



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

「只衛您」標準自願醫保計劃 CareForYou Standard Plan for VHIS



2021年4月生效
With effect from Apr 2021

自願醫保計劃認可產品
VHIS Certified Plan

藍十字（亞太）保險有限公司

Blue Cross (Asia-Pacific) Insurance Limited

藍十字（亞太）保險有限公司（「藍十字」）乃東亞銀行集團成員，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。藍十字屢獲殊榮，其保險產品及服務均獲廣泛認同。

藍十字在2020年獲得保險行業國際信用評級機構和信息提供商 AM Best 授予財務實力評級及長期發行人信用評級分別為 A（優秀）及「a」級別。有關最新評級，請瀏覽www.ambest.com。

Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) is a member of The Bank of East Asia Group. 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’ success in insurance products and services is reaffirmed by numerous awards and accolades.

In 2020, Blue Cross was assigned the Financial Strength Rating of A (Excellent) and the Long-Term Issuer Credit Rating of “a” by AM Best, a global rating agency and information provider with a unique focus on the insurance industry. For the latest rating, please access www.ambest.com.

藍十字給您的服務承諾

Blue Cross Service Commitment to You

讓客戶滿意是藍十字的服務宗旨，我們竭誠迅速處理您的醫療索償。收妥所需文件後，我們承諾會在3個工作天內完成經 Super Care 會員平台遞交的門診索償批核。而住院索償批核會在8個工作天內完成。

Customer satisfaction is of Blue Cross’ highest priority, which is why your medical claims are promptly processed. Upon receipt of full documentation, we promise to complete assessment of outpatient claims via Super Care member’s platform in 3 working days. For inpatient claims, we will approve within 8 working days.

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。如有查詢或欲索取保單條款及細則，請瀏覽網址 www.bluecross.com.hk、Blue Cross HK App 或致電藍十字客戶服務熱線 3608 2988。

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. For more information or a copy of the policy terms and conditions, please visit www.bluecross.com.hk, Blue Cross HK App or call Blue Cross Customer Service Hotline on 3608 2988.

什麼是「自願醫保計劃」？

「自願醫保計劃」（「自願醫保」）是由食物及衛生局（「食衛局」）推出的一項政策，以規範認可的個人償款住院保險產品及致力提升其保障水平，為市民提供多一個選擇，讓他們可透過償款住院保險而使用私營醫療服務，長遠可望減低公立醫院的壓力。

作為參與自願醫保的保險公司之一，藍十字致力保障您的健康，透過自願醫保的框架為您提供一項經食物及衛生局認可的償款住院保險產品（「認可產品」）－「只衛您」標準自願醫保計劃[^]，其保障範圍更伸延至未知的投保前已有病症、先天性疾病治療、訂明非手術癌症治療及診斷成像檢測等。您更可就所繳付之保費申請稅務扣減。

「只衛您」標準自願醫保計劃

「只衛您」標準自願醫保計劃為您提供標準化的基本保障，保費較為相宜，加上藍十字的優質服務承諾，讓您安心獲得全面照顧。

What is Voluntary Health Insurance Scheme?

The Voluntary Health Insurance Scheme (“VHIS”) is a policy initiative implemented by the Food and Health Bureau (“FHB”) to regulate certified individual indemnity hospital insurance products. VHIS aims to enhance the protection level of indemnity hospital insurance products, provide the public with an additional choice of using private healthcare services through indemnity hospital insurance and relieve the pressure on the public healthcare system in the long run.

As one of the participating insurance companies in VHIS, Blue Cross strives to safeguard your well-being by offering CareForYou Standard Plan for VHIS[^], an indemnity hospital insurance plan that is certified by FHB (“Certified Plan”) under the VHIS framework with extended coverage including unknown pre-existing conditions, treatment of congenital conditions, prescribed non-surgical cancer treatments and diagnostic imaging tests. You can also apply for tax deduction for the premiums paid.

CareForYou Standard Plan for VHIS

CareForYou Standard Plan for VHIS provides standardised basic medical protection at an affordable premium. Coupled with Blue Cross’ renowned guarantee of quality services, you can rest assured that you will be well taken care of.



主要特色

保費支出可獲稅務扣減

無論是為自己或受養人所支付的保費均可獲得稅務扣減，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，可申請稅務扣減的受養人數目並無上限，而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、外祖父母或兄弟姊妹。

保證續保至100歲¹

成功投保後，保單有效期為一年。我們並承諾會為您的保單提供續保至100歲，而且於續保時不會因受保人的健康狀況有所改變或索償記錄而徵收額外保費。此外，您的保單更可獲自動續保²至下一個受保期，為您的人生不同階段提供無間斷的保障，讓您安枕無憂。

不設終身保障限額

認可產品不設終身保障上限，您的保障會持續至您年滿100歲。

保障未知的投保前已有病症及先天性疾病

認可產品的保障範圍包括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，均可在保單生效首3年的等候期內獲得部分保障：第1年不獲賠償、第2年可獲25%賠償、第3年可獲50%賠償及由第4年起獲全面賠償。

1. 本認可產品保證續保至受保人100歲，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。藍十字在得到食衛局同意後，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。
2. 當藍十字成功收取保費後，保單將會自動續保。

Key Features

Tax Deduction on Premiums Paid

You can enjoy tax deduction for the premiums paid for yourself and your dependants. The annual tax deduction ceiling is HK\$8,000 per insured person for the premiums paid in relation to the Certified Plan. There is no cap on the number of dependants that are eligible for tax deduction. Dependants include your spouse/child, your or your spouse's parent/grandparent/brother or sister.

Guaranteed Renewal up to Age 100¹

Upon successful enrolment, the period of cover of your policy is 1 year and is guaranteed that your policy will be renewable up to the age of 100. No additional premiums will be imposed individually upon policy renewal, regardless of changes to insured person's health status or claim history. Moreover, your policy will be automatically renewed² for another period of insurance, giving you non-stop protection throughout your life.

No Lifetime Benefit Limit

There is no lifetime benefit limit under the Certified Plan. Your benefits will continue until you reach the age of 100.

Coverage for Unknown Pre-existing Conditions and Congenital Conditions

The Certified Plan covers unknown pre-existing conditions and congenital conditions which have been diagnosed at or after the age of 8, both subject to partial coverage during a waiting period of 3 years upon policy inception with 0% coverage in the 1st year, 25% coverage in the 2nd year, 50% coverage in the 3rd year and full coverage from the 4th year onwards.

1. Renewal is guaranteed up to the age of 100 of the insured person. Except those premium loading and/or case-based exclusions(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. With the consent of FHB, Blue Cross has the right to revise the terms and benefits of this Certified Plan and/or adjust the Standard Premium on an overall portfolio basis upon policy renewal.
2. Auto-renewal of policy is subject to the successful collection of premium by Blue Cross.

訂明非手術癌症治療³

長期治療往往為病患者及家人帶來沉重的財政負擔。因此，認可產品提供每保單年度高達HK\$80,000之「訂明非手術癌症治療」保障包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。

訂明診斷成像檢測³

認可產品賠償在非住院情況下進行的電腦斷層掃描、磁力共振掃描等所收取的相關費用。

精神科治療

認可產品賠償在香港境內住院接受精神科治療的所繳付的合資格費用，每保單年度最高可獲HK\$30,000賠償。

入院前或出院後/日間手術前後的門診護理

認可產品的保障範圍包括1次住院/日間手術前門診或急症診症，以及出院/日間手術後90日內最多3次相關跟進門診。

Prescribed Non-surgical Cancer Treatments³

Chronic disease treatment always imposes a heavy financial burden on patients and their families. The Certified Plan offers coverage for prescribed non-surgical cancer treatments (including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy). With financial stress being relieved, you can focus more on the path to recovery.

Prescribed Diagnostic Imaging Tests³

The Certified Plan covers the related expenses charged on CT scan, MRI scan, etc., which are not conducted in hospital.

Psychiatric Treatments

The Certified Plan covers the eligible expenses up to HK\$30,000 per policy year for psychiatric treatments received during confinement in Hong Kong.

Pre- and Post-confinement/Day Case Procedure Outpatient Care

The Certified Plan covers 1 prior outpatient visit or emergency consultation per confinement/day case procedure, and 3 follow-up outpatient visits per confinement/day case procedure within 90 days after discharge from hospital or completion of day case procedure.

3. 需經主診醫生建議，並於住院期間、醫院日症房、日間手術中心或診所進行的檢測或治療。

3. Recommendation by the attending physician is required for tests or treatments performed during confinement, in day-case unit of a hospital, day-case procedure centre or clinic.

增值服務

入院前索償評估

只需在入院或接受治療前的最少3個工作天前致電專線 3608 2988（按1153）提交相關資料，或於網上填寫「入院前索償評估」表格，我們即按您的保單計算可賠償金額⁴，讓您在財務上更有預算，安心接受治療。

出院免找數⁵

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

24小時全球緊急援助⁶

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。

Value-added Services

Pre-hospitalisation Claim Assessment

Simply make a call to our Hotline on 3608 2988 (press 2153) and provide related information, complete the Pre-hospitalisation Claim Assessment Form online at least 3 working days prior to hospitalisation or the start of treatment. We will help you to estimate the eligible claim amount⁴ based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

No Hospital Bills to Pay⁵

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

24-hour Worldwide Emergency Aid⁶

We are here for you 24/7. Simply call our hotline when you need assistance in an emergency situation while traveling 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.

4. 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所有保單條款及細則及所有不保之事項的情況下支付。

5. 「出院免找數」為「免付賬醫療服務」提供的其中一項服務。此服務不需要經食衛局認可，因此並不構成認可產品的一部分。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。需於入院前至少4個工作天填妥及交回「入院前登記表格」以進行登記及確認手續。藍十字承保的責任只限於符合「只衛您」標準自願醫保計劃規定的合資格醫療費用，並會向受保人收取一切已繳付但不屬保單承保範圍的醫療費用（如有）。

6. 由於此服務不需要經食衛局認可，因此並不構成認可產品的一部分。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。

4. 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.

5. "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 FHB 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 Hospitalisation Pre-registration Form is required to be completed and returned to Blue Cross for registration and authorisation process at least 4 working days prior to admission. 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 CareForYou Standard Plan for VHIS. Blue Cross shall recover from the insured person the medical expenses settled on behalf of the insured person which fall outside coverage of the policy (if any).

6. This service is not required to be certified by the FHB 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.

Blue Cross HK 手機應用程式

貴為Super Care會員，您可享一站式數碼醫療保險服務包括定位功能搜尋醫生網絡名單、3步遞交HK\$3,000或以下之門診索償⁷、QR code或電子醫療卡快速登記及完成診症，您更可隨時隨地查閱索償記錄及保障詳情。

“Blue Cross HK” Mobile App

As a Super Care member, you can enjoy one-stop digital medical insurance services including location-based network doctors search, 3-step instant outpatient claim submission of HK\$3,000 or below⁷, speedy registration and completion of consultation with QR code/e-medical card, keeping track of claim status and benefit details round-the-clock.



Blue Cross HK App

藍十字護理諮詢專線

我們明白您在日常生活護理上需要專業的意見，因此，特意為您提供專屬的護理諮詢熱線3608 2908解答您的疑問。如有需要，我們亦樂意轉介您至合適的家居護理服務，包括手術後護理、日常長者護理、孕婦護理、幼兒及兒童護理，以及其他護理服務轉介。

Blue Cross Nursing Care Hotline

We understand you need professional advice on daily care, we are here to provide you with an exclusive nursing care hotline on 3608 2908 to answer your enquiries. We can also refer you to home care services if you need extra care at the comfort of your own home, including post-surgery care, daily care for elderly, maternity care, infant and child care and referral of other care services.

7. 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。若客戶欲提交HK\$3,000以上之門診收費或任何住院費用的索償申請，可以郵寄方式或親身遞交已填妥的賠償申請表及所需之完整文件予藍十字。客戶亦可經網上遞交門診費用索償，惟須向藍十字提供收據正本。賠償申請表可向藍十字索取或於藍十字網頁下載。

7. Any claims must be submitted within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. If customer wishes to submit claim for an outpatient expense over HK\$3,000 or any hospitalisation reimbursement, a completed claim form and full documentation must be submitted to Blue Cross by post or in person. Customer can also submit claims of outpatient expenses via e-submission together with the original receipts to Blue Cross. Claim form can be obtained from Blue Cross or downloaded from Blue Cross website.

保障表 Benefit Schedule

		賠償限額 Maximum Benefit Limit (HK\$)
認可產品類別 Type of Certified Plan		標準計劃 Standard Plan
保障項目 ⁸ Benefit Items ⁸	病房級別 Ward Class	無限制 No Restriction
I. 基本保障 Basic Benefits		
a. 病房及膳食（每日） Room and Board (Per day) 每保單年度最多180日 Max. 180 days per policy year		750
b. 雜項開支（每保單年度） Miscellaneous Charges (Per policy year)		14,000
c. 主診醫生巡房費（每日） Attending Doctor's Visit Fee (Per day) 每保單年度最多180日 Max. 180 days per policy year		750
d. 專科醫生費 ⁹ （每保單年度） Specialist's Fee ⁹ (Per policy year)		4,300
e. 深切治療（每日） Intensive Care (Per day) 每保單年度最多25日 Max. 25 days per policy year		3,500
f. 外科醫生費（每項手術） Surgeon's Fee (Per surgery) <ul style="list-style-type: none"> ▪ 複雜 Complex 50,000 ▪ 大型 Major 25,000 ▪ 中型 Intermediate 12,500 ▪ 小型 Minor 5,000 <p style="text-align: center;">按手術表劃分的手術分類 Subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures</p>		
g. 麻醉科醫生費 Anaesthetist's Fee		外科醫生費的35% ¹⁰ 35% of the amount payable under Surgeon's Fee ¹⁰
h. 手術室費 Operating Theatre Charges		外科醫生費的35% ¹⁰ 35% of the amount payable under Surgeon's Fee ¹⁰
i. 訂明診斷成像檢測 ^{9,11} （每保單年度） Prescribed Diagnostic Imaging Tests ^{9,11} (Per policy year)		20,000 設30%共同保險 Subject to 30% coinsurance
j. 訂明非手術癌症治療 ¹² （每保單年度） Prescribed Non-surgical Cancer Treatments ¹² (Per policy year)		80,000
k. 入院前或出院後/日間手術 ¹³ 前後的門診護理 ⁹ （每保單年度） Pre- and Post-Confinement/Day Case Procedure ¹³ Outpatient Care ⁹ (Per policy year) 每次限額 Limit per visit 580 <ul style="list-style-type: none"> • 住院/日間手術前最多1次門診或急症診症 1 prior outpatient visit or emergency consultation per confinement/ Day Case Procedure • 出院/日間手術後90日內最多3次跟進門診 3 follow-up outpatient visits per confinement/Day Case Procedure (within 90 days after discharge from hospital or completion of Day Case Procedure) 		3,000
l. 精神科治療（每保單年度） Psychiatric Treatments (Per policy year)		30,000
其他限額 Other Limits		
I. 基本保障之保障項目 (a) – (l) 的每年保障限額（每保單年度） Annual Benefit Limit for Benefit Items (a) – (l) of I. Basic Benefits (Per policy year)		420,000
I. 基本保障之保障項目 (a) – (l) 的終身保障限額 Lifetime Benefit Limit for Benefit Items (a) – (l) of I. Basic Benefits		無 Nil

		賠償限額 Maximum Benefit Limit (HK\$)
認可產品類別 Type of Certified Plan		標準計劃 Standard Plan
保障項目 ⁸ Benefit Items ⁸		無限制 No Restriction
II. 其他保障 Other Benefits		
a. 住院現金保障 ¹⁴ (每日) Hospital Cash Benefit ¹⁴ (Per day) 每保單年度最多10日 Max. 10 days per policy year		400

8. 除非另有說明，否則同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
9. 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。
10. 此百分比適用於「外科醫生費」實際賠償的金額或根據手術分類下「外科醫生費」的保障限額，以較低者為準。
11. 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。此保障項目設30%共同保險，假如檢測的合資格費用為HK\$10,000，藍十字將會賠償HK\$7,000，而客戶將要承擔餘下之HK\$3,000。
12. 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。
13. 「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。
14. 適用於此保障項目之條款及細則，請參閱補充文件。

8. Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
9. 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.
10. The percentage here applies to the Surgeon's Fee actually payable or the benefit limit for the Surgeon's Fee according to the surgical categorisation, whichever is the lower.
11. 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. This benefit item is subject to 30% coinsurance. If the eligible expenses incurred for the test is HK\$10,000, Blue Cross will reimburse HK\$7,000 and customer will have to bear the remaining HK\$3,000.
12. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
13. “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.
14. Please refer to the Supplement for the terms and conditions applicable to this benefit item.

註：所有費用必須為「合理及慣常」及「醫療所需」的開支[#]。

Note: All expenses incurred must be Reasonable and Customary and Medically Necessary[#].

摘要 Summary

產品名稱 Product Name	「只衛您」標準自願醫保計劃 ⁺ CareForYou Standard Plan for VHIS ⁺	購買目的及需要 Purchase Objectives and Needs	為將來的醫療需要作準備： Prepare for future health care needs: <ul style="list-style-type: none"> ■ 支付醫療費用；及 To settle medical expenses; and ■ 彌補住院期間之收入損失 To compensate for the loss of income during hospital confinement
產品類型 Product Type	償款，但包含非償款現金保障 Indemnity, but incorporated with non-indemnity cash benefits	投保年齡 Enrolment Age	15日至80歲人士 Age from 15 days to 80 years
保單期 Period of Cover	一年 1 year	保單續保 Policy Renewal	每年續保至100歲 Annual renewal up to age 100
保單貨幣 Policy Currency	港幣 HKD	保障地域 Cover Area	全球 ¹⁵ Worldwide ¹⁵
選擇病房級別 Choice of Ward Class	無限制 No Restriction	選擇醫療服務提供者 Choice of Healthcare Services Providers	無限制 No Restriction
繳費模式 Payment Mode	年繳/半年繳 Annual/Semi-annual	冷靜期 Cooling-off Period	21日days ^{**}
認可產品編號 Certification Number of the Certified Plan	S00032-01-000-02		

15. 「精神科治療」除外。

15. Except for “Psychiatric Treatments”.

保費表 Premium Table (HK\$)

認可產品 Certified Plan

標準計劃 Standard Plan				
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0	3,888	2,727	1,993	1,398
1	3,305	2,318	1,694	1,188
2	2,842	1,994	1,457	1,022
3	2,501	1,755	1,282	900
4	2,201	1,544	1,129	792
5	2,038	1,445	1,045	741
6	1,939	1,389	994	712
7	1,844	1,349	946	692
8	1,754	1,310	899	672
9	1,668	1,285	855	659
10	1,641	1,303	842	668
11	1,669	1,377	856	706
12	1,697	1,456	870	747
13	1,726	1,539	885	789
14	1,756	1,642	900	842
15	1,800	1,749	923	897
16	1,859	1,859	953	953
17	1,919	1,949	984	999
18	1,982	2,073	1,016	1,063
19	2,047	2,205	1,050	1,131
20	2,090	2,284	1,072	1,171
21	2,110	2,305	1,082	1,182
22	2,129	2,327	1,092	1,193
23	2,150	2,349	1,102	1,204
24	2,170	2,372	1,113	1,216
25	2,201	2,397	1,129	1,229
26	2,242	2,424	1,150	1,243
27	2,284	2,452	1,171	1,257
28	2,327	2,480	1,193	1,271
29	2,371	2,509	1,216	1,286
30	2,428	2,560	1,245	1,312
31	2,499	2,635	1,281	1,351
32	2,572	2,712	1,319	1,390
33	2,647	2,792	1,357	1,431
34	2,725	2,874	1,397	1,473
35	2,817	2,973	1,444	1,524
36	2,927	3,093	1,501	1,586
37	3,040	3,217	1,558	1,649
38	3,158	3,346	1,619	1,715
39	3,280	3,480	1,681	1,784
40	3,428	3,653	1,757	1,873
41	3,606	3,870	1,849	1,984
42	3,792	4,099	1,944	2,101
43	3,988	4,342	2,044	2,226
44	4,194	4,600	2,150	2,358
45	4,387	4,827	2,249	2,474
46	4,564	5,021	2,340	2,574
47	4,748	5,223	2,434	2,677
48	4,940	5,433	2,532	2,785
49	5,139	5,652	2,634	2,897

保費表 Premium Table (HK\$)

認可產品 Certified Plan

標準計劃 Standard Plan				
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
50	5,404	5,943	2,770	3,046
51	5,741	6,314	2,943	3,236
52	6,099	6,709	3,126	3,439
53	6,480	7,128	3,321	3,654
54	6,884	7,574	3,529	3,882
55	7,293	7,946	3,738	4,073
56	7,706	8,237	3,950	4,222
57	8,142	8,538	4,173	4,376
58	8,603	8,851	4,410	4,537
59	9,090	9,175	4,659	4,703
60	9,520	9,520	4,879	4,879
61	9,888	9,888	5,068	5,068
62	10,270	10,270	5,264	5,264
63	10,666	10,666	5,467	5,467
64	11,078	11,078	5,678	5,678
65	11,641	11,641	5,967	5,967
66	12,370	12,370	6,340	6,340
67	13,144	13,144	6,737	6,737
68	13,967	13,967	7,159	7,159
69	14,841	14,841	7,607	7,607
70	15,507	15,507	7,948	7,948
71	15,944	15,944	8,172	8,172
72	16,393	16,393	8,402	8,402
73	16,856	16,856	8,639	8,639
74	17,331	17,331	8,883	8,883
75	17,851	17,851	9,149	9,149
76	18,387	18,387	9,424	9,424
77	18,939	18,939	9,707	9,707
78	19,507	19,507	9,998	9,998
79	20,092	20,092	10,298	10,298
80	20,695	20,695	10,607	10,607
81*	21,109	21,109	10,819	10,819
82*	21,531	21,531	11,035	11,035
83*	21,962	21,962	11,256	11,256
84*	22,401	22,401	11,481	11,481
85*	22,849	22,849	11,711	11,711
86*	23,077	23,077	11,827	11,827
87*	23,308	23,308	11,946	11,946
88*	23,541	23,541	12,065	12,065
89*	23,776	23,776	12,186	12,186
90*	24,014	24,014	12,308	12,308
91*	24,134	24,134	12,369	12,369
92*	24,255	24,255	12,431	12,431
93*	24,376	24,376	12,493	12,493
94*	24,498	24,498	12,556	12,556
95*	24,620	24,620	12,618	12,618
96*	24,743	24,743	12,681	12,681
97*	24,867	24,867	12,745	12,745
98*	24,991	24,991	12,808	12,808
99*	25,116	25,116	12,872	12,872

* 只適用於續保。Applicable to renewal only.

註：

- 年齡指受保人的實際年齡，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。
- 「0」歲指出生滿15日。
- 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。藍十字在得到食衛局同意後，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。
- 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。
- 保費表並未包括由保險業監管局徵收的保費徵費。
- 上述註釋適用於第8至9頁的所有保費表。

Remarks:

- Age refers to insured person's attained age. Premium rate will be charged according to your attained age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- "0" year old means the age of 15 days.
- Blue Cross reserves the right to adjust the premium upon policy renewal due to other factors, for example, age-related adjustment, etc. With the consent of FHB, Blue Cross has the right to revise the terms and benefits of this Certified Plan and/or adjust the Standard Premium on an overall portfolio basis upon policy renewal.
- The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.
- The premium tables do not include levy collected by the Insurance Authority.
- The above remarks are applicable to all premium tables from pages 8 to 9.

認可產品的常見問題

1. 自願醫保計劃的目標是什麼？

- 提升住院保險產品的保障水平；
- 為市民提供多一個選擇，透過住院保險而使用私營醫療服務；及
- 長遠可望減低公立醫院壓力。

2. 認可產品與市場上其他的醫療保險產品有什麼分別？

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，而市場上其他的醫療保險產品是由個別保險公司設定的。以下為此認可產品的主要特點：

- 保證續保至100歲
- 不設「終身保障限額」
- 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

3. 標準計劃及靈活計劃的分別？

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，如更高的保障額及更多的保障項目，以切合市場需要，而該附加保障則受限於食衛局發出的相關規則。

Certified Plan FAQs

1. What are the objectives of VHIS?

- Enhance the protection level of hospital insurance products;
- Provide the public with an additional choice of using private healthcare services through hospital insurance; and
- Relieve the pressure on the public healthcare system in the long run.

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

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 this Certified Plan:

- Guaranteed renewal up to age 100
- No Lifetime Benefit Limit
- 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

3. What are the differences between Standard Plans and Flexi Plans?

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 basic protection equivalent to that in Standard Plan, 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 FHB.

4. 投保認可產品是否仍可使用公立醫院的服務？

可以。投保認可產品屬於自願性質，並不會影響您使用公立醫院服務的權利。

5. 我可否投保多於一份的認可產品保單？

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。

6. 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？

非香港居民*可投保認可產品。申請稅務扣減的資格如下：

1. 申請人須為納稅人；
2. 納稅人本人或其配偶為認可產品的保單持有人；及
3. 受保人⁺須為香港居民

就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

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

Yes. The enrolment of Certified Plan is entirely voluntary and will not affect your rights to use public healthcare services.

5. Can I enrol in more than one Certified Plan policy?

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

6. Can I enrol in a Certified Plan if I am not a Hong Kong resident? Who can claim tax deduction for the qualifying premiums paid for a Certified Plan?

Non-Hong Kong resident* can enrol in a Certified Plan. Eligibility for deduction as follows:

1. the applicant must be a taxpayer;
2. the taxpayer who or whose spouse is the policyholder of a Certified Plan; and
3. the insured person⁺ must be a Hong Kong resident

For details of the eligibility of 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

7. 如何計算認可產品保費支出的稅務扣減？

若您作為保單持有人及納稅人，您可為自己及受養人投保認可產品保單。每名受保人每年可作稅務扣減的保費上限為HK\$8,000，而可申請稅務扣減的受養人數目並無上限。您的受養人包括您的配偶或子女，您本人或配偶的父母、祖父母、外祖父母或兄弟姊妹。

例子1：若您投保一份認可產品保單

認可產品每年保費 Annual Premium for Certified Plan (HK\$)	可獲稅務扣減的款額 Tax-deductible Amount (HK\$)	獲節省的稅款（假設稅率為 15%） Amount of Tax Saved (Assuming Tax Rate is 15%) (HK\$)
7,000	7,000	1,050

7. How to calculate tax deduction on premiums for the Certified Plan?

The annual tax deduction ceiling is HK\$8,000 per insured person for the premiums paid in relation to the Certified Plan and there is no cap on the number of dependants that are eligible for tax deduction. Your dependants include your spouse/child, your or your spouse's parent/grandparent/brother or sister.

Example 1: If you enrol in one Certified Plan policy

例子2：若您為保單持有人，您為自己、您的配偶、爸爸、媽媽、兒子及女兒每人各投保一份認可產品保單。如申請扣稅，您有機會節省合共HK\$6,150的稅款。

Example 2: If you are a policyholder and enrol in one Certified Plan policy each for yourself, your spouse, your parents, son and daughter, you may save a total of HK\$6,150 in tax if you apply for tax deduction.

	認可產品每年保費 Annual Premium for Certified Plan (HK\$)	可獲稅務扣減的款額 Tax-deductible Amount (HK\$)	獲節省的稅款（假設稅率為 15%） Amount of Tax Saved (Assuming Tax Rate is 15%) (HK\$)
您本人 You	10,000	8,000	1,200
配偶 Spouse	8,000	8,000	1,200
爸爸 Father	30,000	8,000	1,200
媽媽 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

重要事項

^ 「只衛您」標準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；或
- (d) 更改職業⁺⁺。

⁺⁺ 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個月內於中國內地、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。

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。

Important Notes

^ The application for CareForYou Standard Plan for VHIS 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(s) 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; or
- (d) Change the occupation⁺⁺.

⁺⁺ 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 Mainland China, 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.

If the policyholder has taken out other insurance coverage besides this Certified Plan, the policyholder shall have the right to claim under any such other insurance coverage or this 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 followings (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.

重要事項

「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。

+ 在同一份「只衛您」標準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。

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，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。

Important Notes

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.

+ Multiple policyholders are not allowed under the same policy of CareForYou Standard Plan for VHIS and each policy can only cover one insured person.

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.

一般不保事項

1. 任何非醫療所需治療、治療程序、藥物、檢測或服務的費用。
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，該住院期間所招致之全部或部分費用。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。
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，有關賠償將按本條款及保障內其他條款處理。

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。
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。
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。

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1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. 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. 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 insured person at the time of submission of application, including any updates of and changes to such requisite information (if so requested by the Blue Cross under Section 8 of Part 1 in the policy terms and conditions) such disability shall be generally excluded from any coverage of these terms and benefits 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 these terms and benefits shall apply.

4. 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. 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
 - (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. 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.

一般不保事項

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則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。
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）；以及性功能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。
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。
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。
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。
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。
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。
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。

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7. 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. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.
8. 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.
9. 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. 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.
11. 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. 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. 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. 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.

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