

**Exclusions and Conditions 不保事項及使用條款:**

(Member should read through the exclusion items and conditions below. Do not hesitate to contact our Service Hotline Tel / Whatsapp: 2122 5401 for any queries. 會員請詳細閱讀下列不保事項及使用條款，如有任何查詢，請致電熱線 / Whatsapp 2122 5401)。

1. Scaling and polishing means removal of calculus and stains from the tooth surfaces which excludes subgingival root debridement (root planing). 洗牙和拋光是指除去牙齒表面的牙石及牙漬，但不涉及牙週下的牙腳刮療。
2. Intra-oral small X-ray would be done when necessary. 如有需要會進行牙腔內小X-光片檢查。
3. Amalgam (silver) fillings are for posterior teeth decay. Posterior teeth are teeth distal to the canines (except wisdom teeth). 因蛀牙而導致的後牙蛀牙會使用銀粉補牙，後牙指犬齒以後的牙齒 (智慧齒除外)。
4. Composite (tooth colour) fillings are for anterior teeth decay. Anterior teeth are the teeth mesial to the canine including to the canines. 因蛀牙而導致的前牙蛀牙會使用合成樹脂或瓷粉補牙，前牙指犬齒至犬齒間的牙齒。
5. Filling service covered by the plan is restricted to the cases of tooth decay ONLY. Filling for cosmetic reasons or non-decayed cases of trauma, erosion, attrition, abrasion and others are not included. 合約內的補牙只限於蛀牙導致的補牙，因美容、創傷、溶蝕、磨牙、擦損及其他非蛀牙而導致的補牙均不包括在內。
6. Dislodged fillings/replacement which is not caused by tooth decay are excluded. 不因蛀牙而導致的補牙剝落及重補均不受保障。
7. Simple extractions are covered by the plan but the plan does not cover the extraction of retained roots, wisdom teeth, extraction of teeth for cosmetic or orthodontic purpose. 牙科計劃只保障簡單脫牙，但不包括脫除殘留的牙腳、智慧齒脫牙、因美容或牙齒矯正之脫牙。
8. Medications (Antibiotics & Painkillers) covered by the plan includes Paracetamol (Acetaminophen), Diclofenac (Diclofenac Sodium), Mefenamic Acid, Metronidazole, Amoxicillin, Erythromycin (Erythrocin). (If applicable in the plan) Designated specific medications, mouthwash and topical medication for aphthous ulcers are not included. 計劃內的藥物(抗生素及止痛藥)只限於撲熱息痛 Paracetamol (Acetaminophen)、雙氯芬酸 Diclofenac (Diclofenac Sodium)、甲芬那酸 Mefenamic Acid、甲硝唑 Metronidazole、阿莫西林 Amoxicillin 或紅黴素 Erythromycin (Erythrocin)。(如果適用於此計劃) 不包括指定之特效藥、漱口水及非滋膏。
9. All re-treatment or any Endodontic, Periodontal, Prosthodontics and Oral Surgery conditions requiring specialist treatment are excluded. 任何牙科再治療及涉及專科治療的牙根、牙週病、牙橋、牙套及口腔手術，不包括在保障範圍內。
10. Member will be referred for specialist treatment if the clinical problem requires specialist attention and care. Please be reminded that the referral will be on member request and member will have free choice to see their own specialists. Specialist fee is not covered and patient should be responsible for it. 如有需要，會員會被轉介接受專科牙醫治療及跟進。請注意只有在會員要求下才會轉介，而會員亦有權選擇接受自己的專科牙醫治療。專科治療費用不在保障範圍內，會員要自付那些費用。
11. Orthodontic / implant treatment out of health /aesthetic reason would only be provided by HMMP network specialist or general dentists. Pre-screen by HMMP network specialist for treatment is required prior to referral to orthodontist (The orthodontist treatment done by non-HMMP network specialist is not covered by the plan). HMMP reserves the final right of such referral. 因健康而需要接受牙齒矯正及植牙治療會由維健網絡診所的專科及普通科牙醫主理。牙齒矯正須由維健網絡的專科牙醫先檢查然後再轉介給牙齒矯正專科 (由非維健網絡專科進行的牙齒矯正不在保障範圍內)，維健會保留最後轉介的權利。
12. Periodontal (Gum) treatment means localized scaling on certain area to relieve pain which excludes local anesthetic injection, root planing or any operative procedure (such as open flap to access the diseased root surface). It also excludes any treatment provided by specialist. (If applicable in the plan) 牙周 (牙肉) 治療是指為某部份進行局部洗牙以舒緩疼痛，而當中不涉及局部麻醉注射、刮牙腳，或任何手術程序 (例如開放牙肉瓣之牙腳治療)。另外，也不包括專科醫生之治療。(如果適用於該計劃)
13. Any expenses related to treatment for accidents that arise directly or indirectly from hazardous or professional sports will be not covered. 因危險或專業運動直接或間接引起事故的相關治療，所有費用均不予承保。
14. Any expenses related to treatment arising from war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power, or racing on horses or wheels or any form of powered water sports 因戰爭、侵略、外敵侵略、戰鬥 (不論戰爭已正式宣佈與否) 叛亂、革命、內戰、敵對狀態、恐怖主義活動或危險水上活動而直接或間接引致的醫療服務，所有費用均不予承保。
15. Members are welcome to ask for quotations and/or information prior to treatment. 被保成員可於接受治療前向牙科醫生查詢或索取報價單及有關指引。
16. For treatments not covered in the above package, the preferential rate will be offered by the network dentists. 非計劃承保之治療，指定網絡牙醫均提供優惠費用。
17. The preferential rate is for reference only and may vary depending on the complexity of the procedure. 優惠價格祇供參考，最終收費須以治療服務之複雜程度為準。
18. Employee can enroll his/ her family members as a member of this plan. Employee and family members can select different dental plan. 僱員可選擇其家庭成員參加此計劃。僱員與家庭成員可選擇參加不同的牙科保健計劃。
19. In case members cannot attend the appointment, they are obliged to inform our clinic staff of its cancellation 24 hours before within the office hours. Members fail to observe (except that due to the force majeure events) will be subject to the administrative charge of HK \$100如會員未能依時就診，請盡早取消預約，以騰出診症名額供其他有需要的病人預約。如會員因非不可抗力因素未能於治療預約前24小時於診所辦公時間內聯絡診所職員取消有關預約，需於再次到診時繳付HK\$ 100 取消手續費。
20. The service provider will exercise the reasonable care and members are free to question about her/his dental conditions. The service provider reserves the right to interpret the coverage of the benefit in case of dispute. 牙科網絡醫生會提供合理謹慎的牙科治療服務，而被保成員也可詢問牙醫有關其本身牙齒情況。若對此計劃內容有任何爭議，牙科網絡有最終解釋權。