

YFLife
萬通保險

醫療 Medical

醫+全護保

E+Total Care

ETC



灣區互通 保障無界

Bay Area Connectivity with Boundless Protection

澳門雖然人口不多，但近年面對人口老化加速、醫療通脹、醫療資源有限以及慢性疾病普及化，讓許多澳門家庭倍感壓力。如今，隨著大灣區醫療資源互聯互通、跨境轉診機制的建立及醫學結果的跨境互認，澳門正開啓跨境就醫的新模式。

醫+全護保（「此計劃」）突破地域限制，涵蓋粵港澳大灣區、中國大陸及世界各地的合資格醫療開支，就住院、手術、住院前後/手術前後及其他治療提供全額賠償方案，並不設終身限額。健康無界，保障隨行。我們全面守護您的每一段健康旅程，讓您享受輕鬆就醫的自由。

Although Macau has a small population, it has faced significant pressure in recent years due to accelerated aging, rising medical costs, limited healthcare resources, and the prevalence of chronic diseases, impacting many families in the region. Today, with the interconnection of healthcare resources in the Greater Bay Area, the establishment of a cross-border referral mechanism, and the mutual recognition of medical results across borders, Macau's cross-border healthcare is entering a new model.

E+ Total Care (the "Plan") breaks through regional limitations, covering eligible medical expenses in the Guangdong-Hong Kong-Macao Greater Bay Area, Mainland China, and around the world. It offers full reimbursement solution for hospitalization, surgery, pre- and post-hospitalization/ surgical treatments, providing comprehensive protection without a lifetime cap. Health knows no boundaries; protection follows you. We safeguard your every health journey, allowing you to enjoy the freedom of seeking medical care with ease.

醫+全護保

E+ Total Care

- 全數賠償環球醫療費用保障
Full Global Medical Expense
Reimbursement Protection
- 重設每年保障總額
Annual Limit Reset
- 保障未知的已有病症而無需等候期
No Waiting Period for Unknown
Pre-existing Conditions
- 強化醫療安全網
Enhanced Medical Safety Net
- 保障年期長達100歲
Benefit Term up to Age 100
- 無索償獎賞
No Claim Bonus

1

全數賠償環球醫療費用保障

Full Global Medical Expense Reimbursement Protection



醫+全護保提供全數環球醫療費用賠償¹，涵蓋受保人於世界各地因患病或意外受傷而產生的住院、手術、住院前後/手術前後治療^{2,3}的合資格醫療費用，而不設分項賠償限額，並提供癌症治療及洗腎保障，以及其他延伸保障。受保人更可於指定醫院入住標準私家病房或半私家病房⁴，讓治療康復過程更加舒適愜意。

E+ Total Care provides full global medical expenses reimbursement¹ for the Insured, covering eligible medical expenses incurred from hospitalization, surgery, and pre- and post-hospitalization/surgery treatments^{2,3} due to illness or accidental injury worldwide, without itemized benefit sub-limits. It also offers cancer treatment and renal dialysis benefits, along with other extended benefits. The Insured is also entitled to a Standard Private Room or Semi-Private Room⁴ at the Designated Hospitals for a more comfortable recovery journey.

此計劃涵蓋以下的醫療保障項目 The Plan covers the following medical benefit items:

住院保障 Hospitalization Benefits	住院及膳食、雜項開支、住院醫生費、住院專科醫生費、深切治療 ⁵ 及住院陪床 ⁶ Room and Board, Miscellaneous Charges, In-hospital Doctor's Call, In-hospital Specialist Consultation, Intensive Care ⁵ and Hospital Companion Bed ⁶
手術保障 Surgical Benefits	外科醫生的手術收費 ² 、麻醉師費 ² 、手術室費 ² Surgeon's Fee ² , Anaesthetist's Fee ² , Operating Theatre Fee ²
住院前後/手術前後之保障 Pre- and Post-Hospitalization/ Surgery Benefits	住院前後/手術前後門診保障 ^{2,3} 、手術後家中看護 ⁷ Pre- And Post-Hospitalization/Surgery Outpatient Treatment Benefit ^{2,3} , Post-Surgery Home Nursing ⁷
延伸保障 Extended Benefits	癌症治療保障 ⁸ 、洗腎保障 ⁸ 、癌症治療保障及洗腎保障的額外保障 ⁹ 、第二索償現金津貼 ¹⁰ Cancer Treatment Benefit ⁸ , Renal Dialysis Benefit ⁸ , Additional Benefit for Cancer Treatment Benefit and Renal Dialysis Benefit ⁹ , Second Claim Cash Benefit ¹⁰
其他 Others	醫療意外事故保障 ¹¹ 、身故保障 Medical Negligence Benefit ¹¹ , Death Benefit

2

重設每年保障總額

Annual Limit Reset



此計劃提供680,000港元 / 680,000澳門元的每年保障總額，保障總額適用於指定保障項目並於每保單年重設，全數支付合資格的醫療費用。全數賠償¹有助簡化賠償機制及索償程序，補足各項費用的差異，讓您可以有更大的靈活度去選擇適切的治療方案，不受分項賠償限額及終身限額所限。即使因傷病而需在不同保單年接受長期治療，您仍可持續得到保障。

The Plan offers a maximum coverage of HK\$680,000 / MOP680,000 annually. The Annual Limit is applicable to designated benefit items and will reset each policy year, fully covering eligible medical expenses. Full reimbursement¹ helps simplify the compensation mechanism and claims process, and address any cost differences. You can have greater flexibility in selecting appropriate treatment options, without being constrained by itemized benefit sub-limits or lifetime caps. Even if you require long-term treatment across different policy years due to illness or injury, you will still receive continued coverage.

3

保障未知的已有病症而無需等候期

No Waiting Period for Unknown Pre-existing Conditions



為使您安心無憂，此計劃涵蓋受保人在投保時的未知的已有病症，並不設等候期。

For your total peace of mind, the Plan covers unknown pre-existing conditions of the Insured at the time of policy enrollment, without any waiting period.

4

強化醫療安全網

Enhanced Medical Safety Net



癌症治療及洗腎通常都需要數月甚至數年的漫長過程，而且所費不菲，所以此計劃特設癌症治療保障及洗腎保障的額外保障⁹，在每年保障總額之上額外提供680,000港元 / 680,000澳門元的保障以支付相關治療的醫療開支，讓有需要的受保人安心接受治療，無需為持續的醫療開支而過於擔憂。

Cancer treatment and renal dialysis are often lengthy processes that can last months or even years, and can be very costly. Therefore, the Plan provides Additional Benefit for Cancer Treatment Benefit and Renal Dialysis Benefit⁹. In addition to the Annual Limit, an extra HK\$680,000 / MOP 680,000 will be offered for the Insured in need to support the medical expenses of the relevant treatments, ensuring they can undergo treatment with greater peace of mind, without having to worry excessively about ongoing medical expenses.

5

保障年期長達100歲

Benefit Term up to Age 100



此計劃提供每年續保，保障年期可長達受保人100歲。為了讓您時刻可享有充裕的保障，應付越來越高昂的醫療費用，本公司可能會於每次續保¹²時檢討及調整各項保障及保費，續期保費會根據受保人當時實際年齡及適用之同類保障級別當時的保費率計算。

The Plan provides annual renewal with a benefit term up to age 100 of the Insured. To ensure you are well covered for higher medical expenses, the Company may review and adjust the respective benefits and premium at each renewal¹². The renewal premium will be adjusted based on the attained age of the Insured and the premium rate in effect for the same level of benefit at the time of renewal.

6

無索償獎賞
No Claim Bonus



為獎勵您維持健康生活，只要您在續保時保單已於本公司無間斷地連續生效達3個保單年或以上，以及期間並無就此計劃有任何索償紀錄，於支付續期保費時，便可獲享「無索償獎賞」¹³，其獎賞金額會按上一保單年的每年保費的百分比計算，最高可達15%。

To reward you for maintaining a healthy lifestyle, provided that the Policy has been in force for 3 consecutive policy years and no claims were made under the Plan, you will be entitled to a "No Claim Bonus"¹³ upon paying the renewal policy premium. The bonus is based on a percentage of the annual premium of the preceding policy year, up to a maximum of 15%.

連續生效及無索償保單年期 Consecutive years of Policy in force and without claims	無索償獎賞折扣率 No Claim Bonus Rate
3	5%
4	10%
≥ 5	15%



例子 Example

住在澳門的 Joanna 投保醫+全護保，以便在世界各地享有不設分項賠償限額的全額賠償¹醫療保障。

Joanna, living in Macau, takes out E+ Total Care to enjoy worldwide medical coverage with full reimbursement¹ and no itemized benefit sub-limits.

每年保障總額 Annual Limit: HK\$/MOP680,000 港元 / 澳門元

●●●●● 保單年 Policy Year 1 ●●●●● ●●●●● 保單年 Policy Year 2 ●●●●●



附註 Notes :

* 有關「出院免找數服務」的詳情，請參考 YF GO! 增值服務的服務單張：<https://www.yflife.com/sites/default/files/VAS/Service-Flyer-TC.pdf>
For the details of Cashless Hospitalization Service, please refer to the Service Flyer of YF Go! Value-added Services:
<https://www.yflife.com/sites/default/files/VAS/Service-Flyer-EN.pdf>

全數賠償以每年保障總額 680,000 港元 / 680,000 澳門元為限。
Full reimbursement is subject to an Annual Limit of HK\$680,000 / MOP680,000.

^ 保障出院後 / 完成門診手術起計 60 日內的 3 次門診治療。
Cover 3 follow-up outpatient visits within 60 days after discharge from Hospital or completion of the Outpatient Surgery.

醫+全護保一覽表

E+ Total Care – at a glance

(港元HK\$ / 澳門元MOP)

保障 Benefits	保障限額 Benefit Limits
受保地區 Covered Areas	全球 Worldwide
受保住院病房級別 ¹⁴ Covered Room Level ¹⁴	澳門的指定醫院住院：半私家病房 ⁴ 中國內地的指定醫院(組別A)住院：標準私家病房 ⁴ 中國內地的指定醫院(組別B)住院：半私家病房 ⁴ 非指定醫院的住院：普通病房 ¹⁵ Confinement in the Designated Hospitals in Macau: Semi-Private Room ⁴ Confinement in the Designated Hospitals (Group A) in Mainland China: Standard Private Room ⁴ Confinement in the Designated Hospitals (Group B) in Mainland China: Semi-Private Room ⁴ Confinement in non-Designated Hospitals: Ward ¹⁵
每年保障總額 (適用於保障項目(a)-(m)) Annual Limit (Applicable to benefit items (a)-(m))	680,000
終身保障限額 Lifetime Limit	沒有 Nil
住院保障 Hospitalization Benefits	
(a) 住院及膳食 Room and Board	全數賠償 ¹ Full reimbursement ¹
(b) 雜項開支 Miscellaneous Charges	
(c) 住院醫生費 In-hospital Doctor's Call	
(d) 住院專科醫生費 In-hospital Specialist Consultation	
(e) 深切治療 ⁵ Intensive Care ⁵	
(f) 住院陪床 ⁶ Hospital Companion Bed ⁶	
手術保障 Surgical Benefits	
(g) 外科醫生的手術收費 ² Surgeon's Fee ²	全數賠償 ¹ Full reimbursement ¹
(h) 麻醉師費 ² Anaesthetist's Fee ²	
(i) 手術室費 ² Operating Theatre Fee ²	
住院前後 / 手術前後之保障 Pre- and Post-Hospitalization/Surgery Benefits	
(j) 住院前後 / 手術前後的門診保障 ^{2,3} Pre- And Post-Hospitalization/ Surgery Outpatient Treatment Benefit ^{2,3}	全數賠償 ¹ Full reimbursement ¹
(k) 手術後家中看護 ⁷ (每保單年最高保障日數) Post-Surgery Home Nursing ⁷ (Max. days per policy year)	全數賠償 ¹ Full reimbursement ¹ (60日 days)

保障 Benefits	保障限額 Benefit Limits
延伸保障 Extended Benefits	
(l) 癌症治療保障 ⁸ Cancer Treatment Benefit ⁸ – 化療 Chemotherapy – 電療 Radiotherapy – 標靶治療 Targeted Therapy – 荷爾蒙治療 Hormonal Therapy – 免疫治療 Immunotherapy	全數賠償 ¹ Full reimbursement ¹
(m) 洗腎保障 ⁸ Renal Dialysis Benefit ⁸	全數賠償 ¹ Full reimbursement ¹
(n) 癌症治療保障及洗腎保障的額外保障 ⁹ (每保單年) Additional Benefit for Cancer Treatment Benefit and Renal Dialysis Benefit ⁹ (per policy year)	680,000
(o) 第二索償現金津貼 ¹⁰ (每保單年最高保障日數) Second Claim Cash Benefit ¹⁰ (Max. days per policy year)	每日 300 per day (90 days)
其他 Others	
(p) 醫療意外事故保障 ¹¹ Medical Negligence Benefit ¹¹	100,000
(q) 身故保障 Death Benefit	5,000
保單資料 Policy Information	
保單類別 Plan Type	基本計劃 Basic Plan
保單貨幣 Policy Currency	港元 / 澳門元 HK\$ / MOP
保費 ¹² Premium ¹²	<ul style="list-style-type: none"> - 每年續期，保費並非保證。續期保費會按受保人當時實際年齡及同類保障級別的保費率作出調整 - 如符合無索償獎賞要求，續期保費可享有高達15%折扣 - 保費按每年 / 每半年 / 每季 / 每月繳付 - Yearly renewable; the premium is non-guaranteed. The renewal premium will be adjusted based on the Insured's attained age and at the premium rate in effect according to the same level of benefit at the time of policy renewal - If the No-Claim Bonus conditions are fulfilled, a discount up to 15% on the renewal premium can be enjoyed - Annual/Semi-annual/Quarterly/ Monthly Payment
保障類別 Type of Benefit	償款產品 — 賠償合資格住院及醫療費用 (受限於此計劃內每項保障的最高保障額(如適用)) Indemnity Product – Reimburses the eligible hospitalization and medical expenses (subject to the maximum limit of each benefit item of the Plan, if applicable)
投保資料 Basic Information	
投保年齡 (以上次生日年齡計算) Issue Age (At Last Birthday)	0至70歲 Age 0-70
保障年期 Benefit Term	至100歲 To Age 100
繳付保費年期 Premium Payment Term	至100歲 To Age 100

有關保費詳情，請瀏覽本公司網頁 www.yflife.com。

For the details of premiums, please refer to our company website at www.yflife.com/en.

產品概覽 Product Highlights	產品特點 Product Features	例子 Example	一覽表 At a Glance	註 Remarks	重要資料 Important Information
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註

- 全數賠償是指不設分項賠償限額，只適用於賠償合資格費用的實際金額，並受每年保障總額，以及產品冊子及保單文件上的其他條件所限。全數賠償只適用於某些保障項目。適用於醫療上必須的治療及手術，賠償金額須符合「合理及慣常」的收費，即不超過由當地具有類似地位的醫療服務機構於當地就相類同的疾病或受傷，為相同年齡和性別人士提供治療、醫療服務或供應品之一般標準收費。有關全數賠償的條款、不保事項及限制的詳情，請參閱保單文件。
- 亦適用於因傷病並由醫生建議而(i)在醫院日症房或(ii)在香港及澳門地域內的診所進行醫療上必須的手術。我們保留決定合資格診所的權利。
- 住院前後/手術前後門診保障只適用於住院/門診手術前的31日內的1次門診治療費用，以及出院後/完成門診手術起計60日內的3次門診治療費用。
- 「標準私家病房」是指一間於香港的醫院分類為標準私家病房的房間。對於沒有相應病房級別分類的醫院或於香港以外的任何醫院，標準私家病房是指受保人在住院期間入住設有私人設施(只包括睡房及浴室/淋浴間)並只供受保人私人使用的病房。在上述各種情況下，標準私家病房不包括設有廚房、飯廳或客廳之任何以上等級病房。
「半私家病房」是指一間於香港的醫院分類為半私家病房的房間。對於沒有相應病房級別分類的醫院或於香港以外的任何醫院，半私家病房是指醫院內設有共用浴/淋浴間並提供(i)一張床或兩張床的房間；或(ii)最多雙人使用的房間。在上述各種情況下，半私家病房不包括設有廚房、飯廳或客廳之任何以上等級病房。
標準私家病房只適用於中國內地的指定醫院(組別A)住院。半私家病房則適用於澳門的指定醫院及中國內地的指定醫院(組別B)住院。
有關指定醫院名單，請瀏覽萬通保險網站 www.yflife.com。本公司有絕對酌情權就指定醫院名單不時作出更改、更新或修訂，任何更改均被視為於本公司網頁公佈之日生效，無論有否另行發出通知。
- 為免存疑，已獲保障賠償的入住深切治療部期間所需的住院及膳食實際開支，不會再獲住院及膳食保障的賠償。
- 以一張額外床位為限。
- 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生在索償申請表內提供的陳述。保障只限於在任何時段由最多一位合資格護士提供的護理服務，不論合資格之住院次數。
- 適用於在醫院、在醫院日症房或在香港及澳門的診所接受癌症治療及洗腎。
- 若受保人合資格並接受癌症治療保障及/或洗腎保障所涵蓋的治療以及該保單年已支付或將獲支付之保障賠償總額已達相關保單年度之每年保障總額，我們將支付癌症治療保障及洗腎保障的額外保障。保障的金額將相等於超出上述癌症治療保障及/或洗腎保障下應支付的金額的合理及慣常的實際收取的治療費用，以每保單年最高保障額680,000港元/680,000澳門元為限。
- 如受保人已在其他保險公司就住院或門診手術的費用獲得部份賠償，並於此計劃可獲賠償，本公司會支付第二索償現金津貼。
- 若受保人因醫院的醫護人員的疏忽行為或未有遵照合理及慣常的標準而直接導致發生已證實之事故後30天內身故，而已證實之事故符合保單文件的特定要求，則此計劃會一次過支付醫療意外事故保障予受益人。
- 我們保留不批准保單續保及修訂保障或保費的權利，並會於保單週年日30天前以書面通知您。保單不獲續保將不會影響受保人在保單期滿前出現的保障索償。
- 在已給付無索償獎賞後，如我們就過往任何保單年期的索償而支付保障，在保單內需支付的賠償金額內將扣除該等已給付無索償獎賞的金額。

Remarks

- Full reimbursement shall mean no itemized benefit sub-limit and is only applicable to the reimbursement of the actual amount of eligible expenses, and is subject to the Annual Limit and other conditions as stated in the product brochure and the policy document. Full reimbursement applies to certain benefit items only. Applicable to treatment and surgical procedures that are Medically Necessary. Reimbursement will be made on a "Reasonable and Customary" basis, i.e., the charge does not exceed the general level of charges being made by medical service providers of similar standing in the locality where the charge is incurred for similar treatment, services or supplies to individuals of the same gender and age, for a similar disease or injury. Please refer to the policy document for details of the terms, conditions, exclusions and limitations of full reimbursement.
- Also applicable to Medically Necessary surgical procedure, recommended and performed by a Doctor due to Disability, (i) in the day case unit of a Hospital or (ii) in a clinic in Hong Kong and Macau. We reserve the right to determine the eligibility of a clinic.
- Pre- And Post-Hospitalization/Surgery Outpatient Treatment Benefit covers 1 outpatient visit within 31 days preceding the Confinement/Outpatient Surgery and 3 outpatient visits within 60 days after discharge from Hospital or completion of the Outpatient Surgery.
- "Standard Private Room" shall mean a room categorised as a Standard Private room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Standard Private Room shall mean a room for Insured's private use during the Confinement with its own private facilities including a bedroom and bath/shower room(s) only. In any case mentioned above, a Standard Private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).
"Semi-Private Room" shall mean a room categorised as a Semi-Private room by a Hospital Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Semi-Private Room shall mean: (i) a single or two-bedded room; or (ii) a room with maximum double occupancy, and with a shared bath/shower room in a Hospital. In any case mentioned above, a Semi-Private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).
Standard Private Room is only applicable to Confinement in the Designated Hospitals (Group A) in Mainland China. Semi-Private Room is applicable to Confinement in the Designated Hospitals in Macau and Designated Hospitals (Group B) in Mainland China.
For the list of Designated Hospitals, please visit YF Life's website at www.yflife.com/en. The list of Designated Hospitals may be varied, updated and amended from time to time at the Company's discretion, and any change shall be deemed as effective on the date of publication on the Company's website irrespective of whether any separate notice is given.
- For the avoidance of doubt, the room and board charges sustained during such Confinement in an Intensive Care Unit so incurred and payable under the benefit shall not be payable under the Room and Board benefit.
- Subject to one extra bed.
- The Company shall have the right to ask for proof of recommendation, e.g., written referral or testifying statement on the claim for by the attending Doctor. The benefit is restricted to nursing services provided by a maximum of one Qualified Nurse during any given time slot regardless of the number of eligible Confinements.
- Applicable to Cancer Treatment and Renal Dialysis performed in a Hospital, in the day case unit of a Hospital or in a clinic in Hong Kong and Macau.
- We shall pay the Additional Benefit for Cancer Treatment Benefit and Renal Dialysis Benefit if the Insured is eligible for and receives treatment covered under the Cancer Treatment Benefit and/or Renal Dialysis Benefit, and the total benefit amount paid or payable for the policy year has reached the Annual Limit of the relevant policy year. The amount of the benefit shall be equal to the Reasonable and Customary charges actually incurred for such treatment in excess of the amount payable under the Cancer Treatment Benefit and/or Renal Dialysis Benefit above, subject to a maximum limit of HK\$680,000 / MOP680,000 per policy year.
- If benefits are payable under the Plan after expenses for a Confinement or an Outpatient Surgery has been partly paid or reimbursed by another insurance company, the Company shall pay the Second Claim Cash Benefit.
- If the Insured passes away directly within 30 days of a proven incident, which fulfils the specific requirements stated in the policy document, as a consequence of any negligent action or failure to observe reasonable and customary standards by a healthcare professional of the relevant Hospital, a lump sum of Medical Negligence Benefit shall be payable to the Beneficiary.
- We reserve the right not to renew this Benefit and to adjust the benefit coverage or premium by giving 30 days' notice in writing to you prior to any policy anniversary. Non-renewal of the Policy will not affect the Insured's benefit claims under the Policy arising before the expiration date of the Policy.
- In the event that a benefit in respect of any previous policy year becomes payable by us after a No Claim Bonus has been given, the No Claim Bonus given shall be deducted from the benefit payable in the Policy.

14. 若受保人實際入住之病房級別高於受保住院病房級別，本公司將根據病房級別調整因子而調整賠償金額，詳情請參考「重要資料」內的「選擇病房級別限制」。
15. 「普通病房」是指一間於香港的醫院分類為低於半私家病房級別的房間，包括分類為普通病房或標準病房的房間。對於沒有相應病房級別分類的醫院或於香港以外的任何醫院，普通病房是指醫院內設有多於兩張病床的房間，但不包括住院陪床。

14. If the actual room level of the confinement is of a level higher than the Covered Room Level, the Company will adjust the benefits paid subject to the room level adjustment factor. For details, please refer to "Restriction in the Choice of Room Level" in "Important Information".
15. "Ward" shall mean a room categorised as a ward class lower than a Semi-private Room including the room categorised as a general ward or standard room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Ward shall mean a room in a Hospital with more than 2 patient beds (not including hospital companion bed).

重要資料

繳付保費年期及保障年期

繳付保費年期及保障年期最長可至受保人100歲。如在保費到期日起計31天寬限期屆滿前仍未繳付保費，保單的所有保障將會終止。

終止

在下列任何情況下，保單的所有保障將會終止：

- 於保單之保單週年(但可根據附載於保單內之續保條款每年續保或根據保單所提供的方式保單復效)。但在任何情況下，保單會在保單最後的保障到期日終止
- 您呈交書面要求終止保單，而您的要求獲我們接納
- 受保人身故
- 在寬限期屆滿前，到期的保費仍未能繳付

續保

在每保單週年及於保單之保障到期日前，如我們預先接獲所需的保費，而該保費乃根據受保人當時實際年齡及當時同類保障級別的保費率計算，保單便會獲得續保一年。我們保留不批准保單續保的權利，並會於保單週年日30天前以書面通知您。保單不獲續保將不會影響受保人在本保單期滿前出現的保障索償。

保障及保費調整

我們保留修改及/或修訂保障的結構、保障的級別、保障限制及規範及/或保單之保費的權利，並會於每保單週年不少於30天前以書面方式通知您。

保費會因應某些因素而作出調整，這些因素包括但不限於萬通保險過去的索償紀錄、開支、醫療通脹、醫療趨勢，以及/或因修定保障架構/保障級別(如有)而影響預期未來的索償成本。

已修訂保障的結構、保障的級別、保障的限制及規範及/或保費的生效日期會列明於上述通知書內。如您拒絕接納已修訂的保障及/或保費，您必須以書面方式通知我們，該書面通知必須獲我們收到作實，而保單將於上述通知書日期的下一個保費到期日自動終止。

有關此計劃過往保費增長率資料，請瀏覽本公司網頁：



澳門：
<https://www.yflife.com/tc/Macau/Individual/Services/Useful-Information/Historical-Premium-Increase-Rates/>

Important Information

Premium Payment Term and Benefit Term

The premium payment term and the benefit term are up to age 100 of the Insured. If the premium is not paid before the end of the 31-day Grace Period from such premium due date, all coverage under the Policy will be terminated.

Termination

All coverage under the Policy will be terminated when one of the following events occurs:

- On the policy anniversary of the Policy (subject to annual renewal as stated under the Renewal clause of the Policy or reinstatement thereof in such manner as provided in the Policy). But in any event, the Policy will terminate on the latest Benefit Expiry Date of the Policy
- You submit a written request to terminate the Policy and your request is accepted by us
- The Insured passes away
- The due premium is still unpaid at the end of the Grace Period

Renewal

At each policy anniversary and before the Benefit Expiry Date of the Policy, the Policy will be renewed for another one year upon receipt of the payment of the required premium in advance by us at the premium rate in effect of the same level of benefit of the then attained age of the Insured on the date of renewal. We reserve the right not to renew the Policy by giving 30 days' notice in writing to you prior to any policy anniversary. Non-renewal of the Policy will not affect the Insured's benefit claims under the Policy arising before the expiration date of the Policy.

Benefit and Premium Adjustment

We reserve the right to amend and/or revise the benefit structure, level of benefits, benefit limitations and restrictions, and/or premiums of the Policy by giving you a written notice no less than 30 days prior to each policy anniversary.

The major factors to consider for premium adjustment include, but not limited to, the claim experience of YF Life, expenses, medical inflation, medical trend and/or revised benefit structure/level of benefits (if any) which might impact the expected claim costs in the future.

The revised benefit structure, level of benefits, benefit limitations and restrictions, and/or premiums shall take effect on the date specified in such notification unless you decline the revised benefits and/or premiums in writing to us and received by us in which case the Policy shall automatically be terminated on the next premium due date following the date of such notification.

For relevant historical premium increase rates of the Plan, please visit our website:



Macau:
<https://www.yflife.com/en/Macau/Individual/Services/Useful-Information/Historical-Premium-Increase-Rates/>

通脹風險

將來的醫療費用有機會因通脹而較現時的費用高。因此，保費率及/或保障的級別可能會不時作出調整。此外，即使本公司按保單條款履行合約義務，您獲得的金額的實質價值可能較少。

信貸風險

此計劃由本公司承保及負責，保單持有人的保單權益會受其信貸風險所影響。若我們無法按保單的承諾履行其財務責任，您可能損失保單的價值及其保障。

匯率風險

如選擇的保單貨幣並非本地貨幣，閣下須承受匯率風險。匯率可能波動，因而影響您以本地貨幣計算時所需繳付保費及利息的金額。

選擇病房級別限制

若受保人於住院的任何一天入住病房之病房級別高於受保住院病房級別，以下所示的病房級別調整因子將應用於該相關住院日的保障：

受保住院病房級別	受保人於住院期間實際入住的病房級別	病房級別調整因子
普通病房	半私家病房	50%
普通病房	標準私家病房或以上	25%
半私家病房	標準私家病房	50%
半私家病房	標準私家病房以上	25%
標準私家病房	標準私家病房以上	25%

選擇病房級別限制將不會應用於以下情況：

- (i) 在接受急症治療時，因房間短缺而無法入住受保住院病房級別；
- (ii) 因病情需要隔離而入住特定級別的病房；或
- (iii) 不涉及保單持有人及/或受保人個人偏好的其他原因。

醫療上必須的

本公司會為受保人醫療上必須的醫療開支作出賠償。醫療上必須的指符合以下所有情況：

- (i) 因應診斷結果而施行一般慣常使用的醫治方法；
- (ii) 根據既定之良好醫療守則；
- (iii) 並非就受保人及/或醫生之方便而進行；及
- (iv) 不可以安全地在較低醫療護理水平的情況下進行。

合理及慣常的

指醫療上必須的及不超過由當地具有類似地位的醫療服務機構於當地就相類同的疾病或受傷，為相同年齡和性別人士提供治療、醫療服務或供應品之一般標準收費。「合理及慣常的」收費於任何情況下不得超過實際收費。本公司可參考以下情況(如適用)決定有關醫療費用是否為「合理及慣常的」：

- (i) 由當地政府憲報就其公立醫院為私家病人提供醫療服務所定的收費；
- (ii) 醫療行業的收費調查；
- (iii) 內部保險賠償統計數據；
- (iv) 受保保障程度或水平；及/或
- (v) 其他相關的參考資料。

如本公司之公司醫生認為任何醫院/醫療費用並非合理及慣常的收費，本公司保留權利調整部分或全部賠償金額。

Inflation Risk

Medical costs in the future are likely to be higher than they are today due to inflation. As a result, the premium rates and/or the benefit levels may be reviewed from time to time, and you might receive less in real terms even if the Company meets all of its contractual obligations.

Credit Risk

The Plan is underwritten by the Company. The insurance benefits are held solely responsible by the Company and subject to its credit risk. If we are unable to satisfy the financial obligations of the Policy, you may lose the value of Policy and its coverage.

Exchange Rate Risk

Should you choose a policy currency other than the local currency, you are subject to exchange rate risk. Exchange rates fluctuate from time to time, which may affect the premium and benefit amounts in local currency.

Restriction in the Choice of Room Level

If on any day of Confinement, the Insured is Confined in a room of room level higher than the Covered Room Level, the room level adjustment factor set out below shall be applied to the benefits payable in relation to such days of Confinement:

Covered Room Level	Actual room level occupied by the Insured during Confinement	Room level adjustment factor
Ward	Semi-Private Room	50%
Ward	Standard Private Room or above	25%
Semi-Private Room	Standard Private Room	50%
Semi-Private Room	Above Standard Private Room	25%
Standard Private Room	Above Standard Private Room	25%

The restriction in the choice of room level shall not be applied under the following circumstances:

- (i) Unavailability of accommodation at the Covered Room Level due to room shortage for Emergency Treatment;
- (ii) Isolation reasons that require a specific class of accommodation; or
- (iii) Other reasons not involving personal preference of the Policy Owner and/or the Insured.

Medically Necessary

The Company will cover the Medically Necessary expenses incurred by the Insured.

Medically Necessary means all of the following conditions are met:

- (i) Consistent with the diagnosis and customary medical treatment for the condition;
- (ii) In accordance with standards of good medical practice;
- (iii) Not for the convenience of the Insured and/or the Doctor; and
- (iv) Cannot be safely delivered in a lower level of medical care.

Reasonable and Customary

This means a charge for medical care which is Medically Necessary and does not exceed the general level of charges being made by medical service providers of similar standing in the locality where the charge is incurred for similar treatment, services or supplies to individuals of the same gender and age, for a similar disease or injury. The "Reasonable and Customary" charges shall not in any event exceed the actual charges incurred. In determining whether an expense is "Reasonable and Customary", we may make reference to the followings (if applicable):

- (i) the gazette issued by the local government which sets out the fees for the private patient services in public hospitals;
- (ii) industrial medical fee survey;
- (iii) internal claim statistics;
- (iv) extent or level of benefit insured; and/or
- (v) Other pertinent source of reference.

The Company reserves the right to adjust any or all benefits payable in relation to any Hospital/medical charges which in the opinion of the Company's doctor is not a Reasonable and Customary charge.

不保事項

受保人若在保單日期或批准保單復效申請當天(以較後者為準)起計一年內自殺,無論其是否在神智清醒的情況下,將不獲支付任何身故保障賠償。

因以下一種或多種情況而直接或間接引致的受傷或疾病,將不獲賠償(身故保障除外):

- 在保障生效日期前或在批准保單復效前(以較後日期為準)已存在傷病的情況或已存在傷病復發情況,且受保人已察覺或在一般情況下應可察覺的有關病徵或病狀;
- 因懷孕、墮胎、生育或小產、產前及產後護理及其他由上述情況引致的併發症等;
- 毒癮、酒癮或濫用/依賴酒精;
- 美容或整形外科手術;
- 於受保人17歲生日前出現病徵或病狀、或已確診的先天性畸形或反常、絕育或不育(任何性別)及直接或間接與變性手術有關之治療;
- 牙科護理或手術;
- 一般身體檢查、普查及/或預防性護理或檢驗、基因測試或遺傳諮詢輔導、接種及疫苗注射、病後復康、託管、療養或休養、或非根據導致需要住院、治療或診症之狀況的診斷及治療而引致的開支;
- 醫療實驗及/或非主流醫療技術/程序/治療;
- 精神紊亂、心理或精神疾病、行為問題或人格障礙(包括但不限於焦慮症、抑鬱症或緊張);
- 睡眠疾病(除非由專科醫生確認為危及生命的睡眠窒息症治療);
- 治療過度肥胖(包括病態肥胖)、控制體重計劃或減肥手術(除非由專科醫生於傳統治療方法失敗後確認為必須的減肥手術);
- 扁桃腺、增殖腺、疝氣的治療或手術,而該治療或手術在保障生效日期後120天內進行;
- 眼球的折射毛病或需以眼鏡幫助矯正的情況;
- 為受保人利益所購買或使用的醫療輔助器具及裝置,包括但不限於眼鏡、隱形眼鏡、助聽器或輪椅;
- 作為器官捐贈者捐贈器官、有關於尋找及採購替換器官而須支付的移植服務費用、所有相關的運輸費用及行政費用;
- 自殺、企圖自殺或因神智不清醒、自殘或精神狀態異常的狀況下而受傷;
- 受保人進行水肺潛水、參加任何非徒步進行的比賽、輔以繩索或由嚮導帶領的攀山活動;
- 由戰爭(無論宣佈或未宣佈)、叛亂、民間騷動、革命或參與任何非法行為((例如盜竊、濫用藥物或襲擊)而直接或間接引致受傷、疾病或身體不適;
- 由燃燒核子武器物料、核子燃料或廢料所導致的輻射或電離子擴散污染的情況而直接或間接引致受傷、疾病或身體不適,除非該等住院、治療及/或收費是直接因為核子擴散污染而引致,而核子擴散污染是:(i)由恐怖主義行為引致;(ii)當受保人於其永久居住國家或地方以外的旅程中發生;及(iii)受保人並非恐怖分子參與其中。就此不保事項,燃燒將包括任何自燃核子程序,或由石棉引致疾病或身體不適;
- 任何只為物理治療及/或為病徵及/或病狀而進行之診斷影像、化驗室檢查或其他診斷程序之住院;

Exclusions

If the Insured commits suicide, whether sane or insane, within one year from the Policy Date or within one year from the date we approve the reinstatement application, whichever is later, no Death Benefit will be payable.

The Policy will not pay any benefit claims (except for Death Benefit) caused by Sickness or Injury resulting directly or indirectly, by one or more of the following:

- Pre-existing conditions or recurrence of chronic pre-existing conditions which existed before the Effective Date of Coverage or the date we approve the reinstatement application, whichever is later, in respect of the Insured and which presented signs or symptoms of which the Insured has been aware or should reasonably have been aware;
- Any condition resulting from pregnancy, abortion, childbirth or miscarriage, pre-natal care as well as post-natal care, and other complications arising therefrom;
- Drug addiction or alcoholism or alcohol abuse/dependency;
- Cosmetic or plastic surgery;
- Congenital deformities or anomalies which present signs or symptoms, or are diagnosed, before the Insured attains 17 years of age, sterilization or infertility of either gender, treatment directly or indirectly related to a gender change;
- Dental care or surgery;
- General check-up, screening and/or preventive care/checking, genetic testing or counselling, vaccination/immunization, convalescence, custodial or sanatorium care or rest care, or expenses incurred not in accordance with the diagnosis and treatment of the condition for which the Confinement/treatment/consultation is required;
- Experimental and/or unconventional medical technology/procedure/therapy;
- Mental disorder, psychological or psychiatric conditions, behavioral problems or personality disorder, including but not limited to anxiety, depression or stress;
- Sleep disorders except for the treatment of sleep apnoea which is life threatening as confirmed by a Doctor (who shall be a qualified specialist in this medical profession);
- Treatment of obesity (including morbid obesity), weight control programs or bariatric surgery (except when bariatric surgery is necessary as confirmed by a Doctor who shall be a qualified specialist in this medical profession after failure of conventional treatments by Doctor);
- Treatment or surgery for tonsils, adenoids, hernia, which occurred within 120 days after the Effective Date of Coverage;
- Refractive errors of the eyes or their correction by glasses;
- Procurement or use of medical appliances and medical devices for the benefit of the Insured including but not limited to spectacles, contact lenses, hearing aids or wheelchairs;
- Organ donation as the Organ Donor, transplant service for which the cost incurred in connection with identifying and procuring a replacement organ and all associated transportation costs and administrative costs;
- Suicide, attempted suicide or injuries due to insanity, self-infliction or functional disorder of mind;
- Scuba diving or engaging in or taking part in race other than on foot, mountaineering involving the use of ropes or guides by the Insured;
- Injury, disease or sickness arising directly or indirectly from war (declared or undeclared), riot, civil commotion, revolution, or any warlike operation or from participating in any illegal activity such as, but not limited to robbery, drug abuse or assault;
- Injury, disease or sickness arising directly or indirectly from waste nuclear weapons material, ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, except where the Confinement, treatments and/or charges are made/performed/incurred as a direct result of such nuclear contamination which (i) is caused by terrorist act and (ii) occurs while the Insured is travelling outside the Insured's permanent residence country or place and (iii) the Insured is not involved as a terrorist. For the purpose of this exclusion only, combustion shall include any self-sustaining process of nuclear fission, or disease or sickness arising from asbestos;
- Any Hospital Confinement primarily for physiotherapy and/or for the investigation of signs and/or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures;

- 根據政府條例或其他保險計劃而獲得賠償的情況；
- 人體免疫能力缺乏病毒及/或任何與此症相關的情況，包括愛滋病及/或任何因此病症而出現的變種、衍生狀態或變異；
- 受保人因接受包皮環截術而住院的第一天在其12歲生日前。如受保人因接受包皮環截術而住院的第一天在保障生效日期前2年後，此項保障限制將不適用；
- 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；
- 任何不屬受保人醫療上必須的住院、檢查、服務或供應品；或任何超出合理及慣常的收費；
- 於住院時受保人沒有接受積極治療；或受保人維持持續性意識障礙的狀態(包括但不限於持續性植物人、昏迷)超過60天並於醫院接受超過連續180天的治療；或
- 在保單計劃表或修訂文件內所有註明之不保情況(如有)。

提供資料責任及未符合這要求的後果

保單是基於您和受保人於投保申請內提供給我們的資料。重要的是，您和受保人對所提供的資料都是真實和準確的，因為這些資料有助於我們決定您和受保人是否符合保單的資格。如果您或受保人提供給我們的資料不準確、誤導或被誇大，您應該立即通知我們。如您或受保人未有提供準確及真實的資料，或您或受保人提供誤導或被誇大的資料，保單的保障可能會受到影響。

於保單作為依據的投保申請內，或任何足以影響保單的任何事項、或有關依據保單提出任何索償事宜中，如有任何詐騙、關鍵性的錯誤陳述或隱瞞，我們有絕對權決定保單自成立之日起無效及保單的所有索償失效。任何已支付的保費，將在此情況下不被發還及沒收。

索償程序

如在接受治療或手術前須查詢有關索償資格、可賠償金額估算、賠償限額或回覆此類查詢的時限之服務承諾，請致電本公司客戶服務熱線：(853) 2832 2622。

有關索償程序，請瀏覽本公司網頁

澳門：<https://www.yflife.com/tc/Macau/Individual/Services/Claims-Corner>

保單冷靜期及取消保單的權利

如保單未能滿足您的要求，您可以書面方式要求取消保單，連同保單退回本公司(澳門蘇亞利斯博士大馬路320號澳門財富中心8樓A座)，並確保本公司的辦事處於交付保單的21個曆日內，或向您/您的代表人交付《通知書》(說明已經可以領取保單和冷靜期屆滿日)後起計的21個曆日內(以較早者為準)收到書面要求。於收妥書面要求後，保單將被取消，您將可獲退回已繳保費金額，但不包括任何利息。若曾獲賠償或將獲得賠償，則不獲發還保費。

期滿及退保

如需申請退保，您只需填妥、簽署並寄回由本公司提供的特定表格，本公司將安排退保事宜。

如需索取有關表格，請聯絡您的持牌保險中介人或致電本公司客戶服務熱線：(853) 2832 2622。

於保單期滿時，本公司將致函通知您，並會安排保單終止事宜。

- Any disability for which compensation is payable under any government law or for which benefits are payable under any other insurance policy except to the extent that such charges are not reimbursed by such laws or other policies;
- Human Immunodeficiency Virus (HIV) Infection and/or any HIV-related conditions including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivations or variations thereof;
- The first day of Confinement for Circumcision of the Insured occurs before the Insured's 12th birthday. This benefit restriction will not be applied if the first day of Confinement for Circumcision occurs beyond 2 years after the Effective Date of Coverage;
- 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;
- Any Confinement, treatment, investigation, services or supplies which are not Medically Necessary to the Insured; or any charges which exceed the Reasonable and Customary charges;
- No active treatment is performed on the Insured during Hospital Confinement; or the Insured is in state of continuous disorder of consciousness for more than 60 days (including but not limited to persistent vegetative state, coma) during Hospital Confinement whilst staying in Hospital for more than 180 consecutive days; or
- All excluded condition(s) as specified in the Policy Schedule or endorsement(s), if any.

Duty of disclosure and the consequences of not making full disclosure

The Policy is based on the information you and the Insured gave us in your insurance application. It is important that you and the Insured were truthful and accurate with all of the information provided, as this information helped us to decide if you and the Insured were eligible for the Policy. You should let us know immediately if the information you or the Insured gave us was inaccurate, misleading, or exaggerated. If you or the Insured did not provide accurate and truthful information, or you or the Insured gave misleading or exaggerated information, the benefits under the Policy may be affected.

If there is any fraud, material misstatement or concealment in the insurance application on which the Policy is based, or in relation to any other matter affecting the Policy, or in connection with the making of any claim under the Policy, we shall have the sole and absolute discretion to render the Policy null and void from the date of inception and forfeit all claims. Any premium paid shall not be refundable and shall be forfeited.

Claims Procedures

If you wish to make an enquiry on the eligibility of a claim, claimable amount estimate and reimbursement limit before undergoing a treatment or procedure, or our service pledge on the response time to such enquiries, please contact our Customer Service Hotline at (853) 2832 2622.

For details of the procedures for making claims, please refer to our website at

Macau: <https://www.yflife.com/en/Macau/Individual/Services/Claims-Corner>

Cooling-off Period and Right of Cancellation

If you are not satisfied with the Policy, you may return it under a signed covering letter to us (Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau) within 21 calendar days after the delivery of the Policy or delivery of the Notice (which states that the Policy is available for collection and the expiry date of the cooling-off period) to you or your representative, whichever is earlier. We will cancel the Policy upon receipt of your written request and refund all premiums you paid, without any interest. No refund can be made if a benefit payment has been made, is to be made or impending.

Maturity and Surrender

You may surrender the Policy by submitting a written request on the forms prepared for such purposes. We will arrange the policy surrender. You may contact your licensed insurance intermediary or contact our Customer Service Hotline at (853) 2832 2622 to get a copy of the form. Upon policy maturity, we will send a notification letter to you and will arrange policy termination accordingly.

醫+全護保由萬通保險國際有限公司(「萬通保險」)承保。您可以選擇單獨投保此計劃，毋須同時投保其他類型的保險產品，除非該計劃只設附加保障選項，而必須附加於基本計劃。

此產品冊子只提供一般資料，僅作參考之用，並非保單的一部分，亦未涵蓋保單的所有條款。有關保障範圍、詳情及條款，以及不保事項，請參閱保單的條款及保障/保單文件。此產品冊子不能作為萬通保險與任何人士或團體所訂立之任何合約。

此產品冊子僅旨在澳門傳閱，不能詮釋為萬通保險在澳門境外提供或出售或游說購買、要約、招攬及建議任何保險產品。如您現時本人不是身在澳門境內，萬通保險將無法向您提供有關產品及優惠。您和相關各方應尋求獨立的財務、稅務及法律建議。

儘管萬通保險已謹慎處理此產品冊子所載列之資料，但萬通保險並不會對其內容的準確性作任何明示或暗示擔保，亦不會承擔任何相關責任。若內容與相關保單合同之間存在任何不一致或歧義，則以相關保單合同為準。如有垂詢或欲索取保單文件之範本，歡迎與本公司之顧問聯絡。其他查詢請致電客戶服務熱線：澳門(853)2832 2622。

E+ Total Care is underwritten by YF Life Insurance International Limited ("YF Life"). You can always choose to take out these plans as a standalone plan without enrolling with other type(s) of insurance product at the same time, unless such plans are only available as a supplementary benefit which needs to be attached to a basic plan.

This product brochure provides information for general reference only. It does not form part of the Policy and does not contain the full terms of the Policy. Please refer to the terms and benefits of the Policy/policy documents for exact benefit coverage, terms and conditions, and exclusions. This product brochure does not represent a contract between YF Life and anyone or any entity else.

This product brochure is intended to be distributed in Macau only. It shall not be construed as an offer to sell or a solicitation of an offer or recommendation to purchase or sale or provision of any insurance product of YF Life outside Macau. If you are not currently in Macau, YF Life will not be able to provide you with related products and offers. You and other interested parties should seek independent financial, tax, and legal advice.

Although care is taken in preparing this product brochure, YF Life disclaims any express or implied warranty as to the accuracy of the content and any liability with respect to it. In the event of any conflict or inconsistency between the contents of this product brochure and the relevant policy contracts, the relevant policy contract shall prevail. For enquiries or to obtain a sample policy document, please contact our consultants. For other enquiries, please call our Customer Service Hotline: Macau (853) 2832 2622.

客戶服務

澳門：澳門蘇亞利斯博士大馬路320號澳門財富中心8樓A座
萬通保險客戶服務熱線：澳門 (853) 2832 2622
中國內地免費熱線：澳門 400 842 3607



PSP-238-VI-0226M (51-20260202076)

Customer Service

Macau: Avenida Doutor Mario Soares No. 320,
Finance and IT Center of Macau, 8 Andar A, Macau
Customer Service Hotline: Macau (853) 2832 2622
Mainland China Toll-Free: Macau 400 842 3607

萬通保險國際有限公司（萬通保險）的主要權益股東*包括擁有174年歷史、美國五大壽險公司**之一的Massachusetts Mutual Life Insurance Company（美國萬通），以及雲鋒金融控股有限公司等。

萬通保險與Barings（霸菱）為長久戰略合作夥伴，憑藉獨佔鰲頭的環球投資實力與合作網絡，攜金融科技創新強勁動能，居香港保險業領先地位。

*美國萬通及雲鋒金融控股有限公司為間接持有萬通保險國際有限公司的股份。

**美國五大壽險公司乃按2025年6月2日《FORTUNE 500》公佈的「互惠壽險公司」及「上市股份壽險公司」2024年收入排行榜合併計算。

The major shareholders* of YF Life Insurance International Limited (YF Life) include Massachusetts Mutual Life Insurance Company (MassMutual), which itself has 174 years of experience and is one of the Five Largest US Life Insurance Companies**, as well as Yunfeng Financial Holdings Limited, among others.

YF Life is a long-term strategic partner of Barings. We stay at the forefront of Hong Kong's insurance industry with our superior global investment capabilities, extensive partnership network, and fintech innovation.

* MassMutual and Yunfeng Financial Holdings Limited have indirect shareholdings in YF Life Insurance International Limited.

**The "Five Largest US Life Insurance Companies" are ranked according to the results of "Insurance: Life, Health (Mutual)" and "Insurance: Life, Health (Stock)" on total revenues for 2024, and based on the FORTUNE 500 as published on June 2, 2025.



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REDnote

醫+全護保 E+Total Care

每年保費(港元/澳門元) Annual Premium (HK\$/MOP)

已屆年齡 Attained Age	男 Male	女 Female	已屆年齡 Attained Age	男 Male	女 Female	已屆年齡 Attained Age	男 Male	女 Female
0	6,118	5,244	34	5,535	7,080	68	26,338	23,556
1	5,714	4,980	35	5,606	7,296	69	28,034	24,976
2	5,308	4,717	36	5,675	7,577	70	29,893	26,440
3	4,904	4,453	37	5,744	7,888	71*	30,581	26,582
4	4,498	4,189	38	5,872	8,269	72*	31,303	26,731
5	4,095	3,926	39	6,042	8,625	73*	32,050	26,896
6	4,018	3,863	40	6,270	8,994	74*	32,754	27,046
7	3,940	3,798	41	6,570	9,156	75*	33,283	27,168
8	3,864	3,735	42	6,893	9,391	76*	33,814	27,287
9	3,787	3,671	43	7,239	9,625	77*	34,344	27,409
10	3,710	3,605	44	7,557	9,966	78*	34,880	27,534
11	3,750	3,611	45	7,723	10,301	79*	35,424	27,658
12	3,790	3,616	46	8,216	10,643	80*	36,158	27,785
13	3,831	3,621	47	8,739	10,879	81*	36,782	27,926
14	3,872	3,626	48	9,229	11,083	82*	37,384	28,059
15	3,913	3,629	49	9,701	11,287	83*	37,957	28,187
16	3,974	3,801	50	10,039	11,466	84*	38,542	28,319
17	4,036	3,975	51	10,705	11,762	85*	39,045	28,425
18	4,143	4,147	52	11,274	12,048	86*	39,265	28,470
19	4,248	4,259	53	11,848	12,326	87*	39,490	28,515
20	4,363	4,323	54	12,438	12,599	88*	39,706	28,562
21	4,433	4,605	55	13,037	12,863	89*	39,934	28,609
22	4,498	4,829	56	13,838	13,462	90*	40,166	28,657
23	4,572	5,008	57	14,692	14,079	91*	40,394	28,705
24	4,641	5,232	58	15,605	14,747	92*	40,632	28,753
25	4,713	5,433	59	16,548	15,431	93*	40,865	28,801
26	4,752	5,579	60	17,549	16,120	94*	41,102	28,851
27	4,790	5,776	61	18,598	16,666	95*	41,351	28,901
28	4,832	5,967	62	19,677	17,237	96*	41,587	28,951
29	4,884	6,159	63	20,812	17,838	97*	41,840	29,002
30	4,947	6,348	64	21,974	18,804	98*	42,086	29,051
31	5,101	6,521	65	23,170	19,880	99*	42,345	29,104
32	5,248	6,685	66	24,188	21,052			
33	5,410	6,877	67	25,253	22,268			

* 只適用於續保 For Renewal Only