

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



2026 年 1 月生效
With effect from Jan 2026



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、銀行網絡、保險代理和經紀，以及旅行社代理。

藍十字在 2024 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, bank network, insurance agents and brokers, as well as travel agencies.

In 2024, 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及細則，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 and conditions 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.

在此小冊子內，「藍十字」、「本公司」或「我們」是指藍十字（亞太）保險有限公司。

In this brochure, “Blue Cross”, “the Company”, “we”, “our”, or “us” refers to Blue Cross (Asia-Pacific) Insurance Limited.

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讓您可以好好照顧自己的醫療保險計劃，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 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

認可產品類別 Type of the Certified Plan	靈活計劃 Flexi Plan	
認可產品名稱 Name of the Certified Plan	藍十字「愛自己」自願醫保計劃 ¹ Blue Cross Love Yourself VHIS Plan ¹	
產品性質 Product Nature	醫療保障保險計劃（實報實銷） Medical protection insurance plan (Reimbursement)	
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（保障地域範圍）及 指定病房級別 Plan Level (Territorial Scope of Cover) 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}	<u>香港、澳門或中國大陸的地區</u> <ul style="list-style-type: none"> ■ 急症治療：普通房 ■ 非急症治療：普通房 <u>Hong Kong, Macau or Mainland China</u> <ul style="list-style-type: none"> ■ Emergency treatment: ward ■ Non-emergency treatment: ward
		<u>香港、澳門或中國大陸以外的地區</u> <ul style="list-style-type: none"> ■ 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> <ul style="list-style-type: none"> ■ 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}	<u>香港、澳門或中國大陸的地區</u> <ul style="list-style-type: none"> ■ 急症治療：普通房 ■ 非急症治療：普通房 <u>Hong Kong, Macau or Mainland China</u> <ul style="list-style-type: none"> ■ 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> <ul style="list-style-type: none"> ■ 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> <ul style="list-style-type: none"> ■ Emergency treatment: semi-private room ■ Non-emergency treatment: ward 		
	<u>亞洲及澳紐以外的地區</u> <ul style="list-style-type: none"> ■ 僅限急症治療：半私家房 <u>Outside Asia & Australia-New Zealand</u> <ul style="list-style-type: none"> ■ 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	

受保人資格 Eligibility of the 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	<p>12 日至 80 歲 (附加門診保障及附加牙科保障：12 日至 70 歲)</p> <p>Aged from 12 days to 80 years (Optional Outpatient Benefits and Optional Dental Benefits: aged from 12 days to 70 years)</p>		
保單貨幣 Policy Currency	<p>港元 HK\$</p>		
受保期 Period of Insurance	<p>1 年 1 year</p>		
保單續保 Policy Renewal	<p>保證每年續保，終身保障¹¹ (附加門診保障及附加牙科保障： 每年續保，保障至 100 歲)</p> <p>Guaranteed annual renewal with lifetime coverage¹¹ (Optional Outpatient Benefits and Optional Dental Benefits: annual renewal with coverage until age 100)</p>		
繳費模式 ¹² Payment Mode ¹²	<p>年繳/ 半年繳/ 季繳/ 月繳 Annual/ Semi-annual/ Quarterly/ Monthly</p>		
冷靜期 Cooling-off Period	<p>21 日 21 days</p>		
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' VHIS plan - if you are a policyholder of Blue Cross' 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」），讓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，保證每年續保，並提供終身保障¹¹，終身保障上限 HK\$40,000,000。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 guaranteed annual renewal and lifetime coverage¹¹. 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、包明診斷成像檢測^{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.



內地醫療網絡²² Mainland Healthcare Network²²

我們的醫療網絡已擴展至指定內地網絡醫院，涵蓋日間手術、住院及癌症治療。只需致電專線，即可預約診症，而指定內地網絡醫院亦會全程協助後續安排，包括治療準備及優先辦理入院等。上述醫院亦會提供行政支援，協助您申請「預先評估服務」及「免找數服務」。

We have extended our healthcare network to designated mainland network hospitals, covering day-case and hospitalisation procedure, and cancer care. Simply call the dedicated hotline to make your appointments, and the designated mainland network hospitals will assist with follow-up arrangements like treatment preparation, priority check-in and more. These hospitals can also provide administrative support in your application for “Pre-assessment Service” and “Cashless Service”.



預先評估服務 Pre-assessment Service

只需在接受手術或治療前最少 7 個工作日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²³，讓您在財務上更有預算，安心接受手術或治療。

Simply provide the required information online at least 7 working days before receiving the medical procedure or treatment. We will provide an estimate of the eligible claim reimbursement amount²³ based on your policy coverage, allowing you to plan your budget in advance and undergo the medical procedure or treatment with peace of mind.



免找數服務²⁴ Cashless Service²⁴

如有需要，您可於入住我們在香港、澳門及內地指定網絡醫院前向我們申請「免找數服務」。申請一經批核，我們將直接為您支付住院費用，令您入院時既毋須繳付費用，出院後亦毋須申請索償。

If necessary, you can apply for our “Cashless Service” before admission to our designated hospitals in Hong Kong, Macau and the Mainland. If the application is approved, we will settle your hospital bill directly with no prepayment upon admission and no claims upon discharge.



24 小時全球緊急援助服務²⁵ 24-Hour Worldwide Emergency Aid Service²⁵

我們的「24小時全球緊急援助服務」全天候運作。不論何時何地，只要您於外地需要醫療及緊急支援及/或服務，我們指定的服務供應商將提供熱線協助，包括但不限於醫療撤離、出院後返回原居地、入院按金保證及法律援助服務，讓您安枕無憂。

Our “24-Hour Worldwide Emergency Aid Service” operates round-the-clock. Whenever and wherever you need medical and emergency assistance and/or services while abroad, our designated service provider will provide a hotline for services including but not limited to medical evacuation, repatriation after treatment, hospital admission deposit guarantee and legal assistance service, providing you with peace of mind.



「Blue Cross HK」手機應用程式 “Blue Cross HK” Mobile App

下載「Blue Cross HK」手機應用程式並登入BlueCross+，即可享用一站式數碼醫療保險服務。您可以快捷搜尋網絡醫生、憑電子醫療卡快速完成指定網絡診所的門診登記，亦可隨時隨地遞交索償、查閱索償申請狀況、索償記錄及保單資料。

Download the “Blue Cross HK” mobile app and log in to BlueCross+ to enjoy one-stop digital medical insurance services. You can easily search for network doctors nearby, and enjoy speedy registration at designated network clinics with electronic medical card. You can also submit claims, keep track of claim status and claim history, and check policy details round-the-clock.



Blue Cross HK App



保障表 Benefit Schedule

1. 認可產品 Certified Plan

計劃級別 Plan Level	賠償限額 Maximum Benefit Limit (HK\$)			
	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 ²⁶ Benefit Items ²⁶				
I. 基本保障 Basic Benefits				
a. 病房及膳食 Room and Board				
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}	全數賠償 ¹³ Full cover ¹³			
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

計劃級別 Plan Level	賠償限額 Maximum Benefit Limit (HK\$)			
	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²⁶ Benefit Items²⁶				
II. 額外保障¹⁷ Enhanced Benefits¹⁷				
a. 門診腎透析 ¹⁴ Outpatient Kidney Dialysis¹⁴	全數賠償 ¹³ Full cover ¹³			
b. 復康治療 ¹⁴ (每日) Rehabilitation Treatment¹⁴ (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				
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 Fees¹⁴ 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	全數賠償 ¹³ Full cover ¹³			
g. 出院後私家看護 ¹⁴ Post-confinement Home Nursing¹⁴ 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 Procedure¹⁶ 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			

計劃級別 Plan Level	賠償限額 Maximum Benefit Limit (HK\$)			
	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²⁶ Benefit Items²⁶				
i. 重建手術¹⁴ Reconstructive Surgery¹⁴ (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 Benefits¹⁷				
a. 門診手術²⁷ 現金津貼 (每項日間手術¹⁶) Outpatient Surgery²⁷ Cash Allowance (per day case procedure¹⁶)	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²⁸ (住院期間每日) Cash Benefit for Top-up Subsidy²⁸ (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

計劃級別 Plan Level	賠償限額 Maximum Benefit Limit (HK\$)			
	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 ²⁶ Benefit Items ²⁶				
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 Annual Benefit Limit 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 Lifetime Benefit Limit For all benefit items of I. Basic Benefits, II. Enhanced Benefits, and III. Other Benefits	40,000,000			

2. 附加門診保障^{29,30,31} Optional Outpatient Benefits^{29,30,31}

除「X光診斷及化驗」及「精神科治療（包括藥物）」外，我們的兩個計劃級別均讓您選擇是否於我們指定的網絡診所自付醫療費用。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，合資格費用 80% 會獲賠償，以保障表內列明的賠償限額及最高次數（每保單年度及每日）為限。

Except for “Diagnostic X-rays and Laboratory Tests” and “Psychiatric Treatment (including medication)”, both our two plan levels enable you to choose whether to co-pay for medical expenses at our designated 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, 80% of the eligible expenses will be reimbursed, up to the maximum benefit limit and maximum number of visits (per policy year and per day) as stated in the Benefit Schedule.

保障項目 Benefit Items	賠償限額 Maximum Benefit Limit (HK\$)			
	優越 Superior		標準 Standard	
計劃級別 Plan Level				
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		120		100
• 跌打 Bone-setting	全數賠償 Full cover	120	全數賠償 Full cover	100
• 針灸 Acupuncture		120		100
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				
網絡自付費 Network Co-payment				
• 全科 General practice	0		40	
• 跌打 Bone-setting	0	不適用 N/A	100	不適用 N/A
• 針灸 Acupuncture	0		100	
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%	



保障表 Benefit Schedule

保障項目 Benefit Items	賠償限額 Maximum Benefit Limit (HK\$)			
	優越 Superior		標準 Standard	
計劃級別 Plan Level	網絡 Network	非網絡 Non-network	網絡 Network	非網絡 Non-network
所選診所 Selection of Clinics	網絡 Network	非網絡 Non-network	網絡 Network	非網絡 Non-network
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%
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%

附加門診保障賠償例子

Reimbursement Example of Optional Outpatient Benefits



Bella 受保於附加門診保障的「標準」計劃。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症，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, insured under the Standard Plan of Optional Outpatient Benefits, visited a non-network clinic for medical consultation with a general practitioner on 3 March and 11 March, and paid HK\$140 and HK\$300 respectively. Blue Cross' reimbursement amount 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 Amount of Eligible Expenses	HK\$140	HK\$300
藍十字的賠償額 (合資格費用 x 賠償百分比，惟受限於賠償限額) Reimbursement by Blue Cross (Eligible Expenses x Reimbursement Percentage, subject to the maximum benefit limit)	$HK\$140 \times 80\% = HK\112	$HK\$120$ (由於 $HK\$300 \times 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 \times 80\% = HK\240 exceeds 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)	$HK\$140 - HK\$112 = HK\$28$	$HK\$300 - HK\$120 = HK\$180$

3. 附加牙科保障^{32,33}

Optional Dental Benefits^{32,33}

我們的兩個計劃級別賠償口腔檢查及洗牙的費用，以保障表內列明的賠償限額及（每保單年度）最高次數為限；就牙科治療如脫牙及補牙而言，兩個計劃級別均賠償合資格費用的 80%，以每保單年度綜合賠償限額為限。

Our two plan levels reimburse your expenses for oral examination and scale & polish, up to the maximum benefit limit and maximum number of visits (per policy year) as stated in the Benefit Schedule. As for dental treatments such as extractions and fillings, both of our two plan levels reimburse 80% of the eligible expenses, subject to the overall maximum benefit limit per policy year.

保障項目 Benefit Items	賠償限額 Maximum Benefit Limit (HK\$)	
	計劃 A Plan A	計劃 B Plan B
計劃級別 Plan Level		
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 光測驗 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		



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³⁴ No Claim Discount³⁴

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³⁵ Family Discount³⁵

於保單生效日/ 續保日 (以適用者為準) 受保合資格家庭成員 ³⁶ 的人數 Number of Eligible Family Members ³⁶ 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 ³⁷ 可享有之家庭折扣 Family Discount for each Certified Plan policy ³⁷	10%	15%



稅務扣減³⁸ Tax Deduction³⁸

您可以就自己及受養人³⁹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 dependants³⁹. 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.

<p>32 歲 Age 32</p>	<p>Ellie 投保：</p> <p>Ellie took out a policy of:</p> <div style="border: 1px solid #ccc; padding: 10px; text-align: center; margin: 10px auto; width: fit-content;"> <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>
<p>34 歲 Age 34</p>	<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

- 訂明診斷成像檢測
Prescribed Diagnostic Imaging Tests
- 訂明非手術癌症治療[▽]
Prescribed Non-surgical Cancer Treatments[▽]
- 入院前的門診護理
Pre-confinement Outpatient Care



住院期間 During Confinement

9 項 items

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



出院後 Post-confinement

3 項 items

- 出院後私家看護
Post-confinement Home Nursing
- 訂明非手術癌症治療[▽]
Prescribed Non-surgical Cancer Treatments[▽]
- 出院後的門診護理
Post-confinement Outpatient Care



康復 Recovery



1 項 item

- 乳房重建手術
Breast Reconstructive Surgery

1 項 item

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

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

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 medical 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 the 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：

- 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；
- 需要住院隔離導致需要入住特定級別的病房；或
- 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 the scale of reimbursement below:

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:

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

11. 本認可產品保證每年續保，並為受保人提供終身保障。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。

Annual renewal is guaranteed with lifetime coverage for 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. 半年繳、季繳及月繳模式並不適用於附有「附加門診保障」的保單。
Semi-annual, quarterly and monthly payment modes are not available for policies with Optional Outpatient Benefits.
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 this benefit item.
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） ■ 柏金遜症 ■ 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。

注釋
Remarks

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。

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.

22. 請透過藍十字網站或「Blue Cross HK」手機應用程式登入BlueCross+ 以了解詳情。

For details, please log in to BlueCross+ via Blue Cross website or "Blue Cross HK" mobile app.

23. 可賠償金額之估算只供參考之用，實際賠償金額以藍十字最終理賠決定為準。所有保障項目只會在符合保單條款及細則及所有不保事項的情況下支付。

Assessment of the estimated eligible claim reimbursement amounts is for reference only. The actual eligible claim amount will be subject to the final claim decision of Blue Cross. All benefits will be payable subject to the terms and conditions of the policy and the full list of policy exclusions.

24. 「免找數服務」為藍十字提供的免付賬醫療服務的其中一項服務。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。受保人如入住指定香港及澳門網絡醫院，需於入院前最少 7 個工作天填妥及向藍十字交回「預先評估表格」以進行申請及審批。受保人如入住指定內地網絡醫院，指定內地網絡醫院會提供行政支援，協助受保人申請「免找數服務」。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。藍十字可隨時終止或暫停免付賬醫療服務而不作事先通知，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）。有關我們在香港、澳門及內地指定網絡醫院的名單，請透過藍十字網站或「Blue Cross HK」手機應用程式登入BlueCross+ 查閱。

“Cashless Service” is one of the Credit Facilities Services provided by Blue Cross. 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. For admission to designated Hong Kong and Macau network hospitals, the insured person is required to complete and submit to Blue Cross the Pre-assessment Form for application and approval at least 7 working days prior to admission. For admission to designated mainland network hospitals, the designated mainland network hospitals can provide administrative support to the insured person in applying for the “Cashless Service”. 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 the Credit Facilities Services anytime without prior written notice. All matters and disputes in relation to the 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). For the list of our designated Hong Kong, Macau and mainland network hospitals, please log in to BlueCross+ via Blue Cross website or “Blue Cross HK” mobile app.

25. 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.

26. 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.

27. 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.

28. 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.

29. 附加門診保障是本認可產品的自選額外醫療保障。詳情請參閱保障表和保費表。由於此等保障不需要經醫務衛生局認可，因此並不構成認可產品的一部分，有關保費不會獲得稅務扣減。詳情請參閱相關之條款及細則。

Optional Outpatient Benefits are optional medical benefits available under the Certified Plan. For details, please refer to the Benefit Schedule and the Premium Table. These benefits are not required to be certified by the Health Bureau and therefore do not form part of the Certified Plan. The premiums paid for these benefits will not be eligible for tax deduction. Please refer to the relevant terms and conditions for details.

30. 附加門診保障只適用於年繳保費的保單。

Optional Outpatient Benefits are only available to policies with annual premium payment mode.

注釋 Remarks

31. 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.
32. 附加牙科保障是本認可產品的自選額外醫療保障。詳情請參閱保障表和保費表。由於此等保障不需要經醫務衛生局認可，因此並不構成認可產品的一部分，有關保費不會獲得稅務扣減。詳情請參閱相關之條款及細則。
Optional Dental Benefits are optional medical benefits available under the Certified Plan. For details, please refer to the Benefit Schedule and Premium Table. These benefits are not required to be certified by the Health Bureau and therefore do not form part of the Certified Plan. The premiums paid for these benefits will not be eligible for tax deduction. Please refer to the relevant terms and conditions for details.
33. 附加牙科保障的所有保障項目（「1. 口腔檢查及洗牙」除外）需於 90 天等候期後方可獲賠償。
Except for "1. Oral Examination and Scale & Polish", all benefit items of Optional Dental Benefits are subject to a waiting period of 90 days.
34. 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 that 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' 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.
35. 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作為 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.
36. 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.
37. 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.

38. 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

39. 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.

對於認可產品的常見問題 Certified Plan 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' 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' 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' 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 residents[△] 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.

重要資料 Important Information

1. 此小冊子並不包含保單的完整條款，並非及不構成保險契約的一部分，是為提供本產品主要特點概覽而設。本計劃的精確條款及條件列載於保單契約。有關此計劃條款的定義、契約條款及條件之完整敘述，請參閱保單契約。此小冊子應與可能包括本產品附加資料及重要考慮因素有關的市場推廣資料（如有）一併閱覽。此外，請詳閱相關的產品資料，並在需要時諮詢獨立的專業意見。

This brochure does not contain the full terms and conditions of the policy. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. The precise terms and conditions of this plan are specified in the policy contract. Please refer to the policy contract for the definitions of capitalised terms, and the exact and complete terms and conditions of cover. This brochure should be read along with other relevant marketing materials (if any), which may include additional information and important considerations about this product. We would like to remind you to review the relevant product materials provided to you and seek independent professional advice if necessary.

2. 此小冊子僅在香港派發。派發此小冊子並不構成亦不應被詮釋為在香港境外出售、游說顧客購買或提供任何保險產品。
This brochure is for distribution in Hong Kong only. The distribution of this brochure is not and shall not be construed as an offer to sell or a solicitation to buy or a provision of any insurance product outside Hong Kong.
3. 「藍十字『愛自己』自願醫保計劃」由香港獲授權之保險商－藍十字（亞太）保險有限公司承保。
Blue Cross Love Yourself VHIS Plan is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.
4. 藍十字（亞太）保險有限公司乃友邦保險控股有限公司之子公司，與 Blue Cross and Blue Shield Association 及其任何關聯公司或持牌人並無任何關聯。
Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of AIA Group Limited. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.

主要產品風險 Key Product Risks

1. 您須為此計劃繳付保費。若您於保費到期日後 30 日內仍未繳交保費，保單將會於保費到期日當天終止，同時您/ 受保人也會失去保障。
You need to pay the premium for the plan. If you do not pay the premium within 30 days of the premium due date, the policy will be terminated from the premium due date and you/the insured person will lose the cover.
2. 如以下任何一種情況發生，我們將會終止您的保單，而您/ 受保人將失去保障：
 - 於保費到期日後 30 日內仍未繳交保費；
 - 受保人身故翌日；或
 - 我們不再獲《保險業條例》授權承保或繼續承保您的保單。We will terminate your policy and you/the insured person will lose the cover when one of the following happens:
 - you do not pay the premium within 30 days after the premium due date;
 - the day immediately following the death of the insured person; or
 - we have ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write your policy.
3. 此計劃由我們承保，因此您受我們的信貸風險所影響。若我們無法按保單下的承諾履行我們的財務責任，受保人可能損失其保障，而您亦可能損失保單年度餘下已繳的保費。
We underwrite the plan and you are subject to our credit risk. If we are unable to meet our financial obligations under the policy, the insured person may lose the cover and you may also lose the remaining premium paid for that policy year.
4. 通脹會導致未來醫療費用增加。因此，本計劃的賠償金額以及未來保費都有可能受調整，以反映通脹。
Future medical costs will be higher than they are today due to inflation. Hence, the benefit amounts and the future premium of the plan may be adjusted to reflect the inflation.

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.

重要資料 Important Information

一般不保事項 General Exclusions

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頷面手術的費用，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.

上述所提及之不保事項只供參考。有關全部及詳細不保事項，請參閱保單條款及細則。

The above-mentioned exclusions are for reference only. Please refer to the terms and conditions of the policy for the complete list and details of the exclusions.

保費調整及產品內容改動 Premium Adjustment and Product Features Revision

1. 保費調整

Premium Adjustment

為了持續向您提供保障，我們會每年覆核您計劃下的保費。如有需要，我們會於保單年度終結時就續保保費作出相應調整。我們在覆核時會考慮的因素包括但不限於：

- 此計劃下所有保單的理賠成本及來年的預期理賠支出（反映醫療趨勢、醫療成本通脹和產品內容改動所帶來的影響）
- 與保單直接有關的支出及分配至此產品的間接開支
- 受保人年齡的調整、特定風險級別或風險級別的轉變

In order to provide you with continuous protection, we will annually review the premium of your plan and if necessary, the renewal premium will be adjusted at the end of the policy year. We will consider factors including but not limited to the following during the review process:

- claim costs incurred from all policies under the plan and the expected claim outgo in the coming year which reflects the impact of medical trend, medical cost inflation and product feature revisions
- expenses directly related to the policy and indirect expenses allocated to this product
- age-related adjustment of the insured person, a particular risk class or change of risk class

2. 產品內容改動

Product Features Revision

我們保留於續保前不少於30日提前以書面事先通知您更改條款及保障之權利。只要我們仍然註冊為自願醫保的產品提供者，我們向您保證於續保時，該條款及保障將不差於香港政府公佈的標準計劃之條款及保障的當時之最新版本。

We reserve the right to revise the terms and benefits upon renewal by giving a not less than 30-day advance written notice. As long as we maintain the registration as a VHIS provider, we guarantee you that the terms and benefits will not be less favourable than the prevailing version of the Standard Plan terms and benefits published by the Government of Hong Kong at the time of renewal.

如有任何更改，我們會在續保或保單年度終結前不少於30日以書面通知您。

We will give you a written notice of any revision at least 30 days before the end of policy year or renewal.

產品限制

Product Limitation

1. 我們只會根據「醫療所需」和「合理及慣常」的原則，為受保人所需支付的費用及/ 或開支作出賠償。

「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。

「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。

We only cover the charges and/or expenses of the insured person on medically necessary and reasonable and customary basis.

“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.

“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.

重要資料 Important Information

產品限制 Product Limitation

2. 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。
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.
3. 「免費第二醫療意見諮詢」為額外增值服務，並不構成認可產品的一部分。藍十字保留修改、暫停或終止服務的權利，恕不另行通知。「免費第二醫療意見諮詢」由第三方服務提供者提供。藍十字概不負責或承擔他們的醫療建議、意見、服務或治療的任何行為、疏忽或遺漏的責任。
“Free Second Medical Opinion” is an additional value-added service and does not form part of the Certified Plan. Blue Cross reserves the right to amend, suspend or terminate the service without further notice. “Free Second Medical Opinion” is provided by third party service provider(s) and Blue Cross shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them.
4. 醫療網絡服務由網絡醫生及網絡醫院提供。對於網絡醫生及網絡醫院在提供醫療網絡服務中的任何行為或疏忽，藍十字概不負責。藍十字保留修改、暫停或終止網絡醫生及網絡醫院名單的權利，恕不另行通知。接受任何醫療服務前，請先向醫生尋求獨立意見以確保您的身體狀況適合接受有關醫療服務。
Medical network services are provided by network doctors and network hospitals. Blue Cross shall not be responsible for any act or omission of network doctors and network hospitals in the provision of medical network services. Blue Cross reserves the right to amend, suspend or terminate the list of network doctors and network hospitals without further notice. Please seek independent advice from doctors before receiving any medical treatment to ensure such treatment is suitable to your health condition.
5. 「預先評估服務」為額外增值服務，並不構成認可產品的一部分。可賠償金額之估算只供參考之用，實際賠償金額以藍十字最終理賠決定為準。所有保障項目只會在符合保單條款及細則及所有不保事項的情況下支付。藍十字保留修改、暫停或終止服務的權利，恕不另行通知。
“Pre-assessment Service” is an additional value-added service and does not form part of the Certified Plan. Assessment of the estimated eligible claim reimbursement amounts is for reference only. The actual eligible claim amount will be subject to the final claim decision of Blue Cross. All benefits will be payable subject to the terms and conditions of the policy and the full list of policy exclusions. Blue Cross reserves the right to amend, suspend or terminate the service without further notice.
6. 「免找數服務」為額外增值服務，並不構成認可產品的一部分。藍十字保留修改、暫停或終止服務的權利，恕不另行通知。
“Cashless Service” is an additional value-added service and does not form part of the Certified Plan. Blue Cross reserves the right to amend, suspend or terminate the service without further notice.
7. 「24小時全球緊急援助服務」下的所有服務只在原居地以外的旅程中提供。服務由第三方公司提供。藍十字概不負責或承擔他們的醫療建議、意見、服務或治療的任何行為、疏忽或遺漏的責任。藍十字保留修改、暫停或終止服務的權利，恕不另行通知。「24小時全球緊急援助服務」為額外增值服務，並不構成認可產品的一部分。
All services under “24-Hour Worldwide Emergency Aid Service” are covered during a journey outside of the place of residence only. The services are provided by third party service provider(s). Blue Cross shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. Blue Cross reserves the right to amend, suspend or terminate the service without further notice. Services under “24-Hour Worldwide Emergency Aid Service” are additional value-added services and do not form part of the Certified Plan.
8. 如您欲在保單生效後更改保障或保障範圍，有關申請須經藍十字批准。
If you would like to change your benefits or coverage after policy inception, such a request shall be subject to Blue Cross' approval.

索償過程

Claim Process

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.

取消保單權利

Cancellation Right

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.



Blue Cross 藍十字

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