



Blue Cross 藍十字

An **AIA** Company 友邦保險成員公司

「只衛您」超卓靈活自願醫保計劃 CareForYou Super Flexi Plan for VHIS



2026年1月生效
With effect from Jan 2026

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。

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。

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.

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

選擇一份適合的醫療保險計劃其實可以很簡單！作為市場的醫療保險專家，藍十字明白一份保障範圍廣泛且實用靈活兼備的醫療保障，才能更好守護您及家人的健康，隨時給予您適切的支援。

Choosing a suitable medical insurance plan has never been easier! As a medical insurance expert, Blue Cross ensures your medical insurance includes extensive, practical and flexible benefits that can better protect the health and well-being of you and your family, giving the right support anytime you need it.

「只衛您」超卓靈活自願醫保計劃¹（下稱「認可產品」）除了提供符合要求的重點基本保障外，特別加入多項切合您需要的額外保障及增值服務；您更可就所繳付之保費申請稅務扣減²、享有無索償折扣以及家庭折扣等多重優勢，以更划算的保費享受更強的保障。

CareForYou Super Flexi Plan for VHIS¹ (hereinafter “Certified Plan”) not only offers essential coverage, but also provides various enhanced benefits and value-added services that are tailored to your needs. You can also apply for tax deduction for the premiums paid², no claim discount, family discount and much more, getting even fuller protection at a more cost-effective premium.

認識「只衛您」超卓靈活自願醫保計劃的智慧方案 選擇合適的醫療保障

Smart Solution of CareForYou Super Flexi Plan for VHIS That's All You Need for a Medical Insurance Plan

➤ 6 項主要優勢 6 Key Advantages



稅務扣減
Tax Deduction



保證終身續保
Guaranteed Lifetime
Renewal



不設終身保障限額
No Lifetime
Benefit Limit



保障未知的投保前
已有病症及先天性疾病
Coverage for Unknown
Pre-existing Conditions and
Congenital Conditions



無索償折扣
No Claim
Discount



家庭折扣
Family
Discount

➤ 12 項重點基本保障 12 Essential Basic Benefits



病房及膳食
Room and Board



訂明非手術癌症治療
Prescribed Non-surgical
Cancer Treatments



訂明診斷成像檢測
Prescribed Diagnostic
Imaging Tests



精神科治療
Psychiatric
Treatments



入院前或出院後/日間手術
前後的門診護理
Pre- and Post-confinement/
Day Case Procedure
Outpatient Care

+ 更多
More

➤ 11 項額外及其他保障 11 Enhanced and Other Benefits



腎透析
Kidney Dialysis



中風復康治療
Stroke Rehabilitation



住院現金保障
Hospital Cash Benefit



出院後/日間手術後
中醫門診護理
Post-confinement/Day
Case Procedure Chinese
Medicine Practitioner
Outpatient Care



隔離病房現金保障
Isolation Room
Cash Benefit

+ 更多
More

➤ 2 項靈活自選附加保障 2 Flexible Optional Benefits



附加額外醫療保障³
Optional Supplementary
Medical Benefit³



附加門診保障³
Optional Outpatient
Benefits³

➤ 6 項實用增值服務 6 Practical Value-added Services



免費周年健康檢查
Free Annual
Health Checkup



內地醫療網絡
Mainland Healthcare
Network



預先評估服務
Pre-assessment
Service



免找數服務
Cashless Service



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



會員網上平台
Online Membership
Platform

主要特色

保費支出可獲稅務扣減²

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。有關稅務扣減資格的詳情，請向稅務局查詢。

保證每年續保 終身保障^{4,5}

成功投保後，保單有效期為一年。保單保證每年續保，並提供終身保障，為您在人生不同階段提供無間斷的保障。此外，續保時亦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。

不設終身保障限額

認可產品不設終身保障上限，您可獲得保障直至終身，而每年保障額高達 HK\$830,000。

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。

Key Features

Tax Deduction for Premiums Paid²

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 who are eligible for tax deduction. Dependants include your spouse/children, your or your spouse's parents/grandparents/brothers or sisters. For more details of the eligibility for tax deduction, please contact the Inland Revenue Department.

Guaranteed Annual Renewal with Lifetime Coverage^{4,5}

Upon successful enrolment, the period of insurance of your policy is 1 year. Annual renewal of your policy is guaranteed with lifetime coverage, giving you non-stop protection throughout your life. Moreover, no additional premiums will be imposed individually upon policy renewal, regardless of changes to insured person's health status or claim history.

No Lifetime Benefit Limit

There is no lifetime benefit limit under the Certified Plan. Your benefits will continue for life with the maximum annual benefit limit as high as HK\$830,000.

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 age 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.

訂明非手術癌症治療⁶

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\$120,000 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，為您減輕醫療費用的負擔，讓您專注康復。

訂明診斷成像檢測⁶

無論是否在住院期間進行的訂明診斷成像檢測（包括電腦斷層掃描、磁力共振掃描等），認可產品均會賠償相關費用。

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所繳付的合資格費用，每保單年度最高可獲 HK\$40,000 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住院/日間手術前最多 2 次門診或急症診症，以及出院/日間手術後 90 日內所有相關跟進門診。

無索償折扣⁷

我們鼓勵您保持身心健康而特設無索償折扣。於續保時，若受保人沒有在下表所述的無索償期內提出任何有關認可產品的索償，認可產品所應繳付之保費（附加門診保障之保費除外）可獲相應之無索償折扣。

緊接保單續保前之無索償期 No Claim Period Immediately Preceding Policy Renewal	1 年 1 Year	連續 2 年 2 consecutive years	連續 3 年 3 consecutive years	連續 4 年 4 consecutive years	連續 5 年或以上 5 consecutive years or more
折扣率 Premium Discount	5%	5%	10%	10%	15%

家庭折扣⁸

於保單生效日/續保日（以適用者為準），若受保合資格家庭成員⁹的人數達 2 名或以上，每份認可產品保單可獲以下家庭折扣。

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

Prescribed Non-surgical Cancer Treatments⁶

Chronic disease treatment often imposes a heavy financial burden on patients and their families. The Certified Plan covers up to HK\$120,000 per policy year for Prescribed Non-surgical Cancer Treatments, including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy. With financial stress relieved, you can focus more on recovery.

Prescribed Diagnostic Imaging Tests⁶

The Certified Plan covers the related expenses charged on prescribed diagnostic imaging tests (including CT scan, MRI scan, etc.), regardless of whether they are conducted during confinement or not.

Psychiatric Treatments

The Certified Plan covers the eligible expenses up to HK\$40,000 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 2 prior outpatient visits or emergency consultations per confinement/day case procedure, all related follow-up outpatient visits per confinement/day case procedure within 90 days after discharge from hospital or completion of day case procedure.

No Claim Discount⁷

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

Family Discount⁸

If the number of eligible family members⁹ insured on the policy effective date/renewal date (as applicable) reaches 2 or more, each Certified Plan policy can enjoy family discount specified below.

增值服務

免費周年健康檢查¹⁰

我們一直關注您的健康，因此特別為您安排免費周年檢查，讓您更了解自己的身體狀況。

Value-added Services

Free Annual Health Checkup¹⁰

We care a lot about your health. With the free annual checkup, you can better understand your health conditions.

受保人的實際年齡 Attained Age of the Insured Person	綜合體檢計劃 (B1) Basic Health Checkup Profile (B1)	視力檢查 (VS) Vision Examination (VS)
0 - 18	✓	✓
所有年齡 All ages	✓	

檢查項目 Checkup Items	詳情 Description
綜合體檢計劃 (B1) Basic Health Checkup Profile (B1)	貧血及血病檢查 Anaemia and Blood Diseases Screening i) 全血計算 Complete blood count ii) 血小板量 Platelet
	糖尿病檢查 Diabetic Screening i) 血糖 Glucose
	血脂肪檢查 Lipids Pattern Screening i) 總膽固醇 Cholesterol total ii) 三酸甘油酯 Triglycerides
視力檢查 (VS) Vision Examination (VS)	i) 視力檢查 Vision Examination ii) 色覺測試 Colour Vision Test (由專業視光師檢查 Examination by optometrists)

內地醫療網絡¹¹

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」。

Mainland Healthcare Network¹¹

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

只需在接受手術或治療前最少 7 個工作天透過網上提供所需資料，我們即按您的保單保障範圍估算可賠償金額¹²，讓您在財務上更有預算，安心接受手術或治療。

免找數服務¹³

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。

24 小時全球緊急援助服務¹⁰

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。

「Blue Cross HK」手機應用程式

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。

Pre-assessment Service

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 amount¹² based on your policy coverage, allowing you to plan your budget in advance and undergo the medical procedure or treatment with peace of mind.

Cashless Service¹³

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-Hour Worldwide Emergency Aid Service¹⁰

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” Mobile App

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 Benefit Limit (HK\$)			
	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	計劃 D Plan D
病房級別 Ward Class	無限制 No Restriction			
保障項目 ¹⁴ Benefit Items ¹⁴	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	4,000	2,200	1,000	800
b. 雜項開支（每保單年度）Miscellaneous Charges (Per policy year)	42,000	27,500	22,000	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	4,000	2,200	1,000	750
d. 專科醫生費 ¹⁵ （每保單年度）Specialist's Fee ¹⁵ (Per policy year)	10,000	7,400	6,300	4,300
e. 深切治療（每日）Intensive Care (Per day) 每保單年度最多 30 日 Max. 30 days per policy year	10,000	6,600	5,600	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 150,000 ▪ 大型 Major 50,000 ▪ 中型 Intermediate 30,000 ▪ 小型 Minor 12,000 	150,000 50,000 30,000 12,000	120,000 40,000 22,000 9,000	90,000 35,000 18,000 7,000	50,000 25,000 12,500 5,000
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				
g. 麻醉科醫生費 Anaesthetist's Fee	外科醫生費的 35% ¹⁶ 35% of the amount payable under Surgeon's Fee ¹⁶			
h. 手術室費 Operating Theatre Charges	外科醫生費的 35% ¹⁶ 35% of the amount payable under Surgeon's Fee ¹⁶			
i. 訂明診斷成像檢測 ^{15,17} （每保單年度） Prescribed Diagnostic Imaging Tests ^{15,17} (Per policy year)	40,000	30,000	20,000	20,000
設 30% 共同保險 Subject to 30% coinsurance				
j. 訂明非手術癌症治療 ¹⁸ （每保單年度） Prescribed Non-surgical Cancer Treatments ¹⁸ (Per policy year)	120,000	100,000	80,000	80,000
k. 入院前或出院後/日間手術 ¹⁹ 前後的門診護理 ¹⁵ （每保單年度） Pre- and Post-confinement/Day Case Procedure ¹⁹ Outpatient Care ¹⁵ (Per policy year) <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 	10,800	8,800	4,800	3,000
l. 精神科治療（每保單年度） Psychiatric Treatments (Per policy year)	40,000	35,000	30,000	30,000

		賠償限額 Benefit Limit (HK\$)			
計劃級別 Plan Level	病房級別 Ward Class	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	計劃 D Plan D
保障項目 ¹⁴ Benefit Items ¹⁴		無限制 No Restriction			
II. 額外保障 Enhanced Benefits					
a. 腎透析 ²⁰ (每保單年度) Kidney Dialysis ²⁰ (Per policy year)		120,000	100,000	80,000	50,000
b. 中風復康治療 ²⁰ (每保單年度) Stroke Rehabilitation ²⁰ (Per policy year)		120,000	100,000	80,000	50,000
c. 緊急門診治療 ²⁰ (每保單年度) Emergency Outpatient Treatment ²⁰ (Per policy year)		15,000	11,000	7,000	2,500
d. 住院陪床費用 ²⁰ (每日) Hospital Companion Bed ²⁰ (Per day) 每保單年度最多 90 日 Max. 90 days per policy year		3,400	2,040	860	800
e. 註冊私家看護費用 ²⁰ (每日) Registered Private Nurse's Fees ²⁰ (Per day) 每保單年度最多 90 日 Max. 90 days per policy year		3,400	2,040	860	800
f. 出院後/日間手術 ¹⁹ 後中醫門診護理 ²⁰ (每次) Post-confinement/Day Case Procedure ¹⁹ Chinese Medicine Practitioner Outpatient Care ²⁰ (Per visit) 每次限額 Limit per visit 每日 1 次跟進門診，出院/日間手術後 90 日內最多 5 次跟進門診 1 follow-up outpatient visit per day, maximum 5 follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)		200	180	150	150
g. 額外醫療保障 ²⁰ (每保單年度) Supplementary Medical Benefit ²⁰ (Per policy year)					
		自選 Optional			包括 Included
指定病房級別 ²¹ Designated Ward Class ²¹		私家房 Private	半私家房 Semi-private	普通房 Ward	普通房 Ward
共同保險 ²² Coinsurance ²²		20%			
每保單年度保障限額 Limit per policy year		600,000	450,000	300,000	120,000
此保障將賠償： <ol style="list-style-type: none"> (1) 超出 I. 基本保障之保障項目 (a) – (j) 的任何賠償限額之合資格費用； (2) 超出 II. 額外保障之保障項目 (d) 的任何賠償限額之費用；及 (3) 按 I. 基本保障之保障項目 (i) 受保人須分擔的任何共同保險。 This benefit shall be payable for: <ol style="list-style-type: none"> (1) eligible expenses payable in excess of any of the benefit limits under benefit items (a) – (j) of I. Basic Benefits; (2) expenses payable in excess of any of the benefit limits under benefit item (d) of II. Enhanced Benefits; and (3) any coinsurance which should be paid by the insured person under benefit item (i) of I. Basic Benefits. 					

		賠償限額 Benefit Limit (HK\$)			
計劃級別 Plan Level	病房級別 Ward Class	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	計劃 D Plan D
保障項目 ¹⁴ Benefit Items ¹⁴		無限制 No Restriction			
其他限額 Other Limits					
I. 基本保障之保障項目 (a) – (l) 及 II. 額外保障之保障項目 (a) – (f) 的每年保障限額 (每保單年度) (受保人年齡為 75 歲或以下) Annual benefit limit for benefit items (a)-(l) of I. Basic Benefits and (a)-(f) of II. Enhanced Benefits (Per policy year) (For insured person at age 75 or below)		無 Nil			
I. 基本保障之保障項目 (a) – (l) 及 II. 額外保障之保障項目 (a) – (f) 的每年保障限額 (每保單年度) (受保人年齡為 76 歲或以上) Annual benefit limit for benefit items (a)-(l) of I. Basic Benefits and (a)-(f) of II. Enhanced Benefits (Per policy year) (For insured person at age 76 or above)		830,000	540,000	540,000	420,000
I. 基本保障之保障項目 (a) – (l) 及 II. 額外保障之保障項目 (a) – (g) 的終身保障限額 Lifetime benefit limit for benefit items (a)-(l) of I. Basic Benefits and (a)-(g) of II. Enhanced Benefits		無 Nil			
III. 其他保障 Other Benefits					
a. 門診手術現金津貼 ^{20,23} (每項日間手術 ¹⁹) Outpatient Surgery Cash Allowance ^{20,23} (Per day case procedure ¹⁹)		1,000	1,000	1,000	1,000
b. 住院現金保障 ²⁰ (每日) Hospital Cash Benefit ²⁰ (Per day) 每保單年度最多 45 日 Max. 45 days per policy year		1,700	1,010	425	400
c. 隔離病房現金保障 ²⁰ (每日) Isolation Room Cash Benefit ²⁰ (Per day) 每保單年度最多 30 日 Max. 30 days per policy year		1,000	1,000	1,000	1,000
d. 額外現金補貼保障 ^{20,24} (住院期間每日) Cash Benefit for Top-up Subsidy ^{20,24} (Per day of confinement) 每保單年度最多 90 日 Max. 90 days per policy year		1,200	600	500	500

2. 附加門診保障（計劃 A 或 B）^{25,26,27}

Optional Outpatient Benefits (Plan A or B)^{25,26,27}

附加門診保障設有 20% 或 0% 共同保險，您可選擇於任何診所接受治療，而賠償限額詳列於下表。如選擇 20% 共同保險，每次診症須自付 HK\$30；如選擇 0% 共同保險，則毋須自付費用。

Optional Outpatient Benefits offer 20% or 0% coinsurance. You may visit any clinic of your own choice, subject to the benefit limits listed in the table below. Each consultation at a network clinic is subject to a co-payment of HK\$30 under the 20% coinsurance option while no co-payment is required for the 0% coinsurance option.

計劃級別 Plan Level	賠償限額 Benefit Limit (HK\$)		
	計劃 A(I) Plan A(I)	計劃 A(II) Plan A(II)	計劃 A(III) Plan A(III)
保障項目 Benefit Items	共同保險²² Coinsurance²²		
	20% 或 or 0%		
1. 普通科醫生診症 General Practitioner's Consultation 每日 1 次，每次限額 1 visit per day, limit per visit	350	260	200
2. 中醫治療 Chinese Medicine Treatment 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度 15 次，每日 1 次，每次限額 15 visits per policy year, 1 visit per day, limit per visit	180	150	120
保障項目 1 及 2 每保單年度合共最多 35 次 Max. 35 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 ²⁸ Referral letter is required ²⁸ 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	520	400	300
4. 處方藥物 Prescribed Medicines and Drugs 只適用於接受診症之醫院或診所以外之註冊藥房購買，並需具處方信件 Applicable to purchase from a registered pharmacy outside hospital or clinic where the medical consultation takes place and prescription letter is required 每保單年度限額 Limit per policy year	7,800	5,800	4,300
5. 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	2,500	1,900	1,500
6. 物理治療服務 Physiotherapy Services 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200
7. 脊椎治療服務 Chiropractic Services 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200
保障項目 6 及 7 每保單年度合共最多 10 次 Max. 10 visits per policy year in total for benefit items 6 and 7			
8. 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 ▪ 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 registered physician is required for consultation rendered by specialist of psychiatry ▪ Written referral of specialist of psychiatry is required for consultation rendered by qualified clinical psychologist 每保單年度 6 次，每日 1 次，每次限額 6 visits per policy year, 1 visit per day, limit per visit	520	400	300

計劃級別 Plan Level	賠償限額 Benefit Limit (HK\$)		
	計劃 B(I) Plan B(I)	計劃 B(II) Plan B(II)	計劃 B(III) Plan B(III)
保障項目 Benefit Items	共同保險²² Coinsurance²²		
	20% 或 or 0%		
1. 普通科醫生診症 General Practitioner's Consultation 每日 1 次，每次限額 1 visit per day, limit per visit	350	260	200
2. 中醫治療 Chinese Medicine Treatment 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	180	150	120
保障項目 1 及 2 每保單年度合共最多 30 次 Max. 30 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 ²⁸ Referral letter is required ²⁸ 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	520	400	300
4. 物理治療服務 Physiotherapy Services 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200
5. 脊椎治療服務 Chiropractic Services 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200
保障項目 4 及 5 每保單年度合共最多 10 次 Max. 10 visits per policy year in total for benefit items 4 and 5			
6. 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 ▪ 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 registered physician is required for consultation rendered by specialist of psychiatry ▪ Written referral of specialist of psychiatry is required for consultation rendered by qualified clinical psychologist 每保單年度 6 次，每日 1 次，每次限額 6 visits per policy year, 1 visit per day, limit per visit	520	400	300

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	「只衛您」超卓靈活自願醫保計劃 ¹ CareForYou Super Flexi Plan for VHIS 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	最高達 HK\$830,000 Maximum HK\$830,000		
終身保障限額 Lifetime Benefit Limit	不設上限 No limit		
保障地域範圍 Territorial Scope of Cover	全球 ²⁹ Worldwide ²⁹		
選擇病房級別 Choice of Ward Class	無限制（額外醫療保障（如適用）除外） No restriction (except for Supplementary Medical Benefit (if applicable))		
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	15 日至 80 歲 Aged from 15 days to 80 years		
保單貨幣 Policy Currency	港元 HK\$		
受保期 Period of Insurance	1 年 1 year		
保單續保 Policy Renewal	保證每年續保，終身保障 ^{4,5} Guaranteed annual renewal with lifetime coverage ^{4,5}		
繳費模式 ²⁶ Payment Mode ²⁶	年繳/半年繳/季繳/月繳 Annual/ Semi-annual/ Quarterly/ Monthly		
冷靜期 Cooling-off Period	21 日 21 days		
認可產品編號 Certification Number of the Certified Plan		不附額外醫療保障 Without Supplementary Medical Benefit	附額外醫療保障 With Supplementary Medical Benefit
	共同保險 Coinsurance	不適用 N/A	20%
	計劃 A Plan A	F00043-01-000-02	F00043-01-002-02
	計劃 B Plan B	F00043-02-000-02	F00043-02-002-02
	計劃 C Plan C	F00043-03-000-02	F00043-03-002-02
	計劃 D Plan D	不適用 N/A	F00043-04-000-02

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.

注釋 Remarks

1. 在同一份「只衛您」超卓靈活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。

「只衛您」超卓靈活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 CareForYou Super Flexi Plan for VHIS and each policy can only cover one insured person.

The application for CareForYou Super Flexi 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 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. 「附加門診保障」的保費支出除外。

Exclude premiums paid on Optional Outpatient Benefits.

3. 「附加額外醫療保障」屬自選保障，只供附加於計劃 A、B 或 C；而「附加門診保障」亦屬自選保障，可附加於所有計劃。詳情請參閱相關的保障表和保費表。

Optional Supplementary Medical Benefit is an optional benefit available for Plan A, B or C only; whereas Optional Outpatient Benefits is an optional benefit available for all plans. For details, please refer to respective benefit schedules and premium tables.

4. 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、增加額外保障等。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。

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 or subscription to additional benefits, 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.

5. 當藍十字成功收取保費後，保單將會自動續保。

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

6. 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。

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.

7. 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、門診手術現金津貼或額外現金補貼保障（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。

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

8. 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，藍十字將會按照同一要求重新計算相關保單年度的家庭折扣。在藍十字的合理要求下，保單持有人須向藍十字交還已經扣減的家庭折扣及重新計算實際合資格的折扣之差額。

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) based on the same requirement specified. 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' reasonable demand.

9. 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 parents/ grandparents/ brothers/ sisters. 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.

注釋 Remarks

10. 由於此服務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。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.

11. 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.

12. 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.

13. 「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.

14. 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.

15. 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.

16. 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。

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.

17. 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。

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 the customer will have to bear the remaining HK\$3,000.

18. 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.

19. 「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.

20. 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.

21. 如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所選計劃下的指定病房級別，就額外醫療保障可獲的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%
普通房	私家房	25%
普通房	私家房以上之病房級別	12.5%
半私家房	私家房	50%
半私家房	私家房以上之病房級別	25%
私家房	私家房以上之病房級別	50%

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

Designated Ward Class	Actual Confined Ward Class	Reimbursement Percentage of All Eligible Claims
Ward	Semi-private	50%
Ward	Private	25%
Ward	Above Private	12.5%
Semi-private	Private	50%
Semi-private	Above Private	25%
Private	Above Private	50%

注釋 Remarks

22. 受限於每個保障項目的賠償限額，(i) 假如相關保障項目的合資格費用為 HK\$400 以及 20% 共同保險適用，藍十字將會賠償 HK\$320，而客戶將要承擔餘下之 HK\$80；(ii) 而在 0% 共同保險下，藍十字將全數賠償合資格費用。

Subject to the benefit limit for each benefit item, (i) if the eligible expenses incurred for a relevant benefit item is HK\$400 and the 20% coinsurance option applies, Blue Cross will reimburse HK\$320 and the customer will have to bear the remaining HK\$80; (ii) if the 0% coinsurance option applies, Blue Cross will reimburse the full cost of eligible expenses.

23. 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.

24. 若受保人獲得藍十字以外之其他註冊保險公司所提供的任何其他醫院賠償計劃之保障（不論是屬個人或團體保單），而在該註冊保險公司支付任何賠償後，於有關的條款及保障有任何就受保人的住院應付的實報實銷保障，本保障將賠償按保障表中所列限額，就每日於醫院住院期間支付額外現金津貼。

For the insured person covered by any other hospital reimbursement plans offered by a licensed insurance company other than Blue Cross, regardless of whether it is an individual or group policy, if any reimbursement for any confinement of the insured person is payable under the relevant terms and benefits after any reimbursement has been paid from such licensed insurance company, this benefit shall be payable as extra cash benefit for each day of confined period in hospital subject to the limits as specified in the Benefit Schedule.

25. 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.

26. 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.

27. 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、中醫及專科醫生的醫療診治。

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

28. 婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

Except for gynecology, orthopaedics & traumatology, dermatology, ophthalmology, oncology, urology, nephrology and paediatrics.

29. 「精神科治療」除外。

Except for Psychiatric Treatments.

對於認可產品的常見問題 Certified Plan FAQs

1. 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?

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。以下為認可產品的主要特點：

- 保證終身續保
- 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

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
- 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 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.

對於認可產品的常見問題 Certified Plan FAQs

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. 如何計算認可產品保費支出的稅務扣減？

How to calculate tax deduction for premiums paid for the Certified Plan?

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，而可申請稅務扣減的認可產品保單或受保人數目並無上限。假如您希望以保單持有人身份為其他受保人的認可產品保單申請稅務扣減，上述受保人必須是您的受養人，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。

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 certified plan policy or insured person who are eligible for tax deduction. If you wish to apply for tax deduction as the policyholder of certified plan policies with other insured persons, these insured persons must be your dependants, who include your spouse/ child, your or your spouse's parent/ grandparent/ brother/ sister.

例子 1：若您投保一份認可產品保單

Example 1: If you enrol in one Certified Plan policy

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\$)
7,000	7,000	1,050

例子 2：若您為保單持有人，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

Example 2: If you are the 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.

對於認可產品的常見問題 Certified Plan FAQs

10. 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
- (d) 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. 「『只衛您』超卓靈活自願醫保計劃」由香港獲授權之保險商 – 藍十字（亞太）保險有限公司承保。

CareForYou Super Flexi Plan for VHIS 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.

重要資料 Important Information

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

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

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

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

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

7. 牙科醫生進行的牙科治療及口腔頷面手術的費用，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。

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. 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。

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.

上述所提及之不保事項只供參考。有關全部及詳細之不保事項，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.

重要資料 Important Information

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。

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.

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. 「免費周年健康檢查」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。「免費周年健康檢查」由藍十字指定的第三方服務供應商安排及執行，並於該供應商醫務所進行。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 Annual Health Checkup” 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. The checkup items shall be organised and implemented by third party service provider(s) as designated by Blue Cross and shall be performed at medical clinics of such 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.

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.

重要資料 Important Information

產品限制

Product Limitation

5. 「預先評估服務」為額外增值服務，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. 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、暫停或終止該等服務的權利，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

An **AIA** Company 友邦保險成員公司



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



「只衛您」超卓靈活自願醫保計劃 CareForYou Super Flexi Plan for VHIS

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan - 計劃 A Plan A

認可產品編號 Certification Number of the Certified Plan

- 計劃 A (不附額外醫療保障) Plan A (without Supplementary Medical Benefit): F00043-01-000-02
- 計劃 A (附額外醫療保障 - 設 20% 共同保險) Plan A (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-01-002-02

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

計劃級別 Plan Level	計劃 A Plan A															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	13,193	13,193	6,764	6,764	3,432	3,432	1,157	1,157	16,909	16,909	8,670	8,670	4,400	4,400	1,483	1,483
5 - 9	12,472	12,472	6,393	6,393	3,245	3,245	1,095	1,095	16,193	16,193	8,301	8,301	4,213	4,213	1,419	1,419
10 - 18	11,596	11,596	5,944	5,944	3,019	3,019	1,017	1,017	15,317	15,317	7,852	7,852	3,985	3,985	1,343	1,343
19 - 25	14,416	15,228	7,390	7,807	3,751	3,962	1,264	1,337	18,134	18,945	9,296	9,710	4,717	4,929	1,590	1,661
26 - 30	15,264	16,068	7,825	8,238	3,971	4,182	1,339	1,410	19,354	20,532	9,923	10,526	5,036	5,342	1,697	1,801
31 - 35	20,794	20,987	10,659	10,758	5,410	5,458	1,822	1,840	25,579	26,199	13,111	13,429	6,653	6,817	2,242	2,296
36 - 40	21,830	22,458	11,190	11,512	5,678	5,842	1,913	1,968	27,876	28,927	14,288	14,826	7,251	7,523	2,441	2,535
41 - 45	25,197	27,871	12,916	14,287	6,554	7,248	2,207	2,441	33,060	36,411	16,945	18,663	8,598	9,471	2,896	3,189
46 - 50	31,981	35,383	16,392	18,136	8,317	9,201	2,801	3,098	41,953	46,214	21,504	23,688	10,912	12,019	3,675	4,047
51 - 55	40,562	44,867	20,790	22,997	10,548	11,668	3,552	3,929	53,325	58,729	27,330	30,100	13,869	15,273	4,669	5,143
56 - 60	56,369	56,369	28,891	28,891	14,659	14,659	4,934	4,934	72,261	72,261	37,036	37,036	18,792	18,792	6,325	6,325
61 - 65	65,254	65,254	33,445	33,445	16,967	16,967	5,713	5,713	83,531	83,531	42,813	42,813	21,720	21,720	7,311	7,311
66 - 70	84,833	84,833	43,481	43,481	22,060	22,060	7,426	7,426	109,145	109,145	55,939	55,939	28,380	28,380	9,554	9,554
以下保費只適用於續保 The premiums below are for renewal only																
71 - 75	102,554	102,554	52,561	52,561	26,667	26,667	8,977	8,977	136,588	136,588	70,001	70,001	35,515	35,515	11,954	11,954
76 - 80	107,787	107,787	55,244	55,244	28,028	28,028	9,436	9,436	163,325	163,325	83,708	83,708	42,468	42,468	14,296	14,296
81 - 85	113,285	113,285	58,062	58,062	29,458	29,458	9,916	9,916	188,715	188,715	96,720	96,720	49,071	49,071	16,516	16,516
86 - 90	119,064	119,064	61,024	61,024	30,960	30,960	10,422	10,422	207,292	207,292	106,242	106,242	53,900	53,900	18,142	18,142
91 - 95	125,139	125,139	64,136	64,136	32,539	32,539	10,954	10,954	220,143	220,143	112,826	112,826	57,239	57,239	19,267	19,267
96 - 100	131,522	131,522	67,408	67,408	34,199	34,199	11,513	11,513	231,513	231,513	118,653	118,653	60,196	60,196	20,262	20,262
101 +	131,522	131,522	67,408	67,408	34,199	34,199	11,513	11,513	236,625	236,625	121,273	121,273	61,527	61,527	20,710	20,710

1. 認可產品 Certified Plan - 計劃 A Plan A

認可產品編號 Certification Number of the Certified Plan

- 計劃 A (不附額外醫療保障) Plan A (without Supplementary Medical Benefit):
F00043-01-000-02
- 計劃 A (附額外醫療保障 - 設 20% 共同保險) Plan A (with Supplementary Medical Benefit – with 20% Coinsurance):
F00043-01-002-02

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

計劃級別 Plan Level	計劃 A Plan A															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
71 - 75	143,573	143,573	73,583	73,583	37,332	37,332	12,565	12,565	191,218	191,218	98,003	98,003	49,720	49,720	16,735	16,735
76 - 80	150,898	150,898	77,338	77,338	39,236	39,236	13,206	13,206	228,653	228,653	117,187	117,187	59,453	59,453	20,011	20,011
以下保費只適用於續保 The premiums below are for renewal only																
81 - 85	158,595	158,595	81,283	81,283	41,238	41,238	13,879	13,879	264,200	264,200	135,404	135,404	68,696	68,696	23,121	23,121
86 - 90	166,687	166,687	85,429	85,429	43,342	43,342	14,588	14,588	290,211	290,211	148,733	148,733	75,458	75,458	25,397	25,397
91 - 95	175,190	175,190	89,787	89,787	45,553	45,553	15,332	15,332	308,197	308,197	157,953	157,953	80,136	80,136	26,972	26,972
96 - 100	184,127	184,127	94,367	94,367	47,877	47,877	16,114	16,114	324,115	324,115	166,111	166,111	84,275	84,275	28,364	28,364
101 +	184,127	184,127	94,367	94,367	47,877	47,877	16,114	16,114	331,273	331,273	169,780	169,780	86,135	86,135	28,990	28,990

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan - 計劃 B Plan B

認可產品編號 Certification Number of the Certified Plan

- 計劃 B (不附額外醫療保障) Plan B (without Supplementary Medical Benefit):
F00043-02-000-02
- 計劃 B (附額外醫療保障 - 設 20% 共同保險) Plan B (with Supplementary Medical Benefit – with 20% Coinsurance):
F00043-02-002-02

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

計劃級別 Plan Level	計劃 B Plan B															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	8,061	8,061	4,133	4,133	2,099	2,099	709	709	10,251	10,251	5,256	5,256	2,668	2,668	901	901
5 - 9	7,386	7,386	3,789	3,789	1,923	1,923	648	648	9,577	9,577	4,911	4,911	2,492	2,492	840	840
10 - 18	6,575	6,575	3,372	3,372	1,712	1,712	578	578	8,763	8,763	4,495	4,495	2,281	2,281	771	771
19 - 25	7,959	8,416	4,079	4,315	2,073	2,190	700	741	10,147	10,606	5,201	5,438	2,642	2,762	892	933
26 - 30	8,514	9,085	4,366	4,657	2,215	2,364	746	798	10,923	11,715	5,601	6,006	2,842	3,048	959	1,028
31 - 35	11,539	12,223	5,915	6,266	3,002	3,181	1,011	1,073	14,334	15,273	7,348	7,831	3,728	3,975	1,257	1,341
36 - 40	12,347	13,568	6,330	6,955	3,213	3,529	1,083	1,191	15,862	17,354	8,131	8,897	4,129	4,516	1,393	1,523
41 - 45	16,294	17,906	8,353	9,178	4,238	4,657	1,428	1,569	20,863	22,904	10,695	11,741	5,424	5,958	1,829	2,008
46 - 50	20,682	22,726	10,601	11,649	5,380	5,912	1,812	1,991	26,476	29,027	13,571	14,879	6,887	7,551	2,319	2,543
51 - 55	26,741	29,380	13,707	15,058	6,955	7,641	2,343	2,574	34,155	37,501	17,507	19,222	8,884	9,753	2,991	3,285
56 - 60	36,108	36,108	18,508	18,508	9,389	9,389	3,163	3,163	45,340	45,340	23,241	23,241	11,792	11,792	3,972	3,972
61 - 65	41,799	41,799	21,423	21,423	10,869	10,869	3,660	3,660	52,490	52,490	26,902	26,902	13,650	13,650	4,596	4,596
66 - 70	54,337	54,337	27,849	27,849	14,131	14,131	4,757	4,757	68,770	68,770	35,245	35,245	17,883	17,883	6,020	6,020
以下保費只適用於續保 The premiums below are for renewal only																
71 - 75	62,940	62,940	32,260	32,260	16,367	16,367	5,509	5,509	82,425	82,425	42,246	42,246	21,434	21,434	7,215	7,215
76 - 80	66,153	66,153	33,906	33,906	17,202	17,202	5,791	5,791	98,615	98,615	50,542	50,542	25,643	25,643	8,633	8,633
81 - 85	69,527	69,527	35,636	35,636	18,079	18,079	6,086	6,086	113,994	113,994	58,425	58,425	29,642	29,642	9,978	9,978
86 - 90	73,074	73,074	37,454	37,454	19,001	19,001	6,397	6,397	125,266	125,266	64,202	64,202	32,573	32,573	10,966	10,966
91 - 95	76,802	76,802	39,365	39,365	19,970	19,970	6,723	6,723	133,079	133,079	68,207	68,207	34,605	34,605	11,648	11,648
96 - 100	80,720	80,720	41,373	41,373	20,990	20,990	7,066	7,066	140,007	140,007	71,757	71,757	36,405	36,405	12,255	12,255
101 +	80,720	80,720	41,373	41,373	20,990	20,990	7,066	7,066	143,092	143,092	73,340	73,340	37,209	37,209	12,525	12,525

1. 認可產品 Certified Plan - 計劃 B Plan B

認可產品編號 Certification Number of the Certified Plan

- 計劃 B (不附額外醫療保障) Plan B (without Supplementary Medical Benefit):
F00043-02-000-02
- 計劃 B (附額外醫療保障 - 設 20% 共同保險) Plan B (with Supplementary Medical Benefit – with 20% Coinsurance):
F00043-02-002-02

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

計劃級別 Plan Level	計劃 B Plan B															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
71 - 75	88,117	88,117	45,161	45,161	22,912	22,912	7,713	7,713	115,394	115,394	59,141	59,141	30,004	30,004	10,101	10,101
76 - 80	92,613	92,613	47,466	47,466	24,082	24,082	8,107	8,107	138,059	138,059	70,759	70,759	35,900	35,900	12,085	12,085
以下保費只適用於續保 The premiums below are for renewal only																
81 - 85	97,337	97,337	49,888	49,888	25,310	25,310	8,520	8,520	159,591	159,591	81,793	81,793	41,496	41,496	13,968	13,968
86 - 90	102,305	102,305	52,433	52,433	26,601	26,601	8,955	8,955	175,370	175,370	89,878	89,878	45,599	45,599	15,349	15,349
91 - 95	107,524	107,524	55,108	55,108	27,958	27,958	9,412	9,412	186,312	186,312	95,489	95,489	48,444	48,444	16,307	16,307
96 - 100	113,008	113,008	57,919	57,919	29,385	29,385	9,891	9,891	196,008	196,008	100,456	100,456	50,966	50,966	17,154	17,154
101 +	113,008	113,008	57,919	57,919	29,385	29,385	9,891	9,891	200,331	200,331	102,672	102,672	52,090	52,090	17,532	17,532

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan - 計劃 C Plan C

認可產品編號 Certification Number of the Certified Plan

- 計劃 C (不附額外醫療保障) Plan C (without Supplementary Medical Benefit): F00043-03-000-02
- 計劃 C (附額外醫療保障 - 設 20% 共同保險) Plan C (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-03-002-02

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

計劃級別 Plan Level	計劃 C Plan C															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	4,825	4,825	2,476	2,476	1,256	1,256	426	426	6,198	6,198	3,178	3,178	1,615	1,615	549	549
5 - 9	4,411	4,411	2,262	2,262	1,148	1,148	389	389	5,782	5,782	2,964	2,964	1,506	1,506	510	510
10 - 18	3,927	3,927	2,014	2,014	1,023	1,023	347	347	5,299	5,299	2,719	2,719	1,381	1,381	467	467
19 - 25	4,509	4,945	2,312	2,536	1,176	1,288	398	436	5,881	6,316	3,016	3,238	1,533	1,646	518	556
26 - 30	4,919	5,195	2,522	2,664	1,282	1,353	434	457	6,413	6,839	3,288	3,507	1,671	1,781	564	601
31 - 35	6,049	6,390	3,100	3,277	1,576	1,663	532	562	7,798	8,302	3,998	4,257	2,032	2,162	686	731
36 - 40	7,347	7,809	3,768	4,003	1,913	2,033	646	686	9,498	10,144	4,870	5,200	2,470	2,642	836	890
41 - 45	9,597	10,578	4,920	5,422	2,498	2,754	841	928	12,366	13,589	6,340	6,967	3,218	3,536	1,085	1,192
46 - 50	12,224	13,460	6,266	6,900	3,181	3,503	1,073	1,180	15,746	17,295	8,074	8,866	4,098	4,500	1,382	1,518
51 - 55	15,774	17,373	8,087	8,906	4,104	4,520	1,383	1,523	20,283	22,353	10,397	11,459	5,276	5,815	1,778	1,959
56 - 60	21,924	21,924	11,238	11,238	5,702	5,702	1,921	1,921	27,538	27,538	14,116	14,116	7,162	7,162	2,412	2,412
61 - 65	25,207	25,207	12,919	12,919	6,556	6,556	2,207	2,207	31,666	31,666	16,230	16,230	8,237	8,237	2,775	2,775
66 - 70	32,270	32,270	16,540	16,540	8,393	8,393	2,825	2,825	41,181	41,181	21,108	21,108	10,709	10,709	3,607	3,607
以下保費只適用於續保 The premiums below are for renewal only																
71 - 75	38,350	38,350	19,655	19,655	9,974	9,974	3,359	3,359	50,375	50,375	25,821	25,821	13,101	13,101	4,412	4,412
76 - 80	40,307	40,307	20,658	20,658	10,483	10,483	3,530	3,530	60,265	60,265	30,887	30,887	15,672	15,672	5,276	5,276
81 - 85	42,363	42,363	21,712	21,712	11,018	11,018	3,710	3,710	69,657	69,657	35,702	35,702	18,115	18,115	6,099	6,099
86 - 90	44,525	44,525	22,821	22,821	11,581	11,581	3,899	3,899	76,540	76,540	39,229	39,229	19,905	19,905	6,701	6,701
91 - 95	46,797	46,797	23,985	23,985	12,171	12,171	4,098	4,098	81,309	81,309	41,675	41,675	21,144	21,144	7,119	7,119
96 - 100	49,185	49,185	25,209	25,209	12,792	12,792	4,307	4,307	85,538	85,538	43,841	43,841	22,244	22,244	7,489	7,489
101 +	49,185	49,185	25,209	25,209	12,792	12,792	4,307	4,307	87,422	87,422	44,808	44,808	22,734	22,734	7,653	7,653

1. 認可產品 Certified Plan - 計劃 C Plan C

認可產品編號 Certification Number of the Certified Plan

- 計劃 C (不附額外醫療保障) Plan C (without Supplementary Medical Benefit):
F00043-03-000-02
- 計劃 C (附額外醫療保障 - 設 20% 共同保險) Plan C (with Supplementary Medical Benefit – with 20% Coinsurance):
F00043-03-002-02

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

計劃級別 Plan Level	計劃 C Plan C															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
71 - 75	53,688	53,688	27,516	27,516	13,962	13,962	4,702	4,702	70,525	70,525	36,147	36,147	18,341	18,341	6,176	6,176
76 - 80	56,429	56,429	28,921	28,921	14,674	14,674	4,941	4,941	84,371	84,371	43,241	43,241	21,939	21,939	7,386	7,386
以下保費只適用於續保 The premiums below are for renewal only																
81 - 85	59,307	59,307	30,396	30,396	15,423	15,423	5,193	5,193	97,517	97,517	49,981	49,981	25,358	25,358	8,537	8,537
86 - 90	62,334	62,334	31,947	31,947	16,210	16,210	5,458	5,458	107,153	107,153	54,918	54,918	27,863	27,863	9,379	9,379
91 - 95	65,515	65,515	33,578	33,578	17,037	17,037	5,737	5,737	113,832	113,832	58,341	58,341	29,600	29,600	9,965	9,965
96 - 100	68,858	68,858	35,291	35,291	17,906	17,906	6,029	6,029	119,751	119,751	61,375	61,375	31,139	31,139	10,482	10,482
101 +	68,858	68,858	35,291	35,291	17,906	17,906	6,029	6,029	122,391	122,391	62,728	62,728	31,825	31,825	10,713	10,713

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan - 計劃 D Plan D

認可產品編號 Certification Number of the Certified Plan

- 計劃 D (附額外醫療保障 - 設 20% 共同保險) Plan D (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-04-000-02

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

計劃級別 Plan Level	計劃 D Plan D							
	附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	5,067	5,067	2,600	2,600	1,320	1,320	448	448
5 - 9	4,632	4,632	2,376	2,376	1,209	1,209	409	409
10 - 18	4,125	4,125	2,116	2,116	1,077	1,077	364	364
19 - 25	4,734	5,192	2,428	2,664	1,235	1,353	417	458
26 - 30	5,165	5,456	2,648	2,799	1,345	1,422	455	481
31 - 35	6,350	6,710	3,257	3,440	1,653	1,747	560	592
36 - 40	7,716	8,201	3,957	4,204	2,011	2,136	679	721
41 - 45	10,077	11,106	5,165	5,695	2,624	2,890	885	975
46 - 50	12,838	14,134	6,582	7,246	3,342	3,677	1,128	1,242
51 - 55	16,564	18,245	8,492	9,352	4,311	4,747	1,454	1,600
56 - 60	23,023	23,023	11,801	11,801	5,988	5,988	2,017	2,017
61 - 65	26,468	26,468	13,567	13,567	6,886	6,886	2,320	2,320
66 - 70	33,886	33,886	17,369	17,369	8,813	8,813	2,969	2,969
以下保費只適用於續保 The premiums below are for renewal only								
71 - 75	41,451	41,451	21,248	21,248	10,780	10,780	3,631	3,631
76 - 80	49,591	49,591	25,417	25,417	12,896	12,896	4,343	4,343
81 - 85	57,319	57,319	29,379	29,379	14,907	14,907	5,019	5,019
86 - 90	62,983	62,983	32,281	32,281	16,380	16,380	5,516	5,516
91 - 95	66,909	66,909	34,295	34,295	17,401	17,401	5,861	5,861
96 - 100	70,389	70,389	36,077	36,077	18,304	18,304	6,163	6,163
101 +	71,940	71,940	36,871	36,871	18,708	18,708	6,299	6,299

1. 認可產品 Certified Plan - 計劃 D Plan D

認可產品編號 Certification Number of the Certified Plan

- 計劃 D (附額外醫療保障 - 設 20% 共同保險) Plan D (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-04-000-02

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

計劃級別 Plan Level	計劃 D Plan D							
	附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
71 - 75	58,031	58,031	29,743	29,743	15,090	15,090	5,080	5,080
76 - 80	69,426	69,426	35,582	35,582	18,053	18,053	6,079	6,079
以下保費只適用於續保 The premiums below are for renewal only								
81 - 85	80,245	80,245	41,128	41,128	20,866	20,866	7,026	7,026
86 - 90	88,174	88,174	45,193	45,193	22,930	22,930	7,719	7,719
91 - 95	93,671	93,671	48,010	48,010	24,359	24,359	8,201	8,201
96 - 100	98,544	98,544	50,508	50,508	25,626	25,626	8,628	8,628
101 +	100,714	100,714	51,617	51,617	26,190	26,190	8,816	8,816

保費表 Premium Table (HK\$)

2. 附加門診保障 Optional Outpatient Benefits

• 計劃 Plan A

計劃級別 Plan Level	計劃 Plan A(I)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	33,419	33,419	17,128	17,128	8,691	8,691	2,927	2,927	25,705	25,705	13,178	13,178	6,687	6,687	2,252	2,252
19 - 25	21,713	24,386	11,130	12,501	5,648	6,342	1,903	2,137	16,709	18,767	8,565	9,621	4,346	4,882	1,465	1,645
26 - 30	22,265	25,004	11,412	12,818	5,792	6,502	1,951	2,190	17,125	19,232	8,779	9,857	4,453	5,003	1,501	1,685
31 - 35	23,214	26,079	11,899	13,367	6,038	6,784	2,034	2,284	17,863	20,066	9,159	10,286	4,647	5,218	1,566	1,759
36 - 40	23,915	26,864	12,259	13,768	6,220	6,987	2,095	2,353	18,402	20,670	9,433	10,595	4,786	5,376	1,614	1,811
41 - 45	26,307	29,550	13,484	15,145	6,842	7,685	2,305	2,588	20,241	22,736	10,376	11,654	5,265	5,913	1,774	1,992
46 - 50	28,703	32,242	14,713	16,526	7,465	8,386	2,515	2,824	22,086	24,812	11,320	12,719	5,744	6,453	1,936	2,174
51 - 55	31,572	35,469	16,183	18,181	8,210	9,224	2,765	3,106	24,294	27,291	12,453	13,988	6,318	7,099	2,128	2,391
56 - 60	33,782	37,950	17,315	19,450	8,786	9,868	2,960	3,323	25,995	29,198	13,325	14,965	6,762	7,593	2,276	2,558
61 - 65	37,158	41,745	19,045	21,396	9,663	10,857	3,254	3,655	28,592	32,118	14,654	16,462	7,436	8,353	2,504	2,813
66 - 70	48,304	52,178	24,758	26,741	12,562	13,568	4,229	4,569	37,165	40,151	19,048	20,579	9,666	10,443	3,254	3,516
71 - 80	60,381	60,381	30,948	30,948	15,703	15,703	5,286	5,286	48,317	48,317	24,765	24,765	12,565	12,565	4,229	4,229
以下保費只適用於續保 The premium below is for renewal only																
81 +	60,381	60,381	30,948	30,948	15,703	15,703	5,286	5,286	48,317	48,317	24,765	24,765	12,565	12,565	4,229	4,229

計劃級別 Plan Level	計劃 Plan A(II)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	25,307	25,307	12,971	12,971	6,582	6,582	2,216	2,216	19,469	19,469	9,981	9,981	5,066	5,066	1,707	1,707
19 - 25	15,909	17,968	8,155	9,210	4,139	4,674	1,396	1,576	12,231	13,820	6,272	7,083	3,182	3,596	1,074	1,211
26 - 30	16,245	18,354	8,328	9,407	4,226	4,775	1,423	1,608	12,497	14,116	6,406	7,236	3,251	3,674	1,096	1,240
31 - 35	16,950	19,150	8,690	9,816	4,410	4,982	1,486	1,678	13,036	14,733	6,683	7,552	3,393	3,833	1,145	1,292
36 - 40	17,470	19,738	8,956	10,117	4,545	5,134	1,531	1,730	13,436	15,182	6,889	7,782	3,495	3,951	1,178	1,331
41 - 45	19,624	22,177	10,059	11,367	5,105	5,769	1,721	1,943	15,097	17,060	7,738	8,746	3,928	4,439	1,324	1,496
46 - 50	21,410	24,195	10,975	12,403	5,569	6,294	1,876	2,119	16,470	18,613	8,443	9,540	4,284	4,842	1,445	1,633
51 - 55	23,682	26,759	12,139	13,715	6,160	6,959	2,075	2,344	18,215	20,585	9,337	10,551	4,739	5,355	1,596	1,804
56 - 60	25,501	28,817	13,071	14,770	6,632	7,495	2,234	2,524	19,616	22,167	10,055	11,363	5,102	5,766	1,719	1,941
61 - 65	28,815	32,559	14,769	16,687	7,493	8,469	2,524	2,852	22,165	25,044	11,360	12,839	5,766	6,513	1,941	2,195
66 - 70	34,575	38,421	17,722	19,692	8,992	9,991	3,027	3,364	26,594	29,551	13,632	15,146	6,917	7,685	2,330	2,588
71 - 80	43,214	43,214	22,148	22,148	11,238	11,238	3,784	3,784	33,241	33,241	17,038	17,038	8,643	8,643	2,911	2,911
以下保費只適用於續保 The premium below is for renewal only																
81 +	43,214	43,214	22,148	22,148	11,238	11,238	3,784	3,784	33,241	33,241	17,038	17,038	8,643	8,643	2,911	2,911

2. 附加門診保障 Optional Outpatient Benefits

• 計劃 Plan A

計劃級別 Plan Level	計劃 Plan A(III)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	19,238	19,238	9,863	9,863	5,006	5,006	1,685	1,685	14,801	14,801	7,587	7,587	3,850	3,850	1,299	1,299
19 - 25	12,453	14,065	6,384	7,210	3,240	3,660	1,093	1,233	9,575	10,819	4,910	5,548	2,492	2,816	840	949
26 - 30	12,714	14,365	6,519	7,363	3,309	3,737	1,116	1,261	9,783	11,056	5,016	5,667	2,546	2,877	858	970
31 - 35	13,264	14,984	6,799	7,681	3,451	3,898	1,165	1,314	10,203	11,529	5,231	5,910	2,655	3,000	895	1,010
36 - 40	13,680	15,458	7,011	7,924	3,559	4,022	1,199	1,356	10,526	11,893	5,396	6,097	2,740	3,095	925	1,044
41 - 45	15,365	17,371	7,875	8,905	3,996	4,519	1,348	1,523	11,824	13,365	6,061	6,852	3,076	3,478	1,038	1,172
46 - 50	16,760	18,937	8,591	9,707	4,359	4,927	1,469	1,661	12,894	14,568	6,609	7,469	3,354	3,790	1,131	1,278
51 - 55	18,544	20,948	9,504	10,737	4,824	5,449	1,626	1,834	14,257	16,116	7,308	8,261	3,709	4,193	1,251	1,413
56 - 60	19,971	22,563	10,238	11,565	5,195	5,869	1,751	1,978	15,359	17,359	7,874	8,897	3,996	4,516	1,347	1,521
61 - 65	22,552	25,483	11,560	13,062	5,866	6,628	1,977	2,233	17,348	19,605	8,893	10,050	4,513	5,100	1,521	1,719
66 - 70	26,162	30,936	13,409	15,857	6,804	8,045	2,292	2,710	20,125	23,792	10,316	12,194	5,236	6,188	1,764	2,085
71 - 80	32,695	32,695	16,759	16,759	8,502	8,502	2,863	2,863	25,158	25,158	12,895	12,895	6,543	6,543	2,203	2,203
以下保費只適用於續保 The premium below is for renewal only																
81 +	32,695	32,695	16,759	16,759	8,502	8,502	2,863	2,863	25,158	25,158	12,895	12,895	6,543	6,543	2,203	2,203

保費表 Premium Table (HK\$)

2. 附加門診保障 Optional Outpatient Benefits

• 計劃 Plan B

計劃級別 Plan Level	計劃 Plan B(I)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	22,494	22,494	11,531	11,531	5,851	5,851	1,971	1,971	17,300	17,300	8,867	8,867	4,501	4,501	1,517	1,517
19 - 25	14,621	16,420	7,495	8,416	3,804	4,272	1,282	1,438	11,249	12,631	5,767	6,474	2,927	3,287	987	1,108
26 - 30	14,984	16,831	7,681	8,629	3,898	4,378	1,314	1,476	11,527	12,946	5,909	6,638	3,000	3,368	1,010	1,135
31 - 35	15,631	17,556	8,013	9,000	4,067	4,567	1,371	1,540	12,023	13,506	6,164	6,923	3,129	3,515	1,055	1,185
36 - 40	16,098	18,084	8,250	9,270	4,187	4,705	1,412	1,585	12,391	13,915	6,352	7,135	3,225	3,620	1,086	1,221
41 - 45	17,711	19,889	9,079	10,195	4,608	5,174	1,553	1,743	13,625	15,307	6,985	7,847	3,545	3,982	1,194	1,341
46 - 50	19,316	21,705	9,902	11,124	5,025	5,646	1,693	1,901	14,869	16,700	7,622	8,561	3,869	4,345	1,304	1,465
51 - 55	21,251	23,871	10,893	12,236	5,528	6,208	1,862	2,092	16,350	18,369	8,383	9,416	4,254	4,778	1,433	1,608
56 - 60	22,738	25,545	11,654	13,094	5,913	6,645	1,992	2,237	17,496	19,654	8,969	10,075	4,551	5,114	1,533	1,723
61 - 65	25,009	28,095	12,819	14,400	6,505	7,307	2,192	2,461	19,247	21,622	9,866	11,084	5,007	5,625	1,688	1,896
66 - 70	32,516	35,120	16,666	18,001	8,456	9,134	2,850	3,076	25,015	27,024	12,821	13,851	6,507	7,029	2,192	2,367
71 - 80	40,641	40,641	20,831	20,831	10,569	10,569	3,559	3,559	32,524	32,524	16,671	16,671	8,460	8,460	2,850	2,850
以下保費只適用於續保 The premium below is for renewal only																
81 +	40,641	40,641	20,831	20,831	10,569	10,569	3,559	3,559	32,524	32,524	16,671	16,671	8,460	8,460	2,850	2,850

計劃級別 Plan Level	計劃 Plan B(II)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	17,031	17,031	8,729	8,729	4,430	4,430	1,492	1,492	13,103	13,103	6,716	6,716	3,410	3,410	1,148	1,148
19 - 25	10,709	12,092	5,490	6,198	2,787	3,147	940	1,060	8,231	9,303	4,221	4,768	2,142	2,420	723	817
26 - 30	10,935	12,358	5,606	6,336	2,844	3,215	960	1,084	8,413	9,503	4,314	4,872	2,190	2,473	740	834
31 - 35	11,410	12,890	5,849	6,608	2,969	3,354	1,001	1,131	8,778	9,916	4,501	5,084	2,284	2,579	772	870
36 - 40	11,763	13,290	6,030	6,814	3,061	3,458	1,033	1,166	9,045	10,221	4,637	5,239	2,354	2,661	794	896
41 - 45	13,211	14,927	6,773	7,651	3,437	3,883	1,158	1,308	10,166	11,486	5,212	5,889	2,646	2,989	892	1,008
46 - 50	14,411	16,292	7,386	8,352	3,750	4,238	1,264	1,428	11,086	12,530	5,685	6,424	2,885	3,261	974	1,098
51 - 55	15,942	18,012	8,171	9,234	4,147	4,686	1,397	1,580	12,265	13,857	6,287	7,103	3,192	3,606	1,075	1,215
56 - 60	17,166	19,397	8,799	9,942	4,464	5,046	1,506	1,700	13,204	14,920	6,768	7,649	3,436	3,881	1,157	1,308
61 - 65	19,392	21,915	9,940	11,233	5,045	5,700	1,700	1,921	14,918	16,858	7,648	8,641	3,881	4,386	1,308	1,477
66 - 70	23,272	25,862	11,927	13,256	6,052	6,726	2,039	2,264	17,900	19,892	9,176	10,196	4,656	5,175	1,569	1,743
71 - 80	29,087	29,087	14,908	14,908	7,566	7,566	2,548	2,548	22,377	22,377	11,472	11,472	5,821	5,821	1,960	1,960
以下保費只適用於續保 The premium below is for renewal only																
81 +	29,087	29,087	14,908	14,908	7,566	7,566	2,548	2,548	22,377	22,377	11,472	11,472	5,821	5,821	1,960	1,960

2. 附加門診保障 Optional Outpatient Benefits

• 計劃 Plan B

計劃級別 Plan Level	計劃 Plan B(III)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	12,949	12,949	6,638	6,638	3,369	3,369	1,135	1,135	9,963	9,963	5,108	5,108	2,594	2,594	874	874
19 - 25	8,382	9,472	4,296	4,855	2,182	2,466	735	831	6,449	7,285	3,306	3,735	1,680	1,897	567	640
26 - 30	8,562	9,670	4,390	4,957	2,231	2,516	753	850	6,583	7,440	3,375	3,814	1,714	1,937	578	653
31 - 35	8,931	10,088	4,578	5,173	2,325	2,626	784	886	6,870	7,759	3,522	3,979	1,788	2,019	604	682
36 - 40	9,209	10,409	4,721	5,336	2,396	2,710	809	913	7,083	8,008	3,633	4,107	1,844	2,085	624	704
41 - 45	10,346	11,686	5,304	5,991	2,693	3,041	908	1,026	7,959	9,000	4,079	4,614	2,073	2,343	700	792
46 - 50	11,280	12,748	5,784	6,534	2,936	3,318	989	1,118	8,679	9,808	4,450	5,028	2,259	2,553	762	861
51 - 55	12,478	14,101	6,396	7,229	3,247	3,667	1,095	1,235	9,598	10,848	4,921	5,562	2,499	2,823	842	952
56 - 60	13,442	15,189	6,891	7,786	3,497	3,952	1,178	1,331	10,345	11,682	5,303	5,990	2,692	3,041	908	1,024
61 - 65	15,179	17,155	7,780	8,794	3,948	4,463	1,331	1,504	11,679	13,197	5,987	6,765	3,038	3,434	1,024	1,157
66 - 70	17,608	20,822	9,026	10,673	4,580	5,418	1,544	1,825	13,545	16,014	6,945	8,208	3,524	4,165	1,188	1,403
71 - 80	22,011	22,011	11,284	11,284	5,724	5,724	1,928	1,928	16,937	16,937	8,681	8,681	4,407	4,407	1,486	1,486
以下保費只適用於續保 The premium below is for renewal only																
81 +	22,011	22,011	11,284	11,284	5,724	5,724	1,928	1,928	16,937	16,937	8,681	8,681	4,407	4,407	1,486	1,486

注釋 Remarks :

- 年齡指受保人的實際年齡，保費率將以實際年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。
Age refers to insured person's attained age. Premium rate will be charged according to your attained age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- 「0」歲指出生滿 15 日。
Age "0" means age 15 days.
- 藍十字（亞太）保險有限公司（「藍十字」）將保留在續保時就其他因素調整保費的權利，例如：因應受保人年齡的調整、增加額外保障等。藍十字可於續保時更改「只衛您」超卓靈活自願醫保計劃的條款及保障及/或向所有同一類別保單調整其標準保費。
Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") reserves the right to adjust the premium upon policy renewal due to other factors, for example, age-related adjustment or subscription to additional benefits, etc. Blue Cross has the right to revise the terms and benefits of CareForYou Super Flexi Plan for VHIS and/or adjust the standard premium on an overall portfolio basis upon policy renewal.
- 保險業監管局將按照法例透過保險公司向投保人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料，請瀏覽藍十字網頁 http://bluecross.com.hk/document/general/levy_collection。
The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.
- 保費表並未包括由保險業監管局徵收的保費徵費。
The premium tables do not include levy collected by the Insurance Authority.
- 藍十字在有需要時會向所有同一類別保單調整標準保費表。以上列出的標準保費並不能視為實際未來所需支付的標準保費。藍十字會在每個保單年度終結前以書面形式通知保單持有人來年實際所需支付的保費（包括附加保費（如適用））及保費徵費。
Blue Cross may adjust the standard premium schedule on a portfolio basis if necessary. The listed standard premiums above are not indicative of the future standard premiums. Blue Cross will send out a written notice to the policyholders before each end of policy year regarding the actual premiums payable (including premium loading, if applicable) and levy of the coming year.
- 上述注釋適用於本文件的所有保費表。
The above remarks are applicable to all premium tables listed herein.