea | 角膜修補術 |
| All conjunctival or corneal operations except corneal grafting, severe corneal wound repair and keratoplasty | 所有結膜或角膜手術,不包括角膜植入、嚴重角膜傷口修補及角膜 造形術 |
| Removal of style, chalazion or pterygium (one or both sides) | 切除瞼腺炎、瞼板腺囊腫或翼狀胬肉(一側或兩側) |
| Probing with/without syringing of lacrimal canaliculi / nasolacrimal duct | 用探針擴張淚小管 / 鼻淚管兼 / 不兼沖洗 |
| NOSE / EAR / LUNG 鼻 / 耳 / 喉 / 肺 | |
| Antral puncture and lavage | 鼻竇穿刺及灌洗 |
| Myringotomy (with/without insertion of tube) | 耳鼓膜穿刺術(包括/不包括植管) |
| SKIN, SUBCUTANEOUS TISSUE AND BREAST 皮膚、皮下組織及乳房 | |
| Excision of lesion of skin or subcutaneous tissue | 皮膚病變組織或皮下組織切除 |
| Suture or excision and suture of wound(s) on skin | 皮膚上縫合或皮膚上組織切除及傷口縫合 |
| Incision and/or drainage of lesion of skin including abscess | 切口及/或引流皮膚病變組織包括膿腫 |
| Removal of foreign body from skin and subcutaneous tissue | 皮膚或皮下組織異物取出 |
| Wedge excision or avulsion of nail including chemical ablation, unilateral or bilateral | 單側或兩側嵌甲切除及/或/撕脫包括化學消熔 |
| Curettage/cryotherapy/cauterisation/laser treatment of lesion of skin | 皮膚或皮下病變組織切除/冷凍治療/電灼治療/激光治療 |
| Biopsy of breast lump | 乳房腫塊活細胞檢查 |
| ENDOCRINE AND LYMPHATIC SYSTEM 內分泌及淋巴系統 | |
| Biopsy of neck or lymph node | 頸或淋巴活細胞檢查 |
| Fine needle aspiration (FNA) cytology or lymph node needle biopsy | 細針抽吸細胞術 / 淋巴結針管抽取活組織檢驗 |
| Drainage of lesion or abscess of lymph node | 淋巴結膿腫引流 |
| MUSCULOSKELETAL SYSTEM 骨骼肌肉系統 | |
| Biopsy of muscle or soft tissue | 肌肉或軟組織活細胞檢查 |
| Surgical toilet to deep wound under local anaesthetic | 局部麻醉下爲深傷口進行手術創口洗滌 |
| Trigger finger or thumb release | 板機指或姆指鬆解手術 |
| Release of De Quervain's disease | 迪克文氏腱鞘炎 |
| FEMALE GENITAL SYSTEM 女性生殖系統 | |
| Cervix cryosurgery/cauterization/laser/conization/knife-cone biopsy | 子宮頸冷凍手術/燒灼術/雷射手術或錐形切除術/子宮頸錐狀切片 |
| Excision of cervical lesions | 子宮頸患處切除 |
| GENERAL 一般 | |
| Any surgeries undertook at outpatient or day patient setting | 任何在門診或日症設備環境下進行之手術 |
| Any endoscopy with/without biopsy & with/without polypectomy (except as stated under Provision 2.1 of PART 3-SURGICAL CASH BENEFITS) | 任何內窺鏡包括/不包括活組織檢查及包括/不包括瘜肉切除(已列明在保單第三部份-手術保障之第 2.1 項除外) |