

醫療保險
自願醫保認可產品



真摯守護 樂享健康

「摯健樂」醫療計劃 - 基本

此人壽保險計劃由香港人壽保險有限公司(「香港人壽」)承保
創興銀行有限公司為香港人壽之委任保險代理商





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由香港人壽保險有限公司刊發

真摯守護 樂享健康

害怕突如其來的醫療開支令您大失預算？

擔心公營醫療服務緊拙問題？

憂慮醫療費用持續上升？

愛錫自己，愛錫家人，您需要及時為自己和家人準備足夠的醫療保障。

「摯健樂」醫療計劃 - 基本（「此計劃」）為香港政府自願醫保計劃（「自願醫保」）下的認可產品，符合稅務扣減資格，為您提供一個保證續保至受保人100歲的醫療保障計劃。

基本資料

認可產品類別：	標準計劃
認可產品名稱：	「摯健樂」醫療計劃 — 基本
認可產品編號：	S00037-01-000-01





終身保障 實報實銷

此計劃為實報實銷的醫療保障。於此計劃生效期間，一旦受保人不幸因傷病，並在註冊醫生的建議下而住院；或接受任何日間手術、訂明診斷成像檢測或訂明非手術癌症治療，此計劃將賠償合理及慣常¹的合資格費用²，助您紓緩突如其來的經濟壓力。



保證續保 後顧無憂

不論受保人的健康狀況或索償紀錄，保單持有人可保證每年續保³此計劃直至受保人100歲。於續保時，就算受保人的健康狀況出現任何轉變，其保費率或適用之附加保費率不會因此而改變，亦不會增加受保人的個別不保項目，讓您後顧無憂。



稅務扣減⁴ 節省保費

保單持有人可為自己或受養人就此計劃所支付的保費申請稅務扣減。每名受保人每年可獲的稅務扣減上限為港元8,000，而可申請稅務扣減的自願醫保保單數目及受養人數目均不設上限。



不設終身保障限額 全球保障

此計劃內所有保障均不設終身保障限額。除精神科治療外，此計劃的保障均全球適用。



不設醫療服務提供者及病房級別限制

此計劃內所有保障均不設選擇醫療服務提供者的限制及不設醫院病房級別選擇的限制，讓您靈活選擇合適的治療方案。



保障廣泛 守衛健康

• 未知的投保前已有病症

保單持有人或受保人在投保時不察覺及理應不察覺的投保前已有病症，此計劃將按下述的等候期及賠償比率賠償合資格費用²：

保單年度	賠償比率 (按保障限額賠償之百分比)
首個保單年度	沒有保障
第2個保單年度	25%
第3個保單年度	50%
第4個保單年度起	100%

• 先天性疾病治療

若受保人於8歲或以後發病或確診的先天性疾病，此計劃將賠償相關先天性疾病所招致的合理及慣常¹的合資格費用²。

• 日間手術

若受保人不幸因傷病而接受任何日間手術，此計劃將賠償合理及慣常¹的合資格費用²。

• 訂明診斷成像檢測

此計劃將賠償因檢查或治療傷病進行訂明診斷成像檢測，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組合所收取的合資格費用²。本保障需按保障表列明的共同保險作出賠償。

• 訂明非手術癌症治療

此計劃將賠償訂明非手術癌症治療，訂明非手術癌症治療指治療癌症的放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療所收取的合資格費用²，包括在接受治療期間就進行治療計劃、監察預後及病況進展的專科醫生門診收費。

• 精神科治療

若受保人在專科醫生建議下，在香港境內住院接受精神科治療，此計劃將賠償有關合資格費用²。



保障表

保障項目 ⁵	賠償限額(港元)
(a) 病房及膳食	每日\$750 每保單年度最多180日
(b) 雜項開支	每保單年度\$14,000
(c) 主診醫生巡房費	每日\$750 每保單年度最多180日
(d) 專科醫生費 ⁶	每保單年度\$4,300
(e) 深切治療	每日\$3,500 每保單年度最多25日
(f) 外科醫生費	每項手術，按手術表劃分的手術分類 — <ul style="list-style-type: none"> · 複雜 \$50,000 · 大型 \$25,000 · 中型 \$12,500 · 小型 \$5,000
(g) 麻醉科醫生費	外科醫生費的35% ⁷
(h) 手術室費	外科醫生費的35% ⁷
(i) 訂明診斷成像檢測 ^{6,8}	每保單年度\$20,000 設30%共同保險
(j) 訂明非手術癌症治療 ⁹	每保單年度\$80,000
(k) 入院前或出院後/ 日間手術前後的門診護理 ⁶	每次\$580，每保單年度\$3,000 <ul style="list-style-type: none"> · 住院/ 日間手術前最多1次門診或急症診症 · 出院/ 日間手術後90日內最多3次跟進門診
(l) 精神科治療	每保單年度\$30,000
其他限額	
保障項目(a) - (l)的每年保障限額	每保單年度\$420,000
保障項目(a) - (l)的終身保障限額	無
其他保障	
恩恤身故保障	\$10,000
意外死亡保障 ¹⁰	\$10,000



備註：

1. 「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香港人壽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。香港人壽必須參照以下資料(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。
2. 「合資格費用」是指就傷病接受醫療服務所需的費用。「醫療服務」是指就診斷或治療受保人的傷病所提供的醫療所需服務，包括按情況所需的住院、治療、程序、檢測、檢查或其他相關服務。有關「醫療所需」的釋義，請參閱此計劃的條款及細則第八部分。
3. 保單持有人可每年續保其保單直至受保人100歲。續保保費並非保證，香港人壽有權按當時香港人壽所採用的標準保費表向所有同一類別保單調整標準保費。
4. 就自願醫保保單繳付的合資格保費(不包括保費徵費)能否獲得稅務扣減須受限於稅務條例及保單持有人(作為納稅人)及受保人(作為指明受養人)之情況。如有有關稅務的疑問，請瀏覽稅務局(「稅務局」)的網頁或直接向稅務局查詢，亦可向閣下的稅務及會計顧問諮詢獨立及專業的意見。
5. 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
6. 香港人壽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。
7. 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。
8. 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。
9. 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。
10. 意外死亡保障將與恩恤身故保障一併支付。

基本投保條件

保費供款年期	1年
投保年齡*	0(出生後15天)至80歲
保單貨幣	港元
保障年期	1年 (續保至受保人100歲)
保障地區	全球(精神科治療除外)
受保病房級別	不設限制
保費繳付方式	年繳 / 半年繳 / 季繳 / 月繳

* 年齡指受保人的上一次生日年齡

一般不保事項

按此計劃的條款及保障，香港人壽不會賠償與下列項目相關或由其引致的費用——

1. 任何非醫療所需治療、治療程序、藥物、檢測或服務的費用。
2. 若純粹為接受診斷程序或專職醫療服務(包括但不限於物理治療、職業治療及言語治療)而住院，該住院期間所招致的全部或部分費用。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。
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(若香港人壽在此計劃的條款及細則第一部分第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，此計劃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五(5)年內發病，將被推定為於保單生效日前已感染或出現；若在這五(5)年後發病，將被推定為於保單生效日後感染或出現。
惟此計劃的條款及細則第七部分第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，有關賠償將按此計劃的條款及保障內其他條款處理。
4. 因倚賴或過量服用藥物、酒精、毒品或類似物質(或受其影響)、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症(HIV及其相關的傷病將按此計劃的條款及細則第七部分第3節處理)的醫療服務費用。
5. 以下服務的收費——
 - (a) 以美容或整容為目的的服務，惟受保人因意外而受傷，並於意外後九十(90)日內接受的必要醫療服務則不屬此項；或
 - (b) 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術(LASIK)，以及任何相關的檢測、治療程序及服務。
6. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因受保人及/或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑，此計劃的條款及細則第七部分第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。
7. 牙科醫生進行的牙科治療及口腔頷面手術的費用，惟受保人因意外引致在住院期間接受的急症治療及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。
8. 下列醫療服務及輔導服務的費用 - 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育(包括體外受孕或任何其他人工受孕)；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。
9. 購買屬耐用用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。
10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。
11. 按接受治療、治療程序、檢測或服務所在地的普遍標準(或尚未經當地認可機構批准)界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。
12. 受保人年屆8歲前發病或確診的先天性疾病所招致的醫療服務費用。
13. 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。
14. 因戰爭(不論宣戰與否)、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故所招致的治療費用。

重要聲明

1. 冷靜期

若閣下對保單不滿意，閣下有權在冷靜期內取消保單，並獲退還已繳付香港人壽的保費原額及保費徵費(以繳付貨幣計算)，惟不附帶任何利息。閣下需將已簽妥的書面通知於冷靜期內(即由保單交付閣下或閣下之代表後或將冷靜期權益通知書(通知已經可以領取保單和「冷靜期」的屆滿日)發予閣下或閣下之代表後起計二十一天，以較先者為準)送達香港皇后大道中一百八十三號中遠大廈十五樓 - 香港人壽保險有限公司。冷靜期結束後，若閣下在期滿前取消保單，預計的總退保發還金額(如適用)可能少於閣下的繳付保費總額。

2. 取消保單

冷靜期過後，若保單持有人在該保單年度期間沒有就此計劃的條款及保障獲得任何賠償，保單持有人可以在三十(30)日前以書面方式通知香港人壽要求取消此計劃的條款及保障。

此權利在首個(及其後的)保單年度的條款及保障續保後仍然適用。

3. 保費調整

續保保費並非保證，香港人壽有權按當時香港人壽所採用的標準保費表向所有同一類別保單調整標準保費。

4. 發行人的信貸風險

此計劃由香港人壽發行及承保。閣下的保單須承受香港人壽的信貸風險。在最壞的情況下，閣下可能損失所有已繳之保費及利益價值。

5. 通脹風險

當檢視保險計劃建議書內所列出的價值時，應留意未來生活成本很可能因通脹而上調。

6. 失實陳述或欺詐

香港人壽有權在下列情況下，宣告保單自保單生效日起無效，並通知保單持有人，保單不會為受保人提供保障 —

- (a) 在投保申請文件，或在投保申請文件或任何其後就相關申請提交予香港人壽的資料或文件，其所作出的陳述或聲明中，就受保人健康狀況的重要事實作出失實聲明或遺漏資料(若香港人壽在此計劃的條款及細則第一部分第8節提出要求，則包括相關必需資料的任何更新及改動)。「重要事實」包括但不限於由香港人壽要求提供、會影響香港人壽對受保人的核保決定的事實，若披露該事實香港人壽有可能因而徵收附加保費，增加個別不保項目或拒絕投保申請。為免存疑，本(a)段並不適用於此計劃的條款及細則第二部分第13節關於受保人非健康相關資料；或
- (b) 在投保申請文件中或索償時，作出欺詐或有欺詐成分的申述。

香港人壽必須負舉證責任證明(a)及(b)為真確。按此計劃的條款及細則第一部分第8或9節，香港人壽有責任查詢所有影響核保決定的重要事實。

在(a)的情況下，香港人壽將 —

- (i) 有權追討已支付的賠償；及
- (ii) 有責任退還已繳交的保費，

兩者均適用於現保單年度及過往所有保單年度，香港人壽亦有權收取合理的行政費用。

在(b)的情況下，香港人壽將 —

- (iii) 有權追討已支付的賠償；及
- (iv) 有權不退還已繳交的保費。

7. 終止保單

保單將在以下情況時自動終止，以最先者為準 —

- (a) 按此計劃的條款及細則第二部分第13節或第三部分第3節規定，保單持有人在寬限期屆滿時仍未繳交保費；或
- (b) 受保人身故翌日；或
- (c) 香港人壽不再獲《保險業條例》授權承保或繼續承保保單。

在保單終止後，保單的保障亦即告終止。除非另有說明，任何現保單年度及過往所有保單年度已繳交的保費，均不獲退還。

若保單持有人按此計劃的條款及細則第二部分第3節或第四部分第1節（視情況而定），決定取消保單或不再續保，保單亦會被終止，惟保單持有人必須向香港人壽提供所需的書面通知作實。

8. 保險費用

部份保費用作繳付保險及相關費用(如有)。

9. 排解糾紛

香港人壽及保單持有人必須盡力以友善方式解決就保單所出現的糾紛、爭議及分歧，包括與保單的有效性、無效性、條款違反或終止相關的事宜。如未能解決，在有關糾紛轉介至香港法院前，雙方亦可以(但沒有責任)透過各種另類排解糾紛程序處理，包括但不限於在雙方同意下以調解或仲裁方式進行。

雙方需要自行承擔另類排解糾紛程序的服務費用。

10. 銷售及產品爭議

創興銀行有限公司(「委任保險代理商」)為香港人壽之委任保險代理商，而有關保險產品是香港人壽而非委任保險代理商的產品。對於委任保險代理商與客戶之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融糾紛調解計劃的金融糾紛調解的中心職權範圍)，委任保險代理商須與客戶進行金融糾紛調解計劃程序；然而，對於有關產品的合約條款的任何爭議，應由香港人壽與客戶直接解決。

如欲查詢有關計劃詳情，請親臨創興銀行有限公司各分行、登入香港人壽網址(www.hklife.com.hk)，或致電香港人壽客戶服務熱線2290 2882查詢。

本產品小冊子只作參考用途，並只適用於香港境內。有關條款及細則，請參閱保單，如產品小冊子及保單有任何差異，以保單為準。保單副本可應要求提供。閣下於投保前，可參閱保單內容及條款，亦可於作出任何決定前先諮詢獨立及專業的意見。

如欲要求香港人壽停止使用閣下個人資料作直接促銷用途，請致函香港人壽保險有限公司，地址為香港皇后大道中183號中遠大廈15樓或致電2290 2882與香港人壽的資料保護主任聯絡，此項安排不另收費。

本產品小冊子備有中文及英文版本。兩者均為正式版本，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。

7. Termination of Policy

The Policy shall be automatically terminated on the earliest of the followings –

- (a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in Section 13 of Part 2 or Section 3 of Part 3 at the Terms and Conditions of the Plan;
- (b) the day immediately following the death of the Insured Person; or
- (c) Hong Kong Life has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy;

Immediately following the termination of the Policy, insurance coverage under the Policy shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.

The Policy shall also be terminated if the Policy Holder decides to cancel the Policy or not to renew the Policy in accordance with Section 3 of Part 2 or Section 1 of Part 4 at the Terms and Conditions of the Plan, as the case may be, by giving the requisite written notice to Hong Kong Life.

8. Insurance Costs

Part of the premium paid for the insurance and related costs (if any).

9. Dispute Resolution

If any dispute, controversy or disagreement arises out of the Policy, including matters relating to the validity, invalidity, breach or termination of the Policy, Hong Kong Life and Policy Holder shall use their endeavours to resolve it amicably, failing which, the matter may (but is not obliged to) be referred to any form of alternative dispute resolution, including but not limited to mediation or arbitration, as may be agreed between Hong Kong Life and the Policy Holder, before it is referred to a Hong Kong court.

Each party shall bear its own costs of using services under alternative dispute resolution.

10. Dispute on Selling Process and Product

Chong Hing Bank Limited (“Appointed Insurance Agency”) is the Appointed Insurance Agency of Hong Kong Life, and the insurance product is a product of Hong Kong Life but not the Appointed Insurance Agency. In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between the Appointed Insurance Agency and the customer out of the selling process or processing of the related transaction, Appointed Insurance Agency is required to enter into a Financial Dispute Resolution Scheme process with the customer; however any dispute over the contractual terms of the product should be resolved between Hong Kong Life and the customer directly.

Should you have any enquiries, please visit any branches of Chong Hing Bank Limited, visit the company website of Hong Kong Life (www.hklife.com.hk) or call Hong Kong Life’s Customer Services Hotline at 2290 2882.

This product leaflet is for reference and is applicable within Hong Kong only. For terms and conditions, please refer to the policy document. If there is any conflict between the product leaflet and the policy document, the latter shall prevail. The copy of the policy document is available upon request. Before applying for the insurance plan, you may refer to the contents and terms of the policy document. You may also seek independent and professional advice before making any decision.

Please mail to Hong Kong Life Insurance Limited at 15/F Cosco Tower, 183 Queen’s Road Central, Hong Kong or call Hong Kong Life’s Data Protection Officer at 2290 2882 if you request Hong Kong Life not to use your personal data for direct marketing purposes. No charge shall be levied on such arrangement.

This product leaflet has been prepared in both English and Chinese. 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 Policy Holder.

Important Statements

1. Cooling-off Period

If you are not satisfied with your Policy, you have a right to cancel it within the cooling-off period and obtain a refund of any premium(s) and levy(ies) paid (in the original payment currency) to Hong Kong Life without any interest. A written notice signed by you should be received by Hong Kong Life Insurance Limited at 15/F Cosco Tower, 183 Queen's Road Central, Hong Kong within the cooling-off period (that is, 21 days after the delivery of the Policy or issue of the Cooling-off Right Notice (informing you/your representative about the availability of the Policy and Expiry Date of the cooling-off period), whichever is the earlier). After the expiration of the cooling-off period, if you cancel the Policy before the end of the term, the projected Total Surrender Value (if applicable) may be less than the Total Premiums Paid.

2. Cancellation

After the cooling-off period, the Policy Holder can request cancellation of the Terms and Benefits of the Plan by giving thirty (30) days prior written notice to Hong Kong Life, provided that there has been no benefit payment under the Terms and Benefits of the Plan during the relevant Policy Year.

The cancellation right under this Section shall also apply after the Terms and Benefits of the Plan have been Renewed upon expiry of its first (or subsequent) Policy Year.

3. Premium Adjustment

Renewal premium is not guaranteed and Hong Kong Life reserves the right to adjust the Standard Premium according to the prevailing Standard Premium schedule adopted by Hong Kong Life on an overall Portfolio basis.

4. Credit Risk of Issuer

The Plan is issued and underwritten by Hong Kong Life. Your Policy is subject to the credit risk of Hong Kong Life. In the worst case, you may lose all the premium paid and benefit amount.

5. Inflation Risk

When reviewing the values shown in the Insurance Proposal, please note that the cost of living in the future is likely to be higher than it is today due to inflation.

6. Misrepresentation or Fraud

Hong Kong Life has the right to declare the Policy void as from the Policy Effective Date and notify the Policy Holder that no cover shall be provided for the Insured Person in case of any of the following events –

- (a) any material fact relating to the health related information of the Insured Person which may impact the risk assessment by Hong Kong Life is incorrectly stated in, or omitted from, the Application or any statement or declaration made for or by the Insured Person in the Application or in any subsequent information or document submitted to Hong Kong Life for the purpose of the application, including any updates of and changes to such requisite information (if so requested by Hong Kong Life under Section 8 of Part 1 at the Terms and Conditions of the Plan). The circumstances that a fact shall be considered “material” include, but not limited to, the situation where the disclosure of such fact as required by Hong Kong Life would have affected the underwriting decision of Hong Kong Life, such that Hong Kong Life would have imposed Premium Loading, included Case-based Exclusion(s), or rejected the application. For the avoidance of doubt, this paragraph (a) shall not apply to non-health related information of the Insured Person, which shall be governed by Section 13 of Part 2 at the Terms and Conditions of the Plan; or
- (b) any Application or claim submitted is fraudulent or where a fraudulent representation is made.

The burden of proving (a) and (b) shall rest with Hong Kong Life. Hong Kong Life shall have the duty to make all necessary inquiries on all facts which are material to Hong Kong Life for underwriting purpose as provided in Section 8 or 9 of Part 1 at the Terms and Conditions of the Plan.

In the event of (a), Hong Kong Life shall have –

- (i) the right to demand refund of the benefits previously paid; and
- (ii) the obligation to refund the premium received,

in each case for the current Policy Year and the previous Policy Years in which the Policy was in force, subject to a reasonable administration charge payable to Hong Kong Life.

In the event of (b), Hong Kong Life shall have –

- (iii) the right to demand refund of the benefits previously paid; and
- (iv) the right not to refund the premium received.

General Exclusions

Under the Terms and Benefits of the Plan, Hong Kong Life shall not pay any benefits in relation to or arising from the following expenses.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by Hong Kong Life under Section 8 of Part 1 at the Terms and Conditions of the Plan) such Disability shall be generally excluded from any coverage of the Terms and Benefits of the 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 five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.
However, the exclusion under Section 3 of Part 7 at the Terms and Conditions of the Plan 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 Plan shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of Part 7 at the Terms and Conditions of the Plan applies).
5. Any charges in respect of services for –
 - (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, Section 6 of Part 7 at the Terms and Conditions of the Plan 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. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or premature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.
13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.



Remarks:

1. "Eligible Expenses" shall mean expenses incurred for Medical Services rendered with respect to a Disability. "Medical Services" shall mean Medically Necessary services, including, as the context requires, Confinement, treatments, procedures, tests, examinations or other related services for the investigation or treatment of a Disability. For the definition of "Medically Necessary", please refer to Section 8 at the Terms and Conditions of the Plan.
2. "Reasonable and Customary" shall mean, in relation 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 Hong Kong Life 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, Hong Kong Life shall make reference to the followings (if applicable) - (a) treatment or service fee statistics and surveys in the insurance or medical industry; (b) internal or industry claim statistics; (c) gazette published by the Government; and/or (d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.
3. The Policy Holder can renew the Policy every year up to the Age of 100 years of the Insured Person. Renewal premium is not guaranteed and Hong Kong Life reserves the right to adjust the Standard Premium according to the prevailing Standard Premium schedule adopted by Hong Kong Life on an overall Portfolio basis.
4. Whether tax deduction is allowable for the qualifying premiums paid under VHIS policy (not including levy) are subject to the Inland Revenue Ordinance and the circumstances of the Policy Holder (as taxpayer) and the Insured Person(s) (as specified dependent(s)). Please refer to the website of the Inland Revenue Department ("IRD") or contact the IRD directly for any tax related enquiries. You may also seek independent and professional advice from your tax and accounting advisors.
5. Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
6. Hong Kong Life 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.
7. 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.
8. 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.
9. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
10. The accidental death benefit is payable in addition to the compassionate death benefit.

Basic Application Conditions

Premium Payment Term	1 Year
Issue Age*	Age of 0 (15 days after birth) to 80 years
Policy Currency	HKD
Benefit Term	1 Year (Renewable up to the Age of 100 years of the Insured Person)
Geographical Area of Cover	Worldwide (except for psychiatric treatments)
Covered Ward Class	No restriction
Premium Payment Mode	Annual/ Semi-annual/ Quarterly/ Monthly

* Age means age of the Insured Person at the last birthday



Benefit Schedule

Benefit items ⁵	Benefit limit (in HKD)
(a) Room and board	\$750 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	\$14,000 per Policy Year
(c) Attending doctor's visit fee	\$750 per day Maximum 180 days per Policy Year
(d) Specialist's fee ⁶	\$4,300 per Policy Year
(e) Intensive care	\$3,500 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures – <ul style="list-style-type: none"> • Complex \$50,000 • Major \$25,000 • Intermediate \$12,500 • Minor \$5,000
(g) Anaesthetist's fee	35% of Surgeon's fee payable ⁷
(h) Operating theatre charge	35% of Surgeon's fee payable ⁷
(i) Prescribed Diagnostic Imaging Tests ^{6,8}	\$20,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-surgical Cancer Treatments ⁹	\$80,000 per Policy Year
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care ⁶	\$580 per visit, up to \$3,000 per Policy Year <ul style="list-style-type: none"> • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments	\$30,000 per Policy Year
Other limits	
Annual Benefit Limit for benefit items (a) – (l)	\$420,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l)	Nil
Other benefits	
Compassionate death benefit	\$10,000
Accidental death benefit ¹⁰	\$10,000



Extended Coverage to Safeguard Your Health

- **Unknown Pre-existing Condition(s)**

The Eligible Expenses¹ arising from Pre-existing Condition(s) that the Policy Holder and/or Insured Person was not aware and would not reasonably have been aware of at the time of application, shall be payable by the Plan subject to the following waiting period and reimbursement arrangement:

Policy Year	Reimbursement Arrangement (% of reimbursement)
1 st Policy Year	No coverage
2 nd Policy Year	25%
3 rd Policy Year	50%
4 th Policy Year onwards	100%

- **Treatment of Congenital Condition(s)**

If the Congenital Condition(s) have manifested or been diagnosed on or after the Insured Person attained the Age of 8 years, the Eligible Expenses¹ which are Reasonable and Customary² incurred from the relevant Congenital Condition(s) will be reimbursed by the Plan.

- **Day Case Procedures**

In case that the Insured Person undergoes any Day Case Procedure, the Plan will reimburse the Eligible Expenses¹ which are Reasonable and Customary².

- **Prescribed Diagnostic Imaging Tests**

The Plan will reimburse the Eligible Expenses¹ charged on Prescribed Diagnostic Imaging Test, including computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined. This benefit is subject to the Coinsurance as specified in the Benefit Schedule.

- **Prescribed Non-surgical Cancer Treatments**

The Plan will reimburse the Eligible Expenses¹ charged on the Prescribed Non-surgical Cancer Treatments. Prescribed Non-surgical Cancer Treatments shall mean chemotherapy, radiotherapy, targeted therapy, immunotherapy and hormonal therapy for cancer treatment, and this benefit includes outpatient consultation by a Specialist in treatment planning, and monitoring of prognosis and development during the course of Prescribed Non-surgical Cancer Treatment.

- **Psychiatric Treatments**

If the Insured Person receives psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist, the Plan will reimburse the relevant Eligible Expenses¹.



Reimbursement for Lifelong Medical Protection

The Plan is a medical plan of reimbursement for incurred medical expenses. If during the period while the Plan is in force, the Insured Person, as a result of a Disability and upon the recommendation of a Registered Medical Practitioner, is confined in a Hospital; or undergoes any Day Case Procedure, Prescribed Diagnostic Imaging Test or Prescribed Non-surgical Cancer Treatment, the Plan will reimburse the Eligible Expenses¹ which are Reasonable and Customary² to help you to relieve the sudden financial burden.



Guaranteed Renewal for Peace of Mind

Regardless of the Insured Person's health conditions or claim records, the Policy Holder is guaranteed to renew³ the Plan every year up to the Age of 100 years of the Insured Person. Upon Renewal, even if any change in the Insured Person's health conditions, his/her premium rate or applicable additional rate of Premium Loading will not be adjusted and no Case-based Exclusion(s) will be imposed on the Insured Person, allowing you to enjoy total peace of mind.



Tax Deduction⁴ for Saving Premium

Policy Holder can apply for tax deduction on the premiums paid for the Plan for himself/ herself and his/ her dependants to enjoy the medical coverage. The maximum annual tax deduction amount is HKD8,000 per Insured Person. There is no cap on the number of VHIS policies and dependants that are eligible for tax deduction.



No Lifetime Benefit Limit with Worldwide Coverage

All benefits described in the Plan do not have the lifetime benefit limit. Except for the psychiatric treatment, all benefits described in the Plan shall be applicable worldwide.



No Restriction on Health Service Providers and Ward Class

All benefits described in the Plan are not subject to any restriction in the choice of healthcare services providers and not subject to any restriction in the choice of ward class in Hospital, you can choose the suitable treatment with flexibility.

Essential Safeguard for Your Health

Feeling anxious about the unexpected medical expenses that significantly threaten your finances?

Worrying about the limited health services provided on the public?

Staying aware of the soaring medical expense?

The best way to care for yourself and your family is to have comprehensive medical coverage in place.

Health Essential Medical Plan - Standard (The "Plan") is a Certified Plan under the Hong Kong Government's Voluntary Health Insurance Scheme ("VHIS") which is eligible for claiming tax deduction. The Plan offers you a medical insurance, renewal is guaranteed up to the Age of 100 years of the Insured Person.

Basic Information

Type of the Certified Plan :	Standard Plan
Name of the Certified Plan:	Health Essential Medical Plan – Standard
Certification Number :	S00037-01-000-01





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Issued by Hong Kong Life Insurance Limited



Essential Safeguard for Your Health

Health Essential Medical Plan – Standard

The life insurance plan is underwritten by Hong Kong Life Insurance Limited ("Hong Kong Life")
Chong Hing Bank Limited is the Appointed Insurance Agency of Hong Kong Life