



**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



2024年1月生效  
With effect from Jan 2024

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、東亞銀行網絡、保險代理和經紀，以及旅行社。

藍十字在 2023 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, BEA network, insurance agents and brokers, as well as travel agencies.

In 2023, Blue Cross was assigned financial strength rating of A+ (stable outlook) and issuer credit rating of A+ (stable outlook) by S&P Global Ratings.

### 藍十字給您的服務承諾

#### Blue Cross Service Commitment to You

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

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

此小冊子並不包含保單的完整條款且只供參考之用，中文及英文版本均為正式版本，具相同效力。若兩者存有歧義，必須以較有利保單持有人的詮釋為準。有關詳盡條款及細則及所有不保之事項，概以保單為準。

This brochure does not contain the full terms of the policy and is for reference only. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the policyholder. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions.

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全面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 comprehensive, practical and flexible benefits that can better protect the health and well-being of you and your family, giving you all-round support anytime you need it.

**「只衛您」超卓靈活自願醫保計劃<sup>^</sup>**（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<sup>1</sup>、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 VHIS<sup>^</sup>** (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 paid<sup>1</sup>, 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

1. 「附加門診保障」的保費支出除外。

1. Exclude premiums paid on Optional Outpatient Benefits.

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



附加額外醫療保障<sup>2</sup>  
Optional Supplementary  
Medical Benefit<sup>2</sup>



附加門診保障<sup>2</sup>  
Optional Outpatient  
Benefits<sup>2</sup>

## ➤ 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



入院前索償評估  
Pre-hospitalisation  
Claim Assessment



出院免找數  
No Hospital Bills  
to Pay



24 小時全球緊急援助  
24-hour Worldwide  
Emergency Aid



藍十字護理諮詢專線  
Blue Cross Nursing  
Care Hotline



Super Care 會員平台  
Super Care  
Membership Platform

### 主要特色

#### 保費支出可獲稅務扣減<sup>3</sup>

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。

#### 保證終身續保<sup>4</sup>

成功投保後，保單有效期為一年。我們並承諾會為您的保單提供終身續保，而且於續保時不會因受保人的健康狀況有所改變或索償記錄而徵收額外保費。此外，您的保單更可獲自動續保<sup>5</sup>至下一個受保期，為您的人生不同階段提供無間斷的保障。

#### 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 Paid<sup>3</sup>

You can enjoy tax deduction for the premiums paid for yourself and your dependants. The annual tax deduction ceiling is HK\$8,000 per insured person for the premiums paid in relation to the Certified Plan. There is no cap on the number of dependants that are eligible for tax deduction. Dependants include your spouse/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 Lifetime Renewal<sup>4</sup>

Upon successful enrolment, the period of cover of your policy is 1 year and it is guaranteed to be renewable for life. No additional premiums will be imposed individually upon policy renewal, regardless of changes to insured person's health status or claim history. Moreover, your policy will be automatically renewed<sup>5</sup> for another period of insurance, giving you non-stop protection throughout your life.

#### No Lifetime Benefit Limit

There is no lifetime benefit limit under the Certified Plan. Your benefits will continue 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 1<sup>st</sup> year, 25% coverage in the 2<sup>nd</sup> year, 50% coverage in the 3<sup>rd</sup> year and full coverage from the 4<sup>th</sup> year onwards.

2. 「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。  
3. 「附加門診保障」的保費支出除外。  
4. 本認可產品保證終身續保。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。藍十字在得到醫務衛生局同意後，可於續保時更改本認可產品的條款及保障及/或向所有同一類別保單調整其標準保費。  
5. 當藍十字成功收取保費後，保單將會自動續保。

2. 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.  
3. Exclude premiums paid on Optional Outpatient Benefits.  
4. Renewal is guaranteed up to lifetime of 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. With the consent of the Health Bureau, Blue Cross has the right to revise the terms and benefits of this Certified Plan and/or adjust the Standard Premium on an overall portfolio basis upon policy renewal.  
5. Auto-renewal of policy is subject to the successful collection of premium by Blue Cross.

## 訂明非手術癌症治療<sup>6</sup>

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<sup>6</sup>

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

## 精神科治療

認可產品賠償在香港境內住院接受精神科治療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<sup>7</sup>

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<sup>8</sup>

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<sup>9</sup>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%

- 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。
- 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。
- 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。
- 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續發多少份認可計劃的保單，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。

## Prescribed Non-surgical Cancer Treatments<sup>6</sup>

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 Tests<sup>6</sup>

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

## Psychiatric Treatments

The Certified Plan covers the eligible expenses up to HK\$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 Discount<sup>7</sup>

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 Discount<sup>8</sup>

If the number of eligible family members<sup>9</sup> insured on the policy effective date/renewal date (as applicable) reaches 2 or more, each Certified Plan policy can enjoy family discount specified below.

- 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.
- 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's 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.
- 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's reasonable demand.
- 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.

## 增值服務

### 免費周年健康檢查<sup>10</sup>

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，並按實際年齡提供合適的檢查項目，包括綜合體檢計劃、脊骨健康評估、足部檢查護理服務及視力檢查。

## Value-added Services

### Free Annual Health Checkup<sup>10</sup>

We care a lot about your health. With the free annual checkup, you can better understand your health conditions. The annual checkup includes Basic Health Checkup Profile, Spinal Health Assessment, Foot Orthotic Services and Vision Examination according to attained age.

實際年齡 Attained Age	綜合體驗計劃 (B1) Basic Health Checkup Profile (B1)	脊骨健康評估 (S1) Spinal Health Assessment (S1)	足部檢查護理服務 (F1) Foot Orthotic Services (F1)	視力檢查 (VS) Vision Examination (VS)
0 - 18			✓	✓
19 - 55	✓	✓ (男性 Male)	✓ (女性 Female)	
56 或以上 or above	✓			

檢查項目 Profile	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
脊骨健康評估 (S1) Spinal Health Assessment (S1)	i) 評估脊骨關節活動及健康情況 Evaluation of spinal mobility and wellness ii) 診斷腰背酸痛及脊骨疾患 Diagnosis of backache and lumbar spine
足部檢查護理服務 (F1) Foot Orthotic Services (F1)	檢查足部結構及幫助診斷腳跟痛及腳筋膜發炎 Complete foot care and the pre-assessment of heel pain and plantar fasciitis (由註冊義肢矯形師服務 Service provided by prosthetists and orthotists)
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)

### 入院前索償評估

只需在入院或接受治療前的最少 3 個工作天致電熱線提交相關資料，或於網上填寫「入院前索償評估」表格，我們即按您的保單估算可賠償金額<sup>11</sup>，讓您在財務上更有預算，安心接受治療。

### Pre-hospitalisation Claim Assessment

Simply make a call to our hotline and provide related information, or complete the Pre-hospitalisation Claim Assessment Form online at least 3 working days prior to hospitalisation or treatment. We will help you to estimate the eligible claim amount<sup>11</sup> based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

10. 由於此服務/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。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/保障，並致函通知藍十字，其選擇並不會對保費構成影響。

11. 可賠償金額之評估只供客戶參考之用，實際賠償金額以最終理賠決定為準。所有保障項目只會在符合保單條款及細則及所有不保之事項的情況下支付。

10. These services/benefits are not required to be certified by the Health Bureau and therefore do not form part of the Certified Plan. Please refer to the relevant terms and conditions for details. Opt-out is available for these services/benefits by giving a written notice to Blue Cross and it does not affect the premium.

11. Assessment of the estimated eligible claim amounts is for customers' reference only, the actual eligible claim amounts will be subject to the final claim decision. All benefits will be payable subject to the terms and conditions and the full list of policy exclusions.

## 出院免找數<sup>12</sup>

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

## 24 小時全球緊急援助<sup>10</sup>

我們為您提供 24/7 服務，若您身處外地需緊急支援，可隨時致電熱線，由專人為您安排代繳入院按金、提供當地醫療或法律轉介等，以確保您於緊急情況下得到所需協助。

## 藍十字護理諮詢專線

我們明白您在日常生活護理上需要專業的意見，因此，特意為您提供專屬的護理諮詢專線解答您的疑問，諮詢範圍包括手術後護理、日常長者護理、孕婦護理、幼兒及兒童護理。

## Blue Cross HK 手機應用程式

貴為 Super Care 會員，您可享一站式數碼醫療保險服務包括定位功能搜尋網絡醫生、網上醫生預約、視像診症、QR code 或電子醫療卡快速門診登記及完成診症、以及 3 步即時遞交索償<sup>13</sup>，更可隨時隨地查閱索償記錄。

## No Hospital Bills to Pay<sup>12</sup>

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

## 24-hour Worldwide Emergency Aid<sup>10</sup>

We are here for you 24/7. Simply call our hotline when you need assistance in an emergency situation while travelling overseas, and our dedicated officers will provide you with all-round assistance such as hospital admission deposit guarantee service, local medical or legal referral service, etc.

## Blue Cross Nursing Care Hotline

We understand you need professional advice on daily care, and we are here to provide you with an exclusive nursing care hotline to answer your enquiries about post-surgery care, daily care for elderly, maternity care, infant and child care.

## “Blue Cross HK” Mobile App

As a Super Care member, you can enjoy one-stop digital medical insurance services including location-based network doctors search, online doctor appointment, video consultation, speedy registration and completion for outpatient consultation with QR code/e-medical card, and 3-step instant claim submission<sup>13</sup>, keeping track of claim status round-the-clock.



Blue Cross HK App

10. 由於此服務/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。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/保障，並致函通知藍十字，其選擇並不會對保費構成影響。

12. 「出院免找數」為「免付賬醫療服務」提供的其中一項服務。此服務不需要經醫務衛生局認可，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。「出院免找數」只適用於入住本港私家醫院。需於入院前至少 4 個工作天填妥及交回「入院前登記表格」以進行申請及審批手續。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。藍十字可隨時發出書面通知以終止或暫停任何免付賬醫療服務，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認可產品規定的合資格醫療費用，並會向受保人收取一切已代為繳付但不屬保單承保範圍的醫療費用（如有）。

13. 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。

10. These services/benefits are not required to be certified by the Health Bureau and therefore do not form part of the Certified Plan. Please refer to the relevant terms and conditions for details. Opt-out is available for these services/benefits by giving a written notice to Blue Cross and it does not affect the premium.

12. “No Hospital Bills to Pay” is one of the services provided by “Credit Facilities Services”. This service is not required to be certified by the Health Bureau and therefore does not form part of the Certified Plan. Please refer to the relevant terms and conditions for details. “No Hospital Bills to Pay” is only applicable to admission to private hospitals in Hong Kong. A Hospitalisation Pre-registration Form is required to be completed and returned to Blue Cross for application and approval process at least 4 working days prior to admission. 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 any credit facilities service anytime by giving a written notice. All matters and disputes in relation to 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. Blue Cross shall recover from the insured person the medical expenses settled on behalf of the insured person which fall outside coverage of the policy (if any).

13. 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.

## 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 <sup>14</sup> Benefit Items <sup>14</sup>	無限制 No Restriction			
<b>I. 基本保障 Basic Benefits</b>				
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 <sup>15</sup> （每保單年度）Specialist's Fee <sup>15</sup> (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"> <li>▪ 複雜 Complex 150,000</li> <li>▪ 大型 Major 50,000</li> <li>▪ 中型 Intermediate 30,000</li> <li>▪ 小型 Minor 12,000</li> </ul>	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% <sup>16</sup> 35% of the amount payable under surgeon's fee <sup>16</sup>			
h. 手術室費 Operating Theatre Charges	外科醫生費的 35% <sup>16</sup> 35% of the amount payable under surgeon's fee <sup>16</sup>			
i. 訂明診斷成像檢測 <sup>15,17</sup> （每保單年度） Prescribed Diagnostic Imaging Tests <sup>15,17</sup> (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 <sup>18</sup> （每保單年度） Prescribed Non-surgical Cancer Treatments <sup>18</sup> (Per policy year)	120,000	100,000	80,000	80,000
k. 入院前或出院後/日間手術 <sup>19</sup> 前後的門診護理 <sup>15</sup> （每保單年度） Pre- and Post-confinement/Day Case Procedure <sup>19</sup> Outpatient Care <sup>15</sup> (Per policy year) <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul>	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

14. 除非另有說明，否則同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。

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。

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。

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。

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。

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。

14. Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

15. 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. 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. 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. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

19. "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.



		賠償限額 Benefit Limit (HK\$)			
計劃級別 Plan Level		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 <sup>14</sup> Benefit Items <sup>14</sup>		無限制 No Restriction			
<b>II. 額外保障 Enhanced Benefits</b>					
a. 腎透析 <sup>20</sup> (每保單年度) Kidney Dialysis <sup>20</sup> (Per policy year)		120,000	100,000	80,000	50,000
b. 中風復康治療 <sup>20</sup> (每保單年度) Stroke Rehabilitation <sup>20</sup> (Per policy year)		120,000	100,000	80,000	50,000
c. 緊急門診治療 <sup>20</sup> (每保單年度) Emergency Outpatient Treatment <sup>20</sup> (Per policy year)		15,000	11,000	7,000	2,500
d. 住院陪床費用 <sup>20</sup> (每日) Hospital Companion Bed <sup>20</sup> (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 <sup>20</sup> (每日) Registered Private Nurse's Fees <sup>20</sup> (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 <sup>19</sup> 後中醫門診護理 <sup>20</sup> (每次) Post-confinement/Day Case Procedure <sup>19</sup> Chinese Medicine Practitioner Outpatient Care <sup>20</sup> (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 <sup>20,21</sup> (每保單年度) Supplementary Medical Benefit <sup>20,21</sup> (Per policy year)					
		<b>自選 Optional</b>			<b>包括 Included</b>
指定病房級別 Designated Ward Class		私家房 Private	半私家房 Semi-private	普通房 Ward	普通房 Ward
共同保險* Coinsurance*		0% 或 20%	0% 或 20%	0% 或 20%	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： (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: (1) eligible expenses payable in excess of any of the benefit limits under benefit items (a) – (j) of I. Basic Benefit; (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 Benefit.					
<b>其他限額 Other Limits</b>					
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			

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 <sup>14</sup> Benefit Items <sup>14</sup>				

### III. 其他保障 Other Benefits

a. 門診手術現金津貼 <sup>20,22</sup> (每項日間手術 <sup>19</sup> ) Outpatient Surgery Cash Allowance <sup>20,22</sup> (Per day case procedure <sup>19</sup> )	1,000	1,000	1,000	1,000
b. 住院現金保障 <sup>20</sup> (每日) Hospital Cash Benefit <sup>20</sup> (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 <sup>20</sup> (每日) Isolation Room Cash Benefit <sup>20</sup> (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 <sup>20,23</sup> (住院期間每日) Cash Benefit for Top-up Subsidy <sup>20,23</sup> (Per day of confinement) 每保單年度最多 90 日 Max. 90 days per policy year	1,200	600	500	500

14. 除非另有說明，否則同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。

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。

20. 適用於此保障項目之條款及細則，請參閱補充文件。

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	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%

22. 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。

23. 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。

註：所有費用必須為「合理及慣常」及「醫療所需」的開支<sup>#</sup>。

14. Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

19. "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. Please refer to the Supplement for the terms and conditions applicable to these benefit items.

21. 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 below scale of reimbursement:

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%

22. Only applicable to the following day case procedures: oesophagogastroduodenoscopy, colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, repair of retinal detachment and hysteroscopy.

23. 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.

Note: All expenses incurred must be Reasonable and Customary and Medically Necessary<sup>#</sup>.

## 2. 附加門診保障 (計劃 A 或 B)<sup>24</sup>

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。如選擇年繳保費，您將獲發藍十字醫療卡，於任何藍十字網絡診所接受普通科醫生診症、中醫治療或專科醫生診症。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，則無須自付費用。

## 2. Optional Outpatient Benefits (Plan A or B)<sup>24</sup>

Optional Outpatient Benefits offer 20% or 0% coinsurance. You may visit any clinic of your own choice and subject to the benefit limits listed in the table below. If premium is paid annually, you will be issued with a Blue Cross Healthcare Card which entitles you to use it at Blue Cross network clinics for general practitioner's consultations, Chinese medicine treatments or specialist's consultations. 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* Coinsurance*		
	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
3. 專科醫生診症 Specialist's Consultation 需具書面轉介 <sup>26</sup> Referral letter is required <sup>26</sup> 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-ray 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. 物理治療及脊椎治療服務 Physiotherapy and 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
7. 精神科治療 <sup>25</sup> Psychiatric Treatments <sup>25</sup> 包括藥物 Including medication 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

24. 由於此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。

25. 精神科專科醫生提供的診症需具由醫生發出的書面轉介。合資格臨床心理學家提供的診症需具由精神科專科醫生發出的書面轉介。

26. 婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

\* 普通科醫生診症和中醫治療兩項保障項目每保單年度合共最多 35 次。

註：所有費用必須為「合理及慣常」及「醫療所需」的開支<sup>#</sup>。

24. This benefit is not required to be certified by the Health Bureau and therefore does not form part of the Certified Plan. The premiums paid for this benefit will not be eligible for tax deduction. Please refer to the relevant terms and conditions for details.

25. Written referral of 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.

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

\* Max. 35 visits per policy year in total for General Practitioner's Consultation and Chinese Medicine Treatment.

Note: All expenses incurred must be Reasonable and Customary and Medically Necessary<sup>#</sup>.

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* Coinsurance*		
	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
3. 專科醫生診症 Specialist's Consultation 需具書面轉介 <sup>26</sup> Referral letter is required <sup>26</sup> 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. 物理治療及脊椎治療服務 Physiotherapy and 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
5. 精神科治療 <sup>25</sup> Psychiatric Treatments <sup>25</sup> 包括藥物 Including medication 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

25. 精神科專科醫生提供的診症需具由醫生發出的書面轉介。合資格臨床心理學家提供的診症需具由精神科專科醫生發出的書面轉介。

26. 婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

\* 普通科醫生診症和中醫治療兩項保障項目每保單年度合共最多30次。

註：所有費用必須為「合理及慣常」及「醫療所需」的開支<sup>#</sup>。

25. Written referral of 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.

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

\* Max. 30 visits per policy year in total for General Practitioner's Consultation and Chinese Medicine Treatment.

Note: All expenses incurred must be Reasonable and Customary and Medically Necessary<sup>#</sup>.

## 摘要 Summary

產品名稱 Product Name	「只衛您」超卓靈活自願醫保計劃 <sup>+</sup> CareForYou Super Flexi Plan for VHIS <sup>+</sup>		購買目的及需要 Purchase Objectives and Needs	為將來的醫療需要作準備： Prepare for future health care needs: ▪ 支付醫療費用；及 To settle medical expenses; and ▪ 彌補住院期間之收入損失 To compensate for the loss of income during hospital confinement
產品類型 Product Type	償款，但包含非償款現金保障 Indemnity, but incorporated with non-indemnity cash benefits		投保年齡 Enrolment Age	15日至80歲 Age 15 days to age 80
保單期 Period of Cover	一年 1 year		保單續保 Policy Renewal	每年續保至終身（保證） <sup>4</sup> Annual renewal for life (guaranteed) <sup>4</sup>
保單貨幣 Policy Currency	港幣 HKD		保障地域 Cover Area	全球 <sup>27</sup> Worldwide <sup>27</sup>
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 Services Providers	無限制 No Restriction
繳費模式 Payment Mode	年繳/半年繳/季繳/月繳 Annual/Semi-annual/Quarterly/Monthly		冷靜期 Cooling-off Period	21日 days <sup>#</sup>
認可產品編號 Certification Number of the Certified Plan	共同保險 Coinsurance	不附額外醫療保障 without Supplementary Medical Benefit	附額外醫療保障 with Supplementary Medical Benefit	
	計劃 A Plan A	不適用 N/A	0%	20%
	計劃 B Plan B	F00043-01-000-02	F00043-01-001-02	F00043-01-002-02
	計劃 C Plan C	F00043-02-000-02	F00043-02-001-02	F00043-02-002-02
	計劃 D Plan D	F00043-03-000-02	F00043-03-001-02	F00043-03-002-02
		不適用 N/A	不適用 N/A	F00043-04-000-02

4. 本認可產品保證終身續保。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。藍十字在得到醫務衛生局同意後，可於續保時更改本認可產品的條款及保障及/或向所有同一類別保單調整其標準保費。

27. 「精神科治療」除外。

4. Renewal is guaranteed up to lifetime of 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. With the consent of the Health Bureau, Blue Cross has the right to revise the terms and benefits of this Certified Plan and/or adjust the Standard Premium on an overall portfolio basis upon policy renewal.

27. Except for Psychiatric Treatments.

## 認可產品的常見問題

### 1. 自願醫保計劃的目標是什麼？

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

### 2. 認可產品與市場上其他的醫療保險產品有什麼分別？

認可產品設有標準的保單條款及細則、最低保障範圍及保障額，而市場上其他的醫療保險產品是由個別保險公司設定的。以下為此認可產品的主要特點：

- 保證終身續保
- 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

### 3. 標準計劃及靈活計劃的分別？

標準計劃的條款及保障是劃一的，並設有最低要求，例如最低保障範圍及保障額。而靈活計劃必須提供相等於標準計劃的基本保障，再加上具彈性的附加保障，如更高的保障額及更多的保障項目，以切合市場需要，而該附加保障則受限於醫務衛生局發出的相關規則。

### 4. 投保認可產品是否仍可使用公立醫院服務？

可以。投保認可產品屬於自願性質，並不會影響您使用公立醫院服務的權利。

### 5. 我可否投保多於一份認可產品保單？

可以。您可因應需要而投保多份認可產品保單，亦可為受養人投保。

### 6. 假如我是非香港居民，我可否投保認可產品？什麼人士可就認可產品所支付的合資格保費申請稅務扣減？

非香港居民<sup>△</sup>可投保認可產品。申請稅務扣減的資格如下：

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

就有關稅務扣減資格的詳情，請向稅務局查詢。

<sup>△</sup> 指定國家或地區除外

<sup>▽</sup> 受保人包括納稅人本人或其受養人

## Certified Plan FAQs

### 1. What are the objectives of VHIS?

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

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

The Certified Plan provides standardised policy terms and conditions with minimum benefit coverage and benefit amounts, while other medical insurance products in the market are designed by individual insurance companies. Below are some key features of this Certified Plan:

- Guaranteed 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

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

For Standard Plans, the terms and benefits are standardised with prescribed minimum requirements, such as minimum benefit coverage and amounts. For Flexi Plans, on top of basic protection equivalent to that in Standard 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.

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

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

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

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

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

Non-Hong Kong resident<sup>△</sup> can enrol in a Certified Plan. Eligibility for tax deduction as follows:

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

For details of the eligibility for tax deduction, please contact the Inland Revenue Department.

<sup>△</sup> Except for specific countries or regions

<sup>▽</sup> Insured person includes the taxpayer himself/herself or his/her dependants

## 7. 如何計算認可產品保費支出的稅務扣減？

每年可作稅務扣減的保費上限為每名受保人 HK\$8,000，而可申請稅務扣減的受養人數目並無上限。您的受養人包括您的配偶或子女，您本人或配偶的父母、祖父母、外祖父母或兄弟姊妹。

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

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

### 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 (假設稅率為 15%) Amount of Tax Saved (Assuming Tax Rate is 15%) (HK\$)
7,000	7,000	1,050

### 例子 2：若您是保單持有人，您為自己及以下每位家庭成員各投保一份認可產品保單，您有機會節省合共 HK\$6,150 的稅款

### Example 2: If you are a policyholder and enrol in one Certified Plan policy for yourself and each of your following family members, you may save a total of HK\$6,150 in tax

	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 (假設稅率為 15%) Amount of Tax Saved (Assuming Tax Rate is 15%) (HK\$)
您本人 You	10,000	8,000	1,200
配偶 Spouse	8,000	8,000	1,200
爸爸 Father	30,000	8,000	1,200
媽媽 Mother	20,000	8,000	1,200
兒子 Son	4,000	4,000	600
女兒 Daughter	5,000	5,000	750
總額 Total	77,000	41,000	6,150

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 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. For more details of the eligibility for tax deduction, please contact the Inland Revenue Department.

## 重要事項

<sup>^</sup> 「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<sup>++</sup>及通常居住地<sup>\*\*</sup>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<sup>++</sup>；或
- (e) 更改居住地<sup>^^</sup>。

<sup>++</sup> 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。

<sup>\*\*</sup> 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。

<sup>^^</sup> 「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。

◆ 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。

# 若保單持有人擁有本認可產品以外的其他保障，保單持有人將有權向該等保障或本認可產品進行索償。不論如何，若保單持有人或受保人已從其他保障索償全部或部分費用，則藍十字只會對未被其他保障賠償的合資格費用（如有）作出賠償。

「合理及慣常」是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。「合理及慣常」的收費水平由藍十字合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。藍十字必須參照以下資料（如適用）以釐定「合理及慣常」收費：a) 由保險或醫學界進行的治療或服務費用統計及調查；b) 公司內部或業界的賠償統計；c) 政府憲報；及/或 d) 提供治療、服務或物料當地的其他相關參考資料。

## Important Notes

<sup>^</sup> The application for CareForYou Super Flexi Plan for VHIS is subject to underwriting. Health and non-health factors including occupation<sup>++</sup> and place of usual residence<sup>\*\*</sup> may affect the underwriting decision. Blue Cross may (i) impose case-based exclusion(s) and/or premium loading when accepting an application, (ii) decline an application or (iii) postpone an application. Blue Cross has the right to re-underwrite the terms and benefits at the time of renewal of policy if the policyholder/insured person(s) requests to:

- (a) Subscribe additional benefits;
- (b) Switch to another 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<sup>++</sup>; or
- (e) Change of place of residence<sup>^^</sup>.

<sup>++</sup> 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.

<sup>\*\*</sup> 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.

<sup>^^</sup> "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.

◆ 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.

# If the policyholder has taken out other insurance coverage besides this Certified Plan, the policyholder shall have the right to claim under any such other insurance coverage or this Certified Plan. However, if the policyholder or the insured person has already recovered all or part of the expenses from any such other insurance coverage, Blue Cross shall only be liable for such amount of eligible expense, if any, which is not compensated by any such other insurance coverage.

"Reasonable and Customary" refers to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by Blue Cross in utmost good faith. The "Reasonable and Customary" charges shall not in any event exceed the actual charges incurred. In determining whether a charge is "Reasonable and Customary", Blue Cross shall make reference to the followings (if applicable): a) treatment or service fee statistics and surveys in the insurance or medical industry; b) internal or industry claim statistics; c) gazette published by the government; and/or d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

## 重要事項

「醫療所需」是指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件：  
a) 需要註冊醫生的專業知識或轉介；b) 符合該傷病的診斷及治療所需；c) 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；d) 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及 e) 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

+ 在同一份「只衛您」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。

## 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。為免疑問，交付保單或冷靜期通知書當天並不包括在計算 21 日的期間內。然而，若第 21 日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內；及

(b) 如曾經因索償而獲得賠償，則不會獲發還保費。

冷靜期過後，若保單持有人在該保單年度期間沒有就保單獲得任何賠償，保單持有人可以在 30 日前以書面方式通知藍十字要求取消保單。

此外，保單會在以下情況自動終止，以最先者為準：(a) 保單持有人在 30 天寬限期屆滿時仍未繳交保費；(b) 受保人身故翌日；或 (c) 藍十字不再獲《保險業條例》授權承保或繼續承保該保單。

## Important Notes

“Medically Necessary” refers to the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must: a) require the expertise of, or be referred by, a registered medical practitioner; b) be consistent with the diagnosis and necessary for the investigation and treatment of the disability; c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending registered medical practitioner; d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

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

## The policyholder may exercise the right to cancel the policy with full refund of paid premiums and levy during the cooling-off period. The cancellation right is subject to the following conditions:

(a) The request to cancel must be signed by the policyholder and received directly by Blue Cross within the cooling-off period. The cooling-off period is the period of 21 days immediately following the day of the delivery to the policyholder or the nominated representative of the policyholder, of the policy or the cooling-off notice, whichever is the earlier. For the avoidance of doubt, the day of delivery of the policy or the cooling-off notice is not included for the calculation of the 21-day period. However, if the last day of the 21-day period is not a working day, the period shall include the next working day; and

(b) No refund can be made if a claim payment has been made.

The policyholder can request to cancel the policy after the cooling-off period by giving 30 days prior written notice to Blue Cross, provided that there has been no benefit payment during the relevant policy year.

In addition, the policy shall be automatically terminated on the earliest of the following: a) where such policy is terminated due to non-payment of premiums after the 30-day grace period; b) the day immediately following the death of the insured person; or c) Blue Cross has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write such policy.



## 一般不保事項

1. 任何非醫療所需治療、治療程序、藥物、檢測或服務的費用。
2. 若純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院，該住院期間所招致的全部或部分費用。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。

4. 因倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症（HIV 及其相關的傷病將按本一般不保事項第 3 節處理）的醫療服務費用。
5. 以下服務的收費：
  - (a) 以美容或整容為目的的服務，惟受保人因意外而受傷，並於意外後 90 日內接受的必要醫療服務則不屬此項；或
  - (b) 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術（LASIK），以及任何相關的檢測、治療程序及服務。
6. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因受保人及/或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑，本第 6 節並不適用於：
  - (a) 為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序；
  - (b) 移除癌前病變；及
  - (c) 為預防過往傷病復發或其併發症的治療。
7. 牙科醫生進行的牙科治療及口腔頰面手術的費用，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。

## General Exclusions

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 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. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related disability, where Section 3 of this General Exclusions applies).
5. Any charges in respect of services for:
  - (a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of the accident; or
  - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to:
  - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
  - (b) removal of pre-malignant conditions; and
  - (c) treatment for prevention of recurrence or complication of a previous disability.
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. 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，除非是受保於認可產品內 II. 額外保障之項目 (f) 中的出院後/日間手術後中醫門診護理。
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。
8. Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments, except to the extent covered by the Post-confinement/Day Case Procedure Chinese Medicine Practitioner Outpatient Care payable under item (f) of II. Enhanced Benefits of the Certified Plan.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years.
13. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

注意：

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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（不附額外醫療保障）

#### Certified Plan (without Supplementary Medical Benefit)

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C			
	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	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
實際年齡 Attained Age	男性 Male				男性 Male				男性 Male			
0 - 4	10,758	5,515	2,798	943	6,573	3,369	1,711	577	3,934	2,018	1,024	346
5 - 9	10,170	5,213	2,646	892	6,023	3,089	1,568	528	3,596	1,844	936	316
10 - 18	9,456	4,847	2,461	829	5,361	2,749	1,395	471	3,201	1,641	833	282
19 - 25	11,755	6,025	3,058	1,030	6,489	3,326	1,689	570	3,676	1,885	958	324
26 - 30	12,447	6,380	3,238	1,091	6,943	3,560	1,806	608	4,010	2,056	1,045	353
31 - 35	16,957	8,691	4,411	1,485	9,409	4,823	2,448	824	4,932	2,528	1,284	433
36 - 40	17,801	9,125	4,630	1,560	10,068	5,161	2,619	882	5,991	3,072	1,560	526
41 - 45	20,547	10,532	5,344	1,799	13,287	6,811	3,456	1,164	7,825	4,011	2,036	685
46 - 50	26,080	13,367	6,782	2,283	16,865	8,644	4,386	1,477	9,968	5,109	2,593	874
51 - 55	33,077	16,953	8,601	2,896	21,807	11,177	5,671	1,910	12,863	6,594	3,346	1,127
56 - 60	45,968	23,560	11,953	4,023	29,445	15,092	7,656	2,578	17,878	9,164	4,649	1,566
61 - 65	53,214	27,273	13,836	4,658	34,086	17,470	8,863	2,984	20,555	10,535	5,345	1,799
66 - 70	69,180	35,457	17,989	6,055	44,311	22,710	11,523	3,879	26,315	13,488	6,844	2,303
以下保費只適用於續保 The premium below is for renewal only												
71 +	83,632	42,863	21,746	7,320	51,327	26,307	13,346	4,492	31,273	16,028	8,133	2,738

只適用於保單生效時年齡介乎 71 至 80 歲之受保人

For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C			
	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	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
實際年齡 Attained Age	男性 Male				男性 Male				男性 Male			
71 - 80	117,082	60,006	30,443	10,246	71,858	36,828	18,684	6,289	43,782	22,439	11,385	3,833
以下保費只適用於續保 The premium below is for renewal only												
81 +	117,082	60,006	30,443	10,246	71,858	36,828	18,684	6,289	43,782	22,439	11,385	3,833

## 1. 認可產品（不附額外醫療保障）

### Certified Plan (without Supplementary Medical Benefit)

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C			
	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	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
實際年齡 Attained Age	女性 Female				女性 Female				女性 Female			
0 - 4	10,758	5,515	2,798	943	6,573	3,369	1,711	577	3,934	2,018	1,024	346
5 - 9	10,170	5,213	2,646	892	6,023	3,089	1,568	528	3,596	1,844	936	316
10 - 18	9,456	4,847	2,461	829	5,361	2,749	1,395	471	3,201	1,641	833	282
19 - 25	12,417	6,366	3,230	1,089	6,863	3,518	1,785	603	4,032	2,067	1,049	355
26 - 30	13,103	6,717	3,409	1,149	7,408	3,797	1,927	650	4,236	2,172	1,103	372
31 - 35	17,114	8,772	4,450	1,500	9,967	5,109	2,593	874	5,210	2,672	1,355	457
36 - 40	18,313	9,387	4,763	1,604	11,064	5,671	2,877	970	6,368	3,264	1,657	559
41 - 45	22,728	11,650	5,910	1,990	14,601	7,484	3,797	1,279	8,625	4,421	2,245	756
46 - 50	28,854	14,789	7,503	2,526	18,532	9,499	4,820	1,623	10,976	5,626	2,856	961
51 - 55	36,588	18,753	9,514	3,203	23,959	12,279	6,231	2,098	14,167	7,262	3,685	1,241
56 - 60	45,968	23,560	11,953	4,023	29,445	15,092	7,656	2,578	17,878	9,164	4,649	1,566
61 - 65	53,214	27,273	13,836	4,658	34,086	17,470	8,863	2,984	20,555	10,535	5,345	1,799
66 - 70	69,180	35,457	17,989	6,055	44,311	22,710	11,523	3,879	26,315	13,488	6,844	2,303
以下保費只適用於續保 The premium below is for renewal only												
71 +	83,632	42,863	21,746	7,320	51,327	26,307	13,346	4,492	31,273	16,028	8,133	2,738

只適用於保單生效時年齡介乎 71 至 80 歲之受保人

For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C			
	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	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
實際年齡 Attained Age	女性 Female				女性 Female				女性 Female			
71 - 80	117,082	60,006	30,443	10,246	71,858	36,828	18,684	6,289	43,782	22,439	11,385	3,833
以下保費只適用於續保 The premium below is for renewal only												
81 +	117,082	60,006	30,443	10,246	71,858	36,828	18,684	6,289	43,782	22,439	11,385	3,833

## 2A. 認可產品（附額外醫療保障 - 不設共同保險）

### Certified Plan (with Supplementary Medical Benefit - with No Coinsurance)

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C			
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	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
	男性 Male				男性 Male				男性 Male			
0 - 4	14,802	7,587	3,850	1,297	8,953	4,589	2,329	785	5,424	2,781	1,412	476
5 - 9	14,215	7,287	3,698	1,246	8,403	4,308	2,187	737	5,087	2,607	1,324	447
10 - 18	13,501	6,921	3,513	1,182	7,741	3,969	2,013	678	4,691	2,405	1,221	412
19 - 25	15,799	8,098	4,109	1,384	8,868	4,545	2,307	777	5,167	2,649	1,345	454
26 - 30	16,894	8,660	4,393	1,480	9,565	4,904	2,489	838	5,634	2,889	1,465	494
31 - 35	22,158	11,357	5,762	1,941	12,446	6,380	3,238	1,091	6,832	3,502	1,778	599
36 - 40	24,376	12,494	6,339	2,134	13,888	7,118	3,612	1,216	8,325	4,267	2,166	729
41 - 45	29,091	14,911	7,565	2,546	18,252	9,356	4,748	1,598	10,834	5,552	2,818	950
46 - 50	36,923	18,925	9,602	3,232	23,165	11,873	6,025	2,028	13,800	7,073	3,589	1,210
51 - 55	46,952	24,064	12,209	4,110	29,868	15,309	7,767	2,615	17,762	9,104	4,619	1,555
56 - 60	63,245	32,415	16,444	5,535	39,485	20,237	10,267	3,456	23,979	12,290	6,236	2,100
61 - 65	73,086	37,458	19,004	6,397	45,709	23,427	11,886	4,002	27,576	14,133	7,170	2,415
66 - 70	95,614	49,004	24,860	8,368	60,002	30,752	15,601	5,252	36,002	18,452	9,361	3,152
以下保費只適用於續保 The premiums below are for renewal only												
71 - 75	120,634	61,826	31,367	10,557	72,511	37,164	18,853	6,345	44,346	22,728	11,531	3,882
76 - 80	139,628	71,560	36,304	12,218	83,927	43,014	21,822	7,345	51,328	26,307	13,347	4,493
81 - 85	157,197	80,565	40,873	13,756	94,487	48,426	24,568	8,269	57,786	29,617	15,025	5,058
86 - 90	168,502	86,357	43,812	14,746	101,281	51,907	26,335	8,863	61,943	31,746	16,106	5,422
91 - 95	174,485	89,424	45,367	15,269	104,877	53,751	27,270	9,178	64,142	32,873	16,678	5,613
96 - 100	178,891	91,682	46,512	15,656	107,525	55,107	27,958	9,410	65,761	33,704	17,099	5,756
101 +	183,407	93,997	47,686	16,049	110,239	56,498	28,663	9,647	67,422	34,556	17,531	5,900

只適用於保單生效時年齡介乎 71 至 80 歲之受保人

For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C			
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	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
	男性 Male				男性 Male				男性 Male			
71 - 75	168,887	86,555	43,912	14,779	101,514	52,027	26,395	8,885	62,084	31,819	16,144	5,435
76 - 80	195,478	100,184	50,826	17,106	117,498	60,218	30,551	10,282	71,859	36,829	18,685	6,290
以下保費只適用於續保 The premiums below are for renewal only												
81 - 85	220,076	112,790	57,220	19,258	132,282	67,796	34,394	11,576	80,902	41,462	21,035	7,081
86 - 90	235,902	120,901	61,336	20,643	141,793	72,670	36,868	12,409	86,719	44,445	22,547	7,590
91 - 95	244,278	125,194	63,514	21,377	146,826	75,249	38,176	12,850	89,798	46,022	23,349	7,860
96 - 100	250,447	128,355	65,118	21,916	150,533	77,150	39,140	13,173	92,066	47,184	23,938	8,057
101 +	256,769	131,596	66,762	22,468	154,333	79,096	40,128	13,506	94,391	48,377	24,543	8,261

## 2A. 認可產品（附額外醫療保障 - 不設共同保險）

### Certified Plan (with Supplementary Medical Benefit - with No Coinsurance)

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C			
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	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
	女性 Female				女性 Female				女性 Female			
0 - 4	14,802	7,587	3,850	1,297	8,953	4,589	2,329	785	5,424	2,781	1,412	476
5 - 9	14,215	7,287	3,698	1,246	8,403	4,308	2,187	737	5,087	2,607	1,324	447
10 - 18	13,501	6,921	3,513	1,182	7,741	3,969	2,013	678	4,691	2,405	1,221	412
19 - 25	16,462	8,438	4,281	1,442	9,244	4,739	2,405	811	5,522	2,831	1,438	484
26 - 30	17,955	9,203	4,671	1,573	10,265	5,262	2,670	899	6,022	3,088	1,567	528
31 - 35	22,780	11,676	5,924	1,995	13,284	6,810	3,455	1,164	7,289	3,736	1,897	639
36 - 40	25,344	12,990	6,591	2,220	15,178	7,779	3,948	1,331	8,906	4,566	2,317	781
41 - 45	32,013	16,408	8,325	2,803	20,033	10,269	5,210	1,754	11,896	6,098	3,094	1,042
46 - 50	40,627	20,822	10,565	3,557	25,381	13,009	6,601	2,222	15,144	7,762	3,940	1,326
51 - 55	51,660	26,476	13,433	4,522	32,792	16,807	8,526	2,872	19,583	10,037	5,092	1,716
56 - 60	63,245	32,415	16,444	5,535	39,485	20,237	10,267	3,456	23,979	12,290	6,236	2,100
61 - 65	73,086	37,458	19,004	6,397	45,709	23,427	11,886	4,002	27,576	14,133	7,170	2,415
66 - 70	95,614	49,004	24,860	8,368	60,002	30,752	15,601	5,252	36,002	18,452	9,361	3,152
以下保費只適用於續保 The premiums below are for renewal only												
71 - 75	120,634	61,826	31,367	10,557	72,511	37,164	18,853	6,345	44,346	22,728	11,531	3,882
76 - 80	139,628	71,560	36,304	12,218	83,927	43,014	21,822	7,345	51,328	26,307	13,347	4,493
81 - 85	157,197	80,565	40,873	13,756	94,487	48,426	24,568	8,269	57,786	29,617	15,025	5,058
86 - 90	168,502	86,357	43,812	14,746	101,281	51,907	26,335	8,863	61,943	31,746	16,106	5,422
91 - 95	174,485	89,424	45,367	15,269	104,877	53,751	27,270	9,178	64,142	32,873	16,678	5,613
96 - 100	178,891	91,682	46,512	15,656	107,525	55,107	27,958	9,410	65,761	33,704	17,099	5,756
101 +	183,407	93,997	47,686	16,049	110,239	56,498	28,663	9,647	67,422	34,556	17,531	5,900

只適用於保單生效時年齡介乎 71 至 80 歲之受保人

For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C			
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	年繳 Annual	半年繳 Semi-annual	季繳 Quarterly	月繳 Monthly
	女性 Female				女性 Female				女性 Female			
71 - 75	168,887	86,555	43,912	14,779	101,514	52,027	26,395	8,885	62,084	31,819	16,144	5,435
76 - 80	195,478	100,184	50,826	17,106	117,498	60,218	30,551	10,282	71,859	36,829	18,685	6,290
以下保費只適用於續保 The premiums below are for renewal only												
81 - 85	220,076	112,790	57,220	19,258	132,282	67,796	34,394	11,576	80,902	41,462	21,035	7,081
86 - 90	235,902	120,901	61,336	20,643	141,793	72,670	36,868	12,409	86,719	44,445	22,547	7,590
91 - 95	244,278	125,194	63,514	21,377	146,826	75,249	38,176	12,850	89,798	46,022	23,349	7,860
96 - 100	250,447	128,355	65,118	21,916	150,533	77,150	39,140	13,173	92,066	47,184	23,938	8,057
101 +	256,769	131,596	66,762	22,468	154,333	79,096	40,128	13,506	94,391	48,377	24,543	8,261



## 2B. 認可產品（附額外醫療保障 - 設 20% 共同保險）

### Certified Plan (with Supplementary Medical Benefit - with 20% Coinsurance)

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C				計劃 D Plan D			
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	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				男性 Male				男性 Male				男性 Male			
0 - 4	13,788	7,068	3,587	1,208	8,358	4,284	2,175	733	5,053	2,590	1,316	445	4,131	2,118	1,075	363
5 - 9	13,203	6,768	3,435	1,156	7,809	4,003	2,032	684	4,713	2,416	1,227	414	3,776	1,936	984	332
10 - 18	12,489	6,402	3,248	1,094	7,145	3,664	1,859	628	4,319	2,215	1,124	379	3,362	1,724	876	295
19 - 25	14,787	7,578	3,845	1,295	8,273	4,240	2,153	726	4,794	2,458	1,248	421	3,859	1,979	1,005	339
26 - 30	15,782	8,090	4,106	1,382	8,907	4,567	2,317	781	5,227	2,680	1,361	458	4,210	2,159	1,095	370
31 - 35	20,858	10,690	5,424	1,827	11,688	5,991	3,040	1,024	6,357	3,259	1,655	558	5,177	2,654	1,347	455
36 - 40	22,730	11,651	5,912	1,990	12,933	6,629	3,365	1,134	7,744	3,970	2,014	680	6,291	3,226	1,638	552
41 - 45	26,958	13,817	7,010	2,360	17,012	8,720	4,423	1,490	10,082	5,168	2,622	883	8,216	4,211	2,138	720
46 - 50	34,211	17,535	8,897	2,995	21,589	11,065	5,614	1,890	12,840	6,582	3,340	1,125	10,468	5,366	2,723	918
51 - 55	43,485	22,286	11,308	3,806	27,852	14,275	7,243	2,438	16,539	8,477	4,301	1,448	13,506	6,923	3,514	1,184
56 - 60	58,927	30,201	15,322	5,157	36,973	18,951	9,615	3,237	22,455	11,510	5,839	1,966	18,773	9,622	4,882	1,644
61 - 65	68,118	34,912	17,711	5,961	42,804	21,937	11,130	3,746	25,821	13,234	6,715	2,262	21,583	11,063	5,613	1,890
66 - 70	89,005	45,616	23,142	7,790	56,080	28,741	14,582	4,908	33,581	17,212	8,732	2,940	27,632	14,163	7,185	2,420
以下保費只適用於續保 The premiums below are for renewal only																
71 - 75	111,385	57,085	28,961	9,747	67,216	34,450	17,477	5,883	41,079	21,055	10,682	3,596	32,837	16,831	8,539	2,875
76 - 80	128,922	66,074	33,521	11,282	77,799	39,873	20,229	6,809	47,548	24,369	12,364	4,161	38,006	19,478	9,882	3,326
81 - 85	145,144	74,388	37,739	12,702	87,589	44,891	22,775	7,665	53,530	27,436	13,920	4,685	42,788	21,930	11,126	3,745
86 - 90	155,581	79,737	40,452	13,615	93,888	48,119	24,413	8,217	57,380	29,408	14,920	5,022	45,865	23,507	11,927	4,015
91 - 95	161,106	82,568	41,888	14,098	97,220	49,827	25,280	8,508	59,417	30,453	15,450	5,201	47,494	24,342	12,350	4,158
96 - 100	165,173	84,652	42,946	14,454	99,674	51,084	25,916	8,723	60,918	31,221	15,840	5,332	48,691	24,955	12,661	4,262
101 +	169,342	86,789	44,031	14,819	102,191	52,375	26,571	8,943	62,454	32,010	16,240	5,466	49,922	25,586	12,981	4,370

只適用於保單生效時年齡介乎 71 至 80 歲之受保人

For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C				計劃 D Plan D			
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	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				男性 Male				男性 Male				男性 Male			
71 - 75	155,936	79,919	40,545	13,646	94,101	48,228	24,467	8,235	57,511	29,477	14,955	5,034	45,971	23,561	11,954	4,023
76 - 80	180,490	92,502	46,929	15,795	108,918	55,822	28,321	9,532	66,567	34,116	17,309	5,826	53,208	27,270	13,835	4,657
以下保費只適用於續保 The premiums below are for renewal only																
81 - 85	203,202	104,141	52,834	17,782	122,625	62,845	31,883	10,731	74,942	38,409	19,486	6,559	59,903	30,701	15,575	5,243
86 - 90	217,814	111,630	56,633	19,060	131,442	67,364	34,176	11,503	80,331	41,171	20,887	7,030	64,210	32,909	16,696	5,620
91 - 95	225,547	115,594	58,644	19,737	136,108	69,757	35,389	11,911	83,183	42,632	21,629	7,280	66,491	34,078	17,289	5,820
96 - 100	231,241	118,512	60,124	20,235	139,543	71,516	36,283	12,211	85,284	43,710	22,176	7,464	68,168	34,938	17,725	5,967
101 +	237,078	121,504	61,642	20,745	143,068	73,323	37,199	12,520	87,437	44,813	22,735	7,652	69,890	35,819	18,173	6,116

## 2B. 認可產品（附額外醫療保障 - 設 20% 共同保險）

### Certified Plan (with Supplementary Medical Benefit - with 20% Coinsurance)

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C				計劃 D Plan D			
	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	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	女性 Female				女性 Female				女性 Female				女性 Female			
0 - 4	13,788	7,068	3,587	1,208	8,358	4,284	2,175	733	5,053	2,590	1,316	445	4,131	2,118	1,075	363
5 - 9	13,203	6,768	3,435	1,156	7,809	4,003	2,032	684	4,713	2,416	1,227	414	3,776	1,936	984	332
10 - 18	12,489	6,402	3,248	1,094	7,145	3,664	1,859	628	4,319	2,215	1,124	379	3,362	1,724	876	295
19 - 25	15,448	7,917	4,018	1,353	8,648	4,433	2,250	759	5,149	2,639	1,340	452	4,233	2,171	1,102	372
26 - 30	16,743	8,582	4,354	1,467	9,552	4,896	2,484	837	5,576	2,859	1,451	489	4,447	2,281	1,158	390
31 - 35	21,363	10,949	5,557	1,871	12,454	6,384	3,240	1,091	6,769	3,471	1,761	594	5,470	2,804	1,424	481
36 - 40	23,587	12,089	6,133	2,066	14,151	7,254	3,681	1,240	8,272	4,240	2,153	725	6,686	3,427	1,740	587
41 - 45	29,691	15,218	7,722	2,599	18,676	9,573	4,857	1,636	11,080	5,680	2,882	971	9,055	4,643	2,355	794
46 - 50	37,686	19,316	9,800	3,299	23,669	12,132	6,156	2,072	14,103	7,228	3,668	1,236	11,524	5,908	2,997	1,011
51 - 55	47,892	24,545	12,453	4,192	30,581	15,674	7,952	2,677	18,227	9,343	4,741	1,596	14,877	7,625	3,870	1,303
56 - 60	58,927	30,201	15,322	5,157	36,973	18,951	9,615	3,237	22,455	11,510	5,839	1,966	18,773	9,622	4,882	1,644
61 - 65	68,118	34,912	17,711	5,961	42,804	21,937	11,130	3,746	25,821	13,234	6,715	2,262	21,583	11,063	5,613	1,890
66 - 70	89,005	45,616	23,142	7,790	56,080	28,741	14,582	4,908	33,581	17,212	8,732	2,940	27,632	14,163	7,185	2,420
以下保費只適用於續保 The premiums below are for renewal only																
71 - 75	111,385	57,085	28,961	9,747	67,216	34,450	17,477	5,883	41,079	21,055	10,682	3,596	32,837	16,831	8,539	2,875
76 - 80	128,922	66,074	33,521	11,282	77,799	39,873	20,229	6,809	47,548	24,369	12,364	4,161	38,006	19,478	9,882	3,326
81 - 85	145,144	74,388	37,739	12,702	87,589	44,891	22,775	7,665	53,530	27,436	13,920	4,685	42,788	21,930	11,126	3,745
86 - 90	155,581	79,737	40,452	13,615	93,888	48,119	24,413	8,217	57,380	29,408	14,920	5,022	45,865	23,507	11,927	4,015
91 - 95	161,106	82,568	41,888	14,098	97,220	49,827	25,280	8,508	59,417	30,453	15,450	5,201	47,494	24,342	12,350	4,158
96 - 100	165,173	84,652	42,946	14,454	99,674	51,084	25,916	8,723	60,918	31,221	15,840	5,332	48,691	24,955	12,661	4,262
101 +	169,342	86,789	44,031	14,819	102,191	52,375	26,571	8,943	62,454	32,010	16,240	5,466	49,922	25,586	12,981	4,370

只適用於保單生效時年齡介乎 71 至 80 歲之受保人

For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A Plan A				計劃 B Plan B				計劃 C Plan C				計劃 D Plan D			
	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	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	女性 Female				女性 Female				女性 Female				女性 Female			
71 - 75	155,936	79,919	40,545	13,646	94,101	48,228	24,467	8,235	57,511	29,477	14,955	5,034	45,971	23,561	11,954	4,023
76 - 80	180,490	92,502	46,929	15,795	108,918	55,822	28,321	9,532	66,567	34,116	17,309	5,826	53,208	27,270	13,835	4,657
以下保費只適用於續保 The premiums below are for renewal only																
81 - 85	203,202	104,141	52,834	17,782	122,625	62,845	31,883	10,731	74,942	38,409	19,486	6,559	59,903	30,701	15,575	5,243
86 - 90	217,814	111,630	56,633	19,060	131,442	67,364	34,176	11,503	80,331	41,171	20,887	7,030	64,210	32,909	16,696	5,620
91 - 95	225,547	115,594	58,644	19,737	136,108	69,757	35,389	11,911	83,183	42,632	21,629	7,280	66,491	34,078	17,289	5,820
96 - 100	231,241	118,512	60,124	20,235	139,543	71,516	36,283	12,211	85,284	43,710	22,176	7,464	68,168	34,938	17,725	5,967
101 +	237,078	121,504	61,642	20,745	143,068	73,323	37,199	12,520	87,437	44,813	22,735	7,652	69,890	35,819	18,173	6,116

### 3. 附加門診保障 Optional Outpatient Benefits

#### 計劃 A Plan A

計劃級別 Plan Level	計劃 A(I) 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	27,252	27,252	13,967	13,967	7,087	7,087	2,386	2,386	20,961	20,961	10,745	10,745	5,452	5,452	1,836	1,836
19 - 25	17,706	19,886	9,076	10,193	4,605	5,171	1,551	1,742	13,625	15,304	6,984	7,845	3,544	3,980	1,194	1,341
26 - 30	18,156	20,390	9,305	10,452	4,722	5,302	1,590	1,785	13,965	15,683	7,159	8,038	3,631	4,079	1,224	1,373
31 - 35	18,930	21,266	9,703	10,900	4,923	5,531	1,658	1,862	14,567	16,363	7,468	8,387	3,789	4,255	1,276	1,433
36 - 40	19,502	21,906	9,996	11,227	5,072	5,697	1,708	1,918	15,006	16,856	7,692	8,640	3,902	4,384	1,315	1,476
41 - 45	21,452	24,097	10,995	12,350	5,579	6,266	1,879	2,110	16,505	18,540	8,461	9,503	4,293	4,821	1,446	1,624
46 - 50	23,407	26,292	11,998	13,476	6,087	6,838	2,050	2,302	18,010	20,233	9,231	10,371	4,683	5,262	1,578	1,772
51 - 55	25,746	28,924	13,196	14,825	6,695	7,521	2,254	2,532	19,811	22,255	10,154	11,407	5,152	5,788	1,735	1,949
56 - 60	27,548	30,947	14,120	15,861	7,164	8,047	2,413	2,709	21,198	23,810	10,865	12,203	5,513	6,192	1,856	2,085
61 - 65	30,301	34,042	15,530	17,448	7,880	8,853	2,653	2,980	23,316	26,192	11,950	13,424	6,064	6,811	2,041	2,293
66 - 70	39,391	42,550	20,189	21,807	10,243	11,064	3,448	3,725	30,307	32,742	15,533	16,781	7,881	8,515	2,653	2,866
71 - 80	49,240	49,240	25,237	25,237	12,805	12,805	4,310	4,310	39,401	39,401	20,195	20,195	10,246	10,246	3,448	3,448
以下保費只適用於續保 The premium below is for renewal only																
81 +	49,240	49,240	25,237	25,237	12,805	12,805	4,310	4,310	39,401	39,401	20,195	20,195	10,246	10,246	3,448	3,448

計劃級別 Plan Level	計劃 A(II) 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	20,637	20,637	10,577	10,577	5,367	5,367	1,807	1,807	15,876	15,876	8,138	8,138	4,130	4,130	1,392	1,392
19 - 25	12,973	14,652	6,649	7,510	3,375	3,811	1,137	1,284	9,974	11,269	5,114	5,776	2,594	2,932	875	987
26 - 30	13,247	14,967	6,791	7,671	3,446	3,893	1,160	1,311	10,191	11,511	5,224	5,900	2,650	2,995	893	1,010
31 - 35	13,822	15,616	7,086	8,004	3,595	4,062	1,211	1,368	10,630	12,014	5,449	6,158	2,766	3,125	933	1,053
36 - 40	14,246	16,096	7,303	8,249	3,705	4,186	1,248	1,410	10,956	12,380	5,617	6,345	2,849	3,221	960	1,085
41 - 45	16,002	18,084	8,202	9,269	4,162	4,704	1,402	1,584	12,311	13,912	6,310	7,131	3,202	3,619	1,079	1,219
46 - 50	17,459	19,730	8,949	10,113	4,541	5,132	1,529	1,728	13,431	15,178	6,884	7,779	3,493	3,948	1,177	1,331
51 - 55	19,312	21,821	9,898	11,184	5,023	5,674	1,691	1,911	14,854	16,786	7,614	8,603	3,864	4,366	1,301	1,471
56 - 60	20,795	23,499	10,658	12,044	5,408	6,112	1,821	2,057	15,996	18,076	8,199	9,265	4,160	4,701	1,401	1,582
61 - 65	23,497	26,551	12,043	13,608	6,110	6,905	2,057	2,325	18,074	20,423	9,264	10,469	4,701	5,311	1,582	1,789
66 - 70	28,195	31,331	14,451	16,058	7,332	8,147	2,468	2,743	21,687	24,098	11,116	12,351	5,640	6,266	1,899	2,110
71 - 80	35,240	35,240	18,061	18,061	9,164	9,164	3,085	3,085	27,107	27,107	13,894	13,894	7,048	7,048	2,373	2,373
以下保費只適用於續保 The premium below is for renewal only																
81 +	35,240	35,240	18,061	18,061	9,164	9,164	3,085	3,085	27,107	27,107	13,894	13,894	7,048	7,048	2,373	2,373

### 3. 附加門診保障 Optional Outpatient Benefits

#### 計劃 A Plan A

計劃級別 Plan Level	計劃 A(III) 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	15,688	15,688	8,042	8,042	4,081	4,081	1,373	1,373	12,069	12,069	6,186	6,186	3,139	3,139	1,058	1,058
19 - 25	10,154	11,469	5,205	5,879	2,641	2,984	890	1,005	7,808	8,822	4,003	4,523	2,032	2,296	684	773
26 - 30	10,368	11,713	5,315	6,004	2,697	3,047	909	1,027	7,977	9,016	4,089	4,621	2,075	2,345	699	790
31 - 35	10,816	12,218	5,544	6,263	2,814	3,178	949	1,071	8,320	9,401	4,265	4,819	2,164	2,446	729	823
36 - 40	11,155	12,605	5,717	6,461	2,902	3,279	977	1,105	8,583	9,698	4,400	4,971	2,233	2,523	753	850
41 - 45	12,529	14,165	6,421	7,261	3,258	3,684	1,098	1,241	9,641	10,898	4,942	5,587	2,508	2,835	846	955
46 - 50	13,667	15,442	7,005	7,915	3,554	4,017	1,197	1,353	10,514	11,880	5,389	6,090	2,735	3,090	921	1,041
51 - 55	15,121	17,082	7,750	8,755	3,933	4,443	1,325	1,495	11,625	13,142	5,959	6,736	3,024	3,418	1,019	1,152
56 - 60	16,286	18,400	8,348	9,431	4,236	4,785	1,427	1,612	12,524	14,155	6,420	7,255	3,258	3,682	1,097	1,240
61 - 65	18,390	20,780	9,426	10,651	4,783	5,404	1,611	1,820	14,146	15,987	7,251	8,195	3,680	4,158	1,240	1,401
66 - 70	21,334	25,227	10,934	12,930	5,548	6,560	1,868	2,209	16,411	19,401	8,412	9,944	4,269	5,046	1,438	1,699
71 - 80	26,662	26,662	13,666	13,666	6,933	6,933	2,334	2,334	20,515	20,515	10,515	10,515	5,335	5,335	1,796	1,796
以下保費只適用於續保 The premium below is for renewal only																
81 +	26,662	26,662	13,666	13,666	6,933	6,933	2,334	2,334	20,515	20,515	10,515	10,515	5,335	5,335	1,796	1,796

### 3. 附加門診保障 Optional Outpatient Benefits

#### 計劃 B Plan B

計劃級別 Plan Level	計劃 B(I) 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	18,343	18,343	9,402	9,402	4,770	4,770	1,607	1,607	14,107	14,107	7,230	7,230	3,670	3,670	1,236	1,236
19 - 25	11,922	13,390	6,112	6,863	3,101	3,483	1,045	1,172	9,173	10,300	4,702	5,279	2,386	2,680	804	903
26 - 30	12,218	13,725	6,263	7,036	3,178	3,569	1,071	1,203	9,400	10,557	4,818	5,412	2,446	2,745	823	925
31 - 35	12,746	14,316	6,534	7,338	3,316	3,723	1,117	1,255	9,804	11,013	5,026	5,645	2,551	2,865	859	966
36 - 40	13,127	14,746	6,727	7,559	3,414	3,836	1,151	1,292	10,104	11,347	5,179	5,817	2,629	2,952	885	995
41 - 45	14,442	16,218	7,403	8,313	3,757	4,218	1,265	1,421	11,111	12,482	5,696	6,399	2,890	3,247	973	1,093
46 - 50	15,752	17,699	8,074	9,071	4,097	4,603	1,380	1,550	12,125	13,618	6,215	6,981	3,154	3,543	1,063	1,194
51 - 55	17,329	19,466	8,882	9,977	4,507	5,062	1,518	1,705	13,333	14,979	6,835	7,678	3,468	3,896	1,168	1,311
56 - 60	18,542	20,831	9,503	10,677	4,821	5,418	1,624	1,824	14,267	16,027	7,313	8,216	3,711	4,169	1,249	1,404
61 - 65	20,394	22,911	10,453	11,743	5,304	5,958	1,787	2,006	15,695	17,632	8,045	9,038	4,082	4,586	1,376	1,545
66 - 70	26,516	28,640	13,590	14,679	6,895	7,448	2,323	2,508	20,399	22,037	10,455	11,295	5,305	5,731	1,787	1,929
71 - 80	33,142	33,142	16,987	16,987	8,618	8,618	2,902	2,902	26,522	26,522	13,594	13,594	6,898	6,898	2,323	2,323
以下保費只適用於續保 The premium below is for renewal only																
81 +	33,142	33,142	16,987	16,987	8,618	8,618	2,902	2,902	26,522	26,522	13,594	13,594	6,898	6,898	2,323	2,323

計劃級別 Plan Level	計劃 B(II) 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	13,888	13,888	7,118	7,118	3,612	3,612	1,216	1,216	10,685	10,685	5,476	5,476	2,780	2,780	936	936
19 - 25	8,732	9,860	4,476	5,054	2,272	2,566	766	864	6,712	7,585	3,441	3,888	1,746	1,973	589	665
26 - 30	8,917	10,077	4,571	5,166	2,319	2,621	782	883	6,860	7,749	3,517	3,972	1,785	2,016	602	680
31 - 35	9,304	10,511	4,769	5,388	2,420	2,735	816	921	7,158	8,086	3,670	4,145	1,862	2,103	629	709
36 - 40	9,592	10,837	4,917	5,556	2,496	2,819	841	950	7,376	8,335	3,781	4,272	1,919	2,169	647	730
41 - 45	10,773	12,172	5,522	6,239	2,802	3,166	944	1,066	8,289	9,366	4,249	4,801	2,157	2,437	727	821
46 - 50	11,752	13,285	6,023	6,810	3,057	3,456	1,030	1,164	9,040	10,217	4,635	5,238	2,352	2,658	793	895
51 - 55	13,000	14,688	6,663	7,529	3,381	3,821	1,138	1,288	10,001	11,299	5,126	5,792	2,602	2,940	876	990
56 - 60	13,998	15,817	7,175	8,107	3,640	4,114	1,227	1,385	10,767	12,167	5,519	6,237	2,801	3,164	943	1,066
61 - 65	15,813	17,871	8,105	9,160	4,113	4,648	1,385	1,566	12,165	13,747	6,236	7,046	3,164	3,576	1,066	1,204
66 - 70	18,977	21,089	9,726	10,809	4,935	5,484	1,662	1,846	14,597	16,221	7,482	8,314	3,796	4,219	1,279	1,421
71 - 80	23,720	23,720	12,157	12,157	6,169	6,169	2,077	2,077	18,248	18,248	9,354	9,354	4,746	4,746	1,598	1,598
以下保費只適用於續保 The premium below is for renewal only																
81 +	23,720	23,720	12,157	12,157	6,169	6,169	2,077	2,077	18,248	18,248	9,354	9,354	4,746	4,746	1,598	1,598

### 3. 附加門診保障 Optional Outpatient Benefits

#### 計劃 B Plan B

計劃級別 Plan Level	計劃 B(III) 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	10,559	10,559	5,412	5,412	2,746	2,746	925	925	8,124	8,124	4,165	4,165	2,114	2,114	712	712
19 - 25	6,834	7,723	3,503	3,959	1,778	2,010	599	677	5,258	5,940	2,696	3,045	1,369	1,546	462	521
26 - 30	6,982	7,885	3,579	4,041	1,818	2,051	613	692	5,368	6,066	2,752	3,110	1,397	1,579	471	532
31 - 35	7,282	8,226	3,733	4,217	1,896	2,141	639	721	5,601	6,327	2,872	3,244	1,457	1,646	492	555
36 - 40	7,509	8,488	3,849	4,351	1,953	2,209	659	744	5,776	6,529	2,962	3,348	1,503	1,699	508	573
41 - 45	8,436	9,529	4,325	4,885	2,195	2,479	740	836	6,489	7,338	3,326	3,762	1,689	1,910	570	645
46 - 50	9,198	10,395	4,716	5,328	2,393	2,705	806	911	7,077	7,998	3,628	4,099	1,841	2,081	621	701
51 - 55	10,175	11,498	5,215	5,895	2,647	2,990	892	1,007	7,826	8,846	4,012	4,535	2,037	2,301	686	776
56 - 60	10,961	12,385	5,619	6,349	2,851	3,222	960	1,085	8,435	9,526	4,324	4,884	2,194	2,479	740	834
61 - 65	12,377	13,989	6,344	7,170	3,219	3,639	1,085	1,225	9,523	10,761	4,881	5,516	2,477	2,800	834	943
66 - 70	14,359	16,979	7,360	8,703	3,734	4,417	1,258	1,488	11,045	13,058	5,663	6,693	2,873	3,396	968	1,144
71 - 80	17,949	17,949	9,201	9,201	4,667	4,667	1,571	1,571	13,811	13,811	7,079	7,079	3,593	3,593	1,211	1,211
以下保費只適用於續保 The premium below is for renewal only																
81 +	17,949	17,949	9,201	9,201	4,667	4,667	1,571	1,571	13,811	13,811	7,079	7,079	3,593	3,593	1,211	1,211

注釋：

- 年齡指投保人的實際年齡，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。
- 「0」歲指出生滿 15 日。
- 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。藍十字在得到醫務衛生局同意後，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。
- 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](http://bluecross.com.hk/document/general/levy_collection)。
- 保費表並未包括由保險業監管局徵收的保費徵費。
- 上述注釋適用於本文件的所有保費表。
- 如選擇年繳「附加門診保障」的保費，受保人將獲發藍十字醫療卡。

Remarks：

- Age refers to insured person's attained age. Premium rate will be charged according to your attained age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- Age "0" means age 15 days.
- 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. With the consent of the Health Bureau, 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.
- 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](http://bluecross.com.hk/document/general/levy_collection).
- The premium tables do not include levy collected by the Insurance Authority.
- The above remarks are applicable to all premium tables listed herein.
- If premium is paid annually for Optional Outpatient Benefits, the insured person will be issued with a Blue Cross Healthcare Card.