



MSIG Insurance (Hong Kong) Limited
三井住友海上火災保險 (香港) 有限公司
9/F 1111 King's Road, Taikoo Shing, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
msig.com.hk

Dear Valued Customer,

Benefits update and premium adjustment for SME Group Medical Insurance

Thank you for your continued support to MSIG Insurance (Hong Kong) Limited.

As medical costs continue to rise, it is essential to ensure that you continue to receive comprehensive protection against increasing healthcare expenses. We are writing to inform you that, effective 1 March 2026, there will be an adjustment to the premium for our SME Group Medical Insurance. We are also introducing some benefit updates under the policy.

The updated benefits include:

1. Outpatient benefits (optional):

- Adjusted the network provider co-payment under General Medical Practitioner, Specialist Medical Practitioner and Physiotherapist for Plan 1 and Plan 2

2. Valued-added service:

- Extended direct billing services for inpatient and day case procedure in designated hospitals in the Greater Bay Area. Please [click here](#) for details.

For full details, please refer to the benefits table attached.

We appreciate your trust in us and remain committed to providing comprehensive insurance coverage for you. If you have any questions, please do not hesitate to contact your insurance adviser.

Yours Sincerely,

MSIG Insurance (Hong Kong) Limited

[This is a computer printout, no signature is required.]



親愛的客戶：

中小企團體醫療保險 – 更新保障及調整保費通知

感謝閣下一直以來對三井住友海上火災保險（香港）有限公司的支持。

隨著醫療成本持續上升，確保閣下能繼續獲得全面保障以應對日益增長的醫療開支至關重要。我們特意致函通知，由 2026 年 3 月 1 日起，中小企團體醫療保險的保費將進行調整，我們亦同時更新保單的保障範圍。

更新後之保障包括：

1. 門診保障（自選保障）：

- 調整計劃 1 及 2 之普通科醫生、專科醫生及物理治療師的網絡診所每次自付費

2. 增值服務：

- 伸延直接結算服務至大灣區的合作醫療機構網絡，詳情請[按此](#)

請參閱隨附的更新保障概覽以了解更多。

我們衷心感謝閣下的信任，並將持續致力為閣下提供全面的保障。如閣下對此有任何疑問或有任何其他保險事宜，請致電閣下的保險顧問查詢。

三井住友海上火災保險（香港）有限公司

[此乃電腦編印文件，毋須簽署。]

Benefits table (HK\$)

(Effective from 1 March 2026)

Hospitalisation & surgical benefit	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled room level	General ward	General ward	General ward	Semi-private	Standard private	Standard private
Reimbursement percentage	100%	100%	100%	100%	100%	100%
1. Room and board						
• Limit per day	330	650	1,200	1,950	2,600	4,100
• Maximum days per disability per year	120	120	120	120	120	120
2. Inpatient physician's fees						
• Limit per day	330	650	1,200	1,950	2,600	4,100
• Maximum days per disability per year	120	120	120	120	120	120
3. Companion bed						
• Limit per day	165	330	490	980	1,300	2,050
• Maximum days per disability per year	120	120	120	120	120	120
4. Miscellaneous hospital services						
• Limit per disability per year	5,400	10,800	21,500	32,200	43,000	85,500
5. Surgeon's fees						
• Limit per disability per year						
• Complex	10,800	42,900	64,400	85,800	107,200	192,800
• Major	10,800	21,500	32,200	42,900	53,600	96,400
• Intermediate	5,400	10,800	16,100	21,500	26,800	48,200
• Minor	2,700	5,400	8,100	10,800	13,400	24,100
6. Anaesthetist's fees						
• Limit per disability per year						
• Complex	3,750	15,000	22,500	30,000	37,500	67,500
• Major	3,750	7,500	11,300	15,000	18,800	33,700
• Intermediate	1,900	3,750	5,650	7,500	9,400	16,900
• Minor	950	1,900	2,850	3,750	4,700	8,400
7. Operating theatre fees						
• Limit per disability per year						
• Complex	3,750	15,000	22,500	30,000	37,500	67,500
• Major	3,750	7,500	11,300	15,000	18,800	33,700
• Intermediate	1,900	3,750	5,650	7,500	9,400	16,900
• Minor	950	1,900	2,850	3,750	4,700	8,400
8. Inpatient specialist's fees¹						
• Limit per disability per year	1,350	2,700	5,400	8,100	10,800	16,100
9. Intensive care						
• Limit per disability per year	10,000	20,000	30,000	40,000	50,000	80,000
10. Private nursing¹						
• Limit per day	150	300	450	600	750	1,500
• Maximum days per disability per year	90	90	90	90	90	90
11. Cancer treatment and renal dialysis benefit¹						
• Limit per disability per year	10,000	20,000	40,000	60,000	80,000	150,000

¹ Written referral from the attending registered medical practitioner is required.

Benefits table (HK\$)

(Effective from 1 March 2026)

Hospitalisation & surgical benefit	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled room level	General ward	General ward	General ward	Semi-private	Standard private	Standard private
Reimbursement percentage	100%	100%	100%	100%	100%	100%
12. Increased overseas accidental hospitalisation benefit • Reimbursement percentage	200%	200%	200%	200%	200%	200%
13. Inpatient psychiatric treatment² • Limit per year	5,000	10,000	20,000	30,000	40,000	50,000
14. Pre-admission and post-hospitalisation outpatient care³ • Limit per disability per year	500	1,000	1,500	2,000	2,500	5,000
15. Day surgery cash allowance⁴ • Limit per day surgery (maximum one claim per day, regardless of the number of surgical procedure performed)	600	600	1,200	1,200	2,000	2,000
16. Daily hospital cash for government public ward • Limit per day • Maximum days per disability per year	600 120	600 120	1,200 120	1,200 120	2,000 120	2,000 120
17. Second claim cash benefit • Limit per day • Maximum days per disability per year	600 120	600 120	1,200 120	1,200 120	2,000 120	2,000 120
18. Endoscopy day surgery benefit⁵ • Limit per disability per year • Applicable to upper and lower gastrointestinal endoscopy and small intestinal endoscopy procedure performed at a day procedure centre or day-case unit of a hospital	4,600	9,200	13,800	18,300	22,800	40,900

² Written referral from a specialist is required.

³ Pre-admission and post-hospitalisation outpatient care includes one outpatient consultation fee within 30 days before hospitalisation/day care surgery and all outpatient follow-up visits (consultation fee, western medication, diagnostic test and physiotherapy only) within 6 weeks after discharge from the hospital or day care surgery.

⁴ Day surgery cash allowance is applicable to the following day case procedures:

- Endoscopic Retrograde Cholangio-pancreatography (ERCP)
- Extracorporeal Shock Wave Lithotripsy (ESWL)
- Cystoscopy
- Arthroscopic examination of joint
- Colposcopy
- Bronchoscopy
- Extracapsular/intracapsular extraction of lens (Cataract)

⁵ For endoscopy procedure performed at a day procedure centre or day-case unit of a hospital, the eligible expenses incurred will be payable exclusively up to benefit limit of endoscopy day surgery benefit. Pre-authorisation is required for endoscopy procedure performed during hospital confinement with an overnight stay. Without pre-authorisation, endoscopy procedure performed during hospital confinement with an overnight stay shall be exclusively paid under endoscopy day surgery benefit, and no benefit shall be payable under other benefit items of hospitalisation and surgical benefit and supplementary major medical benefit.

Benefits table (HK\$)

(Effective from 1 March 2026)

Hospitalisation & surgical benefit	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled room level	General ward	General ward	General ward	Semi-private	Standard private	Standard private
Reimbursement percentage	100%	100%	100%	100%	100%	100%
19. Viral warts and skin lesions benefit⁶ <ul style="list-style-type: none"> Limit per year Applicable to removal/destruction and biopsy procedure of benign or pre-malignant skin lesions performed at a clinic, day procedure centre, day-case unit of a hospital or during hospital confinement 	4,600	9,200	13,800	18,300	22,800	40,900
20. 24-hour worldwide assistance services	Included	Included	Included	Included	Included	Included

Supplementary major medical benefit ⁷ (optional)	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled room level	General ward	General ward	General ward	Semi-private	Standard private	Standard private
Reimbursement percentage	80%	80%	80%	80%	80%	80%
Deductible per disability per year	1,000	1,000	1,000	1,000	1,000	1,000
Maximum limit per disability per year	30,000	60,000	80,000	100,000	120,000	200,000

If an insured person has chosen a level of hospital facilities and services higher than the entitled room level, the following scale of adjustment factor shall be applied in addition to reimbursement percentage for supplementary major medical benefit. The supplementary major medical benefit shall not be payable for hospital confinement in class of suite, VIP and deluxe room of a hospital.

Entitled room level	Actual room level	Adjustment factor
General ward	Semi-private room	50%
General ward	Standard private room	25%
Semi-private	Standard private room	50%
General ward, semi-private room, standard private room	Any room level above Standard private room (including suite, VIP and deluxe)	0% (no benefit shall be payable)

⁶ Viral warts and skin lesions procedure performed at a clinic, day procedure centre, day-case unit of a hospital or during hospital confinement shall be exclusively paid under viral warts and skin lesions benefit, and no benefit shall be payable under other benefit items of hospitalisation and surgical benefit and supplementary major medical benefit.

⁷ Supplementary major medical benefit is payable for any eligible expenses incurred during hospital confinement, day care surgery, non-surgical cancer treatment or renal dialysis in excess of the benefit payable under item 1 to 12 of hospitalisation and surgical benefit, up to the maximum limit of this benefit.

Benefits table (HK\$)

(Effective from 1 March 2026)

Outpatient benefit ⁸ (optional)	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Reimbursement percentage	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%
1. General medical practitioner						
• Limit per day per visit	205	245	325	385	485	910
• Network provider co-payment per visit	50	25	0	0	0	0
• Maximum visits per year	30	30	30	30	30	30
2. Chinese herbalist, bone-setting, acupuncture & Tui Na						
• Limit per day per visit	175	200	235	305	385	730
• Network provider co-payment per visit (applicable to Chinese Herbalist only)	60	35	0	0	0	0
• Network provider co-payment per visit (applicable to Bone-setting only)	N/A	N/A	100	30	0	0
• Maximum visits per year	15	15	15	15	15	15
Maximum visits per day (1+2)	1	1	1	1	1	1
3. Specialist medical practitioner⁹						
• Limit per day per visit	425	495	580	770	960	1,800
• Network provider co-payment per visit	130	60	0	0	0	0
• Maximum visits per year	30	30	30	30	30	30
4. Physiotherapist & chiropractor¹⁰						
• Limit per day per visit	300	375	425	575	730	1,360
• Network doctor co-payment per visit (applicable to Physiotherapist only)	90	15	0	0	0	0
• Maximum visits per year	15	15	15	15	15	15
Maximum visits per year (1+2+3+4)	30	30	30	30	30	30
5. Diagnostic imaging & laboratory tests¹¹						
• Maximum limit per year	960	1,490	2,130	2,760	3,400	10,600
6. Prescribed medication¹²						
• Maximum limit per year	600	1,000	1,400	1,800	2,200	6,900
7. Routine medical check-up & vaccination						
• Maximum limit per year	200	250	300	350	400	600

⁸ An insured person can access our outpatient network of general medical practitioner, Chinese herbalist, bone-setting, specialist medical practitioner and physiotherapist, depending on the chosen plan level. Members can present the MSIG e-Medical card to the clinic and we will pay for eligible expenses for doctor visits. Please submit claim for reimbursement of acupuncture, Tui Na and chiropractor visits.

⁹ Written referral from a registered medical practitioner is required except for visiting the following specialist medical practitioners:

- Gynaecology
- Ophthalmology
- Paediatrics
- Otorhinolaryngology
- Orthopaedics and traumatology
- Dermatology
- Urology
- Oncology
- Family medicine
- Psychiatry

¹⁰ Written referral from a registered medical practitioner is required.

¹¹ Written referral from a registered medical practitioner is required. Written referral from a registered Chinese medicine practitioner/registered chiropractor is accepted for X-ray examination and laboratory test.

¹² Prescribed by a registered medical practitioner and is obtained at legitimate source other than registered medical practitioner's clinic. Written prescription from a registered medical practitioner is required.

Benefits table (HK\$)

(Effective from 1 March 2026)

Dental benefit (optional)	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Reimbursement percentage	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%
Limit per year • Oral examination • Scaling, polishing and cleansing • Filling and extraction • Oral X-ray • Medication • Drainage of abscesses • Pins for cusp restoration • Root canal fillings • Apicoectomy • Dentures, crowns and bridges (only if necessitated by an accident)	1,060	1,600	2,130	3,200	5,300	10,600

Personal accident benefit (optional)	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Accidental death & permanent disablement • Limit per life	50,000	100,000	150,000	200,000	250,000	300,000

Major exclusions:

1. Pre-existing condition. This exclusion shall not apply to an insured person who has not undergone any medical underwriting for the policy and has been insured under the policy continuously for a minimum of 12 months.
2. Congenital and hereditary conditions
3. Drug addiction or alcoholism
4. Suicide or self-inflicted injury
5. Cosmetic surgery
6. Dental (unless covered under dental benefit) and optical treatment
7. Pregnancy, childbirth, birth control and treatment for infertility
8. Sexually transmitted disease
9. Routine medical check-ups (unless covered under outpatient benefit)
10. Professional and hazardous sports
11. Appliances and equipment
12. War or warlike operation, strike, riot and civil revolution.

Remarks:

1. The premium rates may be adjusted based on the factors including but not limited to the medical cost inflation, our overall claims experience and expenses incurred by and in relation to this product.
2. In the event of any inconsistency or conflict between English and Chinese language versions of this material, the English version shall prevail. All terms and conditions are subject to the contract.

保障概覽 (港幣)

(由2026年3月1日起生效)

住院及手術保障	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可享有的病房級別	普通房	普通房	普通房	半私家房	標準私家房	標準私家房
賠償率	100%	100%	100%	100%	100%	100%
1. 住院及膳食						
• 每日最高限額	330	650	1,200	1,950	2,600	4,100
• 每年每症最多日數	120	120	120	120	120	120
2. 住院醫生巡房費用						
• 每日最高限額	330	650	1,200	1,950	2,600	4,100
• 每年每症最多日數	120	120	120	120	120	120
3. 加床						
• 每日最高限額	165	330	490	980	1,300	2,050
• 每年每症最多日數	120	120	120	120	120	120
4. 住院雜費						
• 每年每症最高限額	5,400	10,800	21,500	32,200	43,000	85,500
5. 外科手術費用						
• 每年每症最高限額						
• 複雜手術	10,800	42,900	64,400	85,800	107,200	192,800
• 大型手術	10,800	21,500	32,200	42,900	53,600	96,400
• 中型手術	5,400	10,800	16,100	21,500	26,800	48,200
• 小型手術	2,700	5,400	8,100	10,800	13,400	24,100
6. 麻醉師費用						
• 每年每症最高限額						
• 複雜手術	3,750	15,000	22,500	30,000	37,500	67,500
• 大型手術	3,750	7,500	11,300	15,000	18,800	33,700
• 中型手術	1,900	3,750	5,650	7,500	9,400	16,900
• 小型手術	950	1,900	2,850	3,750	4,700	8,400
7. 手術室費用						
• 每年每症最高限額						
• 複雜手術	3,750	15,000	22,500	30,000	37,500	67,500
• 大型手術	3,750	7,500	11,300	15,000	18,800	33,700
• 中型手術	1,900	3,750	5,650	7,500	9,400	16,900
• 小型手術	950	1,900	2,850	3,750	4,700	8,400
8. 住院專科醫生費用¹						
• 每年每症最高限額	1,350	2,700	5,400	8,100	10,800	16,100

¹ 需提供由相關註冊醫生發出的書面轉介信。

保障概覽 (港幣)

(由2026年3月1日起生效)

住院及手術保障	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可享有的病房級別	普通房	普通房	普通房	半私家房	標準私家房	標準私家房
賠償率	100%	100%	100%	100%	100%	100%
9. 深切治療						
• 每年每症最高限額	10,000	20,000	30,000	40,000	50,000	80,000
10. 私家看護¹						
• 每日最高限額	150	300	450	600	750	1,500
• 每年每症最多日數	90	90	90	90	90	90
11. 癌症治療及洗腎療程保障¹						
• 每年每症最高限額	10,000	20,000	40,000	60,000	80,000	150,000
12. 海外意外住院額外保障						
• 賠償率	200%	200%	200%	200%	200%	200%
13. 住院精神科治療²						
• 每年最高限額	5,000	10,000	20,000	30,000	40,000	50,000
14. 入院前及出院後之門診護理³						
• 每年每症最高限額	500	1,000	1,500	2,000	2,500	5,000
15. 日間手術現金津貼⁴						
• 每宗日間手術最高限額 (不論日間手術宗數, 每日最多賠償一次)	600	600	1,200	1,200	2,000	2,000
16. 政府醫院公眾病房每日住院現金						
• 每日最高限額	600	600	1,200	1,200	2,000	2,000
• 每年每症最多日數	120	120	120	120	120	120
17. 第二索償現金津貼保障						
• 每日最高限額	600	600	1,200	1,200	2,000	2,000
• 每年每症最多日數	120	120	120	120	120	120

² 需提供由專科醫生發出的書面轉介信。

³ 入院前及出院後之門診護理包括一次入院/日間手術前30天內的門診診金及出院/日間手術後6星期內所有與住院/日間手術有關的門診跟進療程費用 (只限診金、西醫藥物、診斷性服務及物理治療)。

⁴ 日間手術現金津貼適用於以下日間手術：

- 逆行內窺鏡膽胰管造影術
- 體外衝擊波碎石術
- 膀胱鏡檢查
- 關節鏡檢查
- 陰道鏡檢查
- 支氣管鏡檢查
- 囊外/囊內晶狀體摘除術 (白內障)

保障概覽 (港幣)

(由2026年3月1日起生效)

住院及手術保障	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可享有的病房級別	普通房	普通房	普通房	半私家房	標準私家房	標準私家房
賠償率	100%	100%	100%	100%	100%	100%
18. 內窺鏡日間手術保障⁵ <ul style="list-style-type: none"> 每年每症最高限額 適用於在日間醫療中心或醫院日症房進行的上、下消化道內窺鏡及小腸內窺鏡程序 	4,600	9,200	13,800	18,300	22,800	40,900
19. 病毒性疣及皮損保障⁶ <ul style="list-style-type: none"> 每年最高限額 適用於在診所、日間醫療中心、醫院日症房或住院期間進行的良性或癌前皮膚病變的去除/破壞和活檢程序 	4,600	9,200	13,800	18,300	22,800	40,900
20. 24 小時全球支援服務	包括	包括	包括	包括	包括	包括

附加醫療保障 ⁷ (自選保障)	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可享有的病房級別	普通房	普通房	普通房	半私家房	標準私家房	標準私家房
賠償率	80%	80%	80%	80%	80%	80%
每年每症自付額	1,000	1,000	1,000	1,000	1,000	1,000
每年每症最高限額	30,000	60,000	80,000	100,000	120,000	200,000

如受保人實際入住的病房級別高於其保障可享有的病房級別，附加醫療保障將於賠償率外，另按以下調整系數再作調整。附加醫療保障並不會就入住總統套房、貴賓房及豪華房的住院費用作出賠償。

可享有的病房級別	實際入住的病房級別	調整系數
普通房	半私家房	50%
普通房	標準私家房	25%
半私家房	標準私家房	50%
普通房、半私家房、標準私家房	標準私家房以上 (包括總統套房、貴賓房及豪華房)	0% (不會作出賠償)

⁵ 對於在日間醫療中心、醫院日症房進行的內窺鏡程序，所產生的合資格費用將會根據內窺鏡日間手術保障的賠償限額作出賠償。在需要過夜的住院期間進行的內窺鏡程序需要預先申請初步保障審核。在未經初步保障審核的情況下，在需要過夜的住院期間進行的內窺鏡程序將只於內窺鏡日間手術保障作出賠償，而不會於住院及手術保障的其他項目和附加醫療保障作出賠償。

⁶ 在診所、日間醫療中心、醫院日症房或住院期間進行的病毒性疣及皮損程序將會根據病毒性疣及皮損保障的賠償限額作出賠償，而不會於住院及手術保障的其他項目和附加醫療保障作出賠償。

⁷ 附加醫療保障只適用於住院期間、日間手術、非手術之癌症治療或洗腎療程下產生的合資格費用，而其金額超出住院及手術保障項目第 1-12 項的賠償額。賠償金額上限為附加醫療保障範圍的最高賠償額。

保障概覽 (港幣)

(由2026年3月1日起生效)

門診保障 ⁸ (自選保障)	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
賠償率	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%
1. 普通科醫生						
• 每日每次最高限額	205	245	325	385	485	910
• 網絡診所每次自付費	50	25	0	0	0	0
• 每年最高賠償次數	30	30	30	30	30	30
2. 中醫、跌打、針灸及推拿						
• 每日每次最高限額	175	200	235	305	385	730
• 網絡診所每次自付費 (只適用於中醫)	60	35	0	0	0	0
• 網絡診所每次自付費 (只適用於跌打)	N/A	N/A	100	30	0	0
• 每年最高賠償次數	15	15	15	15	15	15
每日的最高賠償次數 (1+2)	1	1	1	1	1	1
3. 專科醫生⁹						
• 每日每次最高限額	425	495	580	770	960	1,800
• 網絡醫生每次自付費	130	60	0	0	0	0
• 每年最高賠償次數	30	30	30	30	30	30
4. 物理治療師及脊醫¹⁰						
• 每日每次最高限額	300	375	425	575	730	1,360
• 網絡醫生每次自付費 (只適用於物理治療)	90	15	0	0	0	0
• 每年最高賠償次數	15	15	15	15	15	15
每年最高賠償次數 (1+2+3+4)	30	30	30	30	30	30
5. 診斷性影像及化驗服務¹¹						
• 每保單年度的最高賠償限額	960	1,490	2,130	2,760	3,400	10,600
6. 處方藥物¹²						
• 每年最高限額	600	1,000	1,400	1,800	2,200	6,900
7. 例行健康檢查及接種疫苗						
• 每年最高限額	200	250	300	350	400	600

⁸ 受保人可按已選擇的保障級別於門診醫療網絡的普通科醫生、中醫、跌打、專科醫生及物理治療師使用醫療服務。只需向診所出示 MSIG 電子醫療卡，我們便會支付合資格的醫生診治費用。針灸、推拿及脊醫的診治費用，請遞交索償申請。

⁹ 除以下專科醫生診症外，需提供由註冊醫生發出的書面轉介信：

- | | | | |
|------|-------|-----------|--------|
| • 婦科 | • 皮膚科 | • 精神病學 | • 家庭醫學 |
| • 眼科 | • 泌尿科 | • 骨科及創傷外科 | |
| • 兒科 | • 腫瘤科 | • 耳鼻喉科 | |

¹⁰ 需提供由註冊醫生發出的書面轉介信。

¹¹ 需提供由註冊醫生發出的書面轉介信。X光檢查及化驗接受由註冊中醫/註冊脊醫發出的書面轉介信。

¹² 由註冊醫生以書面處方，並於註冊醫生診所以外的合法來源獲得，並需提供由註冊醫生發出的書面處方。

保障概覽 (港幣)

(由2026年3月1日起生效)

牙科保障 (自選保障)	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
賠償率	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%
每年的賠償額 • 口腔檢查 • 洗牙 • 補牙及脫牙 • 口腔X光 • 藥物 • 膿瘡排放 • 齒尖或齒邊修復 • 齒根管的填補 • 齒根尖切除術 • 活動假牙、牙冠及牙橋 (只適用於因意外而導致)	1,060	1,600	2,130	3,200	5,300	10,600

人身意外保障 (自選保障)	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
意外死亡及永久傷殘 • 終身最高限額	50,000	100,000	150,000	200,000	250,000	300,000

主要不承保項目：

1. 之前已存在之傷病。此不承保項目不適用於沒有進行醫療核保及已連續受保於此計劃最少12個月的受保人。
2. 先天或遺傳性異常
3. 吸毒或酗酒
4. 自殺或蓄意自殘
5. 美容手術
6. 牙科 (除非已投保牙科保障) 及視力治療
7. 懷孕、分娩、節育及醫治不育
8. 性病
9. 例行健康檢查 (除非已投保門診保障)
10. 專業及危險運動
11. 輔助設備及裝置
12. 戰爭或任何類似戰爭行動、罷工、暴亂或民事騷亂

注意：

1. 保費會根據各因素調整，包括但不限於醫療費用的通漲、客戶的整體索償表現及此產品的相關營運開支。
2. 中、英文版內容如有歧義，概以英文版為準。所有條款及細則以合約為準。