

| 自愿医保 VHIS |

“税”优惠医疗计划 TaxVantage Medical Plan

TVM

YFLife
萬通保險



《iMONEY 智富杂志》优秀保险企业大奖2019
最佳医疗保障



资本卓越银行及金融大奖
2012-2020
资本卓越保险服务大奖

未來在我手
Own the future

一个计划 掌握健康未来

Own your future with
a simple plan



保证终身续保

Guaranteed renewals for life



不设终身保障限额

No lifetime benefit limit



自由选择

Freedom to choose



保障范围广泛

Extensive coverage



为投保前未知的已有病症
提供保障

Coverage of unknown
pre-existing conditions



扣税优惠

Tax deductible



免费估算服务

Free quote before you commit



基础医疗服务 随时候命

“税”优惠医疗计划确保你能享有一系列基础医疗保障，涵盖手术、治疗及住院等保障。

承保多项治疗

保障更包括非手术癌症治疗、入院前、出院后及日间手术前后的门诊护理，以及医疗意外事故保障等。

香港政府全力推动

万通保险国际有限公司已注册成为香港特别行政区政府食物及卫生局认可的自愿医保的产品提供者。你的“税”优惠医疗计划中合乎资格的保费可享受税务扣除优惠，每年可申请扣税的保费上限为每名受保人8,000港元，而你为家人投保所缴的保费，亦可用作扣税，让你节省更多。

Basic access to medical services

The **TaxVantage Medical Plan** ensures you can get basic medical insurance covering a range of surgeries, therapies and hospitalization benefits.

Eligible across many treatments

Your benefits also include prescribed non-surgical cancer treatments, outpatient care for pre- and post- confinement / day case procedure, and medical negligence benefit, etc.

An initiative backed by the HKSAR

YF Life Insurance International Ltd. is registered as a provider for the Voluntary Health Insurance Scheme (“VHIS”) implemented by the Food and Health Bureau of the HKSAR. Qualifying premiums paid for your TaxVantage Medical Plan are tax deductible, up to HK\$8,000 per Insured Person per year. You may also include any premiums you paid for your family members’ policies when claiming a tax deduction.



“税”优惠医疗计划 — 基本保障安心享

TaxVantage Medical Plan – peace of mind with basic care

1

保证终身续保

Guaranteed renewals for life



无论你的健康状况出现任何改变，计划亦保证续保至100岁。

You are guaranteed the right to renew your plan even if you experience changes to your health. For extra peace of mind, your coverage will last up to the age of 100.

2

不设终身保障限额

No lifetime benefit limit



本计划提供高达42万港元的每年保障限额，可每年还原，并不设终身限额。

The plan offers an annual benefit limit up to HK\$420,000, which will be refreshed annually with no Lifetime Benefit Limit.

3

自由选择

Freedom to choose



- 所有保障均全球适用（精神科治疗¹除外）
- 可自由选择医疗服务提供者²
- 可自由选择病房级别

- All benefits are applicable worldwide (except for psychiatric treatment¹)
- Free choice of healthcare services providers²
- Free choice of ward class



全球适用
Applicable worldwide



任选医疗服务
提供者
Free choice of healthcare
services providers



任选病房级别
Free choice of
ward class





4

保障范围广泛 Extensive coverage



本计划涵盖的医疗保障项目包括:

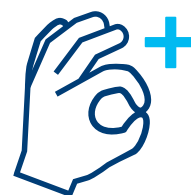
- 住院及手术费用
- 日间手术³
- 入院前、出院后及日间手术前后的门诊护理
- 诊断成像检测⁴, 包括CT、MRI、PET、PET-CT及PET-MRI
- 非手术癌症治疗, 包括放射治疗、化疗、标靶治疗、免疫治疗及荷尔蒙治疗
- 精神科治疗¹
- 医疗意外事故的一笔过赔偿⁵

The plan covers the following medical benefit items:

- hospitalization and surgery fees
- day case procedure³
- outpatient care for pre- and post- Confinement / Day case procedure
- prescribed diagnostic imaging tests⁴, including CT, MRI, PET, PET-CT and PET-MRI
- non-surgical cancer treatments, including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy
- psychiatric treatment¹
- lump sum benefit against medical negligence⁵

5

为投保前未知的已有病症提供保障 Coverage of unknown pre-existing conditions



为使你安心无忧, 计划涵盖保单持有人及 / 或受保人在投保时不察觉, 及理应不察觉的已有病症, 并按相关保单年度赔偿比率作出赔偿:

For your total peace of mind, the plan covers pre-existing conditions that the Policy Holder and/or Insured Person was not aware of and would not reasonably have been aware of at the time of taking up the plan, subject to the following policy year and reimbursement arrangement:

保单年度 Policy Year	赔偿安排(按合资格医疗费用之百分比计算) Reimbursement arrangement (% of eligible medical expenses incurred)
1	-
2	25%
3	50%
≥ 4	100%

6

扣税优惠

Tax deductible



你的“税”优惠医疗计划保费可享有税务扣除优惠。有关税务扣除详情，请浏览香港特别行政区政府食物及衞生局网页 www.vhis.gov.hk/sc/consumer_corner/tax-deduction.html。

Your TaxVantage Medical Plan premiums are tax deductible. For details of the tax deduction arrangement, please refer to the website of the Food and Health Bureau of the HKSAR at www.vhis.gov.hk/en/consumer_corner/tax-deduction.html.

7

免费估算服务

Free quote before you commit



于接受任何治疗或医疗手术前，你更可免费使用赔偿金额估算服务⁶。

You're entitled to receive a free estimate of the claimable amount⁶ for any potential treatment or procedure before committing to it.

附注

1. 精神科治疗只在专科医生建议下，并且于香港境内住院接受的治疗，方可获保障。
2. 指在其所在地注册为医院的机构或注册西医。
3. 日间手术指受保人在具备康复设施的诊所、日间手术中心或医院内因检查或治疗而进行医疗所需的外科手术。
4. 设30%共同保险，保单持有人需支付实际医疗开支的30%。
5. 若受保人因医院的医护人员的疏忽行为或未有遵照合理及惯常的标准而直接导致死亡或完全及永久伤残，计划会提供保障表内订明之医疗意外事故保障赔偿。本保障只会就每宗事故作出一次赔偿。
6. 受保人必须附上由医院及 / 或主诊注册医生所估算的金额予本公司。而该估算只供参考，最终的赔偿金额必须按实际费用证明而厘定。
7. 同一项目的合格费用不可获表中多于一个保障项目的赔偿。
8. 本公司有权要求有关书面建议的证明，例如转介信或由主诊医生或注册医生在索偿申请表内提供的陈述。
9. 此百分比适用于外科医生费实际赔偿的金额或根据手术分类下外科医生费的保障限额，以较低者为准。
10. 检测只包括电脑断层扫描（“CT”扫描）、磁力共振扫描（“MRI”扫描）、正电子放射断层扫描（“PET”扫描）、PET-CT组合及PET-MRI组合。
11. 治疗只包括放射性治疗、化疗、标靶治疗、免疫治疗及荷尔蒙治疗。
12. 本公司会于保单周年日前不少于30天，以书面通知有关修订的保障及保费。

Notes

1. Only covers the psychiatric treatment recommended by a Specialist during Confinement in Hong Kong.
2. Refers to a registered Hospital or medical practitioner of western medicine under the relevant territory.
3. Day Case Procedure refers to a Medically Necessary surgical procedure for investigation or treatment performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery.
4. Subject to 30% Coinsurance, Policy Holder is required to pay 30% of the actual medical expenses.
5. If the Insured Person dies or suffers from Total and Permanent Disability directly as a consequence of any negligent action or failure to observe reasonable and customary standards by a healthcare professional of the relevant Hospital, the medical negligence benefit as stated in the Benefit Schedule shall be payable. The benefit shall be made once only for each incident.
6. The Policy Holder shall provide the Company with the estimated fees to be incurred as furnished by the Hospital and/or attending Registered Medical Practitioner. The estimate is for reference only, and the actual amount claimable shall be subject to the final expenses as evidenced.
7. Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table.
8. The Company 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).
9. The percentage applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is lower.
10. Tests covered only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
11. Treatments covered here include only radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
12. A written notice will be given no less than 30 days prior to each policy anniversary date regarding the adjustment of benefit coverage and premium of the policy.

重要资料

缴付保费年期及保障年期

缴付保费年期及保障年期最长可至受保人100岁。如在保费到期日起计31天宽限期届满前仍未缴付保费，保单的所有保障即于保费到期日起当日终止。

终止

本保单将在以下情况时自动终止，以最先者为准：

- 保单持有人决定取消本保单或不再续保
- 在宽限期届满时仍未缴交保费
- 受保人身故翌日
- 本公司不再获《保险业条例》授权承保或继续承保本保单

修订条款及保障及调整保费

如接获所需保费（根据受保人当时实际年龄及当时同类保障级别的保费率计算），保单会获保证于每个保单周年自动续保一年。为配合医疗科技的进步及确保能持续为你提供保障，在每次续期时，本公司保留修订条款及保障及调整保费之权利。保费会因应某些因素而作出调整，这些因素包括但不限于本公司过去的索偿纪录、开支、医疗通胀、医疗趋势，以及 / 或因修定保障架构 / 保障级别（如有）而影响预期未来的索偿成本。

通胀风险

将来的医疗费用有机会因通胀而较现时的费用高。因此，保费率及 / 或保障的级别可能会不时作出调整，此外，即使本公司按保单条款履行合约义务，保单持有人获得的金额的实质价值可能较少。

信贷风险

本计划由万通保险国际有限公司承保及负责，保单持有人的保单权益会受其信贷风险所影响。

医疗所需

指按照一般公认的医疗标准，就诊断或治疗相关伤病接受医疗服务需要，而医疗服务必须符合下列条件：

- (i) 需要注册医生的专业知识或转介；
- (ii) 符合该伤病的诊断及治疗所需；
- (iii) 按良好而审慎的医学标准及主诊注册医生审慎的专业判断提供，而非主要为对受保人、其家庭成员、照顾人员或主诊注册医生带来方便或舒适而提供；
- (iv) 在环境最适当及符合一般公认的医疗标准的设备下，提供医疗服务；及
- (v) 按主诊注册医生审慎的专业判断，以最适当的水平向受保人安全及有效地提供。

合理及惯常

指就医疗服务的收费而言，对情况类似的人士（例如同性别及相近年龄），就类似伤病提供类似治疗、服务或物料时，不超过当地相关医疗服务供应者收取的一般收费范围的水平。合理及惯常的收费水平由万通保险国际有限公司合理及绝对真诚地决定，在任何情况下，此收费不得高于实际收费。

万通保险国际有限公司必须参照以下资料（如适用）以厘定合理及惯常收费：

- (i) 由保险或医学业界进行的治疗或服务费用统计及调查；
- (ii) 公司内部或业界的赔偿统计；
- (iii) 政府宪报；及 / 或
- (iv) 提供治疗、服务或物料当地的其他相关参考资料。

Important Information

Premium Payment Term and Benefit Term

The premium payment term and the benefit term are up to age 100 of the Insured Person. 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 immediately on the date on which the unpaid premium is first due.

Termination

The policy shall be automatically terminated on the earliest of the followings:

- The Policy Holder decides to cancel this policy or not to renew this policy
- Non-payment of premiums after the grace period
- The day immediately following the death of the Insured Person
- The Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this policy

Revision of Terms and Benefits and Premium Adjustment

The policy is guaranteed to be renewed automatically at each policy anniversary for another one year upon receipt of the payment of the required premium (based on the attained age of the Insured Person and at the premium rate in effect of the same level of benefit at the time of renewal). In order to keep pace with the medical advancement and to provide you with continuous protection, the Company reserves the right to revise the Terms and Benefits and adjust the premium on each renewal. The major factors to consider for premium adjustment include, but are not limited to, the claim experience of the Company, 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.

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 the Policy Holder might receive less in real terms even if the Company meets all of its contractual obligations.

Credit Risk

This plan is underwritten by YF Life Insurance International Ltd. The insurance benefits are held solely responsible by the Company and subject to its credit risk.

Medically Necessary

This means 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:

- (i) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (ii) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- (iii) 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;
- (iv) 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
- (v) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

Reasonable and Customary

This means, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by YF Life Insurance International Ltd. 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, YF Life Insurance International Ltd. shall make reference to the followings (if applicable):

- (i) treatment or service fee statistics and surveys in the insurance or medical industry;
- (ii) internal or industry claim statistics;
- (iii) gazette published by the Government; and/or
- (iv) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

主要不保事项

與下列項目相關或由其引致的費用，將不獲賠償：

1. 受保人年屆8岁前发病或确诊的先天性疾病；
2. 非医疗所需而引致的费用；
3. 纯粹为接受诊断程序或专职医疗服务而住院；
4. 美容或整容为目的的服务（除非受保人因意外引致受伤而必要）；牙科治疗或口腔颌面手术（除非因意外引致在住院期间接受急症治疗及手术）；矫正视力或屈光不正的服务，而该等视力问题可透过验配眼镜或隐形眼镜矫正；购买属耐用用品的医疗设备及其仪器；传统中医治疗；
5. 普遍标准界定为实验性、未经证实医疗成效或尚未经认可机构批准的医疗技术或治疗程序；
6. 预防性治疗及预防性护理；
7. 产科状况及其并发症；节育或恢复生育；任何性别的结扎或变性；不育；性机能失常；
8. 倚赖或过量服用药物、酒精、毒品或类似物质（或受其影响）、故意自残身体或企图自杀、参与非法活动、或性病及经由性接触传染的疾病或其后遗症；
9. 战争、内战、侵略、外敌行动、敌对行动、叛乱、革命、起义、或军事政变或夺权事故；
10. 在保单生效日前，感染或出现人体免疫力缺乏病毒及其相关的伤病；
11. 根据法律或其他医疗或保险计划而获得赔偿的情况

核保准则

核保准则大致可分为可保利益、健康风险、职业风险、地区风险和生活习惯等因素。用于核保的资料包括客户的家族史、过往和现在的健康状况、职业状况、居住地方及准受保人和准保单持有人或 / 及受益人的关系。

提供资料责任及未符合这要求的后果

在投保时，你 / 你们必须提供一切知悉或据常理知悉的资料，因万通保险国际有限公司会按照所提供的资料评核接受投保及决定保险条款。提供资料的责任将会在投保申请表的签署日期或任何补充文件的签署日期(以较后日期为准) 完成。你 / 你们若不清楚某一事项是否重要，请将该事项填写于申请书内。若未符合以上要求，该保单可能因此而作废。

其他资料

有关索偿程序，请浏览本公司网页<https://corp.yflife.com/sc/Hong-Kong/Individual/Services/Claims-Corner>。如对本产品有任何投诉，可致电本公司客户服务热线2533 5555，或浏览本公司网页内资料www.yflife.com/VHIS/StandardPlan。

保费征费

保监局会透过保险公司向所有保单持有人，为其于香港续发之保单，于每次缴付保费时收取征费。有关征费之详情，请浏览保监局网站专页www.ia.org.hk/tc/levy。

保单冷静期及取消保单的权利

如保单未能满足你的要求，你可以书面方式要求取消保单，连同保单退回本公司（香港湾仔骆克道33号万通保险大厦27楼），并确保本公司的办事处于交付保单的21个日历日内，或向你 / 你的代表人交付《通知书》（说明已经可以领取保单和冷静期届满日）后起计的21个日历日内（以较早者为准）收到书面要求。于收受书面要求后，保单将被取消，你将可获退回已缴保费金额及你所缴付的征费(若曾获赔偿或将获得赔偿，则不获发还保费)，但不包括任何利息。

退保

如需申请退保，你只需填妥、签署并寄回由本公司提供的特定表格，以及你的有效身份证明文件副本及固定住址证明（如适用），本公司将安排退保事宜。

Key Exclusions

The policy will not pay any benefits in relation to or arising from the following:

1. Congenital Conditions manifested or diagnosed before the age of 8 years of the Insured Person;
2. Expenses incurred which are not Medically Necessary;
3. Confinement solely for the purpose of diagnostic procedures or allied health services;
4. Beautification or cosmetic purposes (unless necessitated by injury caused by an accident); dental treatment and oral and maxillofacial procedures (except for emergency treatment and surgery during Confinement arising from an accident); correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens; purchase of durable medical equipment or appliances; traditional Chinese medicine treatment;
5. Experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority;
6. Prophylactic treatment or preventive care;
7. Maternity conditions and its complications; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility; sexual dysfunction;
8. 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;
9. Acts of war, civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power;
10. Human Immunodeficiency Virus and its related Disability which is contracted or occurs before the Policy Effective Date;
11. Expenses which have been reimbursed under any government law, medical program or insurance policy

Underwriting factors

Underwriting factors include insurable interest, health risk, occupational risk, residential risk and lifestyle. Material facts and information on consumers for underwriting purpose include client's family history, physical history, physical findings, occupation details, place of residence and relationship between proposed Insured Person and proposed Policy Holder or/and Beneficiary.

Duty of disclosure and the consequences of not making full disclosure

You are required to disclose in the application all information you know or could reasonably be expected to know because YF Life Insurance International Ltd. will rely on what you have disclosed in this application to accept the risk and the terms of insurance. Your duty of disclosure ends on the signing date of application or the supplementary form(s), whichever is later. If you are in doubt as to whether a fact is material, please disclose it in the application. Failure to comply with this requirement may render the policy issued voidable.

Other Information

For details of the procedures for making claims, please refer to our website at <https://corp.yflife.com/en/Hong-Kong/Individual/Services/Claims-Corner>. If you have a complaint about this product, please report it via our customer service hotline at 2533 5555, or refer to the details in our website at www.yflife.com/VHIS/StandardPlan.

Premium Levy

The Insurance Authority (IA) imposes a levy on insurance premiums from policy for all new and in-force insurance policies issued in Hong Kong. For details about the levy, please visit the dedicated IA webpage at www.ia.org.hk/en/levy.

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 (27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong) 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 and levy you paid (no refund can be made if a benefit payment has been made, is to be made or impending), without any interest.

Surrender

You may surrender the policy by submitting a written request on the forms prepared for such purposes together with a copy of your valid identification document and permanent address proof (if applicable). We will arrange the policy surrender.

“税”优惠医疗计划一览表

TaxVantage Medical Plan - at a glance

保障项目 ⁷ Benefits ⁷	赔偿限额 Benefit Limit (港元HK\$)
a. 病房及膳食 Room and board	每日 \$750 / day 每保单年度最多180日 Maximum 180 days per Policy Year
b. 杂项开支 Miscellaneous charges	\$14,000 (每保单年度 per Policy Year)
c. 主诊医生巡房费 Attending doctor's visit fee	每日 \$750 / day 每保单年度最多180日 Maximum 180 days per Policy Year
d. 专科医生费 ⁸ Specialist's fee ⁸	\$4,300 (每保单年度 per Policy Year)
e. 深切治疗 Intensive care	每日 \$3,500 / day 每保单年度最多25日 Maximum 25 days per Policy Year
f. 外科医生费 (每项手术, 按手术表划分的手术分类) Surgeon's fee (Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures)	
复杂 Complex	\$50,000
大型 Major	\$25,000
中型 Intermediate	\$12,500
小型 Minor	\$5,000
g. 麻醉科医生费 Anaesthetist's fee	外科医生费的35% ⁹ 35% of Surgeon's fee payable ⁹
h. 手术室费 Operating theatre charges	外科医生费的35% ⁹ 35% of Surgeon's fee payable ⁹
i. 订明诊断成像检测 ^{8,10} Prescribed Diagnostic Imaging Tests ^{8,10}	\$20,000 (每保单年度 per Policy Year) 设30% 共同保险 ⁴ Subject to 30% Coinsurance ⁴
j. 订明非手术癌症治疗 ¹¹ Prescribed Non-surgical Cancer Treatments ¹¹	\$80,000 (每保单年度 per Policy Year)
k. 入院前或出院后 / 日间手术前后的门诊护理 ⁸ Pre- and post- Confinement / Day Case Procedure outpatient care ⁸	每次\$580 / per visit 每保单年度\$3,000 per Policy Year – 住院 / 日间手术前最多1次门诊或急症诊症 – 出院 / 日间手术后90日内最多3次跟进门诊 – 1 prior outpatient visit or emergency consultation per Confinement / Day Case Procedure – 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
l. 精神科治疗 ¹ Psychiatric treatments ¹	\$30,000 (每保单年度 per Policy Year)
其他限额 Other Limits	
保障项目(a) – (l) 的每年保障限额 Annual Benefit Limit for benefit items per Policy Year (a) – (l)	\$420,000 (每保单年度 per Policy Year)
保障项目(a) – (l) 的终身保障限额 Lifetime Benefit Limit for benefit items (a) – (l)	无 Nil

其他保障 Other Benefits	
身故保障 Death Benefit	\$5,000
医疗意外事故保障 Medical Negligence Benefit	\$150,000
其他 Others	
赔偿金额估算 ⁶ Estimate of the claimable amount ⁶	免费 Free
投保资料 Basic Information	
投保年龄 (以上次生日年龄计算) Issue Age (At Last Birthday)	0-80岁 Age 0-80
保障年期 Benefit Term	至100岁 To Age 100
缴付保费年期 Premium Payment Term	至100岁 To Age 100
保单资料 Policy Information	
保单类别 Plan Type	基本计划 Basic Plan
保费 ¹² Premium ¹²	<ul style="list-style-type: none"> - 保证每年续保, 保费并非保证。续期保费会按受保人当时实际年龄及同类保障级别的保费率作出调整 - 保费按每年 / 每半年 / 每季 / 每月缴付 - Guaranteed yearly renewable, the premium is non-guaranteed. The renewal premium will be adjusted based on the Insured Person's attained age and at the premium rate in effect of the same level of benefit at the time of policy renewal - Annual / Semi-annual / Quarterly / Monthly Payment
保单货币单位 Currency	港元 HK\$
续保 Renewability	保证 Guaranteed
保障类别 Type of Benefit	偿款产品 — 赔偿实际住院及医疗费用 (受限于计划内每项保障的最高保障额) Indemnity Product — Reimburses the actual hospitalization and medical expenses (subject to the maximum limit of each benefit item of the plan)

有关保费、条款及保障详情, 请浏览本公司网页www.yflife.com/VHIS/StandardPlan。

For premium rates and Terms and Benefits, please refer to our company website at www.yflife.com/VHIS/StandardPlan.

以上为计划的一般资料, 只供参考之用, 并非保单的一部份, 亦未涵盖保单的所有条款。有关保障范围、详情及条款, 以及不保事项, 请参阅保单的条款及保障。如有垂询, 欢迎与本公司之顾问、特许分销商或保险经纪联络, 或致电客户服务热线: 香港 (852) 2533 5555。

The above contains general information and is for 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 for benefit coverage, exact terms and conditions and exclusions. For enquiries, please contact our consultants, franchised agents or brokers, or call our Customer Service Hotline: Hong Kong (852) 2533 5555.

YFLife

萬通保險

万通保险国际有限公司为港交所上市公司云锋金融集团成员,集团的主要股东包括云锋金融控股有限公司以及“全美5大寿险公司”之一的美国万通人寿保险公司。凭藉雄厚实力及稳健可靠的背景,我们承诺为客户提供专业及科技化的一站式风险及财富管理,以及强积金服务,一起建构非凡未来。

YF Life Insurance International Limited is a member of publicly listed Yunfeng Financial Group Limited, whose major shareholders include Yunfeng Financial Holdings Limited and Massachusetts Mutual Life Insurance Company, one of the “Five Largest US Life Insurance Companies”. Leveraging our robust financial background and solid reliability, we are committed to creating a brighter future for our customers by providing professional and technology-enhanced one-stop risk- and wealth-management consulting services, as well as MPF services.

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Remarks: Yunfeng Financial Holdings Limited and Massachusetts Mutual Life Insurance Company have an indirect shareholding in Yunfeng Financial Group Limited. The “Five Largest US Life Insurance Companies” is ranked according to the aggregate results of “Insurance: Life, Health (Mutual)” and “Insurance: Life, Health (Stock)” on total revenues for 2019, and based on the FORTUNE 500 as published on May 18, 2020.

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