

| 自愿医保 VHIS |

“税”卓越医疗计划 TaxVantage Prestige Medical Plan

TVPR

YFLife
萬通保險



10Life 5星保險大獎
2022

10Life 5星自願醫保獎#



資本卓越銀行及金融大獎
2012-2022

資本卓越保險服務大獎

未來在我手
Own the future

星级保障 掌握健康未来

Own your future - with gilt-edged protections

万通保险深明健康就是最大的财富，所以为追求优质生活的您推出“税”卓越医疗计划，为您提供全面而优越的医疗方案。

计划全数赔偿于亚洲地区*入院前、中及后期的实际医疗开支，让您安心享有不设分项赔偿限额的全额医疗保障。您更可获标准半私家房 / 标准私家房(视乎住院地区)级别住院保障、非手术癌症治疗全面保障、住院及出院后的延伸保障。

At YF Life, we believe “health is wealth”. That’s why we provide the TaxVantage Prestige Medical Plan, a comprehensive medical insurance solution second to none—for those who pursue a quality life free of worry.

The plan provides full reimbursement of the actual expenses incurred before, during, and after your in-hospital treatment throughout Asia*, giving you peace-of-mind protection with no itemized benefit sublimit. You are also entitled to hospital stays in a standard semi-private room or standard private room (depending on confinement location), full cover for non-surgical cancer treatment and extended benefits during hospitalization and beyond.

* 除非另有规定，非急症治疗的保障将适用于亚洲地区，而急症治疗的保障将适用于全球。

Unless otherwise specified, benefits for non-Emergency Treatment shall be applicable in Asia, and benefits for Emergency Treatment shall be applicable worldwide.



“税”卓越医疗计划

TaxVantage Prestige Medical Plan

1

终身医疗保障
高达40,000,000港元
Lifetime Medical
Protection up to HK\$40,000,000



- 全数赔偿入院治疗前、中及后期的实际医疗开支
Full reimbursement of the actual expenses incurred before, during and after in-hospital treatment
- 不设个别项目限额
Without limit on individual benefit items

2

保障未知的已有病症而无需等候期
No Waiting Period for Unknown Pre-existing Conditions



- 保障未知的已有病症
Cover on unknown pre-existing conditions
- 不设等候期
No waiting period

3

设每年自付费保费更相宜
Annual Deductible for Lower Premiums



- 4款选择：每年 0 / 15,000 / 30,000 / 100,000港元
4 Options: HK\$ 0 / 15,000 / 30,000 / 100,000 annually
- 灵活配合个人医疗需要
Flexible to suit personal medical needs

4

无索偿保费折扣
No Claim
Premium Discount



- 高达15%保费折扣
Up to 15% of premium discount

5

保证终身续保
Guaranteed Renewals
for Life



- 终身保障至100岁
Whole life protection up to age 100

6

扣税优惠
Tax Deductible



- 合乎资格的保费可享受税务扣除优惠
Tax deductible for qualifying premiums paid

7

免费估算服务
Free Quote Before
You Commit



- 免费估算赔偿金额
Free estimate of the claimable amount

8

附加支援服务
Additional
Support Services



- 全球紧急医疗援助服务
Worldwide Emergency Assistance Benefits
- 出院免找数服务
Cashless Hospitalization Service
- 私人医疗礼宾服务
MediCare Concierge Services

“税”卓越医疗计划是自愿医保计划下的认可灵活计划，较标准计划提供更全面的保障及较高的保障额，有关详情，请浏览本公司网页 www.yflife.com/VHIS/TVPR。

The TaxVantage Prestige Medical Plan is a Certified Flexi Plan under the Voluntary Health Insurance Scheme (“VHIS”), providing wider coverage and higher benefit amounts compared to the Standard Plan. For details, please refer to our company website at www.yflife.com/VHIS/TVPR.

每年自付费选择 Annual Deductible Choices (港元HK\$) / 自愿医保认可产品编号 VHIS Plan Certification Number

0 / F00065-01-000-01 ; 15,000 / F00065-02-000-01 ; 30,000 / F00065-03-000-01 ; 100,000 / F00065-04-000-01

终身医疗保障高达40,000,000港元

Lifetime Medical Protection up to HK\$40,000,000



“税”卓越医疗计划提供标准半私家房 / 标准私家房的优质医疗保障¹，全数赔偿因患病或意外受伤而需入院治疗的实际医疗开支，主要医疗开支项目不设个别项目限额，并提供多项额外津贴，以及全球紧急治疗保障及支援。计划的终身保障额高达40,000,000港元，而每年保障额高达10,000,000港元。

The **TaxVantage Prestige Medical Plan** provides quality medical services in standard semi-private room / standard private room¹ with full reimbursement of the actual expenses incurred during your in-hospital treatment, due to sickness or accident, without any limit on individual benefit items for major medical expenses. It also offers a wide range of extra benefits as well as worldwide emergency treatment and assistance. Under the plan, you can enjoy a lifetime benefit limit of up to HK\$40,000,000 with an annual benefit limit as much as HK\$10,000,000.

	全数赔偿 ² Full Reimbursement ²	额外津贴 Extra Benefits
入院前 Pre-hospitalization	门诊护理 Outpatient care	
住院期间 In-hospital	住院费用 Hospitalization benefits 标准半私家房 / 标准私家房 ¹ (按住院地区而定) Standard Semi-private Room / Standard Private Room ¹ (according to the location of confinement) 手术费用 Surgical benefits 包括外科医生费、麻醉科医生费、手术室费等 Including surgeon's fee, anesthetist's fee, operating theatre charges, etc. 指定医疗装置³ Designated medical appliances³ 例如冠状动脉血管成形术的支架、眼内人造晶体、人工韧带置换或植入等 e.g. stents for percutaneous transluminal coronary angioplasty, intraocular lens, prosthetic ligaments for replacement or implantation between bones, etc. 深切治疗 Intensive care 私家看护费^{3,4} Private nurse's fee^{3,4} 住院陪床⁵ Hospital companion bed⁵	其他医疗装置³ Other medical appliances³ 在生器官捐赠者之移植手术费用 Transplantation surgery expenses for Living Donor 日间手术现金保障 Day surgery cash benefit
出院后 Post-hospitalization	家中看护津贴^{3,6} Home nursing^{3,6} 门诊护理³ Outpatient care³	辅助服务^{3,7} Ancillary service^{3,7} 包括物理治疗、脊骨神经治疗、言语治疗、职业治疗 Including physiotherapy, chiropractic services, speech therapy, occupational therapy 中医治疗 Chinese medicine treatment 复康中心及其相关治疗³ Rehabilitation Centre and related treatment³
延伸保障 Extended Benefits	订明非手术癌症治疗⁸ Prescribed Non-surgical Cancer Treatments⁸ 包括放射性治疗、化疗、标靶治疗、免疫治疗及荷尔蒙治疗 Including radiotherapy, chemotherapy, targeted therapy, immunotherapy, and hormonal therapy 订明诊断成像检测^{3,9} Prescribed diagnostic imaging tests^{3,9} 包括CT扫描、MRI扫描、PET扫描等 Including CT scan, MRI scan, PET scan, etc. 洗肾保障³ Renal dialysis³ 妊娠并发症保障^{3,10} Pregnancy complications benefit^{3,10} 紧急意外门诊治疗保障¹¹及紧急门诊牙科治疗保障¹² Emergency outpatient treatment benefit¹¹ and Emergency dental benefit¹²	精神科治疗¹³ Psychiatric treatments¹³ 矫形手术保障³ Reconstructive surgery benefit³ 善终院舍护理服务^{3,14} Hospice care^{3,14}

2

保障未知的已有病症而无需等候期

No Waiting Period for Unknown Pre-existing Conditions



为使您安心无忧，计划涵盖投保时受保人的未知的已有病症，并不设等候期，远较自愿医保计划最低要求的3年等候期为优。

For your total peace of mind, the plan covers unknown pre-existing conditions of the Insured Person at the time of taking up the plan, without any waiting period, which is much better than the minimum requirement of 3-year waiting period under the VHIS plans.

3

设每年自付费 保费更相宜

Annual Deductible for Lower Premiums



计划灵活配合您的需要，提供4款每年自付费金额以供选择，自付费越高，保费便越相宜：

- 0港元
- 15,000港元
- 30,000港元
- 100,000港元

您更可于年满50、55、60、65、70、75、80或85岁的保单周年日¹⁵，选择将每年自付费金额调低而无须再次提交健康申报，随后的保费将按所选的每年自付费金额作出调整。

The plan offers four annual deductible options to suit your needs: the higher the deductible, the lower the premium.

- HK\$0
- HK\$15,000
- HK\$30,000
- HK\$100,000

You may change to a lower annual deductible before the policy anniversaries on or after your 50th, 55th, 60th, 65th, 70th, 75th, 80th or 85th birthday¹⁵ without having to submit any satisfactory proof of insurability. The premium thereafter will be adjusted according to the annual deductible selected.

如因患上指定严重疾病¹⁶而接受任何医疗服务，您将可就该医疗服务获豁免自付费

The deductible will be waived for such medical services if you receive any medical services due to designated critical illnesses¹⁶

4

无索偿保费折扣

No Claim Premium Discount



只要在续保时保单已于本公司从不间断地连续生效达三个保单年度或以上，以及期间并无就本计划有任何索偿纪录，于支付续期保费时，即可获享无索偿保费折扣。

折扣金额会按上一个保单年度的“每年保费”的百分比计算，最高可达15%。

A “no claim premium discount” will be offered upon paying the renewal premium, provided that the policy has been in force and no claims have been made for at least three consecutive policy years.

The discount is a percentage of the annual premium for the preceding policy year, up to 15%.

连续生效及无索偿保单年度 Number of consecutive years for policy in force without claims	无索偿保费折扣率 No claim premium discount rate
3	5%
4	10%
≥5	15%

5

保证终身续保

Guaranteed Renewals for Life



无论您的身体状况出现任何改变，计划亦保证续保至100岁。同时，您的续保保费¹⁷不会因您的索偿记录和身体状况而个别调高。

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. What's more, your renewal premium¹⁷ will not be individually raised for any claim you have made, or any changes in your health condition.

6

扣税优惠

Tax Deductible



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。您的“税”卓越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，而您为家人投保所缴的保费，亦可用作扣税，让您节省更多。有关税务扣除详情，请浏览香港特别行政区政府食物及卫生局网页 www.vhis.gov.hk/sc/consumer_corner/tax-deduction.html。

YF Life Insurance International Ltd. is registered as a provider for the VHIS implemented by the Food and Bureau of the HKSAR. Qualifying premiums paid for your TaxVantage Prestige Medical Plan are tax deductible, at up to HK\$8,000 per Insured Person per year. You may also include any premiums paid into your family members' policies when claiming a tax deduction. For details of the tax deduction arrangements, 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，您更可免费使用赔偿金额估算服务¹⁸。

You're entitled to receive a free estimate of the claimable amount¹⁸ for any potential treatment or procedure before committing to it.



计划更提供多项免费服务，让您获得更贴心的环球支援：

The plan offers, free of charge, a number of caring services to enable you to enjoy global support:

全球紧急医疗援助服务¹⁹

计划为您提供“全球紧急医疗援助服务”，一旦遇上紧急事故需要援助时，投保人便可获得即时的支援，包括垫支住院费用、紧急护送等。

Worldwide Emergency Assistance Benefits¹⁹

The plan offers “Worldwide Emergency Assistance Benefits” in the event of an emergency. Instant assistance, including deposit guarantee for hospital admission and emergency evacuation, is made available.

出院免找数服务¹⁹

只须于入院前填妥表格并获得预先批核²⁰，我们便会直接向医院为您缴付住院期间合资格的医疗开支。出院免找数服务适用于全港的私家医院，亦包括亚洲其他地区大部份的私家医院；无论您身在何处，均可让您安心接受治疗，毋须为缴费及索偿程序而操心。

Cashless Hospitalization Service¹⁹

All you need is to complete an application form to obtain our prior approval for cashless arrangement²⁰ before being admitted to the hospital. This service is applicable to all private hospitals in Hong Kong as well as most private hospitals in other regions in Asia. We will settle the qualifying medical expenses directly with the hospital, giving you total peace of mind with no hassle over paying hospital bills and making subsequent claims.

私人医疗礼宾服务^{19, 21}

我们可为您提供私人医疗礼宾服务，让您在需要时，享用一系列专业医疗建议及贴心的贵宾服务。

MediCare Concierge Services^{19, 21}

We offer a suite of MediCare Concierge Services, giving you access to a range of professional medical advice and quality concierge services in your moment of need.

- 国际专业医疗网络

透过国际专业医疗网络，联系了4,000多间美国医院，让投保人获得：

- 1) 由美国专科医生提供第二医疗意见²²；
- 2) 转介赴美就医²²，并协助您获取更相宜价格

- MediNet Pro

The following services are available at more than 4,000 US hospitals within the MediNet Pro network:

- 1) second medical opinion provided by US medical specialists²²; and
- 2) quality treatment referrals in the USA²², and assistance in obtaining competitive pricing

- 国内就医贵宾通道服务

若需要于国内就医，可使用贵宾通道，优先预约及使用网络内指定医院（包括三甲医院）的医疗设施，无须长时间轮候

- PRC MediCare VIP Passage Service

If the Insured Person needs to seek medical treatment in China, VIP Passage allows prior booking and access to medical services offered by designated hospitals (including Grade 3A hospitals) within the network, without a long waiting period

- 海外就医贵宾服务²³

本服务更提供细心周到的海外医疗旅程协助，包括提供医院及医疗设施的选择及建议，协助申请签证、预订机票及酒店等

- Travel for Treatment VIP Services²³

A full range of VIP services for overseas treatment is also provided, including advice on hospital selection, choice of best medical facilities, visa application, and assistance in reservation of air tickets and hotel accommodation, etc.

- 延伸家庭保障²⁴

我们深明住院期间难免会为家人生活造成影响，所以为您提供延伸家庭保障，于住院期间，协助您照顾在港家人，并支付相关费用：

- 安排一名家庭佣工处理日常家务、煮食及洗衣等工作
- 安排一名保姆照顾无人照料的12岁以下幼儿（最多两名幼儿）
- 安排一名保健人员照顾投保人65岁以上患病或受伤的父母
- 安排一名助理人员陪同投保人出院，并安排交通送回住所

- Extended Family Protection²⁴

We appreciate that your hospitalization will inevitably affect your family. Through Extended Family Protection, we will assist you in taking care of your family in Hong Kong and paying the relevant fees:

- Arrange a home-helper to take care of housekeeping, cooking and clothes washing, etc.
- Arrange a child-carer to take care of unattended children below the age of 12 (up to 2 children)
- Arrange a health worker to take care of the Insured Person's parent(s) over the age of 65 if suffering from illness or injury
- Arrange escort personnel to handle hospital discharge, and arrange transportation to the Insured Person's home



例子 Example:

Richard 投保“税”卓越医疗计划
Richard insured with
TaxVantage Prestige Medical Plan

终身保障限额 Lifetime benefit limit: **\$40,000,000**





附注

1. 计划提供的住院指定病房级别如下：
 - 如受保人在香港、澳洲、纽西兰及因急症治疗在全球(亚洲除外)住院，指定病房级别为标准半私家病房；
 - 如受保人在亚洲地区（香港、澳洲及纽西兰除外）住院，指定病房级别为标准私家病房；
 - 若在香港、澳洲、纽西兰及因急症治疗在全球(亚洲除外)入住标准私家病房级别，可获赔偿50%；
 - 若入住高于标准私家病房级别，可获赔偿25%。
2. 全数赔偿是指不设分项赔偿限额，应支付的合资格费用及其他费用于扣除余下的自付费（如有）后的实际金额，须受适用的保障项目赔偿限额、每年保障限额及终身保障限额所规限。同时，须为医疗上必须的治疗及手术，赔偿金额须符合“合理及惯常”的收费，即不超过当地的一般标准收费水平。
3. 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。
4. 由主诊注册医生建议并由医院安排，于医院住院接受手术后或被调出深切治疗部后的住院期间，由一位合资格护士提供的护理服务，以每个保单年度最多60日为限。
5. 以一张额外床位为限。
6. 由主诊注册医生建议，于医院住院接受手术后或入住深切治疗部后，出院后起计60日内，在家中接受由一位合资格护士提供的护理服务，以每个保单年度最高60日为限。
7. 由主诊注册医生建议，并只适用于受保人出院或进行日间手术后的90日内就同一伤病所进行的辅助服务，以每日一次为限。
8. 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。

Notes

1. The covered room level under the plan is as follows:
 - standard semi-private room if the Insured Person is hospitalized in Hong Kong, Australia, New Zealand and worldwide (for emergency treatment, except Asia);
 - standard private room if the Insured Person is hospitalized in Asia (except Hong Kong, Australia and New Zealand);
 - a 50% reimbursement will be offered for staying in standard private room in Hong Kong, Australia, New Zealand and worldwide (for emergency treatment, except Asia);
 - a 25% reimbursement will be offered for staying in a room level above standard private room.
2. Full reimbursement shall mean no itemized benefit sublimit. The actual amount of Eligible Expenses and other expenses payable after deducting the remaining Deductible (if any) shall be subject to the benefit limits of applicable benefits items, Annual Benefit Limit, and the Lifetime Benefit Limit. Meanwhile, reimbursement is 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 in the locality.
3. 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.
4. Nursing services provided by a Qualified Nurse following surgery or the Insured Person's discharge from Intensive Care Unit and while the Insured Person is still Confined in Hospital. It must be recommended by the Insured Person's attending Registered Medical Practitioner and arranged by the Hospital. This benefit is subject to a maximum of 60 days per Policy Year.
5. Subject to one extra bed.
6. Nursing services provided by a Qualified Nurse at home within 60 days after the Insured Person's discharge from the Hospital following surgery or admission to the Intensive Care Unit and upon the recommendation by the Insured Person's attending Registered Medical Practitioner. This benefit is subject to a maximum of 60 days per Policy Year.
7. Applicable to the Eligible Expenses for ancillary services performed (subject to one visit per day) in respect of the same Disability within 90 days following the Insured Person's discharge from Hospital or the Day Case Procedure performed and upon the recommendation by the Insured Person's attending Registered Medical Practitioner.
8. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy, and hormonal therapy.

9. 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。
10. 受保障之妊娠并发症只包括异位妊娠、葡萄胎妊娠、播散性血管内之凝血机制障碍、先兆子痫、流产、先兆流产、医疗需要之人工流产、胎儿夭折、因产后出血切除子宫、子痫、羊水栓塞及妊娠肺栓塞。妊娠并发症之确诊日期必须为保单生效日起计持续生效300日后。
11. 适用于投保人因意外而受伤24小时内于医院门诊部进行的门诊治疗。
12. 适用于投保人于意外发生后两星期内，于注册牙医诊所或医院内接受为意外前属健全自然牙齿作出的急症治疗 (包括诊症、止血、X-光、拔牙及根管治疗)。此项保障不会就任何修复治疗、任何贵金属的使用及矫正治疗作出赔偿，并且不保障任何由饮食引致的受伤、由正常磨损引致的损坏或由刷牙或任何其他口腔卫生护理程序引致的损坏。
13. 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。
14. 经主诊注册医生诊断，投保人因患病以致其寿命很可能不会多于12个月，因而入住注册善终院舍。
15. 须于50、55、60、65、70、75、80或85岁生日后的保单周年日前30日内，递交书面要求行使减低自付费权益。减低自付费权益只可行使一次并不可撤销。新的自付费将适用于自付费减低后招致的费用所作出之索偿。
16. 指定严重疾病包括癌症、由心肌病所导致的心脏功能受损、慢性肝衰竭、冠状动脉搭桥手术、末期肺病、暴发性病毒性肝炎、心脏病、心瓣置换、肾衰竭、主要器官移植、帕金森病、肺动脉高血压、类风湿性关节炎、中风、主要动脉手术及末期病症，并在主诊注册医生的书面建议下直接因该指定严重疾病而接受任何医疗服务。此项豁免不适用于保单生效日起计60日内已察觉或理应察觉的任何指定严重疾病所引致的医疗服务。为免存疑，此项豁免不适用于选取零(0)自付费选项的保单。
17. 本公司会于保单周年日不少于30日前，以书面通知有关修订的保障或保费。
18. 保单持有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。
19. 此服务为附加性质，并不属于自愿医保认可产品的一部份。保单持有人可以书面方式通知本公司取消此附加服务。
20. 出院免找数服务是一项行政安排，并不属于保单的保障内容。我们有权随时终止此项服务而不作另行通知。若住院开支超出获预先批核的免找数金额，投保人需要支付该差额。查询有关出院免找数服务的详情，请致电 (852) 2533 5555或参阅相关条款及细则。
21. 私人医疗礼宾服务现时由国际救援 (亚洲) 公司提供，客户可致电国际救援 (亚洲) 公司热线 (香港：(852) 2862 0101 / 中国：(免费拨打) 4001899784)以预约服务。本公司对于第三方服务提供者所提供的服务素质，概不负责。除特别声明外，投保人需自行支付所有的医疗费用及其他相关费用。
9. Tests covered here include only computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined, and PET-MRI combined.
10. The covered pregnancy complications shall only be restricted to ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism, and pulmonary embolism of pregnancy. The date of diagnosis of the covered pregnancy complications must be after the policy has been effective continuously for 300 days since the Policy Effective Date.
11. Applicable if the Insured Person sustains an Injury due to accident and receives outpatient treatment in the outpatient department of a Hospital within 24 hours.
12. Applicable if the Insured Person sustains Injury as a result of an accident and receives emergency treatment within two weeks of the accident, which is necessitated to tooth/teeth which were sound natural right before the accident. This benefit will be paid for dental treatment performed in a legally registered dental clinic or Hospital, including consultation, staunching bleeding, X-ray, tooth extraction, and root canal work. This benefit shall not pay for any restorative treatment, the use of any precious metals and orthodontic treatment. It shall not cover any treatment for Injury caused by eating or drinking; damage caused by normal wear and tear; or damage caused by tooth brushing or any other oral hygiene procedure.
13. Only covers psychiatric treatments recommended by a Specialist during Confinement in Hong Kong.
14. This benefit will be paid if the Insured Person stays in a registered hospice following a diagnosis, in the opinion of the attending Registered Medical Practitioner, is highly likely to lead to the Insured Person's death within 12 months of such diagnosis.
15. Request for reduction of the Deductible must be submitted in writing within 30 days before the policy anniversary on or immediately following the 50th, 55th, 60th, 65th, 70th, 75th, 80th or 85th birthday of the Insured Person. This right can be exercised once only and is irrevocable. Claims in respect of a Disability occurring after reduction of the Deductible shall be subject to the reduced Deductible.
16. Designated critical illnesses include Cancer, Cardiac Impairment Caused By Cardiomyopathy, Chronic Liver Failure, Coronary Artery Bypass Surgery, End-stage Lung Disease, Fulminant Viral Hepatitis, Heart Attack, Heart Valve Replacement, Kidney Failure, Major Organ Transplantation, Parkinson's Disease, Pulmonary Arterial Hypertension, Rheumatoid Arthritis, Stroke, Surgery to Aorta, and Terminal Illnesses. The Insured Person receives any Medical Service as a direct result of the designated critical illnesses upon the recommendation of the attending Registered Medical Practitioner in writing. This waiver of deductible is not applicable to Medical Services arising from any designated critical illness that the Policy Holder or Insured Person is aware of, or shall be reasonably aware of within the first 60 days from the Policy Effective Date. For the avoidance of doubt, this waiver of deductible is not applicable to policy with zero (0) deductible option.
17. A written notice will be given no less than 30 days prior to each policy anniversary date regarding the adjustment of benefit coverage or premium.
18. 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.
19. The services are additional benefits and do not form part of the VHIS Certified Plan. The Policy Holder may remove the additional benefits by sending a written notice to the Company.
20. The cashless hospitalization service is an administrative arrangement and is not part of the product benefits. We reserve the right to cease offering this service at any time without prior notice. For hospital expenses in excess of the approved cashless amount, the Insured Person is required to settle the balance. For enquiries concerning the cashless hospitalization service, please call (852) 2533 5555 or refer to the relevant terms and conditions.
21. MediCare Concierge Services are provided by Inter Partner Assistance Hong Kong Ltd (IPA). Customers may reserve services via these IPA hotlines: Hong Kong (852) 2862 0101 / China (toll free) 4001899784. The Company is not liable for the quality of services provided by any third-party service provider. The Insured Person is responsible for paying the medical treatment and other related costs unless specified.

22. 国际专业医疗网络所提供的服务由国际救援（亚洲）公司提供。现时，每次征询第二医疗意见的费用为500港元，而转介手续费为500美元，投保人需自付所有就医的行政费及其他有关费用。国际救援（亚洲）公司保留调整收费及医院数目的权利，有关的更改将不作另行通知。
23. 只适用于投保人患有指定严重疾病及在要求的情况下提供。
24. 只适用于投保人因伤病住院不少于连续72小时。服务只适用于香港，按每症计算，每项服务以8小时为限（每次最少为连续4小时），惟陪同出院服务则以连续5小时为限。
25. 适用的亚洲地区包括：香港、澳门、中国内地、澳洲、纽西兰、台湾、日本、新加坡、泰国、马来西亚、印尼、菲律宾、越南、南韩、北韩、印度、孟加拉、不丹、汶莱、柬埔寨、哈萨克、吉尔吉斯、老挝、马尔代夫、蒙古、缅甸、尼泊尔、巴基斯坦、斯里兰卡、塔吉克、东帝汶、土库曼、乌兹别克及阿富汗。
26. 适用于投保人于旅途中须于世界各地进行医疗上必须的急症治疗，而投保人于事发前365天内于该事发地点逗留不超过60天。
27. 除非另有注明，同一项目的合资格费用不可获表中多于一个保障项目的赔偿。
22. MediNet Pro is provided by IPA. The current administration fee for each Second Medical Opinion is HK\$500. For each referral to medical treatment in the USA, the current administration fee is US\$500. The Insured Person is also responsible for paying the administration fee and for any medical treatment and other related costs in the USA. IPA reserves the right to review the price and the number of hospitals from time to time without prior notice.
23. Applicable only to an Insured Person suffering from a designated critical illness, and upon request.
24. Subject to hospitalization lasting at least 72 consecutive hours. Applicable only in Hong Kong, up to a maximum of 8 hours per service (a minimum of 4 consecutive hours per visit) per illness or injury. Hospital discharge assistance service is limited to a maximum of 5 consecutive hours.
25. Applicable to territories in Asia, including Hong Kong, Macau, mainland China, Australia, New Zealand, Taiwan, Japan, Singapore, Thailand, Malaysia, Indonesia, the Philippines, Vietnam, South Korea, North Korea, India, Bangladesh, Bhutan, Brunei, Cambodia, Kyrgyzstan, Kazakhstan, Laos, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Sri Lanka, Tajikistan, Timor-Leste, Turkmenistan, Uzbekistan, and Afghanistan.
26. Any Medically Necessary emergency treatment anywhere in the world for an emergency incident occurring to the Insured Person during a trip by the Insured Person, given the Insured Person stayed in the place of such incident for no more than 60 days in the past 365 days from the date of the incident.
27. Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table unless otherwise specified.

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投保人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），保单会于每个保单周年续保一年。为配合医疗科技的进步及确保能持续为你提供保障，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 / 或因修订保障架构 / 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。

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 ends
- 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 Benefit and Premium Adjustment

The policy will be renewed 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. 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.

地域范围限制

- 除非另有规定，所有基本保障、额外保障及其他保障将适用于亚洲。
- 精神科治疗的保障及香港病房级别下调现金保障只会就于香港的住院作出赔偿。
- 若于亚洲以外的地方接受任何非急症治疗，或于亚洲以外的地方进行任何急症治疗时，而受保人于事发前365天内于该事发地点已逗留超过60天：
 - 基本保障(精神科治疗除外)将会按标准计划条款及保障所附的保障表中所列之赔偿限额作出赔偿；
 - 精神科治疗、额外保障第(a)至(k)项及其他保障第(a)至(b)项将不获赔偿；
 - 紧急意外门诊治疗保障及紧急门诊牙科治疗保障将会按条款及保障所附的保障表中所列之赔偿限额作出赔偿；及
 - 选择病房级别限制将不适用。
- 就于亚洲以外的地方进行任何急症治疗，并且受保人于事发前365天内于该事发地点逗留不超过60天，任何招致的合资格费用及 / 或其他费用将按条款及保障作出赔偿。

选择病房级别限制

若受保人于住院期间的任何一天入住病房之病房级别高于指定病房级别，本公司会按照以下方式减低该等住院期间的合资格费用：

- 如于香港、澳洲、纽西兰或因急症治疗于亚洲以外任何地方住院(并且受保人于事发前365天内于该事发地点逗留不超过60天)而住院的病房级别高于标准半私家病房但不高于标准私家病房，该等住院期间的合资格费用将减低至百分之五十；或
- 如住院的病房级别高于标准私家病房，该等住院期间的合资格费用将减低至百分之二十五。

于作出上述(1)或(2)的保障调整(于扣除自付费余额前)之后，应付赔偿不应少于按标准计划保障表内的限额余额(于扣除自付费余额前)应付的赔偿。

选择病房级别限制将不会应用于以下情况：

- 在接受急症治疗时，因房间短缺而无法入住指定病房级别；
- 因病情需要隔离而入住特定级别的病房；或
- 不涉及保单持有人及 / 或受保人个人偏好的其他原因。

等候期

指定项目的保障会于以下日期生效：

项目	生效日期 (由保单生效日起计)
意外受伤或疾病	即时
妊娠并发症保障	300日
指定严重疾病豁免自付费	60日

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的需要，而医疗服务必须符合下列条件：

- 需要注册医生的专业知识或转介；
- 符合该伤病的诊断及治疗所需；
- 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；
- 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
- 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。

Geographical Limitation

- Unless otherwise provided, all basic benefits, enhanced benefits and other benefits shall be applicable in Asia.
- The benefits of psychiatric treatments and room level downgrade cash benefit in Hong Kong shall only be payable for Confinement in Hong Kong.
- For any non-Emergency Treatment received outside Asia, or for any Emergency Treatment received outside Asia where the Insured Person stayed in the place (where the Emergency incident occurs) for more than 60 days in the past 365 days from the date of incident:
 - basic benefits (except psychiatric treatments) shall be payable up to the benefit limits as stated in the benefit schedule attached to the Standard Plan Terms and Benefits;
 - no benefit shall be payable under psychiatric treatments, items (a) to (k) of the Enhanced benefits and items (a) to (b) of the Other benefits;
 - emergency outpatient treatment benefit and emergency dental benefit shall be payable up to the benefit limits as stated in the Benefit Schedule of the Terms and Benefits;
 - restriction in the choice of ward class shall not apply.
- For any Emergency Treatment received outside Asia where the Insured Person stayed in the place (where the Emergency incident occurs) for no more than 60 days in the past 365 days from the date of incident, any Eligible Expenses and/or other expenses incurred shall be payable in accordance with the Terms and Benefits.

Restriction in the Choice of Ward Class

If the Insured Person is Confined in a room of room level higher than his/her covered room level, the Company shall reduce the Eligible Expenses during Confinement as following:

- if the room level for such Confinement is higher than Standard Semi-private Room but not higher than Standard Private Room in Hong Kong, Australia, New Zealand, or anywhere else out of Asia for Emergency Treatment where the Insured Person stayed in the place (where the Emergency incident occurs) for no more than 60 days in the past 365 days from the date of incident, the Eligible Expenses incurred during such period of Confinement shall be reduced to 50% of the benefit payable; or
- if the room level for such Confinement is higher than Standard Private Room, the Eligible Expenses incurred during such period of Confinement shall be reduced to 25% of the benefit payable.

After applying the benefit adjustment(s) of item (1) or (2) as stated above (before applying deductible balance), the benefits payable shall not be less than the benefits payable according to the remaining balance of limits in the Standard Plan Benefit Schedule (before applying deductible balance).

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

- unavailability of accommodation at the covered room level due to ward or room shortage for Emergency Treatment;
- isolation reasons that require a specific class of accommodation; or
- other reasons not involving personal preference of the Policy Holder and/or the Insured Person.

Waiting Period

Coverage for specific items will be effective on the following dates:

Items	Effective Date (after the Policy Effective Date)
Accidental injury or Disease	Immediately
Pregnancy Complications Benefit	300 days
Waiver of Deductible for Designated Critical Illnesses	60 days

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:

- require the expertise of, or be referred by, a Registered Medical Practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- 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;
- 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
- 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.

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:

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

主要不保事项

与下列项目相关或由其引致的费用,将不获赔偿:

1. 投保人年届8岁前发病或确诊的先性疾病;
 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(除非投保人因意外引致受伤而必要,或受保于矫形手术保障);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,或受保于紧急门诊牙科治疗保障);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;购买属耐用品的医疗设备及其仪器;传统中医治疗(除非受保于辅助服务);
 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(除非受保于妊娠并发症保障);
 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或参与非法活动;
 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。
- 受保人若在保单生效日起计1年内自杀,无论其是否在神智清醒的情况下,将不获支付任何身故保障赔偿。

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、财务核保和地区风险等因素。用于核保的资料包括标准健康核保问卷(客户的家族史、过往和现在的健康状况)、职业状况、居住地方、财政状况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

<http://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/TVPR。

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):

1. treatment or service fee statistics and surveys in the insurance or medical industry;
2. internal or industry claim statistics;
3. gazette published by the government; and/or
4. other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Key Exclusions

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

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, or covered by the reconstructive surgery benefit); dental treatment and oral and maxillofacial procedures (except for emergency treatment and surgery during Confinement arising from an accident, or covered by emergency dental benefit); 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 (unless covered by the ancillary service);
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 (unless covered by the pregnancy complications benefit);
8. Dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide or illegal activity;
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.

If the Insured Person commits suicide, whether sane or insane, within 1 year from the Policy Effective Date, no death benefit will be payable.

Underwriting Factors

Underwriting factors include insurable interest, health risk, occupational risk, financial justification and residential risk. Information used for underwriting purpose includes Standardized Underwriting Questionnaire (client's family history, past and current health conditions), occupation details, place of residence, financial information 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 <http://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/TVPR.

保费征费

保监局会透过保险公司向所有保单持有人，为其于香港缮发之保单，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个历日内（以较早者为准）收到书面要求。于收妥书面要求后，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，但不包括任何利息。若曾获赔偿或将获得赔偿，则不获发还保费。

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。

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, without any interest. No refund can be made if a benefit payment has been made, is to be made or impending.

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”卓越医疗计划一览表

TaxVantage Prestige Medical Plan – At a glance










(港元HK\$)

保障 Benefits	赔偿限额 Benefit Limit
终身保障限额 (适用于(I)基本保障项目(a) – (I)、(II)额外保障项目(a) – (m)及(III)其他保障项目(a) – (b)) Lifetime Benefit Limit (for (I) Basic benefits items (a) – (I), (II) Enhanced benefits items (a) – (m) and (III) Other benefits items (a) – (b))	40,000,000
每年保障限额 (适用于(I)基本保障项目(a) – (I)、(II)额外保障项目(a) – (m)及(III)其他保障项目(a) – (b)) Annual Benefit Limit (for (I) Basic benefits items (a) – (I), (II) Enhanced benefits items (a) – (m) and (III) Other benefits items (a) – (b))	10,000,000
保障地域范围 Geographical Coverage	非急症治疗：亚洲 ²⁵ For non-Emergency Treatment: Asia ²⁵ 急症治疗 ²⁶ ：全球 For Emergency Treatment ²⁶ : Worldwide 除精神科治疗及香港病房级别下调现金保障外(只限香港) Except for psychiatric treatments and room level downgrade cash benefit in Hong Kong (Hong Kong only)
指定病房级别 Covered Room Level	香港、澳洲及纽西兰，或亚洲以外地区(急症治疗 ²⁶)：标准半私家病房 Hong Kong, Australia and New Zealand, or outside Asia for Emergency Treatment ²⁶ : Standard semi-private room 亚洲 ²⁵ (香港、澳洲或纽西兰除外)：标准私家病房 Asia ²⁵ (excluding Hong Kong, Australia and New Zealand): Standard private room
自付费 (适用于(I)基本保障项目(a) – (I)及(II)额外保障项目(a) – (m)) Deductible (for (I) Basic benefits items (a) – (I), (II) Enhanced benefits items (a) – (m))	每保单年度 0 / 15,000 / 30,000 / 100,000 per Policy Year
保障项目 ²⁷ Benefit Items ²⁷	
(I) 基本保障 Basic benefits	
a. 病房及膳食 Room and board	全数赔偿 ² Full reimbursement ²
b. 杂项开支 Miscellaneous charges	全数赔偿 ² Full reimbursement ² (受(II)额外保障下保障项目(g)“医疗装置”的赔偿限额所规限 subject to benefit limit of benefit items (g) “medical appliances” under (II) Enhanced benefits)
c. 主诊医生巡房费 Attending doctor's visit fee	全数赔偿 ² Full reimbursement ²
d. 专科医生费³ Specialist's fee³	
e. 深切治疗 Intensive care	
f. 外科医生费 Surgeon's fee	
g. 麻醉科医生费 Anaesthetist's fee	



需由主诊医生或注册医生书面建议

Recommendation by the attending doctor or Registered Medical Practitioner in writing is required

h. 手术室费 Operating theatre charges		
i. 订明诊断成像检测 ^{3,9} Prescribed Diagnostic Imaging Tests ^{3,9}		全数赔偿 ² Full reimbursement ²
j. 订明非手术癌症治疗 ⁸ Prescribed Non-surgical Cancer Treatments ⁸		
k. 入院前或出院后 / 日间手术前后的门诊护理 ³ Pre- and post-Confinement / Day Case Procedure outpatient care ³		全数赔偿 ² Full reimbursement ² - 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 ¹³ Psychiatric treatments ¹³		每保单年度 40,000 per Policy Year
(II) 额外保障 Enhanced benefits		
a. 私家看护费 ^{3,4} Private nurse's fee ^{3,4}		全数赔偿 ² Full reimbursement ²
b. 家中看护津贴 ^{3,6} Home nursing ^{3,6}		(每保单年度最多60日 Max. 60 days per Policy Year)
c. 住院陪床 ⁵ Hospital companion bed ⁵		
d. 洗肾保障 ³ Renal dialysis ³		全数赔偿 ² Full reimbursement ²
e. 矫形手术保障 ³ Reconstructive surgery benefit ³		每次意外 / 乳房切除术 200,000 per accident / mastectomy
f. 妊娠并发症保障 ^{3,10} Pregnancy complications benefit ^{3,10}		全数赔偿 ² Full reimbursement ²
g. (i) 指定医疗装置 ³ Designated medical appliances ³		
- 起搏器 Pace maker		
- 冠状动脉血管成形术的支架 Stents for percutaneous transluminal coronary angioplasty		
- 眼内人造晶体 Intraocular lens		
- 人工心瓣 Artificial cardiac valve		
- 金属或人工关节置换 Metallic or artificial joints for joint replacement		
- 人工韧带置换或植入 Prosthetic ligaments for replacement or implantation between bones		
- 人工椎间盘 Prosthetic intervertebral disc		
g. (ii) 其他医疗装置 ³ Other medical appliances ³		每保单年度 100,000 per Policy Year
h. 在生器官捐赠者之移植手术费用 Transplantation surgery expenses for Living Donor		器官移植手术费用总和的30% 30% of the sum of surgical expenses for organ transplantation



需由主诊医生或注册医生书面建议

Recommendation by the attending doctor or Registered Medical Practitioner in writing is required

i. 复康中心及其相关治疗 ³ Rehabilitation Centre and related treatment³		每保单年度 50,000 per Policy Year (每保单年度最多60日 Max. 60 days per Policy Year)
j. 辅助服务 ^{3,7} Ancillary service^{3,7}		每保单年度 30,000 per Policy Year (每日1次, 每保单年度最高合计保障额 1 visit per day, max. aggregate limit per Policy Year)
- 物理治疗师 / 脊骨神经科医生 / 言语治疗师 / 职业治疗师 Physiotherapist / Chiropractor / Speech Therapist / Occupational Therapist		每日 1,000 per day (每保单年度最多30日 Max. 30 days per Policy Year)
- 中医师 Chinese Medicine Practitioner		每日 600 per day (每保单年度最多15日 Max. 15 days per Policy Year)
k. 善终院舍护理服务 ^{3,14} Hospice care^{3,14}		每保单年度 80,000 per Policy Year
l. 紧急意外门诊治疗保障 ¹¹ Emergency outpatient treatment benefit¹¹		全数赔偿 ² Full reimbursement ²
m. 紧急门诊牙科治疗保障 ¹² Emergency dental benefit¹²		全数赔偿 ² Full reimbursement ²
(III) 其他保障 Other benefits		
a. 日间手术现金保障 Day surgery cash benefit (当受保人亦获同一日间手术的赔偿时适用 Applicable when the Insured Person is reimbursed by the same day case procedure)		每项手术 1,600 per procedure (每保单年度最多1次 Max. 1 procedure per Policy Year)
b. 香港病房级别下调现金保障 (适用于入住低于受保病房级别的香港私家医院 房间) Room level downgrade cash benefit in Hong Kong (Applicable if the room level is lower than the covered room level in a private hospital in Hong Kong)		每日 1,000 per day (每保单年度最多60日 Max. 60 days per Policy Year)
c. 身故保障 Death benefit		80,000
其他 Others		
无索偿保费折扣 No claim premium discount		5% - 15%
赔偿金额估算 ¹⁸ Estimate of the claimable amount¹⁸		免费 Free
全球紧急医疗援助服务 ¹⁹ Worldwide Emergency Assistance Benefits¹⁹		适用 Applicable
出院免找数服务 ^{19,20} Cashless Hospitalization Service^{19,20}		适用 Applicable



需由主诊医生或注册医生书面建议

Recommendation by the attending doctor or Registered Medical Practitioner in writing is required

私人医疗礼宾服务^{19,21} MediCare Concierge Services^{19,21} <ul style="list-style-type: none"> - 国际专业医疗网络²² MediNet Pro²² (第二医疗意见 / 转介赴美就医 Second medical opinion / treatment referrals in the USA) - 国内就医贵宾通道服务 PRC MediCare VIP Passage Service - 海外就医贵宾服务²³ Travel for Treatment VIP Services²³ - 延伸家庭保障²⁴ Extended Family Protection²⁴ 	适用 Applicable
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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至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
保单货币单位 Currency	港元 HK\$
税务扣减 Tax Deduction	适用 Eligible
保费¹⁷ Premium¹⁷	<ul style="list-style-type: none"> - 保证每年续保，保费并非保证。续期保费会按投保人当时实际年龄及同类保障级别的保费率作出调整。如符合无索偿保费折扣要求，续期保费可享受折扣 - 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 for the same level of benefit at the time of policy renewal. If the requirements for no claim premium discount are fulfilled, a discount on the renewal premium may be enjoyed. - Annual / Semi-annual / Quarterly / Monthly Payment
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/TVPR。

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

资料来源：10Life保险比较平台，“税”卓越医疗计划在10Life 5星保险大奖2022荣获5星自愿医保奖（截至2022年10月31日）。
Source: 10Life Insurance comparison platform. TaxVantage Prestige Medical Plan has achieved 5-Star VHIS Award in 10Life 5-Star Insurance Award 2022 (As of 31 October 2022).

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大互惠寿险公司”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 Mutual 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.

Own the future.



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注：云锋金融控股有限公司及美国万通人寿保险公司间接持有云锋金融集团。“全美5大互惠寿险公司”乃按2021年6月1日《FORTUNE 500》公布的“互惠寿险公司”2020年度收入排名榜计算。

Remarks: Yunfeng Financial Holdings Limited and Massachusetts Mutual Life Insurance Company have an indirect shareholding in Yunfeng Financial Group Limited. The “Five Largest US Mutual Life Insurance Companies” is ranked according to the results of “Insurance: Life, Health (Mutual)” on total revenues for 2020, and based on the FORTUNE 500 as published on June 1, 2021.

万通保险国际有限公司
YF Life Insurance International Ltd.
www.yflife.com

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澳门苏亚利斯博士大马路320号澳门财富中心8楼A座
Customer Service:
Suite 1208, 12/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Hong Kong
Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau,
8 Andar A, Macau



“税”卓越医疗计划 (独立保单)

TaxVantage Prestige Medical Plan (Standalone Plan) 每年保费 (港元) Annual Premium (HK\$)

已届年龄 Attained Age	每年标准保费 Annual Standard Premium			
	自付费 Deductible 0	自付费 Deductible 15,000	自付费 Deductible 30,000	自付费 Deductible 100,000
0	11,147	6,407	5,065	3,509
1	10,934	6,295	4,969	3,449
2	10,730	6,186	4,875	3,390
3	10,441	6,028	4,747	3,308
4	10,151	5,871	4,618	3,225
5	9,863	5,715	4,487	3,142
6	9,574	5,557	4,359	3,060
7	9,289	5,399	4,232	2,977
8	9,204	5,358	4,193	2,952
9	9,120	5,314	4,151	2,930
10	9,041	5,274	4,114	2,908
11	8,957	5,225	4,076	2,887
12	8,877	5,176	4,041	2,864
13	8,797	5,127	4,004	2,843
14	8,716	5,078	3,969	2,822
15	8,634	5,029	3,933	2,799
16	8,493	4,947	3,870	2,761
17	8,350	4,861	3,807	2,721
18	8,207	4,760	3,744	2,682
19	8,064	4,695	3,683	2,641
20	7,977	4,650	3,654	2,629
21	7,854	4,571	3,591	2,593
22	7,732	4,495	3,530	2,557
23	8,258	4,782	3,749	2,709
24	8,789	5,069	3,966	2,862
25	9,320	5,355	4,183	3,015
26	9,856	5,645	4,400	3,171
27	10,393	5,932	4,617	3,325
28	10,932	6,220	4,833	3,480
29	11,297	6,409	4,976	3,585
30	11,628	6,579	5,098	3,671
31	11,973	6,770	5,247	3,776
32	12,319	6,962	5,396	3,883
33	12,667	7,154	5,544	3,990
34	12,782	7,217	5,595	4,028
35	12,896	7,284	5,647	4,068
36	13,014	7,346	5,701	4,108
37	13,128	7,411	5,753	4,146
38	13,243	7,474	5,805	4,186
39	13,921	7,851	6,094	4,391
40	14,595	8,222	6,382	4,595
41	15,291	8,612	6,681	4,810
42	15,986	9,004	6,978	5,026
43	16,686	9,396	7,280	5,244
44	17,455	9,829	7,608	5,482
45	18,227	10,263	7,940	5,724
46	19,000	10,700	8,270	5,965
47	19,778	11,138	8,606	6,209
48	20,554	11,578	8,939	6,456
49	21,537	12,133	9,363	6,762

此标准保费表并未包括由保险业监管局征收的保费征费。
以上保费为每年保费。每半年保费、每季保费及每月保费为每年保费乘以一个因数，而该因数就每半年保费、每季保费及每月保费分别为0.52、0.262及0.0883。

This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.
The above premiums are annual premiums. Half-yearly premiums, quarterly premiums and monthly premiums are equal to annual premiums multiplied by a factor, with the factor equals to 0.52, 0.262 and 0.0883 for half-yearly premiums, quarterly premiums and monthly premiums respectively.

由2023/01/01起生效
With effect from 2023/01/01

“税”卓越医疗计划 (独立保单)

TaxVantage Prestige Medical Plan (Standalone Plan)

每年保费 (港元) Annual Premium (HK\$)

已届年龄 Attained Age	每年标准保费 Annual Standard Premium			
	自付费 Deductible 0	自付费 Deductible 15,000	自付费 Deductible 30,000	自付费 Deductible 100,000
50	22,600	12,737	9,831	7,110
51	23,568	13,276	10,248	7,409
52	24,537	13,804	10,669	7,709
53	25,506	14,336	11,089	8,010
54	26,981	15,150	11,725	8,463
55	28,459	15,961	12,365	8,918
56	29,936	16,777	13,003	9,375
57	31,417	17,589	13,645	9,833
58	32,897	18,405	14,286	10,291
59	35,334	19,746	15,338	11,042
60	37,785	21,102	16,406	11,808
61	40,232	22,462	17,464	12,569
62	42,687	23,825	18,526	13,333
63	45,144	25,191	19,588	14,099
64	48,023	26,790	20,835	14,996
65	50,937	28,410	22,097	15,908
66	53,823	30,015	23,351	16,812
67	56,743	31,640	24,617	17,729
68	59,637	33,249	25,875	18,640
69	61,748	34,424	26,798	19,313
70	63,339	35,284	27,444	19,773
71	65,459	36,571	28,515	20,424
72	67,577	37,859	29,594	21,075
73	69,667	39,140	30,673	21,716
74	72,142	40,645	31,929	22,477
75	74,613	42,157	33,196	23,235
76	77,088	43,676	34,477	23,995
77	79,573	45,212	35,774	24,759
78	82,060	46,752	37,083	25,521
79	84,990	48,557	38,602	26,420
80	87,897	50,355	40,126	27,313
81*	90,913	52,087	41,500	28,239
82*	93,911	53,807	42,866	29,160
83*	96,910	55,528	44,234	30,081
84*	101,142	57,569	45,853	31,380
85*	103,999	59,597	47,466	32,257
86*	107,543	61,633	49,081	33,347
87*	111,101	63,676	50,704	34,439
88*	114,668	65,727	52,333	35,534
89*	118,851	68,128	54,239	36,818
90*	123,049	70,539	56,152	38,107
91*	127,023	72,812	57,957	39,327
92*	131,020	75,099	59,776	40,554
93*	135,019	77,385	61,591	41,780
94*	138,572	79,419	63,205	42,871
95*	142,127	81,450	64,824	43,962
96*	145,672	83,480	66,433	45,050
97*	149,258	85,530	68,063	46,151
98*	152,813	87,561	69,677	47,241
99*	152,813	87,561	69,677	47,241

*只适用于续保。For renewal only.

此标准保费表并未包括由保险业监管局征收的保费征费。
以上保费为每年保费。每半年保费、每季保费及每月保费为每年保费乘以一个因数，而该因数就每半年保费、每季保费及每月保费分别为0.52、0.262及0.0883。

This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.
The above premiums are annual premiums. Half-yearly premiums, quarterly premiums and monthly premiums are equal to annual premiums multiplied by a factor, with the factor equals to 0.52, 0.262 and 0.0883 for half-yearly premiums, quarterly premiums and monthly premiums respectively.

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