

「大亨」醫療保險計劃 Tycoon Medical Insurance Plan



藍十字(亞太)保險有限公司 Blue Cross (Asia-Pacific) Insurance Limited

藍十字(亞太)保險有限公司(「藍十字」)乃友邦保險 控股有限公司之子公司,於香港經營保險業務逾50年, 致力為個人及企業客戶提供多元化的保險產品及服務, 包括醫療、旅遊及一般保險。藍十字通過龐大的分銷 渠道銷售其產品,包括友邦香港營業團隊、網上平台、 直銷渠道、東亞銀行網絡、保險代理和經紀,以及旅 行社。

藍十字在2023年獲標普全球評級分別授予財務實力評級 A+(展望穩定)及發行人信用評級A+(展望穩定)。 Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") is a subsidiary of AIA Group Limited. With over 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel, and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross distributes its products through various channels, including AIA agency force, online platform, direct sales, BEA network, insurance agents and brokers, as well as travel agencies.

In 2023, Blue Cross was assigned financial strength rating of A+ (stable outlook) and issuer credit rating of A+ (stable outlook) by S&P Global Ratings.

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靈活醫療保障豐盛人生盡在掌握

當您正享受職場上的豐碩成果,是時候為自己的健康及 家人的未來作更好打算。現今醫療科技日新月異,但 先進的醫療技術卻往往涉及巨額開支。作為成功人士 的您,實在需要擁有優質、全面的醫療健康保障,即使 頑疾突然而至,亦有足夠條件接受最妥善的治療,對抗 疾病。

「大亨」醫療保險計劃為您提供每年高達US\$3,000,000 的充裕賠償額,並有全方位的保障項目以供選擇,您 可悉隨己意,度身設計最合適自己的健康保障,充分掌 握豐盛人生,輕鬆自在。

Enjoy the Splendour of Life with Flexible Health Protection

While enjoying your success and achievements in career, it is time to plan ahead for your health and family. With today's advanced technology, newer and better therapies are available but they usually cost patients a fortune. Being a successful person, you deserve a quality and comprehensive health protection plan which enables you to afford the best possible treatments financially even if critical illnesses strike you out of the blue.

With an ample amount of protection up to US\$3,000,000 per year, together with a diverse range of benefit items, Tycoon Medical Insurance Plan enables you to customise an all-round medical and health protection plan that best suits your specific needs, allowing you to enjoy a colourful and worry-free life.

計劃特點 Plan Highlights

靈活保障組合 Flexible combination of coverage	 自由組合所需的保障地域¹、每年綜合最高賠償額、自付額²及病房級別³ Your choice of Cover Area¹, Overall Annual Limit, Deductible² and Type of Accommodation³ as required 3 項自選附加保障:門診保障、產科保障⁴、牙科保障 3 Optional Benefits: Outpatient Benefits, Maternity Benefits⁴, Dental Benefits 特設「白金」及「金」2個計劃級別,每年綜合最高賠償額分別為US\$3,000,000及US\$2,300,000 Provide 2 plan levels namely Platinum and Gold, with overall annual limits of US\$3,000,000 and US\$2,300,000 respectively
全面醫療保障 + 照顧癌症及長期病患 All-round protection + care for cancer and chronic illnesses	 自由選擇主診醫生及任何私家醫院 Your choice of attending doctors and private hospitals 全數賠償大部分住院及手術費用 Full cover for most items under Hospital and Surgical Benefits 針對癌症及長期病患的特別治療保障 Special Treatment Benefits for cancer and chronic illnesses 入院前及出院後保障 Pre- and Post-Hospitalisation Benefits 意外治療保障 Accident Treatment Benefits 可賠償在門診進行的先進診斷掃描費用 Cover the expenses of Advanced Diagnostic Imaging performed in outpatient facility
尊享免費保障 Free exclusive benefits	■ 周年身體檢查 Annual health checkup
支援服務 Supportive services	 第二醫療意見諮詢、手術/治療前索償評估⁵、優先出院免結 賬⁶、24小時全球緊急援助、護理諮詢專線 Second Medical Opinion, Pre-procedure Claim Assessment⁵, Cashless Priority Discharge⁶, 24-hour Worldwide Emergency Aid, Nursing Care Hotline
保證續保至99歲 ⁷ Guaranteed renewal up to age 99 ⁷	 不會因投保後的健康狀況或素償記錄而不獲續保 Guaranteed renewal regardless of health status or claim history after enrolment
環球保障 ¹ Worldwide coverage ¹	 無論身處外地公幹或旅遊,均可即時入院接受治療 Allow immediate hospitalisation for treatment when travelling abroad for business or leisure
投保手續簡單 Easy application	■ 毋須驗身 No medical examination is required

計劃特點 Plan Highlights

無索償折扣⁸ No claim discount⁸ 我們鼓勵您保持身心健康而特設無索償折扣。於續保時,若受 保人沒有在下表所述的無索償期內提出任何有關基本保障的索 償,基本保障所應繳付之保費(自選附加保障之保費除外)可 獲相應之無索償折扣。

We know you try hard to keep yourself in great shape. To cheer you up, we offer you the No Claim Discount. You can enjoy premium discount on the aggregate premium payable for the Basic Benefits (excluding premiums paid for Optional Benefits) as soon as next year's policy renewal, if no claim under the Basic Benefits has been made during the respective no claim periods, as specified below.

緊接續保前之無索償期 No claim period immediately preceding renewal	折扣率 Discount rate
1年 1 year	5%
連續2年 2 consecutive years	5%
連續3年 3 consecutive years	10%
連續4年 4 consecutive years	10%
連續5年或以上 5 consecutive years or above	15%

任何就緊急門診治療或門診手術現金津貼⁹(如適用)作出的索 償將不會影響受保人獲得無索償折扣的資格。

Any claim made under Emergency Outpatient Treatment or Outpatient Surgery Cash Allowance⁹ (if applicable) will not affect the insured's eligibility for the No Claim Discount.

於保單生效日/續保日(以適用者為準),若受保於同一份「大亨」 醫療保險計劃保單的合資格家庭成員¹¹人數達2名或以上,該保單 可獲以下家庭折扣。

If the number of eligible family members¹¹ insured under the same Tycoon Medical Insurance Plan policy on the policy effective date/ renewal date (as applicable) reaches 2 or more, such policy can enjoy family discount specified below.

受保合資格家庭成員的人數 Number of Eligible Family Members Insured	家庭折扣 Family Discount
2名成員 2 members	5%
3名成員或以上 3 members or more	10%

家庭折扣¹⁰ Family discount¹⁰

靈活保障組合 配合人生各階段需要

「大亨」醫療保險計劃彈性極高,給予您靈活、多元化及具 成本效益的保障選擇。本計劃設有「白金」及「金」2個計劃 級別,同時提供「環球」及「環球(北美除外)」兩個保障地 域¹。

本計劃提供多種不同的自付額²,讓您在盡享公司醫療 福利之餘,有預算地提升整體保障。除基本保障外,您亦 可選擇多項自選附加保障,包括:門診保障、產科保障⁴、 以及牙科保障,更周全地保障您及家人的健康。

如選擇門診保障及年繳保費,您將獲發E.O.S.醫療卡,於任 何藍十字網絡診所接受普通科醫生診症,中醫治療或專科醫 生診症。

全面醫療保障 照顧癌症及長期病患

此計劃的「白金」及「金」計劃級別分別提供US\$3,000,000 及US\$2,300,000之每年綜合最高賠償額,讓您選取最合適 的保障。保障範圍包括:全數賠償大部分住院及手術費用、 入院前及出院後的治療費用(包括中醫治療:全科、跌打及 針灸、脊椎治療、物理治療等)、意外治療費用(包括矯形 修復手術)等;另外亦提供更具靈活性的門診手術現金津 貼⁹,迎合不同醫療需要。

嚴重及長期疾病不但為病患者及其家人帶來打擊,而嶄新治 療更往往花費不菲。因此「大亨」醫療保險計劃的保障範圍 特別伸延至針對長期病患的特別治療,包括癌症治療(化 學治療、標靶治療、放射治療、荷爾蒙治療、免疫治療、 伽碼刀或數碼導航刀)、腎透析治療、器官移植(包括骨 髓移植)、以至愛滋病治療等,協助受保人應付龐大醫療 開支。

免費第二醫療意見諮詢

一旦不幸患上嚴重疾病,患者往往希望向有關方面的專家 再作獨立諮詢,並在聽取更多專業醫療意見後,才慎重地 決定治療方案。此計劃提供第二醫療診斷意見,受保人可透 過國際頂級醫療中心獲得免費諮詢,有助掌握病情,從而 選擇最妥善的治療。

Flexible Coverage for all Stages of Life

With a wide range of protection options, Tycoon Medical Insurance Plan provides you with highly flexible, diversified and cost-effective protection. The Plan offers 2 plan levels, namely Platinum and Gold, and 2 cover areas¹: "Worldwide" and "Worldwide (excluding North America)".

To match your personal needs, the Plan offers various choices of deductible², allowing you to enhance medical protection within your budget while taking advantage of the medical benefits offered by your employer. In addition to the basic benefits, you can choose from a range of optional benefits based on your needs, namely Outpatient Benefits, Maternity Benefits⁴, and Dental Benefits.

If premium is paid annually for Optional Outpatient Benefits, you will be issued with an Executive Outpatient Service (E.O.S.) Card which entitles you to use it at Blue Cross network clinics for general practitioner's consultations, Chinese medicine practitioner treatments or specialist's consultations.

All-round Protection to Care for Cancer and Chronic Illnesses

To provide you with the desirable medical coverage, the Platinum and Gold Plans offer overall annual limits of US\$3,000,000 and US\$2,300,000 respectively. Benefit items include full cover for most items under Hospital and Surgical Benefits, pre- and post-hospitalisation medical costs (including Chinese medicine practitioner treatments: general practice, bone-setting and acupuncture, chiropractic, physiotherapy, etc.), accident treatment costs (including reconstructive surgery), etc. What's more, the Outpatient Surgery Cash Allowance⁹ can offer you even greater flexibility for different medical needs.

Critical and chronic illnesses often impose heavy financial burden on patients due to the high cost of advanced medical treatments, not to mention the stress caused by these illnesses. Therefore, Tycoon Medical Insurance Plan extends its coverage to the high cost of special treatments incurred for various chronic illnesses, including cancer treatments (chemotherapy, targeted therapy, radiotherapy, hormonal therapy, immunotherapy, gamma knife or cyberknife), kidney dialysis, organ transplants (including bone marrow transplants), AIDS treatments, etc.

Free Second Medical Opinion

Patients suffering from critical illnesses often want to seek second opinion from independent medical experts before making their final decision on treatment options. A top-notch international medical team will offer the insured a second medical advice for free, enabling patients to better understand their situation and make informed choices on treatment.

手術/治療前索僧評估

只需在接受手術或治療前4-7個工作天透過網上提供所需資 料,我們即按您的保單保障範圍估算可賠償金額⁵,讓您在 財務上更有預算,安心接受治療。

優先出院免結賬

此計劃設有「優先出院免結賬」安排,您只要在入住本港 私家醫院前通知藍十字,我們便會為您直接支付醫院賬單, 讓您輕鬆地「優先」出院,免除繁瑣的索償程序,安心 休養以盡快康復。

保證續保至99歲

此保單有效期為一年。成功投保後,不論您的健康狀況或 索償記錄,我們都承諾為您續保至99歲,讓您享有保障 至100歲,而且不會個別徵收額外保費。此外,您的保單 更可自動續保至下一個受保期,為您在人生不同階段提供 理想的保障,讓您與家人安枕無憂。

免費周年身體鹼查

我們關注您的健康,因此特別為您安排免費身體檢查服務, 讓您及早發現初期病徵,助您掌握自己的身體狀況。

24小時全球緊急援助

我們為您提供24/7服務,若您身處外地需緊急支援,可隨 時致電熱線,由專人為您安排代繳入院按金、提供當地醫 療或法律轉介等,以確保您於緊急情況下得到所需協助。

藍十字護理諮詢專線

我們明白您在日常生活護理上需要專業的意見,因此特意為 您提供專屬的護理諮詢專線解答您的疑問,諮詢範圍包括手 術後護理、日常長者護理、孕婦護理、幼兒及兒童護理。

Blue Cross HK 手機應用程式

貴為 Super Care 會員,您可享一站式數碼醫療保險服務包括 定位功能搜尋網絡醫生、視像診症、電子醫療卡快速門診登 記及完成診症、以及3步即時遞交索償12,更可隨時隨地查 閲索償記錄。

Pre-procedure Claim Assessment

Simply provide the required information online 4-7 working days prior to receiving procedure or treatment. We will help you to estimate the eligible claim amount⁵ based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

Cashless Priority Discharge⁶

If you are admitted to a private hospital in Hong Kong, simply inform Blue Cross before admission, and your hospital bills will then be settled directly by us. This gives you great convenience and no hassle of claim reimbursement upon discharge, allowing you to focus on making a speedy, worry-free recovery.

Guaranteed Renewal up to Age 99⁷

The period of cover of the policy is 1 year. Upon successful enrolment, we guarantee your policy will be renewable till age 99, giving you coverage up to age 100. No additional premium will be imposed individually upon policy renewal, regardless of your health status or claim history. Moreover, your policy will be automatically renewed for another period of insurance. This gives you and your family the real peace of mind at different stages of life.

Annual Health Checkup for Free

Your health is our utmost concern. We have specially arranged a free checkup programme to help you detect early diseases and monitor your health conditions.

24-hour Worldwide Emergency Aid

We are here for you 24/7. Simply call our hotline when you need assistance in an emergency situation while travelling overseas, and our dedicated officers will provide you with all-round assistance such as hospital admission deposit guarantee service, local medical or legal referral service, etc.

Blue Cross Nursing Care Hotline

We understand you need professional advice on daily care, and we are here to provide you with an exclusive nursing care hotline to answer your enquiries about post-surgery care, daily care for elderly, maternity care, infant and child care.

"Blue Cross HK" Mobile App

As a Super Care member, you can enjoy one-stop digital medical insurance services including location-based network doctors search, video consultation, speedy registration and completion for outpatient consultation with electronic medical card, and 3-step instant claim submission¹², keeping track of claim status round-the-clock.





訂造個人化全球保障

2個計劃級別提供不同之每年綜合最高賠償額,加上3個自 付額和3項自選附加保障供選擇,讓您訂造靈活而合心意的 醫療保障組合,既合乎成本效益,亦滿足您的個人需要。

Tailor Your Worldwide Protection

With 2 plan levels offering different overall annual limits, 3 choices of deductibles and 3 optional benefits of your choice, you can tailor-make a cost-effective yet flexible medical protection plan to cater for your own needs.



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「自付額」小貼士

什麼是「自付額」?

就保單而言,自付額是指保險公司作出賠償前,受保 人須自行負擔的金額。假如相關保障項目的合資格費用 為US\$12,000以及自付額為US\$5,000,藍十字將會賠償 US\$7,000,而客戶將要承擔餘下之US\$5,000。

誰應考慮設有自付額的保險?

現時已有公司醫療保險的僱員,可考慮投保設有合適自 付額的個人醫療保險計劃。這樣,當公司醫療保險不足 應付醫療費用時,個人醫療保險計劃便可協助補足。

為何應考慮設有自付額的保險?

一般而言,設有自付額的保險計劃可讓客戶以較低保費 擁有相同的保障,若以公司醫療保險作基礎,並加上自費 的個人醫療保險計劃,既可提升整體保障,亦合乎成本 效益。

如何釐定自付額?

要決定合適的自付額,首要是了解現時公司醫療保險可為 您提供的保障。如需進一步了解,請聯絡藍十字或您的保 險代理/經紀,以便為您作出評估。

何時減低自付額?

當您不再擁有公司醫療保險時,例如當您轉為自僱人士 或退休,便可按個人需要及負擔能力,考慮減低自付額。

Tips for Choosing "Deductible"

WHAT is the meaning of "deductible"?

In an insurance policy, the deductible is the amount that must be paid by the insured before the insurer makes any claim payments. If the eligible expenses incurred for a relevant benefit item is US\$12,000 and the deductible is US\$5,000, Blue Cross will reimburse US\$7,000 and the customer will have to bear the remaining US\$5,000.

WHO should consider an insurance with a deductible?

Employees who are currently covered by a company medical policy can consider adding an individual medical plan with a desirable deductible on top of their company medical policy. This way, the individual plan can supplement the company policy if the latter is exceeded.

WHY consider an insurance with a deductible?

Premiums are typically lower for insurance plans with a deductible for the same coverage. It would be a cost-effective approach to use the company medical policy as basic cover and supplement it with a self-paid individual medical plan as top-up cover.

HOW to determine the deductible amount?

To calculate a desirable deductible amount for your situation, you need to first assess the benefits of your existing company medical policy. For advice, please contact Blue Cross or your servicing agent/broker for an assessment.

WHEN to reduce the deductible amount?

When your company medical policy is no longer available, due to, for example, self-employment or retirement, you should consider reducing the deductible amount based on your needs and affordability.

自付額選擇

Choices of deductible

	節省之基本保障保費 Savings on Basic Benefits Premium			
每受保人每年的自付額 Deductible Per Insured Per Year (US\$)	白金 - 環球 Platinum - Worldwide	金 - 環球 Gold - Worldwide	白金 - 環球 (北美除外) Platinum - Worldwide (Excluding North America)	金 - 環球 (北美除外) Gold - Worldwide (Excluding North America)
5,000	55%	55%	50%	50%
8,000	65%	65%	60%	60%

靈活保障 配合個人需要:個案舉例

個案 1:企業高層 追求更佳健康保障

背景:

Spenser今年40歲,現任國際企業的高級行政人員,約有 20%時間於海外公幹和視察業務。Spenser除了經常出席 應酬及餐飲活動之外,平日上班及作息均並無定時。此外, 每逢公餘時,Spenser均喜歡與三五知己消遣作樂。

目標:

雖然公司已提供基本醫療保障,但保障額及範圍未必足夠 應付較嚴重的疾病(例如:心臟病或癌症),所以Spenser 希望擁有一份優質的個人醫療保險計劃,提升整體保障。

個案 2: 自僱珠寶設計師 無憂穿梭全世界

背景:

Spenser的女朋友Chloe,今年同樣40歲,乃自由身的珠 寶首飾設計師,約有15至20%時間前往海外出席珠寶展 或活動。由於是自僱人士的關係,Chloe並沒有公司醫 療保障,一切醫療開支均需要自費。

目標:

甚少患病的Chloe,由於好朋友身患乳癌,所以希望盡 快為自己挑選一份優質及全面的個人醫療保險計劃,以便 繼續無憂地追求夢想,建立自己的珠寶品牌。

Flexible Coverage Catering for Different Needs: Illustrative Examples

Case 1: A senior executive looking for enhanced medical protection

Background:

Spenser, aged 40, is a senior executive of a multi-national conglomerate. He spends around 20% of time working overseas for business meetings and visits. Besides attending business functions and banquets, Spenser works and rests at irregular hours. After work, he enjoys clubbing and entertainment to ease the pressure.

Target:

Despite being covered by a company's basic medical policy, Spenser looks for a quality individual medical plan to enhance the overall protection, as the former may be insufficient to fully cover all the medical expenses incurred by major illnesses (e.g. heart diseases or cancers).

Case 2: A self-employed jewellery designer seeking worldwide medical coverage

Background:

Chloe, Spenser's girlfriend, also aged 40 this year. Chloe is a self-employed jewellery designer who spends 15-20% of time travelling overseas for jewellery shows or other related functions. Being a self-employed designer, Chloe is not covered by company medical insurance and has to pay all medical costs at her own expense.

Target:

Chloe seldom falls ill but learning her best friend suffered from breast cancer has set off her health alarm. Now she wants to secure a quality, all-round individual medical plan as soon as possible, so that she can continue to focus on realising the dream of owning her jewellery brand.



與 Chloe 相比,保費節省55%。 Spenser's premium is 55% less than Chloe's. 假設Spenser投保「大亨」醫療保險計劃後,需接受冠狀 動脈血管介入手術(俗稱「通波仔」),所需的醫療費用總 額US\$50,200可以由兩份醫療保險共同支付: If, after enrolling in Tycoon Medical Insurance Plan, Spenser needs to undergo coronary angioplasty. The total medical expenses of US\$50,200 can be covered by the 2 medical plans as follows:

		Spenser	
保障項目 Benefit Items	醫療費用 Medical Expenses (US\$)	由公司醫療保險支付 Covered by Company Medical Policy (US\$)	由「大亨」醫療保險計劃支付 Covered by Tycoon Medical Insurance Plan (US\$)
病房及膳食費用(3天) Room & Board (3 Days)	1,500	1,500	-
外科醫生費用 Surgeon's Fees	20,000	7,600	12,400
麻醉科醫生費用 Anaesthetist's Fees	6,300	2,300	4,000
手術室費用 Operating Theatre Fees	11,200	2,300	8,900
醫生巡房費用 Physician's Visit Fees	2,000	1,260	740
醫院雜項費用 Miscellaneous Hospital Charges	9,200	4,000	5,200
醫療費用總額(US\$) Total Medical Expenses (US\$)	50,200	18,960	31,240

- Spenser會就醫療費用首先向公司醫保的保險公司提出索償, 然後再就差額向藍十字提交索償申請。
- 由於Spenser的公司醫療保險賠償為US\$18,960,高於他在「大亨」醫療保險計劃所選的自付額(US\$5,000),所以他毋須負擔任何費用。
- Spenser should first lodge a claim with the insurer of the company medical policy and then lodge a claim with Blue Cross for the shortfall.
- Since the claim payment from company medical policy (US\$18,960) is higher than the chosen deductible (US\$5,000) in Tycoon Medical Insurance Plan, Spenser does not need to bear any medical cost himself.

假設Chloe投保「大亨」醫療保險計劃後,亦需接受相同 的手術,醫療費用總額同為US\$50,200,她與Spenser 的醫療費用賠償情況如下: And if, after enrolling in Tycoon Medical Insurance Plan, Chloe also has to undergo the same surgery with the same total cost of US\$50,200, the claim arrangement of their medical expenses can be summarised as follows:



雖然Chloe沒有公司醫療保險,但醫療費用仍可獲「大亨」醫療 保險計劃全數賠償。 Though Chloe has no company medical coverage, her medical costs can be fully covered by Tycoon Medical Insurance Plan.

自付額 Deductible	年繳保費 Annual Premium	保費節省 (對比無自付額) Premium Savings (Vs Nil Deductible)
US\$0	US\$8,357	-
US\$5,000	US\$3,760	節省 Save 55%
US\$8,000	US\$2,925	節省 Save 65%

- 已有公司醫療保險的人士,可投保設有合適自付額的個人 醫療保險計劃。
- 選擇自付額,可以較低的保費擁有同樣的醫療保障。
- Customers with company medical policy should consider having an individual medical plan with a desirable deductible.
- With a deductible, the same medical protection will be offered at a lower premium.

註:以上個案僅供解説及參考之用,客戶所選的方案應按個人需要而定。此外,舉例中所列的 數值僅供説明用途,實際的賠償額、保費或其他資料須視乎不同客戶的情況而定,並可能與 上述個案所列的金額不同。

Note: The cases and figures quoted above are for illustrative purposes and reference only. Customers should select a medical protection plan that suits their personal needs and background. The actual claim payment, premiums and other related details depend on the situation and needs of different customers, and may differ from the amounts listed above.

保障範圍一覽表 Schedule of Benefits (US\$)

計劃級別 Plan Level	白金 Platinum	金 Gold
每年綜合最高賠償額(每受保人) [*] Overall Annual Limit (Per insured) [*]	3,000,000	2,300,000
終身最高賠償額 ¹³ (每受保人) [*] Overall Lifetime Limit ¹³ (Per insured) [*]	7,000),000
病房級別 ³ Type of Accommodation ³	私家房 Pri	vate Room

^{*}基本保障及自選附加保障均計算在內。Both Basic Benefits and Optional Benefits are inclusive.

基本保障及目選附加保障均計算任内。Both Basic Benefits and Optional Benefits are inclusive.		
/ 保障項目	每受保人之每年最高賠償額 Annual Limit Per Insured	
Benefit Items	白金 Platinum	金 Gold
基本保障 ⁺ Basic Be	enefits⁺	
A. 住院及手術保障 Hospital and Surgical Benefits		
1. 病房及膳食費用 Room and Board		
2. 外科醫生費用 Surgeon's Fees		
3. 麻醉科醫生費用 [#] Anaesthetist's Fees [#]		
4. 手術室費用 [#] Operating Theatre Fees [#]		
5. 醫生巡房費用 Physician's Visit Fees	7. m	
6. 專科醫生費用 Specialist's Fees	全數	賠償 Cover
7. 深切治療費用 Charges for Intensive Care	Tunt	LOVEI
8. 私家看護費用 Private Nurse's Fees(最長120天)(Max. 120 days)		
9. 受保子女住院陪床費用 Companion Bed for Insured Child		
10.醫院雜項費用 Miscellaneous Hospital Charges		
11.門診手術費用 Fees for Outpatient Surgery		
12.門診手術現金津貼 ⁹ Outpatient Surgery Cash Allowance ⁹	30 每宗手術療程 Per)0 surgical procedure
	5,000	3,500
13.先進診斷掃描 (在門診進行) Advanced Diagnostic Imaging (Performed in outpatient facility)	最高支付100 Up to 100% of the	
14.每天住院現金津貼(僅適用於入住香港合資格公立醫院普通 病房)(最長45天) Daily Hospital Cash Allowance (For confinement in general ward of eligible public hospital in Hong Kong only) (Max. 45 days)	 每天 P	
適用於選擇無自付額之受保人 Applicable to	an Insured with No Ded	uctible
15.每天住院現金津貼(適用於入住香港私家醫院,而入住的病 房為私家房以下級別)(最長45天) Daily Hospital Cash Allowance (For confinement in a private hospital in Hong Kong with room level lower than that of a private room) (Max. 45 days)	_2(每天 P	
16.住院入息共付賠償 [△] Hospital Income for Double Benefit [△]	150	120
(最長45天)(Max. 45 days)		

⁺ 於扣除自付額後(如適用),藍十字將根據保障項目A-D之賠償額支付合資格費用。 Blue Cross covers eligible expenses incurred in excess of the deductible (if applicable) in respect of benefit items A to D. * 藍十字在須支付「外科醫生費用」的情況下,方可賠償此保障所引致的費用。Charges for such benefits will be payable on condition that Surgeon's Fees are payable by Blue Cross. 本 受保人獲得監十字以外之其他註冊保除公司所提供的任何其他醫院賠償計劃之保障(不論是屬個人或團體保單),而在該註冊保險公司支付任何賠償後,藍十字方作出賠償,本 保障將賠償按保障範圍一覽表中所列限額,就每日於醫院住院期間支付額外現金津貼。 For the insured covered by any other hospital reimbursement plans offered by a licensed insurance company other than Blue Cross, regardless of whether it is an individual or group policy, if Blue Cross reimburses after any reimbursement has been paid from such licensed insurance company, this benefit shall be payable as extra cash benefit for each day of confined period in Hospital subject to the limits as specified in the Schedule of Benefits.

註:所有費用必須為「合理慣例」¹⁴及「醫療必要」¹⁵ 的開支。Note:All expenses incurred must be Reasonable and Customary¹⁴ and Medically Necessary¹⁵.

保障範圍一覽表 Schedule of Benefits (US\$)

保障項目	每受保人之每年最高賠償額 Annual Limit Per Insured	
Benefit Items	白金 Platinum	金 Gold
基本保障 ⁺ Basic Benefits ⁺		
B. 入院前及出院後保障 Pre- and Post-Hospitalisation Benefits		
 入院/日症手術⁺前門診診症 Pre-Hospitalisation/Day Case Procedure[‡] Outpatient Consultation (入院/日症手術⁺前30天内) (Within 30 days prior to hospitalisation/day case procedure[‡]) 	全數 Full (
 出院/日症手術[‡]後門診診症 Post-Hospitalisation/Day Case Procedure[‡] Outpatient Consultation (出院/日症手術[‡]後60天內) (Within 60 days after hospitalisation/day case procedure[‡]) 	全數 Full(
 出院/日症手術[‡]後輔助治療 Post-Hospitalisation/Day Case Procedure[‡] Auxiliary Treatment (出院/日症手術[‡]後60天內) (Within 60 days after hospitalisation/day case procedure[‡]) 中醫治療(全科、跌打及針灸)、脊椎治療、物理治療、順勢療法及整骨療法 Chinese Medicine Practitioner Treatment (General Practice, Bone-setting and Acupuncture), Chiropractic, Physiotherapy, Homeopathy and Osteopathy 	650	350
 手術後家居看護 Post-Surgery Home Nursing (出院後28星期內)(Within 28 weeks after hospitalisation) (最長196天)(Max. 196 days) 	全數 Full (
C. 特別治療保障 Special Treatment Benefits		
 癌症治療 Cancer Therapy 化學治療、標靶治療、放射治療、荷爾蒙治療、免疫治療、伽碼刀或數碼導航刀 Chemotherapy, Targeted Therapy, Radiotherapy, Hormonal Therapy, Immunotherapy, Gamma Knife or Cyberknife 	全數 Full (賠償 Cover
2. 腎透析 Kidney Dialysis	T un v	Lover
3. 器官移植 Organ Transplant		
 4. 人體免疫力缺乏病毒/愛滋病治療 HIV/AIDS Treatment (等候期:5年)(Waiting period: 5 years) 	10,000	
5. 妊娠期併發症 Complications of Pregnancy (等候期:1年)(Waiting period: 1 year)	15,	000
 精神病或心理治療 Mental or Psychological Treatment (只限住院治療)(Inpatient treatment only) 	6,000	4,000
7. 更年期雌激素替代療法 Hormone Replacement Therapy for Menopause	全數賠償	Full Cover
8. 中藥治療 Traditional Chinese Medicine Treatment (只限住院治療)(Inpatient treatment only)	1,300	650
9. 人造義體/義肢費用 Prosthetic Devices Expenses	全數賠償	Full Cover
10.善終服務 Hospice Care	10,000	不適用 N/A
D. 意外治療保障 Accident Treatment Benefits		
1. 緊急門診治療 Emergency Outpatient Treatment		
2. 受損牙齒 Damaged Teeth	全數賠償 Full Cover	
 3. 矯形修復手術 Reconstructive Surgery (只限住院治療)(Inpatient treatment only) 		

 + 於扣除自付額後(如適用),藍十字將根據保障項目A-D之賠償額支付合資格費用。
 Blue Cross covers eligible expenses incurred in excess of the deductible (if applicable) in respect of benefit items A to D.

 + 「日症手術」指於門診設施由醫生進行屬醫療必要之醫療或外科程序。門診診或植器生診所,或醫院設立及營運之日症中心、日間護理中心、門診部或相等之門診設施。
 "Day Case Procedure" means a medically necessary medical or surgical procedure which is performed by a physician in an outpatient facility. An outpatient facility may refer to a physician's
 clinic, or a day case centre, a day care centre or an outpatient department or equivalent facility established and operated by a hospital.
 註:所有費用必須為「合理慣例」¹⁴及「醫療必要」¹⁵ 的開支。Note : All expenses incurred must be Reasonable and Customary¹⁶ and Medically Necessary¹⁵.

免費周年身體臉查

為您提供專屬的免費周年身體檢查,詳情如下:

Annual Health Checkup for Free

A free annual health checkup programme is designed exclusively for you with details below:

周年身體檢查 Annual Health Checkup	
檢查項目 Checkup Items	
 醫療顧問分析化驗報告及 普通體格評估 	 Medical advice on laboratory reports and general physical measurements
 2. 貧血及血病檢查 (i) 全血計算 (ii) 紅血球沉降率 (iii) 血小板量 	 2. Anaemia and blood diseases screening (i) Complete blood count (ii) ESR (iii) Platelet
 血型及血因子類別 血型及血因子 	Blood grouping(i) ABO blood group and Rh factor
4. 糖尿病檢查 (i) 血糖	4. Diabetic screening(i) Glucose
5. 痛風症檢查 (i) 尿酸	5. Gout screening (i) Uric acid
 心肺病檢查 (i) 胸部X光檢查及報告 	 6. Heart and lung diseases screening (i) Chest X-ray with report (ii) Electrocardiogram (ECG) with report
 7. 心臟病及中風檢查 (i) 高低密度膽固醇 	7. Heart disease and stroke risk factors screening(i) HDL, LDL
8. 腸病檢查 (i) 大便常規檢查	8. Intestinal diseases screening(i) Stool (routine examination)
9. 血脂肪檢查 (i) 總膽固醇 (ii) 三酸甘油脂	9. Lipids pattern screening(i) Cholesterol total(ii) Triglycerides
10. 肝功能試驗 (i) 谷草轉氨酶 (ii) 谷丙轉氨酶	10. Liver function tests (i) SGOT (AST) (ii) SGPT (ALT)
11. 腎功能試驗 (i) 肌肝酸 (ii) 尿素 (iii) 小便常規檢查	 11. Renal function tests (i) Creatinine (ii) Urea (iii) Urine (routine examination)
12. 甲狀腺功能試驗 (i) 甲狀腺素 (T4)	12. Thyroid function test (i) Thyroxine (T4)

身體檢查服務由藍十字指定的醫療服務機構提供,並須符合有關條款及細則,而受保人可於保單生效後及每年續保後享有此免費檢查服務。 The health checkup service is provided by designated service provider(s) of Blue Cross and subject to relevant terms and conditions. The insured person(s) will be entitled to the free checkup service after policy issuance and each subsequent renewal.

保障範圍一覽表 Schedule of Benefits (US\$)

保障項目	每受保人之每年最高賠償額 Annual Limit Per Insured	
Benefit Items	白金 Platinum	金 Gold
自選附加保障 Optiona	l Benefits	
A. 門診保障 Outpatient Benefits		
 門診診症 Outpatient Consultation 普通科醫生診症、專科醫生診症及醫生到診 General Practitioner's Consultation, Specialist's Consultation and Doctor On-call Service 	全數 Full (
 另類治療* Alternative Treatments* 中醫治療(全科、跌打及針灸)、脊椎治療、物理治療、順勢療法、 整骨療法、催眠及精神病治療^ Chinese Medicine Practitioner Treatment (General Practice, Bone-setting and Acupuncture), Chiropractic, Physiotherapy, Homeopathy, Osteopathy, Hypnotherapy and Mental Treatment[^] 	全數 Full ((每項治療 (1 visit per day per	Cover ē每天1次)
 X光診斷及化驗* Diagnostic X-rays and Laboratory Tests* 包括電腦掃描、磁力共震造影、步態掃描等 Including Computerised Tomography, Magnetic Resonance Imaging, Gait Scans, etc. 	全數 Full (
 4. 處方藥物* Prescribed Medicines and Drugs* 5. 檢查及疫苗注射 Health Examinations and Vaccinations 周年身體檢查[△] Annual Health Checkup[△] 周年眼科檢查[△] Annual Eye Examination[△] 周年牙科檢查[△] Annual Dental Examination[△] 疫苗注射 Vaccinations 		Full Cover 650
B. 產科保障 ⁴ Maternity Benefits ⁴		
1. 自然分娩 Normal Delivery (等候期:1年)(Waiting period: 1 year)	7,	500
2. 剖腹生產 Caesarean Section (等候期:1年)(Waiting period: 1 year)	15,	000
 流產或治療性墮胎 Miscarriage or Therapeutic Abortion (等候期:90天) (Waiting period: 90 days) 	5,	000
C. 牙科保障 Dental Benefits		
1. 口腔檢查及洗牙 Oral Examination and Scale & Polish	全數賠償 (每受保期內2次)(Twice	Full Cover e per period of insurance)
 常規治療 Routine Treatments (等候期:90天)(Waiting period:90 days) 補牙、脱牙、X光、鑲嵌、覆蓋、膿瘡排放、齒根管治療、牙周病 手術及相關的藥物使用 Tooth fillings, tooth extractions, X-ray, inlays, onlays, drainage of abscesses, root canal work, periodontal surgery and the related medications 	2,	000
 修復治療 Restoration Treatments (等候期:90天) (Waiting period: 90 days) - 脱除智慧齒或阻生齒、新置或修復假牙/齒冠/齒橋、牙齒植入或 矯正治療、麻醉、修復齒尖的牙冠釘、齒根尖切除術、軟組織/ 牙骨阻生、金牙鑲嵌及覆蓋及相關的藥物使用 Removal of wisdom tooth/impacted tooth, new or repair of dentures/ crowns/bridges, implants or orthodontic treatment, anaesthesia, pins for cusp restoration, apicoectomy, soft-tissue/bony impaction, gold inlays and onlays and the related medications 	3,	000

* 另類治療和X光診斷及化驗需具書面轉介;而處方藥物則需處方信件。For Alternative Treatments and Diagnostic X-rays and Laboratory Tests, referral letter is required; while prescription letter is required for Prescribed Medicines and Drugs.
 ^ 由精神科醫生或心理學家提供之治療,需具書面轉介。If the treatment is performed by a Psychiatrist or a Psychologist, a referral letter is required.
 [△]每年一次。Once per year.
 註:所有費用必須為「合理慣例」¹⁴及「醫療必要」¹⁵ 的開支。Note: All expenses incurred must be Reasonable and Customary¹⁴ and Medically Necessary¹⁵.

計劃摘要 Plan Summary

產品名稱	「大亨」醫療保險計劃
Product Name	Tycoon Medical Insurance Plan
購買目的及需要 Purchase Objectives and Needs	為將來的醫療需要作準備: Prepare for future healthcare needs: ● 支付醫療費用;及 To settle medical expenses; and ● 彌補住院期間之收入損失 To compensate for the loss of income during hospital confinement
產品類型	償款 [,] 但包含非償款現金保障
Product Type	Indemnity, but incorporated with non-indemnity cash benefits
保單期 Period of Cover	1 年 Year
投保年齡	12日至70歲 [^]
Enrolment Age	Age 12 days to age 70 [^]
保單續保	每年續保至99歲(保證) ⁷
Policy Renewal	Annual renewal up to age 99 (guaranteed) ⁷
保單貨幣	美元
Policy Currency	USD
計劃級別	白金/金
Plan Level	Platinum / Gold
保障地域	環球/環球(北美除外)
Cover Area	Worldwide / Worldwide (excluding North America)
自付額 ² Deductible ²	US\$0 / US\$5,000 / US\$8,000
冷靜期 ¹⁶ Cooling-off Period ¹⁶	40日 Days
繳費模式	年繳/半年繳/月繳
Payment Mode	Annual / Semi-annual / Monthly

^ 產科保障的投保年齡為18至44歲,並保障至46歲。Enrolment age of Maternity Benefits is 18 to 44 and coverage up to age 46.

重要事項

- 1. 關於「保障地域」:
 - 「門診保障」的保障地域必須與「基本保障」的保障地域相同。
 - 若已選擇「環球(北美除外)」為適用之保障地域,保單下的保障 將不包含北美(在緊急事故下接受的治療及/或服務除外)。
 - 在過去12個月內有6個月或以上居住、逗留或留學於美國的受保人、或計劃在未來12個月內於美國居住、逗留或留學的受保人、 或美國公民,只可選擇「環球(北美除外)」為「基本保障」及 「門診保障」的保障地域。
 - 若受保人於過去12個月內有6個月或以上居住於美國,藍十字 保留於續保時將保障地域由「環球」更改為「環球(北美除外)」 的權利。
 - 若受保人於過去12個月內有6個月或以上居住、逗留或留學於英國 或加拿大,其在該地區享有的醫療服務及/或治療的應獲保障將 受限於符合索償資格的費用之60%。緊急事故下接受的治療及/或 服務則不在此限。
 - 若受保人有6個月或以上居住於包括但不限於以下國家,則毋須 支付額外地域附加保費:中國、英國、加拿大、澳洲、孟加拉國、 不丹、柬埔寨、關島、印度、印尼、日本、馬來西亞、馬爾代夫、 蒙古、緬甸、尼泊爾、新西蘭、菲律賓、新加坡、韓國、斯里蘭卡、 台灣、泰國和越南。
 - 因風險變動有機會影響保單的保障,保單持有人在受保期內,必須 就受保人之地址、居留地、職業變更或其他風險變動即時通知 藍十字。藍十字有權就任何風險變動在任何期間作保費(不論就 過去或未來受風險變動而影響之保費)、保障或其他條款及細則 之調整。於藍十字支付保單之任何保障之前,保單持有人必須繳 付任何所須的額外保費。若居留地之變動導致受保人未能根據 藍十字當時適用之核保規定符合受保資格,該受保人於保單下之 保障將不獲續保,而藍十字將致力為受保人轉換至另一個可供選 擇的醫療保險計劃。
- 「自付額」只適用於「基本保障」。如受保人於續保時年齡為50、 55、60或65歲,保單持有人可於該續保日之前或之後31天內要求 減低該受保人之「自付額」,而毋須提供該受保人進一步之健康證 明。每名受保人終身只限行使此權利1次,而且一經行使將不可撤 銷。有關更改只會於續保時生效,並需獲藍十字核准。
- 不論受保人屬自願與否,若於任何高於私家房級別的病房留院, 「住院及手術保障」下應付之保障將受限於符合索償資格的費用 之25%。
- 4. 如投保自選附加「產科保障」,客戶必須同時選擇「門診保障」。
- 可賠償金額之評估只供客戶參考之用,實際賠償金額以最終理賠 決定為準。所有保障項目只會在符合保單條款及細則及所有不保 之事項的情況下支付。

Important Notes

- 1. About Cover Area:
 - The cover area of Outpatient Benefits must be the same as that of the Basic Benefits.
 - If the cover area of "Worldwide (excluding North America)" is selected or applied, the policy will not provide any cover in North America except for emergency treatment and/or service.
 - For the Basic Benefits and the Outpatient Benefits, insured who has resided or have stayed/studied in the United States for 6 months or more in the past 12 months, or insured is planning to reside, stay or study in the United States in the next 12 months, or the United States citizens, are only eligible to select "Worldwide (excluding North America)" as the cover area.
 - Upon policy renewal, Blue Cross reserves the right to change the cover area from "Worldwide" to "Worldwide (excluding North America)" if the insured has resided in the United States for 6 months or more in the past 12 months.
 - For insured who has resided, stayed or studied in Canada or United Kingdom for 6 months or more in the past 12 months, the benefit payable for medical services and/or treatments provided to the insured in such region shall be limited to 60% of the eligible expenses except for emergency treatment and/or service.
 - No geographical loading will be applied if the insured resides in countries including but not limited to the following countries for 6 months or more: China, United Kingdom, Canada, Australia, Bangladesh, Bhutan, Cambodia, Guam, India, Indonesia, Japan, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Thailand and Vietnam.
 - During the period of insurance, the policyholder shall give immediate notice to Blue Cross in respect of any change of address, residency, occupation of an insured or any other change of risk which may affect the cover of the policy. Blue Cross reserves the right to adjust the premium for any period, in the past or future, the benefits and other terms and conditions of the policy to effect such change of risk. The policyholder shall pay any additional premium as required before any benefit is payable under the policy. If the change of residency shall result in the insured being not insurable according to Blue Cross's underwriting rules, renewal of insurance coverage under the policy will cease and Blue Cross will endeavour to transfer the insured to another available medical insurance plan.
- 2. Deductible is only applicable to the Basic Benefits. With respect to the insured of age 50, 55, 60 or 65 at renewal, the policyholder may apply for lowering the Deductible within 31 days before or after the relevant renewal without providing Blue Cross with further evidence of the insured's health status. This right can only be exercised once during the lifetime of the insured and is irrevocable. The change shall only take effect on renewal and subject to the approval of Blue Cross.
- 3. If the insured, whether voluntarily or involuntarily, is confined in a room of a standard exceeding a private room, the benefit payable under Hospital and Surgical Benefits shall be limited to 25% of the eligible expenses.
- 4. To enrol in the optional Maternity Benefits, customers must also opt for the Outpatient Benefits.
- Assessment of the estimated eligible claim amounts is for customers' reference only, the actual eligible claim amounts will be subject to the final claim decision. All benefits will be payable subject to the terms and conditions and the full list of policy exclusions.

重要事項

- 6. 「優先出院免結賬」只適用於入住本港私家醫院,需於入院前4-7個 工作天填妥及交回「手術/治療前索償評估表格」以進行申請及審 批手續。藍十字有權拒絕發出「住院付款保證書」或加設住院掛 賬限額。藍十字可隨時發出書面通知以終止或暫停任何免付賬醫 療服務,並保留所有與免付賬醫療服務相關事項及爭議的最終決 定權。藍十字承保的責任只限於符合「大亨」醫療保險計劃規定 的合資格醫療費用,任何超出保單承保範圍的醫療費用須由保單 持有人/受保人承擔。藍十字並會向保單持有人/受保人收取一切 已代受保人繳付但不屬保單承保範圍的醫療費用(如有)。
- 7. 「保證續保至99歲」不適用於產科保障。本計劃保證續保(視乎續保時本公司仍否提供本計劃),藍十字將不會根據個別受保人於續保時的健康狀況或索償記錄,向其額外收取保費或附加不保事項至個別保單。然而,藍十字將保留在續保時調整保費及更改條款及細則的權利,例如:因應受保人年齡的調整、特定風險級別或風險級別的轉變作出保費調整。

此外,藍十字亦保留停止發售或中止本計劃及對保單作出更改的權 利。若藍十字決定停止發售或中止本計劃,藍十字將致力為受保人 轉換至另一個可供選擇的醫療保險計劃。

- 如在保單持有人就該受保人之保障以無索償折扣續保後,藍十字才 支付或須支付該受保人於上一個受保期就基本保障條款項下產生的 索償,保單持有人必須在藍十字發出繳費通知後21天內向藍十字償 還折扣差額。除非藍十字收到該折扣差額,否則藍十字不會向受保 人支付任何保單下的保障利益。
- 「門診手術現金津貼」只適用於以下指定日症手術療程:食道胃十二 指腸內窺鏡檢查、結腸鏡檢查、膀胱鏡檢查、關節鏡檢查、陰道鏡 檢查、支氣管鏡檢查、視網膜脱落的修補手術及宮腔鏡檢查。
- 10. 如在獲得家庭折扣後未能於保單生效日或續保日當日滿足所述的合 資格家庭成員人數要求,藍十字將會按照同一要求重新計算相關 保單年度的家庭折扣。在藍十字的合理要求下,保單持有人須向 藍十字交還已經扣減的家庭折扣及重新計算實際合資格的家庭折 扣之差額。
- 就家庭折扣而言,「合資格家庭成員」指保單持有人及/或其 配偶/子女/父母/兄弟姊妹/祖父母/孫/法定監護人/配偶的父母。
- 12. 任何索償申請須於出院或完成有關的醫療服務當日起計90天內 遞交。客戶可經藍十字網頁或 Blue Cross HK 手機應用程式遞交已 填妥的賠償申請表及所需之完整文件予藍十字。賠償申請表可於 藍十字網頁下載。

Important Notes

- Cashless Priority Discharge is only applicable to admission to private 6. hospitals in Hong Kong. A Pre-procedure Claim Assessment Form is required to be completed and returned to Blue Cross for application and approval process 4-7 working days prior to admission. Blue Cross reserves the right to not issue the Letter of Guarantee (LOG) or issue the LOG with a particular limit. Blue Cross may withdraw or suspend any credit facilities service anytime by giving a written notice. All matters and disputes in relation to credit facilities services will be subject to the final decision of Blue Cross. The liability of Blue Cross under the policy is limited to indemnify the insured for the eligible medical expenses payable in accordance with Tycoon Medical Insurance Plan. Any medical expenses that fall outside policy coverage shall be borne by the policyholder/the insured. Blue Cross shall also recover from the policyholder/the insured the medical expenses settled on behalf of the insured which fall outside policy coverage (if any).
- 7. Guaranteed Renewal up to Age 99 is not applicable to the Maternity Benefits. Renewal is guaranteed (subject to the availability of the Plan at the time of renewal) and Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured's health status or claim history at the time of renewal. However, Blue Cross reserves the right to revise the terms and conditions of the policy and adjust the premium upon policy renewal due to, for example, age-related adjustment, a particular risk class or change of risk class.

In addition, Blue Cross also reserves the right to cease offering or suspend this Plan and to make changes to the policy. If Blue Cross decides to cease offering or suspend this Plan, Blue Cross will endeavour to transfer the insured to another available medical insurance plan.

- 8. In the event that after the insurance coverage for that insured is renewed at a No Claim Discount, a claim by that insured for any benefit under the Basic Benefits section, which has accrued in the previous period of insurance, is paid or becomes payable by Blue Cross, the policyholder shall reimburse the discounted amount to Blue Cross within 21 days from the date of the invoice. No benefits shall be payable to the insured under the policy unless the discounted amount is received by Blue Cross.
- 9. Outpatient Surgery Cash Allowance is only applicable to the following day case surgical procedures: oesophagogastroduodenoscopy, colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, repair of retinal detachment and hysteroscopy.
- 10. In the event that the required number of eligible family members set out as at the policy effective date or renewal date cannot be fulfilled after a family discount has been applied, the family discount shall be recalculated for the relevant policy year(s) based on same requirement specified. The policyholder shall repay Blue Cross the difference between the family discount already applied by Blue Cross and the recalculated actual eligible family discount upon Blue Cross's reasonable demand.
- 11. For the purpose of family discount, "eligible family member" refers to the policyholder and/or his spouse/children/parents/brothers/ sisters/grandparents/grandchildren/legal guardian/parents-in-law.
- 12. Any claims must be submitted within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. Customer can submit a completed claim form and required full documentation to Blue Cross via Blue Cross website or "Blue Cross HK" mobile app. Claim form can be downloaded from Blue Cross website.

重要事項

- 13.「終身最高賠償額」指受保人在所有「大亨」醫療保險計劃保單下, 一生合計可享有的最高保障總額,不論該些保單是否已終止、仍生 效或已到期。
- 14.「合理慣例」指治療、服務或物料收費不超過在當地由具相若水平的 相關服務或物料供應者,為同一性別和年齡的人士針對類似疾病或 傷患提供的相類似的治療、服務或物料所收取的收費水平。「合理 慣例」的收費在任何情況下均不應高於所招致的實際收費。藍十字 會參照以下資料(如適用)以釐定「合理慣例」的醫療費用:a)載 列於由香港政府發佈之憲報中香港公立醫院向自費病人收取私家住 院醫療服務的費用;b)由業界進行的治療或服務費用調查;c)內 部索償數據;d)受保程度或水平;及/或e)於提供治療、服務 或物料當地之其他適當相關參考資料。
- 15.「醫療必要」指需要就醫療狀況或牙科狀況接受治療或服務,而所 進行的治療或服務按照一般公認的醫療標準乃屬必要的。被視 為「醫療必要」的治療或服務必須符合以下各項:a)需要合資格 醫療人士的專業知識;b)與診斷一致,並對醫治該狀況而言屬必 需;c)根據專業而審慎的醫療標準提供,而並非主要為使受保 人、其家庭成員、護理人員或主診的合資格醫療人士帶來方便或 感到舒適而提供;及 d)在該情况下以最具成本效益的方式和設 定提供。
- 16. 客戶可在冷靜期內行使權利取消保單及獲發還全數已付保費及保 費徵費,但行使此項權利時,必須符合以下條件:
 - (a) 取消要求必須由保單持有人簽署,藍十字必須於冷靜期內直接 收到該要求。冷靜期為緊接保單或冷靜期通知書交付予保單持 有人或其指定代表之日起計的40日期間內,以較早者為準。 為免生疑問,交付保單或冷靜期通知書當天並不包括在計算 40日期間內。然而,若第40日當天並非工作天,則冷靜期將 包括隨後的工作天的一天在內;及

(b) 如曾經因索償而獲得賠償,則不會獲發還保費。

冷靜期過後,客戶可向藍十字發出不少於7天的書面通知以取消保 單。如於首個受保期內符合以下條件:a)無任何索償;b)無尚未 繳付之每年保費;及c)所有醫療卡(如有)及優惠券(如有)從 未被使用及已被退還予藍十字,客戶可獲無息退還部分已繳保費。 詳情請參閱保單條款及細則。

此外,保單會在以下情況自動終止,以最先者為準:a)當該受保 人的終身最高賠償額之100%已全數支付;b)當於受保期內所有受 保人的年齡均達至100歲,該受保期的最後一天;c)當保單持有人 取消保單,或當保單因沒有繳付保費或根據保單條款及細則所列 的情形被取消;或d)保單最後一名在生之受保人身故當日。

Important Notes

- 13. Overall Lifetime Limit refers to the maximum aggregate amount of cover under all policies of Tycoon Medical Insurance Plan an insured is entitled to during his lifetime, regardless of whether those policies are terminated, in force or have expired.
- 14. "Reasonable and Customary" refers to a charge for medical treatments, services or supplies which does not exceed the general level of charges being charged by the relevant service providers or suppliers of similar standing in the locality where the charge is incurred for similar treatments, services or supplies to individuals of the same sex and age, for a similar disease or injury. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred. In determining whether an expense is Reasonable and Customary, Blue Cross may make reference to the following (if applicable): a) the gazette issued by the Hong Kong Government which sets out the fees for the private patient services in public hospitals in Hong Kong; b) industrial treatment or service fee survey; c) internal claim statistics; d) extent or level of benefit insured; and/or e) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
- 15. "Medically Necessary" refers to the need to have treatment or service for the purpose of treating a medical condition or dental condition in accordance with the generally accepted standards of medical practice and such treatment or service must: a) require the expertise of a qualified medical practitioner; b) be consistent with the diagnosis and necessary for the treatment of the condition; c) be rendered in accordance with professional and prudent standards of medical practice, and not be rendered primarily for the convenience or the comfort of an insured, his/her family members, caretaker or attending qualified medical practitioner; and d) be rendered in the most cost-efficient manner and setting appropriate in the circumstances.
- 16. Customer may exercise the right to cancel the policy with full refund of paid premiums and levy during the cooling-off period. The cancellation right is subject to the following conditions:
 - (a) The request to cancel must be signed by the policyholder and received directly by Blue Cross within the cooling-off period. The cooling-off period is the period of 40 days immediately following the day of the delivery to the policyholder or the nominated representative of the policyholder, of the policy or the cooling-off notice, whichever is the earlier. For the avoidance of doubt, the day of delivery of the policy or the cooling-off notice is not included for the calculation of the 40-day period. However, if the last day of the 40-day period is not a working day, the period shall include the next working day; and
 - (b) No refund can be made if a claim payment has been made.

Customer can request to cancel the policy after the cooling-off period by giving 7 days prior written notice to Blue Cross. Customer may be entitled to a refund of part of the premium paid without interest during the first period of insurance if the following conditions are fulfilled: a) no claims have been made; b) there is no outstanding annual premium under the policy; and c) all healthcare cards (if any) and coupons (if any) are not being used and are returned to Blue Cross. Please refer to the terms and conditions of policy for details.

In addition, the policy shall be automatically terminated on the earliest of the following: a) when 100% of the Overall Lifetime Limit of such insured is paid; b) the last day of the period of insurance in which all insureds have attained the age of 100; c) when the policyholder cancels the policy, or the policy is cancelled due to non-payment of premiums or any circumstance as set out in the terms and conditions of policy; or d) the date of death of the last remaining life insured under the policy.

主要不保事項*

- 1. 已存在的狀況。
- 2. 並非屬醫療必要的治療或測試,或並非經醫生處方購買的藥物。
- 除保單條款及細則內有關「檢查及疫苗注射」項目所訂明外,純粹 為接受一般身體檢查、X光診斷、先進造影、化驗、基因測試、輔 導服務、復康、休養、療養或專職醫療服務,包括但不限於物理 治療、職業治療及言語治療而住院。
- 任何先天性疾患(疝氣、斜視或包皮開口狹窄除外)或成長障礙 狀況或相類似疾病的相關治療(在受保人年齡達12歲後出現的新生 嬰兒異常除外)。
- 5. 除保單條款及細則內有關「人體免疫力缺乏病毒/愛滋病治療」項 目所訂明外,直接或間接因人體免疫力缺乏病毒及其相關醫療病 症(包括愛滋病及/或因感染人體免疫力缺乏病毒而相應引致的任 何突變、衍生或變異)所引致的費用。
- 直接或間接因濫用藥物或酒精、自我毀傷或企圖自殺、進行不法活動、飲用超過規定水平的酒精或服用超過規定水平的藥物後駕駛 或操控機器、或經由性接觸傳染的疾病或其後遺症。
- 7. 除保單條款及細則內有關「矯形修復手術」項目所訂明外,以美容或 整形為目的之任何服務費用;包括因此而引致的相關醫療狀況,及 與以下相關的費用,但不限於聽力測試、例行血液測試、一般身體 檢查、預防性治療、接種疫苗或防疫注射(除保單條款及細則內 有關「檢查及疫苗注射」項目所訂明外)、非處方藥物等。
- 除保單條款及細則內有關「受損牙齒」或「牙科保障」項目所訂 明外,因牙科狀況接受之牙科治療及口腔外科手術(受保人因意 外而需在住院期間接受的緊急牙科治療及手術除外),及因牙科 狀況或於口腔外科手術後不論是以住院病人或門診病人身份接受 的覆診治療。
- 除保單條款及細則內有關「產科保障」或「妊娠期併發症」項目所 訂明外,所有產科及其併發症相關的檢驗、治療、外科程序、輔 導服務及基因測試,包括驗孕或其後的分娩、墮胎或流產;節育 或恢復生育;兩性結紥或變性;不育治療等。

Major Exclusions*

- 1. Pre-existing conditions.
- 2. Treatment or test which is not Medically Necessary; or purchase of drugs which are not prescribed by a physician.
- 3. Except as otherwise provided in the Terms and Conditions for "Health Examinations and Vaccinations" in the policy, confinement solely for the purpose of general checkup, diagnostic X-ray, advanced imaging, laboratory tests, genetic testing, counselling, rehabilitation, rest cures, sanitaria care or allied health service, including but not limited to, physiotherapy, occupational therapy and speech therapy.
- 4. Treatment related to congenital conditions (except Hernias, Strabismus and Phimosis) or developmental conditions or disease of similar kind (except the neo-natal abnormalities which become apparent after an insured reaches the age of 12).
- Except as otherwise provided in Terms and Conditions for "HIV/AIDS Treatment" in the policy, expenses directly or indirectly arising from Human Immunodeficiency Virus (HIV) and its related medical condition, including AIDS and/or any mutations, derivation or variations thereof, consequential upon an HIV infection.
- 6. Treatment or medical condition directly or indirectly arising from or consequent upon the abuse of drugs or alcohol, self-inflicted injuries or attempted suicide, illegal activity, or driving or maneuvering machines whilst exceeding the prescribed alcohol and drug limit, or venereal and sexually transmitted disease or its sequelae.
- 7. Except as otherwise provided in the Terms and Conditions for "Reconstructive Surgery" in the policy, charges in respect of services for beautification or cosmetic purposes; including any related and associated medical conditions arising therefrom, and expenses in relation to but not limited to hearing tests, routine blood tests, general checkups, prophylaxis treatment, vaccinations or inoculations (except as otherwise provided in the Terms and Conditions for "Health Examinations and Vaccinations" in the policy), over-the-counter drugs, etc.
- 8. Except as otherwise provided in the Terms and Conditions for "Damaged Teeth" or "Dental Benefits" in the policy, treatment of a dental condition and oral surgery (except treatment of an emergency and surgery arising from an accident received by the insured during confinement) as well as follow up treatment of the dental condition or oral surgery whether as an inpatient or outpatient.
- 9. Except as otherwise provided in the Terms and Conditions for "Maternity Benefits" or "Complications of Pregnancy" in the policy, all investigations, treatments, surgical procedure, counselling services and genetic testing relating to maternity conditions and its complications, including diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility, etc.

主要不保事項*

- 10. 除保單條款及細則內有關「醫院雜項費用」或「人造義體/義肢費 用」項目所訂明外,購買人工裝置,購買或租借耐用的醫療設備及 儀器,包括但不限於家居使用之輪椅、床及傢俱、呼吸道壓力治 療機及面罩、可攜式氧氣及氧氣治療儀器、透析機、運動設備、 眼鏡、助聽器、特別支架、輔助步行器具、空氣清新機、空調及 供熱裝置。
- 11. 除保單條款及細則內有關「精神病或心理治療」或「另類治療」項 目所訂明外,直接或間接由任何精神或心理狀況,以及其生理及心 理表現所引致的治療或醫療狀況。
- 12. 除保單條款及細則內有關「出院後輔助治療」或「另類治療」項 目所訂明外,其他另類療法,包括但不限於中醫、指壓、拔罐、 天灸、推拿、催眠、氣功、按摩治療、香薰治療及相類似之療法。
- 13. 直接或間接因戰爭(不論宣戰與否)、內戰、侵略、外敵行動、 敵對行動、叛亂、革命、暴動、起義或軍事政變或奪權;或因參與 陸軍、空軍、海軍及其他紀律性服務而引致的治療或醫療狀況。

*適用於基本保障及自選附加保障。

Major Exclusions*

- 10. Except as otherwise provided in the Terms and Conditions for "Miscellaneous Hospital Charges" or "Prosthetic Devices Expenses" in the policy, purchase of prosthetic devices, purchase or rental of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, air purifiers or conditioners and heat appliances for home use.
- 11. Except as otherwise provided in the Terms and Conditions for "Mental or Psychological Treatment" or "Alternative Treatments" in the policy, treatment or medical condition directly or indirectly arising from any psychotic, psychological, or psychiatric conditions and any physiological or psychosomatic manifestations thereof.
- 12. Except as otherwise provided in the Terms and Conditions for "Post-Hospitalisation Auxiliary Treatment" or "Alternative Treatments" in the policy, other alternative treatments including but not limited to Chinese medicine, acupressure, cupping, tianjiu, tui-na, hypnotism, qigong, massage therapy, aromatherapy and such alike.
- 13. Treatment or medical condition directly or indirectly arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, riot, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.

*Applicable to Basic Benefits and Optional Benefits.

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「大亭」醫療保險計劃 Tycoon Medical Insurance Plan

保費表 Premium Table (US\$)

1. 基本保障 Basic Benefits - 白金計劃 Platinum Plan

計劃級別 Plan Level											
	環球 Worldwide										
自付額 Deductible	0	5,000	8,000	自付額 Deductible	0	5,000	8,000	自付額 Deductible	0	5,000	8,000
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年齢 Age	年繳 Annual	年繳 Annual	年繳 Annual	年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual
0	5,337	2,403	1,869	34	7,339	3,303	2,568	68	33,785	15,204	11,825
1	5,337	2,403	1,869	35	7,417	3,339	2,595	69	34,911	15,710	12,220
2	5,337	2,403	1,869	36	7,499	3,376	2,625	70	36,014	16,207	12,604
3	5,255	2,367	1,840	37	7,574	3,407	2,651		以下保費只	適用於續保	
4	5,182	2,332	1,815	38	7,652	3,443	2,678	The prem	iums below	are for ren	ewal only
5	5,099	2,295	1,784	39	8,000	3,600	2,800	71	37,266	16,770	13,045
6	5,019	2,259	1,757	40	8,357	3,760	2,925	72	38,486	17,319	13,471
7	4,940	2,224	1,730	41	8,711	3,920	3,049	73	39,741	17,884	13,910
8	4,863	2,188	1,704	42	9,069	4,080	3,174	74	41,184	18,533	14,415
9	4,787	2,152	1,674	43	9,436	4,246	3,303	75	42,511	19,131	14,880
10	4,705	2,116	1,647	44	9,856	4,436	3,450	76	43,967	19,786	15,389
11	4,630	2,084	1,621	45	10,279	4,626	3,597	77	45,471	20,462	15,915
12	4,613	2,076	1,614	46	10,692	4,812	3,742	78	47,016	21,159	16,456
13	4,601	2,071	1,611	47	11,109	4,999	3,889	79	48,629	21,883	17,022
14	4,570	2,055	1,599	48	11,536	5,192	4,038	80	50,221	22,599	17,578
15	4,555	2,050	1,595	49	12,089	5,439	4,233	81	51,910	23,360	18,167
16	4,545	2,047	1,593	50	12,651	5,694	4,429	82	53,549	24,097	18,741
17	4,520	2,034	1,584	51	13,224	5,951	4,629	83	55,048	24,771	19,267
18	4,510	2,030	1,579	52	13,789	6,205	4,826	84	56,787	25,555	19,876
19	4,517	2,032	1,580	53	14,370	6,467	5,030	85	58,513	26,331	20,480
20	4,534	2,041	1,587	54	15,158	6,821	5,306	86	60,210	27,095	21,074
21	4,705	2,116	1,647	55	15,964	7,184	5,588	87	61,894	27,852	21,664
22	4,934	2,222	1,728	56	16,763	7,543	5,869	88	63,582	28,611	22,255
23	5,206	2,344	1,822	57	17,577	7,910	6,152	89	65,537	29,492	22,938
24	5,525	2,486	1,933	58	18,412	8,285	6,445	90	67,494	30,372	23,623
25	5,697	2,565	1,994	59	19,735	8,880	6,907	91	69,446	31,251	24,306
26	6,150	2,768	2,151	60	21,101	9,495	7,384	92	71,383	32,124	24,985
27	6,424	2,889	2,249	61	22,515	10,131	7,880	93	73,324	32,997	25,664
28	6,643	2,989	2,325	62	23,947	10,777	8,380	94	75,060	33,778	26,271
29	6,819	3,069	2,385	63	25,407	11,434	8,892	95	76,794	34,558	26,879
30	6,950	3,128	2,432	64	27,088	12,191	9,481	96	78,520	35,334	27,482
31	7,038	3,167	2,465	65	28,778	12,951	10,072	97	80,246	36,111	28,086
32	7,086	3,189	2,481	66	30,515	13,731	10,681	98	81,979	36,890	28,693
33	7,256	3,265	2,539	67	32,223	14,501	11,278	99	82,059	36,927	28,722

1. 基本保障 Basic Benefits - 金計劃 Gold Plan

計劃級別 Plan Level						金 Gold					
自付額 Deductible	0	5,000	8,000	自付額 Deductible	0	5,000	8,000	自付額 Deductible	0	5,000	8,000
年 齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年齢 Age	年繳 Annual	年繳 Annual	年繳 Annual
0	4,795	2,158	1,680	34	6,801	3,061	2,382	68	31,122	14,005	10,894
1	4,795	2,158	1,680	35	6,877	3,095	2,407	69	32,102	14,445	11,236
2	4,795	2,158	1,680	36	6,939	3,122	2,429	70	33,060	14,878	11,572
3	4,731	2,129	1,657	37	6,997	3,148	2,449		以下保費只	適用於續保	
4	4,673	2,103	1,636	38	7,066	3,180	2,472	The prem	iums below	are for ren	ewal only
5	4,613	2,076	1,614	39	7,374	3,319	2,582	71	34,214	15,396	11,974
6	4,549	2,048	1,593	40	7,692	3,463	2,692	72	35,337	15,902	12,368
7	4,489	2,021	1,572	41	8,011	3,605	2,805	73	36,506	16,428	12,776
8	4,429	1,993	1,550	42	8,342	3,756	2,922	74	37,860	17,037	13,251
9	4,361	1,964	1,527	43	8,679	3,905	3,039	75	39,049	17,572	13,668
10	4,298	1,933	1,506	44	9,054	4,075	3,168	76	40,421	18,188	14,147
11	4,237	1,907	1,485	45	9,427	4,241	3,300	77	41,855	18,836	14,649
12	4,226	1,903	1,479	46	9,801	4,410	3,429	78	43,348	19,509	15,173
13	4,210	1,894	1,472	47	10,170	4,578	3,561	79	44,822	20,172	15,689
14	4,196	1,888	1,470	48	10,553	4,750	3,694	80	46,276	20,825	16,197
15	4,176	1,879	1,461	49	11,030	4,964	3,861	81	47,855	21,534	16,749
16	4,164	1,874	1,458	50	11,522	5,185	4,033	82	49,368	22,216	17,280
17	4,144	1,866	1,450	51	12,030	5,414	4,211	83	50,691	22,812	17,742
18	4,124	1,856	1,446	52	12,530	5,638	4,386	84	52,198	23,490	18,269
19	4,155	1,870	1,454	53	13,047	5,871	4,568	85	53,711	24,170	18,799
20	4,181	1,882	1,463	54	13,754	6,190	4,815	86	55,166	24,826	19,309
21	4,438	1,997	1,553	55	14,468	6,511	5,065	87	56,619	25,479	19,817
22	4,773	2,148	1,670	56	15,190	6,837	5,316	88	58,064	26,129	20,322
23	5,009	2,253	1,753	57	15,915	7,162	5,571	89	59,739	26,882	20,910
24	5,309	2,390	1,858	58	16,673	7,502	5,835	90	61,411	27,635	21,492
25	5,412	2,435	1,894	59	17,873	8,043	6,256	91	63,060	28,377	22,070
26	5,914	2,662	2,071	60	19,142	8,613	6,701	92	64,716	29,123	22,652
27	6,147	2,766	2,151	61	20,470	9,212	7,164	93	66,362	29,862	23,227
28	6,324	2,846	2,214	62	21,832	9,825	7,640	94	67,835	30,526	23,741
29	6,481	2,916	2,268	63	23,224	10,451	8,130	95	69,313	31,192	24,262
30	6,569	2,956	2,299	64	24,803	11,162	8,680	96	70,785	31,854	24,774
31	6,607	2,973	2,312	65	26,407	11,884	9,245	97	72,254	32,514	25,289
32	6,573	2,960	2,302	66	28,074	12,633	9,826	98	73,714	33,171	25,800
33	6,727	3,027	2,354	67	29,694	13,363	10,392	99	73,848	33,231	25,847

計劃級別 Plan Level	計劃級別 Plan Level 白金 Platinum										
			環球	Worldwide	(北美除外	Excluding	North Ame	rica)			
自付額 Deductible	0	5,000	8,000	自付額 Deductible	0	5,000	8,000	自付額 Deductible	0	5,000	8,000
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual
0	3,027	1,514	1,213	34	4,118	2,061	1,647	68	19,032	9,516	7,613
1	3,027	1,514	1,213	35	4,164	2,083	1,666	69	19,677	9,839	7,872
2	3,027	1,514	1,213	36	4,212	2,106	1,684	70	20,311	10,155	8,126
3	2,983	1,491	1,194	37	4,253	2,127	1,703		以下保費只	適用於續保	
4	2,939	1,470	1,176	38	4,298	2,149	1,719	The prem	iums below	are for ren	ewal only
5	2,887	1,446	1,156	39	4,495	2,247	1,798	71	21,002	10,502	8,400
6	2,849	1,425	1,140	40	4,705	2,353	1,882	72	21,700	10,848	8,680
7	2,801	1,401	1,120	41	4,905	2,453	1,964	73	22,394	11,197	8,956
8	2,753	1,376	1,102	42	5,116	2,558	2,048	74	23,195	11,598	9,278
9	2,705	1,353	1,082	43	5,322	2,662	2,129	75	23,955	11,978	9,583
10	2,654	1,328	1,061	44	5,562	2,780	2,225	76	24,757	12,378	9,903
11	2,611	1,306	1,044	45	5,800	2,901	2,322	77	25,591	12,796	10,238
12	2,600	1,299	1,040	46	6,039	3,020	2,416	78	26,432	13,215	10,572
13	2,591	1,295	1,036	47	6,287	3,144	2,515	79	27,340	13,670	10,938
14	2,582	1,292	1,033	48	6,525	3,263	2,611	80	28,243	14,122	11,297
15	2,572	1,287	1,030	49	6,838	3,419	2,734	81	29,186	14,593	11,675
16	2,564	1,281	1,026	50	7,157	3,577	2,863	82	30,111	15,056	12,045
17	2,546	1,274	1,018	51	7,487	3,744	2,997	83	30,969	15,483	12,388
18	2,542	1,270	1,016	52	7,805	3,903	3,122	84	31,980	15,991	12,793
19	2,542	1,270	1,016	53	8,130	4,065	3,252	85	32,986	16,492	13,193
20	2,544	1,273	1,017	54	8,588	4,295	3,436	86	33,976	16,988	13,590
21	2,607	1,304	1,043	55	9,048	4,523	3,620	87	34,961	17,483	13,985
22	2,692	1,347	1,078	56	9,503	4,752	3,800	88	35,948	17,975	14,380
23	2,852	1,427	1,141	57	9,967	4,983	3,987	89	37,101	18,551	14,841
24	3,021	1,511	1,208	58	10,444	5,221	4,178	90	38,251	19,124	15,301
25	3,143	1,572	1,257	59	11,196	5,598	4,479	91	39,396	19,698	15,759
26	3,376	1,687	1,351	60	11,964	5,982	4,787	92	40,536	20,268	16,214
27	3,534	1,768	1,413	61	12,755	6,377	5,102	93	41,684	20,842	16,674
28	3,670	1,835	1,469	62	13,550	6,776	5,419	94	42,707	21,353	17,083
29	3,766	1,884	1,507	63	14,358	7,180	5,745	95	43,725	21,862	17,490
30	3,853	1,927	1,540	64	15,287	7,644	6,114	96	44,747	22,374	17,900
31	3,921	1,962	1,570	65	16,236	8,119	6,494	97	45,758	22,879	18,304
32	3,974	1,987	1,588	66	17,194	8,597	6,879	98	46,774	23,389	18,710
33	4,075	2,038	1,631	67	18,140	9,071	7,257	99	46,815	23,408	18,726

1. 基本保障 Basic Benefits - 白金計劃 Platinum Plan

計劃級別 Plan Level						金 Gold					
			環球	Worldwide	(北美除外	Excluding 1	North Amei	rica)			
自付額 Deductible	0	5,000	8,000	自付額 Deductible	0	5,000	8,000	自付額 Deductible	0	5,000	8,000
年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual	年齢 Age	年繳 Annual	年繳 Annual	年繳 Annual	年齡 Age	年繳 Annual	年繳 Annual	年繳 Annual
0	2,594	1,297	1,037	34	3,613	1,807	1,447	68	16,623	8,312	6,649
1	2,594	1,297	1,037	35	3,648	1,826	1,460	69	17,160	8,580	6,864
2	2,594	1,297	1,037	36	3,683	1,842	1,475	70	17,701	8,851	7,082
3	2,564	1,281	1,026	37	3,716	1,857	1,487		以下保費只	適用於續保	
4	2,525	1,263	1,010	38	3,757	1,878	1,504	The prem	iums below	are for ren	ewal only
5	2,493	1,248	996	39	3,925	1,964	1,570	71	18,302	9,151	7,322
6	2,451	1,227	981	40	4,103	2,052	1,641	72	18,901	9,451	7,560
7	2,420	1,211	968	41	4,282	2,141	1,712	73	19,512	9,756	7,805
8	2,379	1,190	953	42	4,462	2,232	1,786	74	20,221	10,110	8,090
9	2,344	1,171	937	43	4,643	2,323	1,857	75	20,871	10,437	8,350
10	2,309	1,155	923	44	4,852	2,427	1,942	76	21,587	10,795	8,635
11	2,273	1,138	909	45	5,060	2,530	2,025	77	22,321	11,161	8,928
12	2,257	1,129	901	46	5,258	2,630	2,105	78	23,077	11,540	9,232
13	2,247	1,123	899	47	5,463	2,731	2,186	79	23,873	11,937	9,549
14	2,243	1,120	897	48	5,675	2,838	2,271	80	24,651	12,327	9,862
15	2,235	1,118	895	49	5,933	2,968	2,373	81	25,480	12,739	10,192
16	2,225	1,113	890	50	6,204	3,102	2,481	82	26,288	13,144	10,516
17	2,220	1,110	889	51	6,471	3,237	2,588	83	27,019	13,510	10,808
18	2,209	1,105	884	52	6,747	3,376	2,700	84	27,873	13,938	11,149
19	2,213	1,107	885	53	7,025	3,514	2,810	85	28,726	14,364	11,492
20	2,220	1,110	889	54	7,417	3,708	2,968	86	29,558	14,779	11,823
21	2,305	1,153	921	55	7,805	3,903	3,122	87	30,389	15,195	12,156
22	2,416	1,208	967	56	8,200	4,100	3,281	88	31,209	15,605	12,485
23	2,551	1,275	1,021	57	8,595	4,298	3,438	89	32,176	16,089	12,871
24	2,710	1,354	1,083	58	9,001	4,501	3,600	90	33,132	16,566	13,252
25	2,791	1,396	1,118	59	9,662	4,831	3,865	91	34,091	17,046	13,635
26	3,021	1,511	1,208	60	10,331	5,167	4,135	92	35,040	17,522	14,017
27	3,156	1,577	1,263	61	11,032	5,516	4,414	93	35,995	17,999	14,400
28	3,266	1,633	1,307	62	11,749	5,874	4,700	94	36,846	18,423	14,739
29	3,349	1,674	1,340	63	12,468	6,234	4,988	95	37,693	18,846	15,079
30	3,428	1,715	1,373	64	13,296	6,647	5,319	96	38,549	19,276	15,421
31	3,464	1,732	1,386	65	14,139	7,070	5,657	97	39,398	19,699	15,759
32	3,496	1,748	1,398	66	15,002	7,501	6,001	98	40,240	20,118	16,097
33	3,575	1,789	1,429	67	15,841	7,921	6,338	99	40,283	20,141	16,113

1. 基本保障 Basic Benefits - 金計劃 Gold Plan

保費表 Premium Table (US\$)

2. 自選附加保障 Optional Benefits

			門診保	障 Outpatient E	Benefits			
保障地域 Cover Area	環球 Worldwide	環球 (北美除外) Worldwide (Excluding North America)	保障地域 Cover Area	環球 Worldwide	環球 (北美除外) Worldwide (Excluding North America)	保障地域 Cover Area	環球 Worldwide	環球 (北美除外) Worldwide (Excluding North America)
年齡 Age	年繳 Annual	年繳 Annual	年齡 Age	年繳 Annual	年繳 Annual	年齡 Age	年繳 Annual	年繳 Annual
0	9,556	6,063	34	8,248	5,233	68	40,927	25,967
1	9,556	6,063	35	8,877	5,629	69	43,302	27,474
2	9,556	6,063	36	9,505	6,030	70	45,674	28,979
3	9,468	6,006	37	10,140	6,431	以下	保費只適用於網	
4	9,174	5,819	38	10,767	6,830	The premium	is below are for	renewal only
5	8,861	5,626	39	10,795	6,848	71	48,048	30,489
6	8,463	5,370	40	10,823	6,866	72	50,426	31,993
7	8,064	5,119	41	10,848	6,885	73	52,802	33,498
8	7,666	4,867	42	10,877	6,902	74	55,560	35,246
9	7,268	4,614	43	10,905	6,918	75	58,313	36,993
10	6,867	4,358	44	11,615	7,367	76	61,070	38,747
11	6,469	4,101	45	12,318	7,816	77	63,828	40,496
12	6,518	4,136	46	13,027	8,263	78	66,584	42,247
13	6,563	4,164	47	13,734	8,715	79	69,733	44,239
14	6,608	4,192	48	14,438	9,160	80	72,877	46,235
15	6,651	4,221	49	16,188	10,269	81	76,026	48,228
16	6,696	4,249	50	17,932	11,380	82	79,170	50,229
17	6,745	4,278	51	19,680	12,486	83	82,313	52,225
18	6,789	4,306	52	21,425	13,593	84	85,848	54,465
19	6,832	4,335	53	23,170	14,701	85	89,386	56,712
20	6,880	4,363	54	24,364	15,459	86	92,918	58,948
21	6,922	4,392	55	25,555	16,215	87	96,456	61,193
22	6,968	4,418	56	26,755	16,971	88	99,987	63,434
23	7,139	4,530	57	27,942	17,728	89	103,902	65,916
24	7,305	4,634	58	29,137	18,485	90	107,815	68,402
25	7,469	4,743	59	30,196	19,158	91	111,730	70,884
26	7,640	4,847	60	31,253	19,830	92	115,645	73,371
27	7,810	4,953	61	32,313	20,499	93	119,560	75,852
28	7,975	5,060	62	33,368	21,173	94	124,529	79,006
29	7,904	5,014	63	34,431	21,843	95	129,504	82,160
30	7,833	4,969	64	35,727	22,670	96	134,474	85,311
31	7,759	4,925	65	37,029	23,492	97	139,449	88,469
32	7,688	4,874	66	38,329	24,316	98	144,422	91,629
33	7,617	4,831	67	39,628	25,143	99	144,422	91,629

2. 自選附加保障 Optional Benefits

產科保障 Maternity Benefits									
環球 Worldwide									
年齢 Age	年繳 Annual	年齡 Age	年繳 Annual	年齡 Age	年繳 Annual				
18	6,704	28	12,637	38	11,468				
19	6,704	29	13,105	39	10,893				
20	7,261	30	13,593	40	10,344				
21	7,870	31	14,097	41	9,826				
22	8,528	32	13,808	42	9,826				
23	9,238	33	13,525	43	9,826				
24	10,008	34	13,250	44	9,826				
25	10,846	35	12,979	以下保費只	以下保費只適用於續保				
26	11,751	36	12,714	The premium below is for renewal onl					
27	12,186	37	12,075	45	9,826				

	牙科保障 Dental Benefits						
	環球 Worldwide						
年齢 Age	年繳 Annual						
0 - 70	1573						
	以下保費只適用於續保 The premium below is for renewal only						
71 - 99	1573						

注釋:

- 年齡以最近生日日期計算。如您下一個生日是在投保日期 起計6個月之內,保費率將以下一個生日年齡計算,否則 以目前年齡計算。如保單生效日期與投保日期不同,即以 保單生效日期決定已屆年齡。
- 「0」歲指出生滿 12 日。
- 以月繳或半年繳的保費會被徵收分別 5% 及 2.5% 的附加費。月繳保費金額及附加費 = 年繳保費金額 x 0.0875。
 半年繳保費金額及附加費 = 年繳保費金額 x 0.5125。應付總金額以收款票據所示為準。
- 藍十字(亞太)保險有限公司(「藍十字」)保留在續保時調整保費,例如因應受保人年齡的調整、增加額外保障等,及更改條款及細則的權利。
- 保險業監管局將按照法例透過保險公司向投保人收取保費 徵費。如欲得悉更多有關保險業監管局收取徵費的資料,請瀏覽藍十字網頁 http://bluecross.com.hk/document/ general/levy_collection。
- 上述注釋適用於本文件的所有保費表。

Remarks :

- Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from the enrolment date, the premium rate will be charged according to your next age attained. Otherwise, it will be charged based on your current age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- Age "0" means age 12 days.
- Premiums to be paid by monthly or semi-annual payment modes are subject to a surcharge of 5% and 2.5% respectively. Premium amount with surcharge for monthly payment mode = annual premium amount x 0.0875. Premium amount with surcharge for semi-annual payment mode = annual premium amount x 0.5125. Please refer to the debit note for the total amount payable.
- Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") reserves the right to adjust the premium upon policy renewal due to, for example, age-related adjustment of insured or subscription to additional benefits, etc. and revise the terms and conditions of the policy.
- The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.
- The above remarks are applicable to all premium tables listed herein.