

藍十字「愛自己」自願醫保計劃 Blue Cross Love Yourself VHIS Plan

自願醫保計劃認可產品
VHIS Certified Plan

2025 年 1 月生效
With effect from Jan 2025



Blue Cross 藍十字

An **AIA** Company 友邦保險成員公司

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.

此小冊子並不包含保單的完整條款且只供參考之用，中文及英文版本均為正式版本，具相同效力。若兩者存有歧義，必須以較有利保單持有人的詮釋為準。有關詳盡條款及細則及所有不保之事項，概以保單為準。

This brochure does not contain the full terms of the policy and is for reference only. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the policyholder. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions.

藍十字「愛自己」自願醫保計劃 Blue Cross Love Yourself VHIS Plan

我們每天都為生活、工作或與摯愛相處而忙碌，往往忽略了自己的需要。學懂愛自己、珍惜健康才有力量去追逐夢想，或關愛身邊的人。藍十字「愛自己」自願醫保計劃是一份全面的醫療保險，讓您好好照顧自己，即使面對突如其來的醫療開支也有準備，更可為家人加添保障。

We are always busy with the demands of life, work, or spending time with beloved that we often neglect our own needs. Only by learning to love yourself and cherish your health so you have the strength to pursue your dreams or care for the people around you. **Blue Cross Love Yourself VHIS Plan** is a comprehensive medical insurance plan that allows you to take good care of yourself, be prepared for unexpected medical expenses, and provide added protection for your family.





計劃摘要 Plan Summary

產品名稱 Product Name	藍十字「愛自己」自願醫保計劃 ¹ Blue Cross Love Yourself VHIS Plan ¹	
購買目的及需要 Purchase Objectives and Needs	為將來的醫療需要作準備： ■ 支付醫療費用；及 ■ 彌補住院期間之收入損失 Prepare for future healthcare needs: ■ To settle medical expenses; and ■ To compensate for the loss of income during hospital confinement	
產品類型 Product Type	償款，但包含非償款現金保障 Indemnity, but incorporated with non-indemnity cash benefits	
每年保障限額 Annual Benefit Limit	HK\$6,000,000	
終身保障限額 Lifetime Benefit Limit	HK\$40,000,000	
每年自付費 ^{2,3} Annual Deductible ^{2,3}	HK\$0/ HK\$20,000/ HK\$40,000/ HK\$80,000	
計劃級別（保障地域）及 指定病房級別 Plan Level (Cover Area) and Designated Ward Class	計劃級別 Plan Level	指定病房級別 ¹⁰ Designated Ward Class ¹⁰
	全球 ^{4,5,6} Worldwide ^{4,5,6}	香港、澳門或中國大陸的地區 ■ 急症治療：普通房 ■ 非急症治療：普通房 <u>Hong Kong, Macau or Mainland China</u> ■ Emergency treatment: ward ■ Non-emergency treatment: ward
		香港、澳門或中國大陸以外的地區 ■ 急症治療：半私家房 ■ 非急症治療：普通房 <u>Outside Hong Kong, Macau or Mainland China</u> ■ Emergency treatment: semi-private room ■ Non-emergency treatment: ward
	亞洲及澳紐 ^{6,7,8,9} Asia & Australia- New Zealand ^{6,7,8,9}	香港、澳門或中國大陸的地區 ■ 急症治療：普通房 ■ 非急症治療：普通房 <u>Hong Kong, Macau or Mainland China</u> ■ Emergency treatment: ward ■ Non-emergency treatment: ward
		<u>亞洲及澳紐的地區（香港、澳門或中國大陸除外）</u> ■ 急症治療：半私家房 ■ 非急症治療：普通房 <u>Asia & Australia-New Zealand</u> <u>(except Hong Kong, Macau and Mainland China)</u> ■ Emergency treatment: semi-private room ■ Non-emergency treatment: ward
		<u>亞洲及澳紐以外的地區</u> ■ 僅限急症治療：半私家房 <u>Outside Asia & Australia-New Zealand</u> ■ Emergency treatment only: semi-private room
選擇醫療服務提供者 Choice of Healthcare Service Providers	無限制 No restriction	

合資格受保人 Eligible Insured Person	<ul style="list-style-type: none"> 保單持有人； 保單持有人配偶/ 子女；及/ 或 保單持有人或保單持有人配偶的父母/（外）祖父母/ 兄弟/ 姊妹 Policyholder; Spouse/ child of policyholder; and/ or Parent/ grandparent/ brother/ sister of policyholder or policyholder's spouse 		
投保年齡 Enrolment Age	12 日至 80 歲 （附加門診保障及附加牙科保障：12 日至 70 歲） Aged from 12 days to 80 years (Optional Outpatient Benefits and Optional Dental Benefits: aged from 12 days to 70 years)		
保單貨幣 Policy Currency	港元 HK\$		
保單期 Period of Cover	1 年 1 year		
保單續保 Policy Renewal	每年續保至終身（保證） ¹¹ （附加門診保障及附加牙科保障：每年續保至 99 歲） Annual renewal for life (guaranteed) ¹¹ (Optional Outpatient Benefits and Optional Dental Benefits: annual renewal up to age 99)		
繳費模式 Payment Mode	年繳/ 半年繳/ 季繳/ 月繳 Annual/ Semi-annual/ Quarterly/ Monthly		
冷靜期 Cooling-off Period	21 日 ¹² 21 days ¹²		
本認可產品編號 Certification Number of the Certified Plan	每年自付費選項 Annual Deductible Options	計劃級別 Plan Level	
		全球 ^{4,5,6} Worldwide ^{4,5,6}	亞洲及澳紐 ^{6,7,8,9} Asia & Australia- New Zealand ^{6,7,8,9}
	HK\$0	F00073-05-000-01	F00073-01-000-01
	HK\$20,000	F00073-06-000-01	F00073-02-000-01
	HK\$40,000	F00073-07-000-01	F00073-03-000-01
	HK\$80,000	F00073-08-000-01	F00073-04-000-01

註 Note：

- 轉移至藍十字的自願醫保計劃 — 如您是藍十字的個人償款住院保險計劃的保單持有人，您可選擇轉移您現時的計劃至我們提供的自願醫保認可產品，惟須提供受保人最新的健康相關的資料給我們作重新評估。有關我們的自願醫保認可產品及保單轉移安排的詳情，請聯絡您的保險中介人或客戶服務熱線。
Migration to Blue Cross's VHIS plan - if you are a policyholder of Blue Cross's indemnity hospital insurance plan, you may choose to migrate your existing plan to our VHIS certified plans by providing the insured person's latest health-related information to us for reassessment. For details on our VHIS certified plans and the migration arrangement, please contact your insurance intermediary or Customer Service Hotline.



主要特色 Key Features

藍十字「愛自己」自願醫保計劃¹，是醫務衛生局認可的自願醫保靈活計劃（「本認可產品」），確保您及家人以可應付的保費享有優質私家醫療服務。

本認可產品全數賠償¹³ 17 項主要醫療項目，涵蓋入院前診斷、住院、以及出院後的治療，每年保障上限 HK\$6,000,000，終身保障上限 HK\$40,000,000，保證終身續保¹¹。您更可以選擇計劃級別、自付費、額外附加門診保障及附加牙科保障，設計專屬自己的保障。假如出現指定情況，保單的自付費更可減少、免除、甚至豁免，配合您不同的需要。

Blue Cross Love Yourself VHIS Plan¹, certified by the Health Bureau as a voluntary health insurance scheme (the "VHIS") flexi plan (the "Certified Plan"), gives you and your family access to quality private medical services at an affordable premium.

The Certified Plan fully covers¹³ 17 major medical expenses incurred before, during and after your hospital stay, from diagnosis, surgery to recovery. It offers annual benefit limit of HK\$6,000,000 and a lifetime benefit limit of HK\$40,000,000, with lifetime renewal¹¹ guaranteed. You can even design your own cover by selecting the plan level, deductible amount, optional outpatient benefits and optional dental benefits. When a specified event occurs, your deductible amount can be reduced, removed and even waived to suit your needs.



17 項主要保障項目全數賠償¹³ Full Cover¹³ for 17 Key Benefit Items

無論是入院前、住院（私家醫院普通房）期間還是出院後的治療，本認可產品均會全數賠償您的主要醫療費用，包括病房及膳食、外科醫生費、專科醫生費¹⁴、深切治療、訂明診斷成像檢測^{14,15}、入院前或出院後/日間手術¹⁶ 前後的門診護理¹⁴、出院後私家看護^{14,17}、緊急門診治療¹⁷、緊急門診牙科治療¹⁷等，由診斷、手術以至康復均全程守護。

Rest assured your major medical expenses will be fully covered, before, during and after your hospital stay (private hospital's ward), from diagnosis, surgery to recovery, e.g. room and board, surgeon's fee, specialist's fee¹⁴, intensive care, prescribed diagnostic imaging tests^{14,15}, pre- and post-confinement/ day case procedure¹⁶ outpatient care¹⁴, post-confinement home nursing^{14,17}, emergency outpatient treatment¹⁷, emergency outpatient dental treatment¹⁷, etc.



透過附加保障 加強守衛 Enhance Protection with Optional Benefits

本認可產品特別提供 2 個自選附加保障 – 附加門診保障[◆]及附加牙科保障[▲]，各設有不同計劃級別，助您靈活自訂醫療保障。

The Certified Plan provides 2 optional benefits – Optional Outpatient Benefits[◆] and Optional Dental Benefits[▲], each with various plan levels to help you flexibly design your own medical cover.

[▲] 詳情請參閱相關的保障表和保費表。

For details, please refer to the respective benefit schedule and premium table.

[◆] 附加門診保障僅提供年繳繳費模式。

Optional Outpatient Benefits are only available in annual premium payment mode.



制定自己專屬的保障方案 Build Your own Protection Package

透過本認可產品，您可以靈活制定自己專屬的醫療保障計劃。本認可產品除了提供 2 個計劃級別（即「全球」^{4,5,6}及「亞洲及澳紐」^{6,7,8,9}）、以及 4 個每年自付費^{2,3}（即 HK\$0、HK\$20,000、HK\$40,000 及 HK\$80,000）選項，您亦可因應需要，選擇多達 2 個附加保障，令每一分保費都用得其所，兼享成本效益。

You can flexibly build your own medical cover with the Certified Plan. While you can choose from 2 plan levels (i.e. "Worldwide"^{4,5,6} and "Asia & Australia-New Zealand"^{6,7,8,9}) and 4 annual deductibles^{2,3} (i.e. HK\$0, HK\$20,000, HK\$40,000 and HK\$80,000), you can add up to 2 optional benefits based on your needs. In other words, you can design a cost-effective yet flexible medical protection plan tailor-made for yourself.



因應人生里程碑事件 靈活調整自付費

（自願醫保市場首創）

Flexible Adjustment of Deductible at Life Milestone Events

（Market-first among VHIS Plans）

在每個人生里程碑，我們都會隨際遇變化而肩負不同責任及財務需要。藍十字明白客戶的需要，故特別在人生里程上出現的重要事件（親生子女誕生、在香港新購置住宅物業或移居外地），或達到指定年齡時，為保單持有人提供已選自付費減少或免除的選擇，而毋須重新核保³。

At every milestone in life, we shoulder different responsibilities and financial needs that come with changes of circumstances. Blue Cross understands customers' needs, especially in the significant events of life (the birth of a natural child, newly buying a residential property in Hong Kong, or emigrating), or attaining a designated age. Blue Cross provides options for policyholders to reduce or remove the selected deductibles without re-underwriting³.



為指定健康狀況全力守護 Full Support for Specified Health Conditions

假如受保人不幸患上指定危疾（例如心臟病（心瓣置換及修補）、帕金森症及指定癌症）^{14,18}、指定運動相關創傷（例如骨折）^{14,18} 及永久完全傷殘^{14,18}，相關的自付費將獲豁免，在急需時提供額外支援。

If the insured person is unfortunately diagnosed with designated critical illnesses (e.g. heart attack (acute myocardial infarction), Parkinson's Disease and specified cancer)^{14,18}, designated sports-related injuries (e.g. bone fracture)^{14,18} and permanent total disabilities^{14,18}, the related deductible will be waived, providing additional support to meet urgent needs.



貼身守護癌症及腎病患者 Special Care for Cancer and Kidney Disease Patients

癌症及腎病等慢性病的復康/ 痊癒時間往往非常漫長，加上涉及先進技術的療程，費用高昂，成為病人沉重的經濟負擔。本認可產品全數賠償訂明非手術癌症治療¹⁹ 及門診腎透析^{14,17} 的開支，減輕財政壓力。

Rehabilitation/ recovery from chronic illnesses such as cancer and kidney disease can take a considerable long period, which will impose heavy financial burden on patients due to the high cost of advanced medical treatments. The Certified Plan offers full cover for prescribed non-surgical cancer treatments¹⁹ and outpatient kidney dialysis^{14,17} to alleviate the financial stress.



全面保障未知的投保前已有病症及 先天性疾病 Full Cover for Unknown Pre-existing and Congenital Conditions

因未知的投保前已有病症及於 8 歲或以後確診的先天性疾病所產生的費用，均可在保單生效第 1 天起即時獲得全面保障，不設等候期。

The Certified Plan fully covers unknown pre-existing conditions and congenital conditions which have been diagnosed at or after the age of 8, with coverage starting immediately from day 1 when the policy becomes effective. No waiting period is required.



身心健康保障 Health & Wellness Benefit

為鼓勵您活得健康，只要保單每連續生效 3 年，您在緊接的下一個保單年度的健康活動實際開支可向藍十字申請報銷一次，最高賠償額為 HK\$1,500²⁰。開支適用的範圍廣泛，包括旅遊、健身會籍及健康課程等。

To encourage your commitment to a healthy lifestyle, if your policy has been in force for every 3 consecutive policy years, we will reimburse your actual expenses of wellness activities incurred within the immediately following policy year once, up to HK\$1,500²⁰. Expenses on travelling, enrolment in fitness gym membership and wellness course are just some of the many examples.



超卓增值服務 Superb Value-added Services



免費第二醫療意見諮詢²¹ Free Second Medical Opinion²¹

假如患上頑疾，獲得實用的意見與經濟支援同樣重要。本認可產品將安排國際頂級醫療團隊為您提供免費醫療諮詢，有助掌握病情，從而選擇最妥善的治療。

Practical advice is every bit as important as financial assistance during times of debilitating health conditions. The Certified Plan will arrange free medical advice from a top-notch international medical team for you to better understand your health conditions before making informed choices on treatment.



出院免找數²³ No Hospital Bills to Pay²³

我們直接為您支付住院費用，因此入院時毋須繳付費用，亦免除出院後繁瑣的索償申請。

We will settle your hospital bill directly with no prepayment for admission and no claims upon discharge.



藍十字護理諮詢專線 Blue Cross Nursing Care Hotline

我們明白您在日常生活護理上需要專業的意見，因此特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。

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.



手術/治療前索償評估 Pre-procedure Claim Assessment

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²²，讓您在財務上更有預算，安心接受治療。

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 amount²² based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.



24 小時全球緊急援助²¹ 24-hour Worldwide Emergency Aid²¹

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。

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 HK 手機應用程式 “Blue Cross HK” Mobile App

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²⁴，更可隨時隨地查閱索償記錄。

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 submission²⁴, keeping track of claim status round-the-clock.



Blue Cross HK App



保障表 Benefit Schedule

1. 認可產品 Certified Plan

		賠償限額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level		全球 ^{4,5,6} / 亞洲及澳紐 ^{6,7,8,9} Worldwide ^{4,5,6} / Asia & Australia – New Zealand ^{6,7,8,9}			
每年自付費 ^{2,3} 適用於 I. 基本保障及 II. 額外保障下之所有保障項目 <u>Annual Deductible^{2,3}</u> Applicable to all benefit items under I. Basic Benefits and II. Enhanced Benefits		0	20,000	40,000	80,000
保障項目 ²⁵ Benefit Items ²⁵					
I. 基本保障 Basic Benefits					
a. 病房及膳食 Room and Board		全數賠償 ¹³ Full cover ¹³			
b. 雜項開支 Miscellaneous Charges					
c. 主診醫生巡房費 Attending Doctor's Visit Fee					
d. 專科醫生費 ¹⁴ Specialist's Fee ¹⁴					
e. 深切治療 Intensive Care					
f. 外科醫生費 Surgeon's Fee					
g. 麻醉科醫生費 Anaesthetist's Fee					
h. 手術室費 Operating Theatre Charges					
i. 訂明診斷成像檢測 ^{14,15} Prescribed Diagnostic Imaging Tests ^{14,15}					
j. 訂明非手術癌症治療 ¹⁹ Prescribed Non-surgical Cancer Treatments ¹⁹					
k. 入院前或出院後/ 日間手術 ¹⁶ 前後的門診護理 ¹⁴ Pre- and Post-confinement/ Day Case Procedure ¹⁶ Outpatient Care ¹⁴ <ul style="list-style-type: none"> 住院/ 日間手術前最多 2 次門診或急症診症 2 prior outpatient visits or emergency consultations per confinement/ day case procedure 出院/ 日間手術後 90 日內所有相關跟進門診 All related follow-up outpatient visits per confinement/ day case procedure (within 90 days after discharge from hospital or completion of day case procedure) 					
l. 精神科治療 ^{4,8} (每保單年度) Psychiatric Treatments ^{4,8} (per policy year)		40,000			



保障表 Benefit Schedule

		賠償限額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level		全球 ^{4,5,6} / 亞洲及澳紐 ^{6,7,8,9} Worldwide ^{4,5,6} / Asia & Australia – New Zealand ^{6,7,8,9}			
每年自付費 ^{2,3} 適用於 I. 基本保障及 II. 額外保障下之所有保障項目 <u>Annual Deductible^{2,3}</u> Applicable to all benefit items under I. Basic Benefits and II. Enhanced Benefits		0	20,000	40,000	80,000
保障項目 ²⁵ Benefit Items ²⁵					
II. 額外保障 ¹⁷ Enhanced Benefits ¹⁷					
a. 門診腎透析 ¹⁴ Outpatient Kidney Dialysis ¹⁴		全數賠償 ¹³ Full cover ¹³			
b. 復康治療 ¹⁴ (每日) Rehabilitation Treatment ¹⁴ (per day) 每保單年度最多 30 日 (於出院後的 90 日內) Maximum 30 days per policy year (within 90 days after discharge from hospital)		1,800			
c. 緊急門診治療 Emergency Outpatient Treatment		全數賠償 ¹³ Full cover ¹³			
d. 緊急門診牙科治療 Emergency Outpatient Dental Treatment					
e. 住院陪床費用 Hospital Companion Bed					
f. 註冊私家看護費用 ¹⁴ Registered Private Nurse's Fees ¹⁴ 每日由 1 位註冊護士提供護理服務， 每保單年度最多 30 日 Nursing services provided by 1 registered nurse per day, maximum 30 days per policy year					
g. 出院後私家看護 ¹⁴ Post-confinement Home Nursing ¹⁴ 每日由 1 位註冊護士提供護理服務，每保單年度最多 90 日 (於醫院進行手術或入住深切治療部後出院的 90 日內) Nursing services provided by 1 registered nurse per day, maximum 90 days per policy year (within 90 days after discharge from hospital following surgery or admission to intensive care unit)					
h. 出院後/ 日間手術 ¹⁶ 後中醫門診護理 (每次) Post-confinement/ Day Case Procedure ¹⁶ Chinese Medicine Practitioner Outpatient Care (per visit) 每日 1 次跟進門診、出院/ 日間手術後 90 日內 最多 15 次跟進門診 1 follow-up outpatient visit per day, maximum 15 follow-up outpatient visits per confinement/ day case procedure (within 90 days after discharge from hospital or completion of day case procedure)		400			

	賠償限額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level	全球 ^{4,5,6} / 亞洲及澳紐 ^{6,7,8,9} Worldwide ^{4,5,6} / Asia & Australia – New Zealand ^{6,7,8,9}			
每年自付費 ^{2,3} 適用於 I. 基本保障及 II. 額外保障下之所有保障項目 Annual Deductible ^{2,3} Applicable to all benefit items under I. Basic Benefits and II. Enhanced Benefits	0	20,000	40,000	80,000
保障項目 ²⁵ Benefit Items ²⁵				
i. 重建手術 ¹⁴ Reconstructive Surgery ¹⁴ (每次意外/ 乳房切除手術) (per accident/ mastectomy)	160,000			
j. 重建手術之醫療裝置 Medical Appliance for Reconstructive Surgery 每保單年度每項 Each item per policy year	50,000			
k. 捐贈者保障 (適用於香港) ^{4,8} Donor's Benefit (applicable in Hong Kong) ^{4,8} (只限於香港進行的心臟、腎、肝、肺或骨髓移植) (For transplantation of heart, kidney, liver, lung or bone marrow in Hong Kong only)	總移植費用的 30% 30% of total transplantation cost			
l. 善終服務 (每保單年度) Hospice Care (per policy year)	100,000			
m. 懷孕併發症 (每保單年度) Pregnancy Complications (per policy year) 等候期：12 個月 Waiting period: 12 months	100,000			
III. 其他保障 ¹⁷ Other Benefits ¹⁷				
a. 門診手術 ²⁶ 現金津貼 (每項日間手術 ¹⁶) Outpatient Surgery ²⁶ Cash Allowance (per day case procedure ¹⁶)	1,200	—	—	—
b. 於香港入住深切治療部的現金保障 ^{4,8} (每日) Cash Benefit for Confinement in Intensive Care Unit in Hong Kong ^{4,8} (per day) 每保單年度最多 30 日 Maximum 30 days per policy year	1,000			
c. 額外現金補貼保障 ²⁷ (住院期間每日) Cash Benefit for Top-up Subsidy ²⁷ (per day of confinement) 每保單年度最多 60 日 Maximum 60 days per policy year	800	—	—	—



保障表 Benefit Schedule

		賠償限額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level		全球 ^{4,5,6} / 亞洲及澳紐 ^{6,7,8,9} Worldwide ^{4,5,6} / Asia & Australia – New Zealand ^{6,7,8,9}			
每年自付費 ^{2,3} 適用於 I. 基本保障及 II. 額外保障下之所有保障項目 <u>Annual Deductible^{2,3}</u> Applicable to all benefit items under I. Basic Benefits and II. Enhanced Benefits		0	20,000	40,000	80,000
保障項目 ²⁵ Benefit Items ²⁵					
IV. 其他限額 Other Limits					
每年保障限額 I. 基本保障、II. 額外保障、及 III. 其他保障之所有保障項目 <u>Annual Benefit Limit</u> For all benefit items of I. Basic Benefits, II. Enhanced Benefits, and III. Other Benefits		6,000,000			
終身保障限額 I. 基本保障、II. 額外保障、及 III. 其他保障之所有保障項目 <u>Lifetime Benefit Limit</u> For all benefit items of I. Basic Benefits, II. Enhanced Benefits, and III. Other Benefits		40,000,000			

註 Note :

- 所有費用必須為「合理及慣常」及「醫療所需」的開支²⁸。
All expenses incurred must be "Reasonable and Customary" and "Medically Necessary"²⁸.

2. 附加門診保障◆ Optional Outpatient Benefits◆

此保障全數賠償於網絡診所[#]進行醫療診治的費用。在「優越」計劃下，毋須支付任何網絡自付費；而在「標準」計劃下，網絡自付費則介乎 HK\$40 至 HK\$100。假如在非網絡診所接受治療，此保障支付 80% 合資格費用，賠償限額如下。

The benefits provide full coverage for medical consultation expenses at network clinics[#]. Under the Superior Plan, there is no network co-payment, whereas under the Standard Plan, the network co-payment ranges from HK\$40 to HK\$100. For visits to non-network clinics, the benefits cover 80% of eligible expenses up to the following maximum benefit limit.

保障項目 Benefit Items	賠償限額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level	優越 Superior		標準 Standard	
所選診所 Selection of Clinics	網絡 Network	非網絡 Non-network	網絡 Network	非網絡 Non-network
1. 普通科醫生診症 General Practitioner's Consultation 每保單年度 25 次，每天 1 次，每次限額 25 visits per policy year, 1 visit per day, limit per visit	全數賠償 Full cover	150	全數賠償 Full cover	120
網絡自付費 Network Co-payment	0	不適用 N/A	40	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%
2. 中醫治療 Chinese Medicine Practitioner Treatment • 全科 General practice • 跌打 Bone-setting • 針灸 Acupuncture 每保單年度 15 次，每天 1 次，每次限額 15 visits per policy year, 1 visit per day, limit per visit	全數賠償 Full cover	120 120 120	全數賠償 Full cover	100 100 100
網絡自付費 Network Co-payment	0	不適用 N/A	40	不適用 N/A
• 全科 General practice • 跌打 Bone-setting • 針灸 Acupuncture	0 0 0	不適用 N/A	100 100	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%
保障項目 1 及 2 每保單年度合共最多 25 次 Max. 25 visits per policy year in total for benefit items 1 and 2				
3. 專科醫生診症 Specialist's Consultation 需具書面轉介 Referral letter is required 每保單年度 15 次，每天 1 次，每次限額 15 visits per policy year, 1 visit per day, limit per visit	全數賠償 Full cover	320	全數賠償 Full cover	250
網絡自付費 Network Co-payment	0	不適用 N/A	100	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%
4. X 光診斷及化驗 Diagnostic X-rays and Laboratory Tests 需具書面轉介 Referral letter is required 每保單年度限額 Limit per policy year	1,900		1,500	
賠償百分比 Reimbursement Percentage	80%		80%	
5. 物理治療服務 Physiotherapy Services 每保單年度 15 次，每天 1 次，每次限額 15 visits per policy year, 1 visit per day, limit per visit	全數賠償 Full cover	190	全數賠償 Full cover	150
網絡自付費 Network Co-payment	0	不適用 N/A	80	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%



保障表 Benefit Schedule

保障項目 Benefit Items	賠償限額 Maximum Benefit Limit (HK\$)			
計劃級別 Plan Level	優越 Superior		標準 Standard	
所選診所 Selection of Clinics	網絡 Network	非網絡 Non-network	網絡 Network	非網絡 Non-network
6. 脊椎治療服務 Chiropractic Services 每保單年度 15 次，每天 1 次，每次限額 15 visits per policy year, 1 visit per day, limit per visit	全數賠償 Full cover	190	全數賠償 Full cover	150
網絡自付費 Network Co-payment	0	不適用 N/A	80	不適用 N/A
賠償百分比 Reimbursement Percentage	不適用 N/A	80%	不適用 N/A	80%
保障項目 5 及 6 每保單年度合共最多 15 次 Max. 15 visits per policy year in total for benefit items 5 and 6				
7. 精神科治療（包括藥物） Psychiatric Treatment (including medication) <ul style="list-style-type: none"> 精神科專科醫生提供的診症需經註冊醫生書面轉介 Written referral of registered physician is required for consultation rendered by specialist of psychiatry 合資格臨床心理學家提供的診症需經精神科專科醫生書面轉介 Written referral of specialist of psychiatry is required for consultation rendered by qualified clinical psychologist 每保單年度限額 Limit per policy year	1,500		1,000	
賠償百分比 Reimbursement Percentage	80%		80%	

◆ 附加門診保障僅提供年繳費模式。

Optional Outpatient Benefits are only available in annual premium payment mode.

★ 您將獲發電子醫療卡，於指定藍十字網絡診所接受普通科醫生、中醫、專科醫生、物理治療師及脊醫的醫療診治。

You will receive an electronic medical card to access designated Blue Cross network clinics for medical consultations with general practitioners, Chinese medicine practitioners, specialists, physiotherapists and chiropractors.

附加門診保障賠償例子

Reimbursement Example of Optional Outpatient Benefits



Bella 為附加門診保障「標準」計劃的客戶。她於 3 月 3 日及 3 月 11 日在非網絡診所接受普通科醫生的診治，分別支付 HK\$140 及 HK\$300。藍十字的賠償額及 Bella 的自付費用如下：

Bella, a customer with the Optional Outpatient Benefits' Standard Plan, visited a non-network clinic for medical consultations with a general practitioner on 3 March and 11 March and paid HK\$140 and HK\$300 respectively. The reimbursement by Blue Cross and Bella's out-of-pocket expenses are as follows:

診症日期 Consultation Date	3 月 3 日 3 March	3 月 11 日 11 March
合資格費用 Eligible Expenses	HK\$140	HK\$300
藍十字的賠償額 (合資格費用 × 賠償百分比，惟受限於賠償限額) Reimbursement by Blue Cross (Eligible Expenses × Reimbursement Percentage, subject to the maximum benefit limit)	HK\$140 × 80% = HK\$112	HK\$120 (由於 HK\$300 × 80% = HK\$240 超過普通科醫生診症的賠償限額 (即 HK\$120)， 故賠償額以賠償限額為限。) [As HK\$300 × 80% = HK\$240 exceeded the maximum benefit limit for general practitioner's consultation (i.e. HK\$120), the maximum benefit limit will be reimbursed.]
Bella 的自付費用 (合資格費用 - 藍十字的賠償額) Bella's Out-of-pocket Expenses (Eligible Expenses - Reimbursement by Blue Cross)	HK\$140 - HK\$112 = HK\$28	HK\$300 - HK\$120 = HK\$180

註 Note:

● 所有費用必須為「合理及慣常」及「醫療所需」的開支²⁸。

All expenses incurred must be "Reasonable and Customary" and "Medically Necessary"²⁸.

3. 附加牙科保障[^] Optional Dental Benefits[^]

此保障支付 80% 合資格費用，賠償限額如下。
The benefits cover 80% of eligible expenses up to the following maximum benefit limit.

保障項目 Benefit Items	賠償限額 Maximum Benefit Limit (HK\$)	
計劃級別 Plan Level	計劃 A Plan A	計劃 B Plan B
1. 口腔檢查及洗牙 Oral Examination and Scale & Polish 每保單年度最高次數 Maximum visits per policy year 每次限額 Limit per visit	2 800	1 500
2. 牙齒服務前所需的 X 光檢查 X-rays Required Prior to Performance of Dental Service	受限於每保單年度綜合賠償限額， 藍十字將賠償 80% 合資格費用。 Blue Cross will pay 80% of eligible expenses, subject to the overall maximum benefit limit per policy year.	
3. 牙齒治療所需之藥物（須由牙醫處方） Medication for Dental Treatments as Prescribed by a Dentist		
4. 膿瘡 Abscesses		
5. 補牙 Fillings		
6. 脫牙 Extractions		
7. 修復齒尖的牙冠釘 Pins for Cusp Restoration		
8. 假牙（必須因意外引致） Dentures (as a result of an accident only)		
9. 齒冠與齒橋（必須因意外引致） Crowns and Bridges (as a result of an accident only)		
10. 減輕急性牙痛 Palliation of Acute Dental Pain		
每保單年度綜合賠償限額 Overall Maximum Benefit Limit Per Policy Year	4,000	2,000

[^] 所有保障項目（除第 1 項）需於 90 天等候期後方可獲賠償（續保除外）。
All benefit items (except item 1) are subject to a waiting period of 90 days (not applicable to policy renewal).

註 Note :

- 所有費用必須為「合理及慣常」及「醫療所需」的開支²⁸。
All expenses incurred must be "Reasonable and Customary" and "Medically Necessary"²⁸.



折扣優惠 Discount Offer

為鼓勵您與家人保持身心健康，藍十字特別送上精彩優惠。

Fabulous offers to encourage healthy living for individuals and for the whole family.

無索償折扣²⁹ No Claim Discount²⁹

緊接保單續保前之無索償期 No Claim Period Immediately Preceding Policy Renewal	連續 Consecutive				
	2 年 2 years	3 年 3 years	4 年 4 years	5 年 5 years	6 年或以上 6 years or more
折扣率 Premium Discount	7.5%	12.5%	12.5%	15%	20%

家庭折扣³⁰ Family Discount³⁰

於保單生效日／續保日（以適用者為準） 受保合資格家庭成員 ³¹ 的人數 Number of Eligible Family Members ³¹ Insured on the Policy Effective Date/ Renewal Date (as applicable)	2 名成員 2 members	3 名成員或以上 3 members or more
每份本認可產品保單 ³² 可享有之家庭折扣 Family Discount for each Certified Plan policy ³²	10%	15%



稅務扣減³³

Tax Deduction³³

您可以就自己及受養人³⁴所支付之保費獲享稅務扣減。作為保單持有人，在您名下的認可產品保單數目越多，可節省的稅款越多。

You can enjoy tax deduction for the premiums paid for yourself and your dependants³⁴. As the policyholder, the more certified plan policies under your name, the more tax saving you may enjoy.

稅務扣減 Tax Deduction

- 每年可就購買認可產品所支付的保費獲得稅務扣減，最高為每名受保人 HK\$8,000
Annual tax deduction ceiling is HK\$8,000 per insured person for the premiums paid in relation to certified plan
- 申請稅務扣減的認可產品或受保人數目不設上限
No limit on the number of certified plan policy or insured person to apply for tax deduction

例子 Example

若您是保單持有人，您為自己及以下每位家庭成員各投保一份認可產品保單，您有機會節省合共 HK\$6,150 的稅款。
If you are a policyholder and enrol in one certified plan policy for yourself and each of your following family members, you may save a total of HK\$6,150 in tax.

受保人 Insured Person	認可產品保單每年保費 Annual Premium for Certified Plan Policy (HK\$)	可獲稅務扣減的金額 Tax-deductible Amount (HK\$)	可節省的稅款 (假設稅率 = 15%) Amount of Tax Saved (Assuming Tax Rate = 15%) (HK\$)
您本人 You	10,000	8,000	1,200
配偶 Spouse	8,000	8,000	1,200
父親 Father	30,000	8,000	1,200
母親 Mother	20,000	8,000	1,200
兒子 Son	4,000	4,000	600
女兒 Daughter	5,000	5,000	750
總額 Total	77,000	41,000	6,150

可申請稅務扣減的課稅年度將根據支付保費的日期而定，並不取決於保單的繳費模式。以月繳方式的保單為例，您應計算保單在同一個課稅年度內實際已支付的月繳保費總額，便可得出可申請稅務扣減的合資格保費金額，上限為每名受保人 HK\$8,000。有關稅務扣減資格的詳情，請向稅務局查詢。

The date of premium payment determines the tax year for tax deduction, regardless of the payment mode. If you are paying monthly premium for example, the total premium qualified for tax deduction in a particular tax year would be the total monthly premium actually paid in the same tax year, with the tax-deductible amount up to HK\$8,000 per insured person. For more details of the eligibility for tax deduction, please contact the Inland Revenue Department.



說明例子 Illustrative Example

藍十字「愛自己」自願醫保計劃，如何為 Ellie 護航？

How does Blue Cross Love Yourself VHIS Plan safeguard Ellie?

Ellie 聰慧而獨立，她愛錫身邊的親人及朋友，但她深明自己必須有健康身體才能有力量愛其他人。因此，她早為自己準備合適的健康保障，並選擇了藍十字「愛自己」自願醫保計劃，因為此計劃保障全面，保費相宜，而且有 4 個自付費選項，高度靈活，所以決定在 32 歲時投保。

Ellie is smart and independent. She loves her family and friends, but she also understands that she should keep healthy in order to have the strength to love others. Therefore, she has prepared the right fit health protection for herself and chosen Blue Cross Love Yourself VHIS Plan because this plan offers comprehensive coverage, affordable premiums and high flexibility with 4 deductible options. As a result, she decided to take out the insurance at the age of 32.

32 歲 Age 32	<p>Ellie 投保：</p> <p>Ellie took out a policy of:</p> <div data-bbox="454 1008 1260 1216"> <p>藍十字「愛自己」自願醫保計劃（全球） 每年自付費：HK\$80,000</p> <p>Blue Cross Love Yourself VHIS Plan (Worldwide) Annual Deductible: HK\$80,000</p> </div>
34 歲 Age 34	<p>兩年後，Ellie 誕下愛女。她希望在這人生里程碑事件出現後加強保障，於是將保單的每年自付費減至 HK\$20,000。</p> <p>Ellie gave birth to a baby girl two years later. In light of this significant milestone event in her life, she decided to enhance her protection and therefore reduced the annual deductible of her policy to HK\$20,000.</p>

36 歲
Age 36

再過兩年，Ellie 不幸首次確診患上乳癌（惡性腫瘤），須入院接受 (i) 全部乳房切除術；及 (ii) 乳房重建手術。Ellie 獲得藍十字「愛自己」自願醫保計劃提供 3 大支援，減輕了財政負擔，專注休養。

After another two years, Ellie was unfortunately first diagnosed with breast cancer (malignant tumour). She was confined for (i) total mastectomy; and (ii) breast reconstructive surgery. Ellie benefited from Blue Cross Love Yourself VHIS Plan in 3 forms of support. This helped alleviate her financial burden and allowed her to focus on recovery.

1 因患上指定危疾（乳癌（惡性腫瘤））獲豁免 HK\$20,000 自付費
Waiver of HK\$20,000 Deductible for Designated Critical Illness (Breast Cancer (Malignant Tumour))

2 獲全數賠償 15 項保障項目的合資格費用
Full Cover for Eligible Expenses under 15 Benefit Items

3 為 2 項獨特需要提供財政支援
Financial Aid for 2 Unique Needs

入院前 Pre-confinement

3 項 items

- | | |
|---|--|
| <input checked="" type="checkbox"/> 訂明診斷成像檢測
Prescribed Diagnostic Imaging Tests | <input checked="" type="checkbox"/> 訂明非手術癌症治療 [▽]
Prescribed Non-surgical Cancer Treatments [▽] |
| <input checked="" type="checkbox"/> 入院前的門診護理
Pre-confinement Outpatient Care | |

住院期間 During Confinement

9 項 items

- | | |
|---|--|
| <input checked="" type="checkbox"/> 病房及膳食
Room and Board | <input checked="" type="checkbox"/> 雜項開支
Miscellaneous Charges |
| <input checked="" type="checkbox"/> 主診醫生巡房費
Attending Doctor's Visit Fee | <input checked="" type="checkbox"/> 專科醫生費
Specialist's Fee |
| <input checked="" type="checkbox"/> 外科醫生費
Surgeon's Fee | <input checked="" type="checkbox"/> 麻醉科醫生費
Anaesthetist's Fee |
| <input checked="" type="checkbox"/> 手術室費
Operating Theatre Charges | <input checked="" type="checkbox"/> 住院陪床費用
Hospital Companion Bed |
| <input checked="" type="checkbox"/> 註冊私家看護費用
Registered Private Nurse's Fees | |

1 項 item

- ☒ 乳房重建手術
Breast Reconstructive Surgery

出院後 Post-confinement

3 項 items

- | | |
|--|--|
| <input checked="" type="checkbox"/> 出院後私家看護
Post-confinement Home Nursing | <input checked="" type="checkbox"/> 訂明非手術癌症治療 [▽]
Prescribed Non-surgical Cancer Treatments [▽] |
| <input checked="" type="checkbox"/> 出院後的門診護理
Post-confinement Outpatient Care | |

1 項 item

- ☒ 出院後中醫門診護理
Post-confinement Chinese Medicine Practitioner Outpatient Care

康復 Recovery

[▽] 包括入院前及出院後的電療及化療。
Included the pre- and post-confinement radiotherapy and chemotherapy.

註 Note :

- 所有費用必須為「合理及慣常」及「醫療所需」的開支²⁸。
All expenses incurred must be "Reasonable and Customary" and "Medically Necessary"²⁸.

注釋 Remarks

1. 在同一份藍十字「愛自己」自願醫保計劃的保單內，不允許多個保單持有人，而每份保單只能保障一名受保人。

藍十字「愛自己」自願醫保計劃的投保申請須經核保程序。健康及非健康因素包括職業⁺⁺及通常居住地^{**}有可能影響核保結果。藍十字可 (i) 在接受申請時加入個別不保項目條文及/或收取附加保費、(ii) 拒絕投保申請或 (iii) 押後投保申請。藍十字亦有權因應保單持有人/受保人在保單續保時提出以下要求，重新核保其保單條款及保障：

- (a) 增加額外保障；
- (b) 轉換到另一份提供更佳或額外保障的醫療保險計劃；
- (c) 取消先前附加的個別不保項目或減低附加保費；
- (d) 更改職業⁺⁺；或
- (e) 更改居住地^{**}。

⁺⁺ 如受保人因從事高風險職業包括 (i) 於建築地盤內從事體力勞動工作；(ii) 於離地面或樓面 10 米以上工作；(iii) 職業拳手；(iv) 騎師；或 (v) 特技人，藍十字有權拒絕其投保申請。

^{**} 如藍十字接受投保申請，而該保單受保人在 12 個月內於俄羅斯或土耳其通常居住 6 個月或以上，須支付 15% 額外地域附加保費。藍十字亦有權拒絕受保人通常居住於指定國家或地區的申請。

^{**} 「居住地」指某人士在法律上擁有居留權的司法管轄區。為免存疑，某人士若對該司法管轄區只有法律上的入境許可，而非居留權（例如留學、工作或旅遊），該司法管轄區並不可被視為該人士的居住地。

Multiple policyholders are not allowed under the same policy of Blue Cross Love Yourself VHIS Plan and each policy can only cover one insured person.

The application for Blue Cross Love Yourself VHIS Plan is subject to underwriting. Health and non-health factors including occupation⁺⁺ and place of usual residence^{**} may affect the underwriting decision. Blue Cross may (i) impose case-based exclusion(s) and/ or premium loading when accepting an application, (ii) decline an application or (iii) postpone an application. Blue Cross has the right to re-underwrite the terms and benefits at the time of renewal of policy if the policyholder/ insured person requests to:

- (a) subscribe additional benefits;
- (b) switch to another insurance plan which provides upgrade or addition of benefits;
- (c) remove the case-based exclusion(s) or reduce premium loading which was/ were previously applied;
- (d) change the occupation⁺⁺; or
- (e) change of place of residence^{**}.

⁺⁺ For insured person who engages in high-risk occupation including (i) manual works at construction site; (ii) work at a height (exceeding 10 meters above ground or floor level); (iii) professional boxer; (iv) jockey; or (v) stuntman, Blue Cross reserves the right to decline the application.

^{**} Should Blue Cross accept the application, a fixed geographical loading of 15% shall be applied if the insured person usually resides in Russia or Turkey for 6 months or more in average within a 12 month period. For insured person with place of usual residence in some specific countries or regions, Blue Cross also reserves a right to decline the application.

^{**} "Place of residence" shall mean the jurisdiction(s) in which a person legally has the right of abode. For the avoidance of doubt, a jurisdiction in which a person legally has the right or permission of access only but without the right of abode, such as for the purpose of study, work or vacation, will not be treated as a place of residence.

2. 自付費適用於保障表內 I. 基本保障及 II. 額外保障之所有保障項目。受限於保障表內相關保障項目的賠償限額，藍十字將賠償超出由客戶承擔自付費後的合資格費用；當自付費為 HK\$0，藍十字將全數賠償合資格費用。

Deductible applies to all the benefit items under I. Basic Benefits and II. Enhanced Benefits as specified in the Benefit Schedule. Subject to the maximum benefit limit for the corresponding benefit items listed in the Benefit Schedule, if the customer has chosen a deductible other than HK\$0, Blue Cross will reimburse the eligible expenses incurred in excess of the deductible which is borne by the customer; while 100% of the eligible expenses incurred will be paid by Blue Cross if HK\$0 deductible applies.

3. 當保單已連續生效至少 2 年，保單持有人可在以下情況減少或免除自付費而毋須重新核保。此權利只可在受保人終身行使 1 次：

- (a) 當受保人之人生里程碑事件發生時；或
- (b) 當受保人年屆 50 歲、55 歲、60 歲、65 歲、70 歲、75 歲、80 歲或 85 歲時。

When the policy has been in force for at least 2 consecutive years, the policyholder can exercise the right to reduce or remove the deductible without re-underwriting when:

- (a) the specified life milestone event of the insured person occurs; or
- (b) the insured person reaches age 50, 55, 60, 65, 70, 75, 80 or 85.

This right can only be exercised once during the lifetime of the insured person.

4. 「全球」不設地域範圍限制，惟精神科治療、捐贈者保障（適用於香港）及於香港入住深切治療部的現金保障只於香港適用。

There is no geographic limitation for “Worldwide”, except for Psychiatric Treatments, Donor’s Benefit (applicable in Hong Kong) and the Cash Benefit for Confinement in Intensive Care Unit in Hong Kong which apply to Hong Kong only.

5. 就「全球」計劃而言，若同一份保單的受保人於加拿大或英國接受非緊急治療，並於該治療之前的連續 12 個月在該地逗留累積達 6 個月或以上，有關的賠償額將減少至應付賠償之 60%。此項減少適用於保障表內 I. 基本保障之保障項目 (a) 至 (k)、II. 額外保障之保障項目 (a) 至 (b)、(e) 至 (j)、(l) 及 (m)。

For a “Worldwide” plan, the benefits payable for non-emergency treatments received in Canada or the United Kingdom will be reduced to 60% when the insured person of the same policy has stayed in that location for an aggregate of 6 months or more in the past 12 consecutive months immediately before his/ her receiving such non-emergency treatment. Such reduction applies to benefit items (a) to (k) of I. Basic Benefits, benefit items (a) to (b), (e) to (j), (l) and (m) of II. Enhanced Benefits as specified in the Benefit Schedule.

6. 若受保人於過去 12 個月內有 6 個月或以上居住、逗留或留學於美國或歐洲（英國除外），或受保人計劃於未來 12 個月內居住、逗留或留學於美國或歐洲（英國除外），受保人只可投保「亞洲及澳紐」計劃級別。

若受保人的居住地更改為美國或歐洲（英國除外），藍十字保留於續保時將計劃級別由「全球」更改為「亞洲及澳紐」的權利。

Insured persons who have resided or have stayed/ studied in the United States or Europe (except the United Kingdom) for 6 months or more in the past 12 months, or insured persons planning to reside, stay or study in the United States or Europe (except the United Kingdom) in the next 12 months, are only eligible to select “Asia & Australia-New Zealand” as the plan level.

Upon policy renewal, Blue Cross reserves the right to change the plan level from “Worldwide” to “Asia & Australia-New Zealand” if the place of residence of the insured person has changed to the United States or Europe (except the United Kingdom).

7. 「亞洲及澳紐」指阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、香港、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、澳門、中國內地、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、紐西蘭、北韓、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。

“Asia & Australia-New Zealand” shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Mainland China, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.

8. 保障表所列全部保障項目適用於「亞洲及澳紐」的保障地域，惟精神科治療、捐贈者保障（適用於香港）及於香港入住深切治療部的現金保障只於香港適用。

All benefit items listed in the Benefit Schedule are applicable to the cover area of “Asia & Australia-New Zealand”, except for Psychiatric Treatments, Donor’s Benefit (applicable in Hong Kong) and the Cash Benefit for Confinement in Intensive Care Unit in Hong Kong which apply to Hong Kong only.

9. 若受保人於「亞洲及澳紐」以外地區接受緊急治療，藍十字將根據「亞洲及澳紐」計劃級別之條款及保障賠償合資格費用及/ 或其他費用。

若受保人於「亞洲及澳紐」以外地區接受非緊急治療，藍十字將根據香港政府所公佈自願醫保標準計劃之條款及保障所載保障表賠償合資格費用及/ 或其他費用。

For emergency treatments received outside “Asia & Australia-New Zealand”, Blue Cross will reimburse the eligible expenses and/ or other expenses incurred in accordance with the Terms and Benefits for the plan level “Asia & Australia-New Zealand”.

For non-emergency treatments received outside “Asia & Australia-New Zealand”, Blue Cross will reimburse the eligible expenses and/ or other expenses incurred in accordance with the Benefit Schedule attached to the Terms and Benefits of the VHIS Standard Plan published by the government of Hong Kong.

注釋 Remarks

10. 若受保人在自願情況下，實際入住之病房和所用服務的級別高於保障表列明的指定病房級別，可獲賠償金額將採用下列賠償基準計算：

指定病房級別	實際住院的病房級別	所有合資格費用可獲賠償百分比
普通房	半私家房	50%
	私家房	25%
	私家房以上之病房級別	12.5%
半私家房	私家房	50%
	私家房以上之病房級別	25%

因採用上述賠償基準而減少後的應付賠償額，不會低於香港政府所公佈自願醫保標準計劃之條款及保障所載保障表之應付賠償額。

若受保人由於以下原因於住院時入住較高級別的病房，上述賠償基準並不適用：

- (a) 在醫院接受急症治療的情況下，指定病房級別或較之為低的病房級別床位短缺；
- (b) 需要住院隔離導致需要入住特定級別的病房；或
- (c) 任何其他不涉及保單持有人及/ 或受保人個人對住院病房級別偏好的原因。

If the insured person is voluntarily confined to a level of hospital facilities and services higher than the designated ward class as specified in the Benefit Schedule, the eligible claims made will be calculated based on below scale of reimbursement:

Designated Ward Class	Actual Confined Ward Class	Reimbursement Percentage of All Eligible Claims
Ward room	Semi-private room	50%
	Private room	25%
	Any ward class above private room	12.5%
Semi-private room	Private room	50%
	Any ward class above private room	25%

The reduced benefits payable after applying this scale of reimbursement shall not be less than the benefits payable in accordance with the Benefit Schedule attached to the Terms and Benefits of the VHIS Standard Plan published by the government of Hong Kong.

This scale of reimbursement shall not be applied if the insured person is confined in a room at a higher level ward class resulting from:

- (a) unavailability of a designated or lower ward class due to room shortage at the hospital for emergency treatment;
- (b) confinement in isolation that requires a specific ward class; or
- (c) any other reason not involving the policyholder and/ or insured person's own individual preference for the confined ward class.

11. 本認可產品保證終身續保。除保單持有人在申請過程中同意的額外附加保費及/ 或個別不保項目條文外，藍十字將不會根據個別受保人於續保時的索償記錄或健康狀況之變動，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就其他因素調整保費的權利，例如：因應受保人年齡的調整等。藍十字可於續保時更改本認可產品的條款及保障及/ 或向所有同一類別保單調整其標準保費。

當藍十字成功收取保費後，保單將會自動續保。

Renewal is guaranteed up to lifetime of the insured person. Except those premium loading and/ or case-based exclusion(s) agreed by the policyholder during application, Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured person's claim history or change in health status at the time of renewal. However, Blue Cross reserves the right to adjust the premium upon policy renewal due to other factors, for example, age-related adjustment, etc. Blue Cross has the right to revise the terms and benefits of the Certified Plan and/ or adjust the Standard Premium on an overall portfolio basis upon policy renewal.

Auto-renewal of policy is subject to the successful collection of premium by Blue Cross.

12. 保單持有人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 21 日的期間，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 21 日的期間內。然而，若第 21 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，若保單持有人在該保單年度期間沒有就保單獲得任何賠償，保單持有人可以在 30 日前以書面方式通知藍十字要求取消保單。

此外，保單會在以下情況自動終止，以最先者為準：(a) 保單持有人在 30 天寬限期屆滿時仍未繳交保費；(b) 受保人身故翌日；或 (c) 藍十字不再獲《保險業條例》授權承保或繼續承保該保單。

The policyholder 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 21 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 21 day period. However, if the last day of the 21 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.

The policyholder can request to cancel the policy after the cooling-off period by giving 30 days' prior written notice to Blue Cross, provided that there has been no benefit payment during the relevant policy year.

In addition, the policy shall be automatically terminated on the earliest of the following: (a) where such policy is terminated due to non-payment of premiums after the 30-day grace period; (b) the day immediately following the death of the insured person; or (c) Blue Cross has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write such policy.

13. 全數賠償是指不設分項賠償限額，及按條款及保障應支付的合資格費用及其他費用的實際金額，並須受每年保障限額及終身保障限額所規限。有關可全數賠償的保障項目詳情，請參閱保障表。

Full cover shall mean no itemised benefit sublimit, and the actual amount of eligible expenses and other expenses payable in accordance with the Terms and Benefits, which shall be subject to the annual benefit limit and lifetime benefit limit. Please refer to the Benefit Schedule for items eligible for full cover.

14. 藍十字有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。

Blue Cross shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.

15. 檢測只包括電腦斷層掃描（「CT」掃描）、磁力共振掃描（「MRI」掃描）、正電子放射斷層掃描（「PET」掃描）、PET-CT 組合及 PET-MRI 組合。

Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.

16. 「日間手術」是指受保人作為日症病人在具備康復設施的診所、日間手術中心或醫院內因檢查或治療而進行醫療所需的外科手術。

"Day Case Procedure" shall mean a medically necessary surgical procedure for investigation or treatment to the insured person performed in a medical clinic, or day case procedure centre or hospital with facilities for recovery as a day patient.

17. 適用於此等保障項目之條款及細則，請參閱補充文件。

Please refer to the Supplement for the terms and conditions applicable to these benefit items.

注釋 Remarks

18. 指定危疾及指定運動相關創傷如下：

指定危疾	
<ul style="list-style-type: none"> 肺動脈高血壓所導致的心臟衰竭（原發性） 慢性肝病（失代償期肝硬化） 冠狀動脈手術 末期肺病 暴發性病毒性肝炎 心臟病（急性心肌梗塞） 心瓣置換及修補 腎衰竭 嚴重燒傷 主要器官移植 	<ul style="list-style-type: none"> 運動神經元疾病（包括脊髓性肌肉萎縮症、漸進延髓麻痺、肌萎縮性側索硬化症及原發性側索硬化症） 帕金森症 由心肌病所導致的永久心臟功能受損 嚴重類風濕性關節炎 指定癌症 中風 主動脈手術 末期疾病
指定運動相關創傷	
<ul style="list-style-type: none"> 骨折 韌帶撕裂或肌腱斷裂 	<ul style="list-style-type: none"> （脊柱、髖部、膝蓋、腕關節、肘部、踝關節、肩胛骨）首次關節移位/脫臼

指定危疾、指定運動相關創傷及永久完全傷殘必須得到受保人的主診註冊醫生的書面證實，且具備藍十字所合理接納之臨床、放射性或化驗證據。

豁免自付費只適用於任何指定危疾、指定運動相關創傷及永久完全傷殘所引致之醫療服務；否則並不適用。若保單持有人或受保人在保單生效日起計 90 日內已察覺或理應察覺任何保單所載指定危疾、指定運動相關創傷或永久完全傷殘，豁免自付費亦不適用。

Here below are the designated critical illnesses and designated sports-related injuries:

Designated Critical Illnesses	
<ul style="list-style-type: none"> Cardiac failure due to pulmonary arterial hypertension (primary) Chronic liver disease (decompensated cirrhosis) Coronary artery surgery End stage lung disease Fulminant viral hepatitis Heart attack (acute myocardial infarction) Heart valve replacement and repair Kidney failure Major burns Major organ transplant 	<ul style="list-style-type: none"> Motor neurone disease (including spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis and primary lateral sclerosis) Parkinson's disease Permanent cardiac impairment caused by cardiomyopathy Severe rheumatoid arthritis Specified cancer Stroke Surgery to aorta Terminal illness
Designated Sports-related Injuries	
<ul style="list-style-type: none"> Bone fracture Ligament tear or tendon rupture 	<ul style="list-style-type: none"> First-time dislocation (of spine, hip, knee, wrist, elbow, ankle and scapula)

The diagnosis of designated critical illnesses, designated sports-related injuries and permanent total disablement must be confirmed by the insured person's attending registered medical practitioner in writing and supported by clinical, radiological or laboratory evidence reasonably acceptable to Blue Cross.

Please note that the waiver of deductible only applies to medical services arising from any designated critical illnesses, designated sports-related injuries and permanent total disablement; it does not apply if not arising therefrom. The waiver of deductible also does not apply if the policyholder or the insured person is aware of, or is reasonably aware of the designated critical illnesses, designated sports-related injuries and permanent total disablement listed in the policy within the first 90 days from the policy effective date.

19. 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。

Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

20. 受保人須向藍十字提交令藍十字信納的健康活動證明。任何未使用的限額將會被取消，不能結轉至下一個保單年度或退還現金。

The insured person must submit satisfactory evidence of activity participation to Blue Cross. Any unused benefit cannot be carried forward to the next policy year or be refunded by cash.

21. 由於此服務不需要經醫務衛生局認可，因此並不構成本認可產品的一部分。詳情請參閱相關之條款及細則。受保人可選擇不接受此服務，並致函通知藍十字，其選擇並不會對保費構成影響。

This service is not required to be certified by the Health Bureau and therefore does not form part of the Certified Plan. Please refer to the relevant terms and conditions for details. Opt-out is available for this service by giving a written notice to Blue Cross and it does not affect the premium.

22. 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。

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.

23. 「出院免找數」為「免付賬醫療服務」提供的其中一項服務。此服務不需要經醫務衛生局認可，因此並不構成本認可產品的一部分。詳情請參閱相關之條款及細則。「出院免找數」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本認可產品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）。

"No Hospital Bills to Pay" is one of the services provided by "Credit Facilities Services". This service is not required to be certified by the Health Bureau and therefore does not form part of the Certified Plan. Please refer to the relevant terms and conditions for details. "No Hospital Bills to Pay" is only applicable to admission to private 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 person for the eligible medical expenses payable in accordance with the Certified Plan. Any medical expenses that fall outside policy coverage shall be borne by the policyholder/ the insured person. Blue Cross shall also recover from the policyholder/ the insured person the medical expenses settled on behalf of the insured person which fall outside policy coverage (if any).

24. 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。

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.

25. 除非另有說明，否則同一項目的合資格費用不可獲保障表中多於一個保障項目的賠償。

Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item of the Benefit Schedule.

26. 只適用於以日間手術形式接受以下手術：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、視網膜脫落的修補手術及宮腔鏡檢查。

Only applicable to the following day case procedures: oesophagogastroduodenoscopy, colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, repair of retinal detachment and hysteroscopy.

27. 當受保人於醫院住院，而是次住院所產生的合資格費用獲得藍十字以外之註冊保險公司的任何其他實報實銷醫療保險計劃（不論屬個人或團體保單）部分或全數賠償時，假如已獲賠償的合資格費用根據本認可產品的條款及保障本屬應賠償的費用，則藍十字將就每一日的住院支付額外現金補貼保障。

For an insured person who is confined in a hospital and the eligible expenses incurred by such confinement are partly or fully paid 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 the eligible expenses reimbursed would have been payable under the terms and benefits of the Certified Plan, Blue Cross will pay the Cash Benefit for Top-up Subsidy for each day of confinement.

注釋 Remarks

28. 若保單持有人擁有本認可產品以外的其他保障，保單持有人將有權向該等保障或本認可產品進行索償。不論如何，若保單持有人或受保人已從其他保障索償全部或部分費用，則藍十字只會對未被其他保障賠償的合資格費用（如有）作出賠償。

「合理及慣常」是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。「合理及慣常」的收費水平由藍十字合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。藍十字必須參照以下資料（如適用）以釐定「合理及慣常」收費：(a) 由保險或醫學業界進行的治療或服務費用統計及調查；(b) 公司內部或業界的賠償統計；(c) 政府憲報；及/或 (d) 提供治療、服務或物料當地的其他相關參考資料。

「醫療所需」是指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件：(a) 需要註冊醫生的專業知識或轉介；(b) 符合該傷病的診斷及治療所需；(c) 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；(d) 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及 (e) 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

If the policyholder has taken out other insurance coverage besides the Certified Plan, the policyholder shall have the right to claim under any such other insurance coverage or the Certified Plan. However, if the policyholder or the insured person has already recovered all or part of the expenses from any such other insurance coverage, Blue Cross shall only be liable for such amount of eligible expense, if any, which is not compensated by any such other insurance coverage.

"Reasonable and Customary" refers to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by Blue Cross in utmost good faith. The "Reasonable and Customary" charges shall not in any event exceed the actual charges incurred. In determining whether a charge is "Reasonable and Customary", Blue Cross shall make reference to the following (if applicable): (a) treatment or service fee statistics and surveys in the insurance or medical industry; (b) internal or industry claim statistics; (c) gazette published by the government; and/ or (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

"Medically Necessary" refers to the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must: (a) require the expertise of, or be referred by, a registered medical practitioner; (b) be consistent with the diagnosis and necessary for the investigation and treatment of the disability; (c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending registered medical practitioner; (d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and (e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

29. 於續保時，若受保人沒有在表內所述無索償期內提出任何有關本認可產品的索償，本認可產品應繳保費可獲相應之無索償折扣。附加門診保障或附加牙科保障的應繳保費並不適用於無索償折扣。

如已經獲得無索償折扣後，藍十字就任何過去之保單年度支付任何賠償，藍十字將會就支付有關賠償後的所有保單年度，重新計算實際合資格的無索償折扣。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無索償折扣及重新計算實際合資格的無索償折扣之差額。任何就緊急門診治療、緊急門診牙科治療、門診手術現金津貼（如適用）、於香港入住深切治療部的現金保障、額外現金補貼保障（如適用）、附加門診保障（如適用）或附加牙科保障（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。

No claim discount will apply on the premium payable for the Certified Plan as soon as next year's policy renewal, if no claim has been made during the respective no claim periods listed in the table. No claim discount does not apply to premium payable for Optional Outpatient Benefits or Optional Dental Benefits.

In the event any benefit in respect of any previous policy years is paid by Blue Cross after a no claim discount has been applied, the actual eligible no claim discount shall be recalculated for all policy year(s) subsequent to such benefit being paid. The policyholder shall repay to Blue Cross the difference between the no claim discount already applied by Blue Cross and the recalculated actual eligible no claim discount upon Blue Cross's reasonable demand. Any claim made under Emergency Outpatient Treatment, Emergency Outpatient Dental Treatment, Outpatient Surgery Cash Allowance (if applicable), Cash Benefit for Confinement in Intensive Care Unit in Hong Kong, Cash Benefit for Top-up Subsidy (if applicable), Optional Outpatient Benefits (if applicable) or Optional Dental Benefits (if applicable) will not affect the insured person's eligibility for the No Claim Discount.

30. 就家庭折扣而言，合資格家庭成員指您（作為保單持有人）、您的配偶／子女、您或配偶的父母／（外）祖父母／兄弟／姊妹。

於計算表格內所要求的合資格家庭成員人數時，不論已就該名合資格家庭成員繕發多少份本認可產品的保單，每名合資格家庭成員亦只會被視為 1 名合資格家庭成員計算。

For the purpose of family discount, eligible family members refer to you as the policyholder, your spouse/ child, your or your spouse's parent/ grandparent/ brother/ sister.

In counting the required number of eligible family members specified in the table, each eligible family member shall only be considered as one eligible family member regardless of the number of policies of the Certified Plan issued for that eligible family member.

31. 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合資格家庭成員人數要求，相關保單年度的家庭折扣將會重新計算。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。

In the event that the required number of eligible family members 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). The policyholder shall repay to 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.

32. 家庭折扣適用於本認可產品、附加門診保障及附加牙科保障的應繳保費。

Family discount applies to the premiums payable for the Certified Plan, Optional Outpatient Benefits and Optional Dental Benefits.

33. 申請稅務扣減的資格如下：

- (a) 申請人須為納稅人；
- (b) 納稅人本人或其配偶為本認可產品的保單持有人；及
- (c) 受保人[▽]須為香港居民。

非香港居民[△]可投保本認可產品，惟未能符合申請稅務扣減的資格。有關稅務扣減資格的詳情，請向稅務局查詢。

[▽] 受保人包括納稅人本人或其受養人

[△] 指定國家或地區除外

Eligibility for tax deduction is as follows:

- (a) The applicant must be a taxpayer;
- (b) The taxpayer who or whose spouse is the policyholder of a Certified Plan; and
- (c) The insured person[▽] must be a Hong Kong resident.

Non-Hong Kong residents[△] can enrol in a Certified Plan although they are not eligible for tax deduction. For more details of the eligibility for tax deduction, please contact the Inland Revenue Department.

[▽] Insured person includes the taxpayer himself/ herself or his/ her dependants

[△] Except for specific countries or regions

34. 受養人包括您的配偶或子女，您本人或您配偶的父母、祖父母、外祖父母、兄弟或姊妹。

Dependants include your spouse/ child, your or your spouse's parent/ grandparent/ brother/ sister.

常見問題 FAQs

1. 本認可產品與市場上其他醫療保險產品有什麼分別？

What are the differences between the Certified Plan and other medical insurance products in the market?

本認可產品設有標準的保單條款及細則、最低保障範圍及保障額，而市場上其他醫療保險產品是由個別保險公司設定的。以下為本認可產品的主要特點：

- 保證終身續保
- 設有 21 日冷靜期
- 保費支出可申請稅務扣減
- 保障未知的投保前已有病症及於 8 歲或以後確診的先天性疾病

The Certified Plan provides standardised policy terms and conditions with minimum benefit coverage and benefit amounts, while other medical insurance products in the market are designed by individual insurance companies. Below are some key features of the Certified Plan:

- Guaranteed lifetime renewal
- Cooling-off period of 21 days
- Tax deduction for the premiums paid
- Coverage for unknown pre-existing conditions and congenital conditions diagnosed at or after age of 8

2. 標準計劃及靈活計劃的分別？

What are the differences between Standard Plans and Flexi Plans?

標準計劃的條款及保障是劃一的，並設有最低要求，例如最低保障範圍及保障額。而靈活計劃必須提供相等於標準計劃的基本保障，再加上具彈性的附加保障，如更高保障額及更多保障項目，以切合市場需要，而該附加保障則受限於醫務衛生局發出的相關規則。

For Standard Plans, the terms and benefits are standardised with prescribed minimum requirements, such as minimum benefit coverage and amounts. For Flexi Plans, on top of the basic protection equivalent to that in Standard Plans, more flexible top-up protection such as higher benefit amounts and more benefit items are offered to suit market needs which is subject to certain rules set out by the Health Bureau.

3. 投保本認可產品是否仍可使用公立醫院服務？

Can I still use public hospital services if I enrol in the Certified Plan?

可以。投保本認可產品屬自願性質，並不會影響您使用公立醫院服務的權利。

Yes. Enrolment in the Certified Plan is entirely voluntary and will not affect your rights to use public healthcare services.

4. 我可否投保多於一份認可產品保單？

Can I enrol in more than one Certified Plan policy?

可以。您可因應需要而投保多份認可產品保單，亦可為受養人投保。

Yes, you can enrol in more than one Certified Plan policy based on your needs. You can also enrol for your dependants.

5. 作為「藍十字自願醫保計劃」的保單持有人，我可以把保單改由其他人持有嗎？

As a policyholder of a Blue Cross's VHIS plan, can I change the holder of the policy?

可以。作為保單持有人，您有權把您的保單持有人改為以下人士：

- (a) 受保人，假如受保人已年滿 18 歲；
- (b) 受保人的家長或監護人，假如受保人未滿 18 歲；或
- (c) 受保人親屬（有關親屬必須為藍十字根據當時適用的核保慣常做法而可以接受的親屬）。

假如您希望更改保單持有人，請提交「更改保單持有人申請表」予藍十字處理。

Yes. It is your right as a policyholder to change the holder of your policy to the following persons:

- (a) the insured person, if the insured person has reached age 18;
- (b) the parent or guardian of the insured person, if the insured person is under age 18; or
- (c) any person whose familial relationship with the insured person is accepted by Blue Cross according to our prevailing underwriting practices.

Please submit the "Request For Change Of Policyholder Form" for Blue Cross's handling if you want to change the holder of your policy.

6. 每份自願醫保保單是否允許多於一名保單持有人及多於一名受保人？

Is it allowed for a VHIS policy to have more than one policyholder and more than one insured person?

在同一份自願醫保計劃的保單內，不允許多個保單持有人，而每份保單只能保障一名受保人。

Multiple policyholders are not allowed under the same VHIS policy and each policy can only cover one insured person.

7. 假如我已經擁有由藍十字承保的個人償款住院保險計劃，我可以轉移至「藍十字自願醫保計劃」嗎？如果可以，如何轉移？
If I already have an indemnity hospital insurance plan underwritten by Blue Cross, can I switch to a Blue Cross's VHIS plan? And if yes, how can I do so?

可以。由於藍十字已註冊成為自願醫保的產品提供者，我們會為現時由藍十字承保的個人償款住院保險計劃之保單持有人提供一次轉移至我們的自願醫保認可產品的機會。我們已經/ 將（視乎情況而定）向合資格的客戶以書面形式發出轉移邀請函連同細節安排（包括相關的核保安排）。有關詳情，請向您的保險中介人或致電我們的客戶服務熱線查詢。

Yes. As Blue Cross is registered as one of the VHIS providers, existing policyholders of indemnity hospital insurance plans underwritten by Blue Cross will be provided with one opportunity to migrate to our VHIS-certified plans. Invitation of migration with detailed arrangement (including the relevant underwriting arrangement) has been/ will be (as the case may be) sent to all eligible customers by written notification. For more details, please contact your insurance intermediary or our Customer Service Hotline.

8. 假如我是非香港居民，我可否投保認可產品？什麼人士可就認可產品所支付的合資格保費申請稅務扣減？
Can I enrol in the Certified Plan if I am not a Hong Kong resident? Who can claim tax deduction for the qualifying premiums paid for the Certified Plan?

非香港居民[△]可投保認可產品，惟未能符合申請稅務扣減的資格。有關資格如下：

- (a) 申請人須為納稅人；
- (b) 納稅人本人或其配偶為認可產品的保單持有人；及
- (c) 受保人[▽]須為香港居民

有關稅務扣減資格的詳情，請向稅務局查詢。

[△] 指定國家或地區除外

[▽] 受保人包括納稅人本人或其受養人

Non-Hong Kong resident[△] can enrol in the Certified Plan although they are not eligible for tax deduction. Eligibility for tax deduction is as follows:

- (a) the applicant must be a taxpayer;
- (b) the taxpayer who or whose spouse is the policyholder of the Certified Plan; and
- (c) the insured person[▽] must be a Hong Kong resident

For more details of the eligibility for tax deduction, please contact the Inland Revenue Department.

[△] Except for specific countries or regions

[▽] Insured person includes the taxpayer himself/ herself or his/ her dependants

9. 假如我希望向監管機構作出查詢、尋求協助或作出投訴，可以聯絡那些機構？
If I wish to make an enquiry to, to seek assistance from or lodge a complaint to a regulatory body, which organisation should I contact?

您可以聯絡以下監管機構：

- (a) 醫務衛生局轄下的自願醫保計劃辦事處 — 處理與自願醫保相關的事宜，包括產品提供、認可產品的特點；
- (b) 保險業監管局 — 處理與保險公司及保險中介人一般操守相關的事宜；
- (c) 稅務局 — 處理申索稅項扣除的事宜；及
- (d) 保險投訴局 — 進行調解及裁決。

保單持有人及保險公司亦可以選擇把爭議訴諸香港法院前，先採用其他非訴訟排解糾紛的程序，包括在雙方同意的基礎下透過其他途徑進行調解及仲裁。

You may contact the following regulatory body:

- (a) VHIS Office of the Health Bureau – for issues specific to the VHIS including product availability, features of certified plan and compliance with the Code of Practice for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
- (b) Insurance Authority – for issues concerning the general conduct of insurance companies and intermediaries;
- (c) Inland Revenue Department – for issues concerning claims for tax deduction; and
- (c) Insurance Complaints Bureau – for mediation and adjudication.

Policyholders and insurance companies are also encouraged to settle dispute by other means of mediation and arbitration as mutually agreed between both parties before a dispute is referred to a Hong Kong court.

一般不保事項 General Exclusions

1. 任何非「醫療所需」治療、治療程序、藥物、檢測或服務的費用。

Expenses incurred for treatments, procedures, medications, tests or services which are not “Medically Necessary”.

2. 若純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院，該住院期間所招致的全部或部分費用。惟若該等程序或服務是在註冊醫生建議下因而進行「醫療所需」的診斷，或無法以為日症病人提供醫療服務的方式下有效地進行的傷病治療，則不屬此項。

Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for “Medically Necessary” investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical services to a day patient.

3. 在保單生效日前，因感染或出現人體免疫力缺乏病毒（「HIV」）及其相關的傷病所招致的費用。不論保單持有人或受保人在遞交投保申請文件（若藍十字在保單條款及細則內第一部分第 8 節提出要求，則包括相關必需資料的任何更新及改動）時是否知悉，若此傷病在保單生效日前已存在，本認可產品的條款及保障則不會賠償此傷病。若無法證明初次感染或出現此傷病的時間，則此傷病於保單生效日起計 5 年內發病，將被推定為於保單生效日前已感染或出現；若在這 5 年後發病，將被推定為於保單生效日後感染或出現。

惟本第 3 節的不保事項並不適用於因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受 HIV 感染所引致的傷病，有關賠償將按本認可產品的條款及保障內其他條款處理。

Expenses arising from Human Immunodeficiency Virus (“HIV”) and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policyholder or the insured person at the time of submission of application, including any updates of and changes to such requisite information (if so requested by Blue Cross under Section 8 of Part 1 in the policy terms and conditions) such disability shall be generally excluded from any coverage of the terms and benefits of the Certified Plan if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first 5 years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such 5 years shall be presumed to be contracted or occur after the policy effective date.

However, the exclusion under this entire Section 3 shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the terms and benefits of the Certified Plan shall apply.

4. 因倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症（HIV）及其相關的傷病將按本一般不保事項第 3 節處理的醫療服務費用。

Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where Section 3 of this General Exclusions applies).

5. 以下服務的收費：

- (a) 以美容或整容為目的的服務，惟受保人因意外而受傷，並於意外後 90 日內接受的必要醫療服務，或受保於本認可產品 II. 額外保障之保障項目 (i) 及 (j)（分別為重建手術及重建手術之醫療裝置）則不屬此項；或
- (b) 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術（LASIK），以及任何相關的檢測、治療程序及服務。

Any charges in respect of services for –

- (a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of the accident, or except to the extent covered by the reconstructive surgery and the medical appliance for reconstructive surgery payable under benefit items (i) and (j) of II. Enhanced Benefits of the Certified Plan respectively; or

- (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.

6. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因受保人及/或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑，本第 6 節並不適用於：

- (a) 為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序；
- (b) 移除癌前病變；及
- (c) 為預防過往傷病復發或其併發症的治療。

Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/ or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to –

- (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
- (b) removal of pre-malignant conditions; and
- (c) treatment for prevention of recurrence or complication of a previous disability.

7. 牙科醫生進行的牙科治療及口腔頰面手術的費用，惟受保人因意外引致在住院期間接受的急症治療及手術、或受保於本認可產品 II. 額外保障下之保障項目 (d) (緊急門診牙科治療) 則不屬此項。除受保於上述緊急門診牙科治療外，出院後的跟進牙科治療及口腔手術則不會獲得賠償。

Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident or to the extent covered by the emergency outpatient dental treatment payable under benefit item (d) of II. Enhanced Benefits of the Certified Plan. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered, except to the extent covered by the aforesaid emergency outpatient dental treatment.

8. 下列醫療服務及輔導服務的費用 – 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄，除非是受保於本認可產品 II. 額外保障之保障項目 (m) (懷孕併發症)。

Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to 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 including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause, except to the extent covered by the pregnancy complications payable under benefit item (m) of II. Enhanced Benefits of the Certified Plan.

9. 購買屬耐用用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。

Expenses incurred for the purchase 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, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.

10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療，除非是受保於本認可產品內 II. 額外保障之項目 (h) (出院後/日間手術後中醫門診護理) 及附加門診保障之項目。

Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments, except to the extent covered by the post-confinement/ day case procedure Chinese medicine practitioner outpatient care payable under benefit items (h) of II. Enhanced Benefits of the Certified Plan and Optional Outpatient Benefits respectively.

11. 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。

Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.

12. 受保人年屆 8 歲前發病或確診的先天性疾病所招致的醫療服務費用。

Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years.

13. 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。

Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.

14. 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、起義、或軍事政變或奪權事故所招致的治療費用。

Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

注意 Notes：

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



藍十字「愛自己」自願醫保計劃
Blue Cross Love Yourself VHIS Plan

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan – HK\$0 自付費 Deductible

認可產品編號 Certification Number of the Certified Plan

- 全球 Worldwide: F00073-05-000-01
- 亞洲及澳紐 Asia & Australia-New Zealand: F00073-01-000-01

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
0 - 2	9,586	4,914	2,494	840	5,912	3,031	1,538	519
3	9,467	4,853	2,463	829	5,838	2,993	1,519	513
4	9,320	4,777	2,424	816	5,746	2,946	1,495	504
5	9,182	4,706	2,388	804	5,663	2,904	1,474	497
6	9,053	4,641	2,355	794	5,583	2,863	1,453	491
7	8,916	4,570	2,319	782	5,499	2,819	1,431	482
8	8,768	4,494	2,281	769	5,407	2,772	1,407	475
9	8,611	4,415	2,240	754	5,311	2,722	1,382	466
10	8,502	4,358	2,211	745	5,243	2,687	1,364	460
11	8,363	4,287	2,176	733	5,157	2,644	1,342	453
12	8,345	4,278	2,170	732	5,147	2,639	1,339	452
13	8,299	4,254	2,159	728	5,119	2,624	1,332	450
14	8,262	4,235	2,150	724	5,094	2,612	1,326	447
15	8,244	4,226	2,144	722	5,083	2,606	1,323	447
16	8,216	4,211	2,138	720	5,067	2,598	1,319	445
17	8,197	4,202	2,132	719	5,056	2,592	1,316	443
18	8,133	4,169	2,116	713	5,016	2,572	1,305	441
19	8,180	4,193	2,128	717	5,044	2,586	1,312	443
20	9,017	4,623	2,346	791	5,562	2,852	1,448	488
21	9,353	4,794	2,433	820	5,768	2,956	1,501	506
22	9,808	5,027	2,551	861	6,049	3,101	1,575	531
23	10,364	5,312	2,695	909	6,391	3,277	1,664	561
24	10,971	5,624	2,854	963	6,767	3,469	1,760	593
25	11,335	5,811	2,948	994	6,991	3,583	1,820	614
26	12,236	6,273	3,183	1,073	7,545	3,869	1,964	662
27	12,792	6,558	3,327	1,121	7,890	4,044	2,053	692
28	13,268	6,801	3,451	1,162	8,183	4,196	2,129	717
29	13,601	6,972	3,538	1,192	8,388	4,299	2,183	736
30	13,643	6,992	3,549	1,195	8,414	4,313	2,190	738
31	13,802	7,074	3,590	1,210	8,512	4,364	2,214	747
32	13,890	7,120	3,613	1,218	8,566	4,392	2,229	752
33	14,238	7,298	3,704	1,248	8,782	4,503	2,286	769
34	14,417	7,390	3,750	1,264	8,891	4,558	2,313	780
35	14,548	7,457	3,784	1,276	8,972	4,599	2,334	787
36	14,685	7,527	3,819	1,287	9,057	4,643	2,356	794
37	14,795	7,584	3,849	1,296	9,124	4,678	2,373	800
38	14,973	7,675	3,895	1,313	9,232	4,733	2,401	809
39	15,630	8,011	4,066	1,370	9,637	4,939	2,508	846
40	16,335	8,374	4,248	1,431	10,074	5,165	2,622	883
41	17,070	8,748	4,440	1,495	10,526	5,396	2,739	923
42	17,776	9,111	4,623	1,557	10,964	5,621	2,852	961
43	18,500	9,483	4,812	1,622	11,410	5,849	2,967	1,001
44	19,364	9,926	5,035	1,696	11,943	6,122	3,105	1,047
45	20,140	10,324	5,238	1,764	12,419	6,367	3,231	1,088
46	20,956	10,741	5,450	1,835	12,923	6,624	3,361	1,132
47	21,770	11,158	5,662	1,908	13,425	6,882	3,491	1,177
48	22,614	11,590	5,882	1,980	13,945	7,148	3,627	1,222
49	23,669	12,130	6,155	2,073	14,596	7,482	3,797	1,279
50	24,711	12,666	6,426	2,164	15,238	7,810	3,964	1,335

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
51	25,814	13,229	6,714	2,260	15,918	8,159	4,140	1,395
52	26,897	13,786	6,993	2,355	16,586	8,501	4,314	1,453
53	28,019	14,360	7,286	2,453	17,279	8,856	4,493	1,514
54	29,519	15,129	7,677	2,585	18,205	9,331	4,735	1,595
55	31,109	15,945	8,090	2,724	19,183	9,833	4,989	1,681
56	32,659	16,738	8,494	2,860	20,140	10,324	5,238	1,764
57	34,267	17,562	8,910	3,001	21,134	10,832	5,497	1,852
58	35,877	18,389	9,331	3,141	22,126	11,340	5,754	1,938
59	38,461	19,713	10,001	3,367	23,718	12,157	6,168	2,077
60	41,173	21,104	10,707	3,604	25,389	13,012	6,603	2,224
61	43,954	22,528	11,430	3,849	27,106	13,894	7,049	2,373
62	46,786	23,979	12,166	4,096	28,851	14,788	7,502	2,527
63	49,676	25,460	12,917	4,347	30,635	15,702	7,967	2,683
64	52,966	27,146	13,773	4,636	32,661	16,742	8,494	2,860
65	56,343	28,878	14,651	4,932	34,744	17,808	9,035	3,042
66	59,772	30,634	15,543	5,232	36,859	18,890	9,585	3,226
67	63,099	32,340	16,408	5,524	38,912	19,944	10,119	3,407
68	66,209	33,933	17,216	5,796	40,829	20,925	10,617	3,574
69	68,395	35,054	17,784	5,987	42,178	21,617	10,968	3,693
70	70,502	36,133	18,331	6,171	43,477	22,283	11,306	3,806
以下保費只適用於續保 The premiums below are for renewal only								
71	72,924	37,375	18,962	6,383	44,973	23,050	11,695	3,937
72	75,310	38,599	19,581	6,592	46,440	23,802	12,076	4,066
73	77,735	39,841	20,213	6,803	47,936	24,569	12,466	4,197
74	80,545	41,281	20,943	7,050	49,670	25,456	12,915	4,347
75	83,149	42,615	21,620	7,278	51,273	26,279	13,333	4,488
76	86,000	44,076	22,361	7,527	53,033	27,181	13,790	4,642
77	88,930	45,578	23,123	7,783	54,842	28,106	14,261	4,800
78	91,960	47,132	23,911	8,049	56,709	29,065	14,747	4,964
79	95,110	48,744	24,730	8,324	58,651	30,060	15,251	5,134
80	98,230	50,345	25,541	8,597	60,577	31,048	15,751	5,302
81	101,537	52,039	26,403	8,886	62,615	32,092	16,281	5,481
82	104,757	53,689	27,238	9,169	64,600	33,110	16,798	5,654
83	107,658	55,176	27,993	9,422	66,391	34,026	17,262	5,813
84	111,056	56,918	28,876	9,720	68,483	35,099	17,808	5,994
85	114,415	58,638	29,749	10,014	70,556	36,162	18,347	6,176
86	117,763	60,354	30,620	10,306	72,620	37,220	18,883	6,356
87	121,030	62,028	31,470	10,593	74,636	38,251	19,406	6,533
88	124,350	63,730	32,334	10,883	76,684	39,302	19,939	6,712
89	128,166	65,686	33,326	11,216	79,037	40,508	20,551	6,918
90	132,009	67,656	34,325	11,554	81,405	41,721	21,167	7,126
91	135,804	69,601	35,310	11,885	83,746	42,921	21,776	7,330
92	139,620	71,556	36,303	12,219	86,100	44,127	22,387	7,535
93	143,395	73,491	37,284	12,549	88,427	45,321	22,993	7,739
94	146,824	75,249	38,176	12,850	90,540	46,404	23,543	7,925
95	150,150	76,953	39,041	13,140	92,594	47,456	24,076	8,104
96	153,578	78,711	39,933	13,439	94,708	48,539	24,626	8,289
97	156,937	80,431	40,806	13,734	96,777	49,601	25,164	8,470
98	160,314	82,161	41,683	14,029	98,861	50,667	25,706	8,653
99 +	160,514	82,263	41,735	14,046	98,984	50,731	25,739	8,664

只適用於保單生效時年齡介乎 71 至 80 歲之受保人 For insured persons from age of 71 to 80 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
71	102,094	52,323	26,546	8,934	62,960	32,269	16,371	5,512
72	105,433	54,035	27,414	9,228	65,016	33,322	16,907	5,692
73	108,828	55,777	28,298	9,525	67,111	34,395	17,450	5,875
74	112,762	57,793	29,319	9,870	69,537	35,639	18,082	6,086
75	116,406	59,660	30,267	10,188	71,784	36,791	18,665	6,283
76	120,400	61,706	31,305	10,537	74,245	38,052	19,304	6,498
77	124,502	63,809	32,372	10,897	76,777	39,349	19,963	6,720
78	128,745	65,983	33,475	11,267	79,392	40,689	20,643	6,949
79	133,153	68,242	34,621	11,654	82,112	42,084	21,351	7,186
80	137,521	70,480	35,757	12,036	84,807	43,464	22,052	7,423
以下保費只適用於續保 The premiums below are for renewal only								
81	142,152	72,854	36,962	12,440	87,661	44,928	22,793	7,672
82	146,658	75,165	38,133	12,836	90,440	46,351	23,517	7,916
83	150,722	77,246	39,190	13,190	92,945	47,637	24,168	8,135
84	155,477	79,683	40,427	13,607	95,877	49,138	24,930	8,391
85	160,180	82,094	41,649	14,017	98,777	50,624	25,685	8,645
86	164,867	84,497	42,867	14,428	101,668	52,107	26,436	8,898
87	169,441	86,841	44,056	14,829	104,490	53,551	27,170	9,144
88	174,089	89,222	45,266	15,234	107,356	55,021	27,915	9,396
89	179,430	91,960	46,654	15,703	110,649	56,709	28,771	9,684
90	184,813	94,718	48,053	16,173	113,967	58,410	29,633	9,973
91	190,125	97,441	49,435	16,638	117,243	60,090	30,485	10,260
92	195,466	100,178	50,823	17,105	120,538	61,776	31,342	10,550
93	200,751	102,886	52,196	17,568	123,797	63,447	32,189	10,836
94	205,551	105,346	53,446	17,988	126,756	64,964	32,958	11,094
95	210,209	107,734	54,657	18,396	129,631	66,437	33,705	11,346
96	215,010	110,195	55,905	18,816	132,590	67,953	34,474	11,604
97	219,709	112,603	57,126	19,226	135,488	69,439	35,228	11,858
98	224,439	115,026	58,356	19,640	138,404	70,933	35,986	12,113
99 +	224,719	115,169	58,428	19,665	138,577	71,021	36,033	12,128

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan – HK\$20,000 自付費 Deductible

認可產品編號 Certification Number of the Certified Plan
• 全球 Worldwide: F00073-06-000-01 • 亞洲及澳紐 Asia & Australia-New Zealand: F00073-02-000-01

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
0 - 2	4,986	2,556	1,298	438	3,074	1,577	800	271
3	4,923	2,524	1,282	432	3,036	1,556	790	267
4	4,847	2,485	1,261	426	2,989	1,533	778	263
5	4,776	2,448	1,243	419	2,946	1,511	767	260
6	4,708	2,413	1,225	414	2,904	1,489	756	255
7	4,637	2,377	1,207	408	2,859	1,467	745	252
8	4,560	2,338	1,187	400	2,813	1,442	733	248
9	4,479	2,296	1,166	393	2,763	1,417	720	243
10	4,421	2,267	1,151	388	2,726	1,398	710	240
11	4,349	2,230	1,132	382	2,683	1,376	699	237
12	4,340	2,225	1,129	381	2,678	1,373	697	236
13	4,315	2,213	1,123	379	2,663	1,366	694	234
14	4,297	2,203	1,119	377	2,650	1,359	690	233
15	4,287	2,198	1,116	377	2,644	1,357	688	233
16	4,272	2,191	1,112	376	2,635	1,351	687	232
17	4,263	2,185	1,110	375	2,630	1,349	685	232
18	4,230	2,168	1,101	371	2,609	1,338	680	230
19	4,253	2,180	1,107	374	2,624	1,346	683	231
20	4,690	2,404	1,221	413	2,893	1,484	754	256
21	4,864	2,494	1,267	427	2,999	1,538	781	264
22	5,101	2,615	1,328	449	3,145	1,614	820	278
23	5,390	2,764	1,403	475	3,326	1,705	866	292
24	5,705	2,925	1,485	501	3,519	1,804	917	310
25	5,895	3,022	1,535	517	3,636	1,865	948	321
26	6,363	3,263	1,656	559	3,925	2,013	1,021	346
27	6,652	3,412	1,732	585	4,103	2,104	1,069	361
28	6,900	3,537	1,796	605	4,256	2,183	1,108	374
29	7,073	3,626	1,841	621	4,362	2,238	1,136	384
30	7,095	3,638	1,846	623	4,374	2,244	1,140	385
31	7,178	3,680	1,868	630	4,426	2,271	1,153	389
32	7,225	3,705	1,881	634	4,455	2,284	1,159	391
33	7,405	3,796	1,927	650	4,567	2,342	1,190	401
34	7,498	3,844	1,952	658	4,624	2,371	1,205	407
35	7,566	3,879	1,969	664	4,666	2,394	1,214	410
36	7,637	3,915	1,987	670	4,710	2,414	1,226	414
37	7,694	3,945	2,002	674	4,745	2,434	1,236	417
38	7,786	3,992	2,025	683	4,801	2,463	1,250	423
39	8,129	4,167	2,115	713	5,013	2,570	1,305	441
40	8,495	4,355	2,211	745	5,238	2,686	1,363	461
41	8,877	4,551	2,311	778	5,475	2,808	1,425	481
42	9,244	4,740	2,406	810	5,702	2,923	1,484	502
43	9,621	4,932	2,503	844	5,934	3,043	1,544	521
44	10,069	5,162	2,619	883	6,210	3,184	1,616	546
45	10,472	5,369	2,725	918	6,459	3,311	1,681	567
46	10,898	5,586	2,834	955	6,721	3,446	1,749	590
47	11,321	5,803	2,945	992	6,982	3,580	1,817	613
48	11,761	6,028	3,059	1,031	7,253	3,718	1,887	637
49	12,308	6,309	3,202	1,079	7,591	3,891	1,976	667
50	12,850	6,587	3,343	1,126	7,924	4,062	2,063	696

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
51	13,424	6,881	3,491	1,177	8,278	4,244	2,153	726
52	13,986	7,171	3,638	1,226	8,625	4,422	2,245	756
53	14,570	7,469	3,790	1,277	8,986	4,607	2,338	788
54	15,351	7,869	3,993	1,345	9,467	4,853	2,463	831
55	16,177	8,292	4,208	1,417	9,976	5,114	2,595	875
56	16,983	8,704	4,417	1,488	10,472	5,369	2,725	918
57	17,819	9,133	4,635	1,562	10,989	5,634	2,859	964
58	18,657	9,563	4,853	1,635	11,506	5,898	2,992	1,008
59	20,001	10,251	5,202	1,752	12,334	6,324	3,208	1,082
60	21,410	10,974	5,569	1,875	13,203	6,769	3,434	1,157
61	22,858	11,715	5,945	2,002	14,096	7,226	3,667	1,236
62	24,330	12,470	6,327	2,131	15,004	7,690	3,903	1,315
63	25,833	13,240	6,717	2,262	15,932	8,165	4,144	1,397
64	27,542	14,117	7,162	2,412	16,985	8,705	4,419	1,488
65	29,300	15,017	7,620	2,565	18,068	9,261	4,700	1,583
66	31,082	15,932	8,083	2,722	19,166	9,824	4,986	1,679
67	32,812	16,817	8,532	2,873	20,234	10,372	5,262	1,773
68	34,429	17,646	8,953	3,015	21,232	10,884	5,523	1,859
69	35,566	18,228	9,250	3,114	21,933	11,242	5,705	1,921
70	36,661	18,790	9,534	3,210	22,609	11,588	5,880	1,980
以下保費只適用於續保 The premiums below are for renewal only								
71	37,923	19,436	9,862	3,320	23,387	11,986	6,082	2,048
72	39,161	20,072	10,183	3,428	24,150	12,377	6,282	2,115
73	40,423	20,718	10,511	3,539	24,928	12,777	6,483	2,184
74	41,885	21,467	10,891	3,667	25,829	13,239	6,717	2,262
75	43,238	22,161	11,243	3,785	26,664	13,667	6,934	2,335
76	44,721	22,920	11,629	3,915	27,578	14,136	7,172	2,414
77	46,244	23,701	12,026	4,048	28,519	14,617	7,417	2,497
78	47,820	24,510	12,435	4,187	29,490	15,115	7,670	2,583
79	49,458	25,348	12,861	4,329	30,500	15,631	7,931	2,671
80	51,081	26,180	13,283	4,471	31,501	16,145	8,191	2,758
81	52,800	27,062	13,730	4,623	32,561	16,689	8,468	2,852
82	54,475	27,920	14,165	4,769	33,593	17,218	8,736	2,943
83	55,984	28,693	14,557	4,901	34,523	17,694	8,979	3,023
84	57,751	29,598	15,017	5,057	35,613	18,252	9,261	3,118
85	59,496	30,493	15,471	5,209	36,690	18,805	9,541	3,213
86	61,238	31,385	15,924	5,360	37,764	19,356	9,820	3,307
87	62,936	32,256	16,365	5,510	38,812	19,892	10,092	3,399
88	64,663	33,140	16,814	5,660	39,876	20,439	10,370	3,492
89	66,646	34,158	17,331	5,834	41,100	21,065	10,689	3,599
90	68,645	35,181	17,850	6,009	42,331	21,697	11,008	3,707
91	70,619	36,194	18,363	6,182	43,549	22,320	11,324	3,813
92	72,603	37,211	18,878	6,354	44,772	22,948	11,642	3,920
93	74,566	38,216	19,389	6,527	45,983	23,568	11,958	4,026
94	76,348	39,131	19,853	6,683	47,082	24,131	12,244	4,122
95	78,079	40,017	20,303	6,835	48,150	24,678	12,521	4,216
96	79,861	40,931	20,766	6,991	49,248	25,243	12,807	4,312
97	81,608	41,825	21,220	7,143	50,325	25,794	13,086	4,406
98	83,365	42,727	21,676	7,298	51,408	26,349	13,368	4,500
99 +	83,467	42,778	21,703	7,306	51,472	26,381	13,384	4,506

只適用於保單生效時年齡介乎 71 至 80 歲之受保人 For insured persons from age of 71 to 80 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
71	53,091	27,209	13,805	4,648	32,741	16,779	8,514	2,867
72	54,827	28,100	14,256	4,799	33,810	17,328	8,793	2,960
73	56,591	29,004	14,715	4,953	34,899	17,886	9,075	3,056
74	58,638	30,053	15,248	5,133	36,160	18,534	9,403	3,166
75	60,532	31,025	15,740	5,298	37,327	19,132	9,706	3,267
76	62,609	32,088	16,280	5,480	38,608	19,788	10,040	3,380
77	64,741	33,181	16,833	5,667	39,926	20,462	10,383	3,495
78	66,948	34,311	17,408	5,861	41,285	21,160	10,736	3,614
79	69,240	35,487	18,004	6,060	42,699	21,885	11,103	3,737
80	71,512	36,652	18,594	6,259	44,100	22,603	11,467	3,861
以下保費只適用於續保 The premiums below are for renewal only								
81	73,919	37,885	19,221	6,470	45,585	23,364	11,853	3,991
82	76,264	39,087	19,831	6,675	47,029	24,104	12,230	4,118
83	78,375	40,169	20,379	6,861	48,333	24,772	12,568	4,231
84	80,849	41,437	21,023	7,077	49,858	25,552	12,965	4,365
85	83,295	42,690	21,659	7,290	51,364	26,325	13,356	4,497
86	85,731	43,939	22,292	7,504	52,869	27,096	13,748	4,628
87	88,110	45,158	22,911	7,712	54,335	27,848	14,129	4,757
88	90,528	46,396	23,538	7,924	55,826	28,613	14,516	4,887
89	93,305	47,820	24,261	8,165	57,539	29,490	14,962	5,036
90	96,103	49,254	24,988	8,411	59,264	30,375	15,410	5,188
91	98,866	50,670	25,707	8,653	60,968	31,248	15,853	5,337
92	101,644	52,094	26,430	8,897	62,681	32,124	16,299	5,487
93	104,391	53,502	27,144	9,136	64,376	32,994	16,739	5,635
94	106,887	54,781	27,793	9,355	65,915	33,783	17,139	5,771
95	109,310	56,023	28,423	9,567	67,409	34,549	17,529	5,900
96	111,805	57,302	29,071	9,785	68,948	35,337	17,928	6,036
97	114,250	58,554	29,708	9,999	70,454	36,108	18,321	6,166
98	116,709	59,815	30,347	10,215	71,971	36,887	18,715	6,300
99 +	116,855	59,890	30,384	10,226	72,062	36,933	18,738	6,307

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan – HK\$40,000 自付費 Deductible

認可產品編號 Certification Number of the Certified Plan
• 全球 Worldwide: F00073-07-000-01 • 亞洲及澳紐 Asia & Australia-New Zealand: F00073-03-000-01

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
0 - 2	4,314	2,212	1,122	379	2,662	1,365	694	234
3	4,261	2,184	1,109	375	2,628	1,348	684	231
4	4,194	2,151	1,092	368	2,587	1,327	673	228
5	4,132	2,118	1,076	363	2,550	1,307	664	224
6	4,074	2,089	1,060	358	2,513	1,289	655	221
7	4,013	2,057	1,044	352	2,475	1,270	645	217
8	3,946	2,024	1,027	347	2,434	1,248	633	214
9	3,876	1,988	1,009	341	2,391	1,226	623	210
10	3,826	1,962	996	336	2,360	1,210	616	208
11	3,764	1,929	980	331	2,322	1,191	605	204
12	3,755	1,926	978	330	2,317	1,188	604	204
13	3,736	1,915	973	328	2,304	1,182	600	203
14	3,718	1,907	968	327	2,294	1,176	598	202
15	3,710	1,902	966	326	2,289	1,174	596	202
16	3,698	1,896	962	325	2,281	1,170	594	201
17	3,689	1,891	960	324	2,276	1,167	593	200
18	3,661	1,877	953	322	2,258	1,158	588	199
19	3,682	1,888	959	324	2,270	1,165	592	200
20	4,058	2,081	1,056	357	2,504	1,284	653	220
21	4,209	2,159	1,096	370	2,596	1,331	678	229
22	4,415	2,263	1,149	388	2,723	1,397	710	239
23	4,664	2,393	1,215	410	2,877	1,476	750	253
24	4,938	2,533	1,285	434	3,045	1,564	794	268
25	5,101	2,615	1,328	449	3,148	1,614	820	278
26	5,507	2,824	1,433	484	3,396	1,742	885	300
27	5,758	2,952	1,499	505	3,551	1,822	924	313
28	5,971	3,061	1,554	525	3,683	1,889	960	324
29	6,122	3,139	1,593	537	3,776	1,936	983	333
30	6,139	3,148	1,599	539	3,787	1,943	986	335
31	6,213	3,185	1,618	546	3,832	1,966	998	338
32	6,252	3,206	1,627	550	3,857	1,977	1,004	340
33	6,409	3,285	1,668	563	3,953	2,027	1,030	348
34	6,490	3,327	1,689	570	4,002	2,052	1,043	353
35	6,548	3,358	1,705	576	4,039	2,072	1,052	355
36	6,610	3,389	1,722	581	4,078	2,091	1,061	359
37	6,660	3,414	1,733	585	4,108	2,107	1,070	362
38	6,740	3,456	1,754	592	4,157	2,132	1,082	367
39	7,034	3,608	1,832	618	4,339	2,225	1,129	382
40	7,352	3,768	1,914	646	4,535	2,325	1,182	400
41	7,683	3,940	2,000	674	4,739	2,430	1,234	418
42	8,000	4,103	2,082	702	4,936	2,530	1,285	435
43	8,327	4,269	2,167	731	5,137	2,635	1,339	452
44	8,716	4,468	2,268	766	5,375	2,757	1,400	473
45	9,065	4,647	2,358	796	5,591	2,866	1,455	492
46	9,432	4,835	2,455	827	5,817	2,982	1,514	511
47	9,798	5,022	2,549	860	6,043	3,098	1,573	531
48	10,178	5,217	2,648	893	6,277	3,219	1,634	552
49	10,652	5,461	2,771	934	6,569	3,369	1,710	578
50	11,676	5,985	3,037	1,025	7,201	3,692	1,874	632

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
51	12,198	6,253	3,172	1,071	7,523	3,858	1,959	661
52	12,711	6,515	3,306	1,115	7,838	4,019	2,040	688
53	13,240	6,787	3,445	1,161	8,165	4,187	2,125	718
54	13,948	7,151	3,628	1,223	8,604	4,410	2,239	755
55	14,700	7,536	3,824	1,288	9,065	4,648	2,358	796
56	15,433	7,910	4,013	1,354	9,517	4,880	2,477	835
57	16,192	8,299	4,212	1,419	9,987	5,120	2,599	876
58	16,952	8,691	4,410	1,487	10,456	5,361	2,720	918
59	18,175	9,315	4,729	1,593	11,209	5,746	2,916	983
60	19,456	9,972	5,061	1,706	11,997	6,151	3,122	1,052
61	20,770	10,646	5,403	1,820	12,809	6,567	3,331	1,124
62	22,108	11,332	5,750	1,937	13,634	6,989	3,547	1,196
63	23,473	12,032	6,106	2,056	14,477	7,422	3,765	1,268
64	25,027	12,829	6,509	2,193	15,435	7,910	4,015	1,354
65	26,622	13,645	6,924	2,332	16,419	8,417	4,271	1,439
66	28,244	14,477	7,346	2,473	17,417	8,928	4,530	1,527
67	29,815	15,282	7,754	2,612	18,387	9,425	4,782	1,613
68	31,285	16,034	8,136	2,739	19,293	9,889	5,019	1,691
69	32,317	16,566	8,404	2,830	19,930	10,216	5,184	1,746
70	33,313	17,074	8,662	2,918	20,544	10,530	5,343	1,801
以下保費只適用於續保 The premiums below are for renewal only								
71	34,459	17,662	8,962	3,019	21,251	10,893	5,527	1,862
72	35,584	18,238	9,254	3,116	21,945	11,249	5,707	1,923
73	36,731	18,827	9,552	3,216	22,651	11,610	5,892	1,984
74	38,060	19,507	9,898	3,331	23,470	12,031	6,105	2,056
75	39,290	20,137	10,218	3,440	24,229	12,418	6,301	2,123
76	40,637	20,828	10,567	3,558	25,060	12,845	6,517	2,195
77	42,021	21,537	10,928	3,679	25,914	13,282	6,740	2,271
78	43,452	22,270	11,299	3,804	26,796	13,735	6,969	2,346
79	44,940	23,034	11,687	3,935	27,713	14,206	7,208	2,427
80	46,416	23,789	12,069	4,065	28,623	14,671	7,445	2,508
81	47,979	24,591	12,477	4,201	29,586	15,165	7,695	2,592
82	49,500	25,370	12,872	4,335	30,525	15,646	7,938	2,673
83	50,870	26,073	13,229	4,455	31,372	16,079	8,158	2,748
84	52,475	26,896	13,645	4,594	32,361	16,587	8,415	2,834
85	54,063	27,708	14,059	4,734	33,338	17,089	8,671	2,920
86	55,646	28,521	14,470	4,871	34,315	17,587	8,925	3,006
87	57,188	29,311	14,871	5,006	35,266	18,077	9,172	3,088
88	58,757	30,114	15,279	5,143	36,234	18,571	9,423	3,173
89	60,560	31,038	15,747	5,301	37,346	19,141	9,713	3,271
90	62,376	31,970	16,220	5,462	38,465	19,715	10,003	3,368
91	64,169	32,889	16,686	5,618	39,572	20,282	10,291	3,465
92	65,971	33,813	17,154	5,776	40,682	20,852	10,579	3,562
93	67,756	34,727	17,618	5,931	41,784	21,416	10,867	3,659
94	69,376	35,556	18,040	6,073	42,783	21,928	11,126	3,746
95	70,947	36,362	18,450	6,210	43,754	22,425	11,378	3,831
96	72,568	37,193	18,870	6,351	44,752	22,937	11,639	3,919
97	74,153	38,005	19,283	6,491	45,730	23,439	11,893	4,005
98	75,750	38,824	19,697	6,631	46,713	23,942	12,149	4,091
99 +	75,845	38,872	19,723	6,640	46,772	23,971	12,163	4,095

只適用於保單生效時年齡介乎 71 至 80 歲之受保人 For insured persons from age of 71 to 80 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
71	48,240	24,725	12,546	4,224	29,750	15,249	7,738	2,605
72	49,819	25,534	12,955	4,363	30,721	15,747	7,990	2,691
73	51,421	26,355	13,372	4,502	31,711	16,253	8,247	2,777
74	53,282	27,307	13,856	4,664	32,857	16,841	8,545	2,878
75	55,005	28,191	14,304	4,816	33,919	17,385	8,820	2,969
76	56,891	29,158	14,793	4,981	35,082	17,980	9,123	3,072
77	58,828	30,151	15,297	5,151	36,279	18,595	9,434	3,178
78	60,833	31,178	15,819	5,325	37,515	19,227	9,757	3,285
79	62,917	32,246	16,361	5,507	38,798	19,885	10,090	3,398
80	64,981	33,305	16,897	5,689	40,072	20,539	10,422	3,510
以下保費只適用於續保 The premiums below are for renewal only								
81	67,168	34,425	17,467	5,880	41,421	21,230	10,772	3,627
82	69,298	35,518	18,020	6,066	42,734	21,903	11,113	3,742
83	71,218	36,502	18,519	6,235	43,919	22,510	11,421	3,847
84	73,465	37,653	19,104	6,431	45,304	23,220	11,781	3,967
85	75,687	38,792	19,682	6,625	46,674	23,922	12,138	4,086
86	77,903	39,927	20,258	6,819	48,039	24,622	12,493	4,207
87	80,061	41,034	20,817	7,008	49,372	25,307	12,841	4,323
88	82,258	42,158	21,390	7,201	50,728	26,000	13,192	4,441
89	84,782	43,452	22,046	7,423	52,283	26,797	13,596	4,578
90	87,326	44,756	22,707	7,644	53,851	27,599	14,004	4,715
91	89,837	46,044	23,359	7,865	55,399	28,394	14,407	4,850
92	92,359	47,336	24,016	8,084	56,954	29,192	14,811	4,986
93	94,856	48,616	24,666	8,302	58,497	29,981	15,210	5,121
94	97,125	49,778	25,254	8,502	59,894	30,698	15,574	5,244
95	99,326	50,906	25,827	8,694	61,253	31,394	15,929	5,363
96	101,594	52,069	26,417	8,892	62,650	32,111	16,292	5,485
97	103,814	53,206	26,994	9,087	64,020	32,813	16,647	5,605
98	106,049	54,351	27,575	9,282	65,398	33,517	17,005	5,726
99 +	106,180	54,419	27,610	9,293	65,480	33,560	17,027	5,733

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan – HK\$80,000 自付費 Deductible

認可產品編號 Certification Number of the Certified Plan
• 全球 Worldwide: F00073-08-000-01 • 亞洲及澳紐 Asia & Australia-New Zealand: F00073-04-000-01

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
0 - 2	3,069	1,574	799	271	1,893	971	493	166
3	3,030	1,554	789	266	1,869	959	488	165
4	2,984	1,529	777	263	1,839	943	480	162
5	2,939	1,506	765	259	1,813	930	472	160
6	2,897	1,487	754	255	1,787	917	466	158
7	2,854	1,464	744	251	1,760	904	459	155
8	2,807	1,439	731	248	1,732	888	451	153
9	2,756	1,413	718	242	1,700	872	443	150
10	2,720	1,396	709	239	1,679	861	438	148
11	2,678	1,373	697	236	1,651	847	431	146
12	2,671	1,371	696	235	1,648	845	430	145
13	2,656	1,362	692	234	1,639	840	427	144
14	2,644	1,357	688	233	1,631	837	425	144
15	2,639	1,353	687	233	1,628	836	425	144
16	2,630	1,349	685	232	1,622	832	422	144
17	2,624	1,346	683	231	1,618	831	422	143
18	2,603	1,335	678	230	1,606	824	419	143
19	2,618	1,343	682	230	1,615	828	421	143
20	2,887	1,481	752	255	1,780	915	465	158
21	2,992	1,536	780	263	1,847	948	482	163
22	3,140	1,611	819	277	1,936	995	505	171
23	3,317	1,701	865	292	2,046	1,050	533	181
24	3,512	1,802	915	310	2,166	1,111	566	192
25	3,628	1,861	945	319	2,238	1,149	583	198
26	3,916	2,008	1,020	345	2,416	1,240	630	214
27	4,095	2,099	1,066	360	2,526	1,295	658	223
28	4,246	2,177	1,106	373	2,620	1,345	684	231
29	4,354	2,232	1,133	383	2,684	1,377	700	237
30	4,367	2,239	1,138	384	2,694	1,382	701	238
31	4,419	2,265	1,151	389	2,725	1,398	711	240
32	4,446	2,280	1,157	390	2,743	1,407	714	242
33	4,558	2,338	1,186	400	2,812	1,442	733	247
34	4,614	2,367	1,201	407	2,846	1,460	742	251
35	4,656	2,387	1,212	409	2,872	1,473	749	253
36	4,701	2,410	1,224	413	2,899	1,487	755	256
37	4,736	2,428	1,234	417	2,921	1,498	761	258
38	4,794	2,456	1,248	422	2,955	1,516	769	261
39	5,003	2,564	1,303	439	3,085	1,583	804	272
40	5,228	2,681	1,361	459	3,224	1,654	840	285
41	5,463	2,800	1,422	480	3,370	1,728	877	296
42	5,690	2,918	1,481	501	3,509	1,800	914	309
43	5,921	3,036	1,541	520	3,652	1,873	951	321
44	6,199	3,178	1,613	545	3,822	1,961	995	336
45	6,446	3,305	1,677	565	3,975	2,038	1,034	349
46	6,707	3,439	1,746	588	4,137	2,121	1,077	363
47	6,966	3,572	1,814	612	4,297	2,204	1,118	377
48	7,238	3,710	1,884	634	4,463	2,288	1,163	393
49	7,575	3,883	1,970	666	4,673	2,396	1,217	411
50	7,907	4,054	2,057	694	4,878	2,502	1,271	429

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
51	8,260	4,234	2,150	725	5,095	2,612	1,326	449
52	8,608	4,413	2,239	755	5,309	2,722	1,382	466
53	8,968	4,596	2,333	787	5,530	2,835	1,440	486
54	9,447	4,843	2,459	829	5,827	2,987	1,517	511
55	9,956	5,103	2,589	874	6,139	3,148	1,598	538
56	10,452	5,357	2,719	916	6,446	3,305	1,677	565
57	10,967	5,622	2,853	961	6,765	3,468	1,760	593
58	11,481	5,885	2,987	1,007	7,082	3,629	1,843	621
59	12,308	6,310	3,202	1,079	7,592	3,892	1,976	667
60	13,176	6,754	3,428	1,155	8,126	4,166	2,115	713
61	14,066	7,211	3,658	1,234	8,675	4,447	2,257	761
62	14,973	7,675	3,895	1,313	9,234	4,733	2,402	809
63	15,897	8,149	4,135	1,393	9,805	5,026	2,550	859
64	16,950	8,688	4,409	1,485	10,453	5,358	2,719	916
65	18,031	9,242	4,690	1,579	11,119	5,700	2,893	975
66	19,128	9,805	4,975	1,676	11,795	6,047	3,069	1,034
67	20,193	10,350	5,251	1,770	12,453	6,383	3,239	1,091
68	21,188	10,860	5,512	1,856	13,066	6,698	3,399	1,145
69	21,888	11,217	5,693	1,917	13,498	6,919	3,512	1,183
70	22,561	11,564	5,868	1,977	13,914	7,132	3,621	1,220
以下保費只適用於續保 The premiums below are for renewal only								
71	23,338	11,961	6,069	2,045	14,391	7,377	3,744	1,261
72	24,101	12,352	6,269	2,110	14,861	7,618	3,866	1,303
73	24,876	12,750	6,470	2,178	15,341	7,863	3,991	1,345
74	25,775	13,211	6,704	2,257	15,895	8,148	4,135	1,393
75	26,608	13,639	6,920	2,330	16,409	8,410	4,269	1,438
76	27,521	14,105	7,158	2,410	16,972	8,699	4,414	1,487
77	28,460	14,586	7,401	2,492	17,549	8,995	4,565	1,537
78	29,428	15,083	7,653	2,577	18,149	9,301	4,720	1,590
79	30,436	15,600	7,915	2,666	18,770	9,621	4,882	1,644
80	31,434	16,112	8,175	2,753	19,386	9,936	5,043	1,699
81	32,492	16,653	8,451	2,845	20,039	10,271	5,211	1,755
82	33,524	17,182	8,719	2,935	20,674	10,597	5,377	1,812
83	34,452	17,658	8,959	3,016	21,247	10,890	5,526	1,862
84	35,540	18,215	9,243	3,111	21,916	11,232	5,700	1,921
85	36,614	18,765	9,521	3,206	22,580	11,573	5,873	1,980
86	37,685	19,314	9,801	3,299	23,240	11,912	6,043	2,035
87	38,732	19,851	10,071	3,392	23,885	12,244	6,213	2,093
88	39,793	20,395	10,349	3,483	24,541	12,579	6,381	2,150
89	41,015	21,022	10,665	3,591	25,293	12,964	6,578	2,214
90	42,244	21,652	10,986	3,699	26,050	13,353	6,775	2,282
91	43,459	22,275	11,301	3,805	26,801	13,737	6,969	2,348
92	44,679	22,900	11,619	3,912	27,553	14,123	7,166	2,412
93	45,888	23,519	11,933	4,017	28,298	14,503	7,360	2,478
94	46,984	24,082	12,218	4,113	28,974	14,850	7,535	2,537
95	48,050	24,627	12,494	4,206	29,632	15,188	7,706	2,595
96	49,146	25,190	12,780	4,302	30,309	15,534	7,883	2,655
97	50,220	25,740	13,059	4,396	30,971	15,874	8,055	2,713
98	51,302	26,293	13,341	4,491	31,637	16,215	8,228	2,770
99 +	51,365	26,325	13,357	4,497	31,677	16,236	8,238	2,774

只適用於保單生效時年齡介乎 71 至 80 歲之受保人 For insured persons from age of 71 to 80 at policy commencement

計劃級別 Plan Level	全球 Worldwide				亞洲及澳紐 Asia & Australia-New Zealand			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
71	32,672	16,745	8,496	2,860	20,148	10,326	5,240	1,765
72	33,741	17,293	8,774	2,954	20,806	10,664	5,411	1,822
73	34,826	17,850	9,057	3,049	21,476	11,008	5,585	1,881
74	36,084	18,495	9,384	3,159	22,253	11,405	5,788	1,950
75	37,251	19,093	9,686	3,261	22,972	11,775	5,974	2,011
76	38,529	19,746	10,019	3,373	23,759	12,177	6,179	2,081
77	39,843	20,420	10,361	3,488	24,569	12,593	6,390	2,152
78	41,198	21,117	10,713	3,608	25,406	13,022	6,608	2,225
79	42,610	21,839	11,079	3,731	26,278	13,468	6,835	2,301
80	44,008	22,555	11,445	3,853	27,139	13,910	7,058	2,378
以下保費只適用於續保 The premiums below are for renewal only								
81	45,490	23,315	11,829	3,983	28,053	14,378	7,296	2,457
82	46,934	24,055	12,204	4,108	28,942	14,833	7,527	2,535
83	48,232	24,721	12,543	4,222	29,744	15,246	7,736	2,605
84	49,754	25,499	12,938	4,356	30,682	15,725	7,979	2,687
85	51,260	26,271	13,329	4,488	31,610	16,202	8,221	2,768
86	52,758	27,041	13,720	4,619	32,535	16,676	8,461	2,849
87	54,224	27,791	14,100	4,746	33,439	17,138	8,697	2,929
88	55,710	28,554	14,486	4,877	34,354	17,608	8,935	3,007
89	57,418	29,429	14,931	5,027	35,410	18,149	9,209	3,100
90	59,141	30,311	15,379	5,177	36,470	18,693	9,485	3,195
91	60,842	31,183	15,821	5,325	37,519	19,230	9,756	3,285
92	62,551	32,059	16,264	5,475	38,573	19,770	10,031	3,377
93	64,242	32,927	16,705	5,624	39,617	20,304	10,302	3,469
94	65,777	33,713	17,105	5,759	40,563	20,790	10,548	3,552
95	67,268	34,477	17,493	5,888	41,483	21,262	10,788	3,633
96	68,805	35,264	17,891	6,023	42,430	21,748	11,034	3,716
97	70,310	36,035	18,282	6,155	43,359	22,223	11,275	3,796
98	71,820	36,810	18,676	6,288	44,290	22,699	11,518	3,878
99 +	71,911	36,855	18,698	6,294	44,345	22,729	11,532	3,882

保費表 Premium Table (HK\$)

2. 附加門診保障 Optional Outpatient Benefits

計劃級別 Plan Level	優越 Superior	標準 Standard
實際年齡 Attained Age	年繳 Annual	年繳 Annual
0 – 4	6,442	5,058
5 – 9	5,611	4,406
10 – 18	4,157	3,264
19 – 25	4,215	3,302
26 – 30	4,320	3,385
31 – 35	4,506	3,530
36 – 40	4,642	3,637
41 – 45	5,106	4,001
46 – 50	5,572	4,366
51 – 55	6,128	4,802
56 – 60	6,557	5,138
61 – 65	6,852	5,370
66 – 70	8,735	6,845
以下保費只適用於續保 The premiums below are for renewal only		
71 – 75	11,504	9,032
76 – 99	11,504	9,032

3. 附加牙科保障 Optional Dental Benefits

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B			
實際年齡 Attained Age	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
0 – 70	2,570	1,317	668	225	1,000	513	260	88
以下保費只適用於續保 The premiums below are for renewal only								
71 – 75	2,570	1,317	668	225	1,000	513	260	88
76 – 99	2,570	1,317	668	225	1,000	513	260	88

注釋 Remarks：

- 年齡指投保人的實際年齡，保費將以實際年齡計算。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。
Age refers to insured person's attained age. Premium rate will be charged according to the attained age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- 「0」歲指出生滿12日。
"0" year old means the age of 12 days.
- 藍十字（亞太）保險有限公司（「藍十字」）將保留在續保時就其他因素調整保費的權利，例如：因應受保人年齡的調整、增加額外保障等。藍十字可於續保時更改「藍十字『愛自己』自願醫保計劃」的條款及保障及/ 或向所有同一類別保單調整其標準保費。
Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") reserves the right to adjust the premium upon policy renewal due to other factors, for example, age-related adjustment or subscription to additional benefits, etc. Blue Cross has the right to revise the terms and benefits of Blue Cross Love Yourself VHIS Plan and/ or adjust the standard premium on an overall portfolio basis upon policy renewal.
- 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。
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.
- 保費表並未包括由保險業監管局徵收的保費徵費。
The premium tables do not include levy collected by the Insurance Authority.
- 藍十字在有需要時會向所有同一類別保單調整標準保費表。以上列出的標準保費並不能視為實際未來所需支付的標準保費。藍十字會在每個保單年度終結前以書面形式通知保單持有人來年實際所需支付的保費（包括附加保費（如適用））及保費徵費。
Blue Cross may adjust the standard premium schedule on a portfolio basis if necessary. The listed standard premiums above are not indicative of the future standard premiums. Blue Cross will send out a written notice to the policyholders before each end of policy year regarding the actual premiums payable (including premium loading, if applicable) and levy of the coming year.
- 上述注釋適用於本文件的所有保費表。
The above remarks are applicable to all premium tables listed herein.