

| 自愿医保 VHIS |

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

TVPR

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
2012-2023
资本卓越保险服务大奖

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

“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。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. 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，计划涵盖投保时投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自愿医保计划网页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 government 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 VHIS website of the government 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.



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**



註:

- a. 保障住院 / 日间手术前最多1次门诊或急症门诊
- b. 保障出院 / 日间手术后90日内最多3次跟进门诊
- c. 保障出院 / 日间手术后90日内，中医治疗每保单年度最多15日，物理治疗每保单年度最多30日，设个别保障限额

Remarks:

- a. Cover 1 prior outpatient visit or Emergency consultation per Confinement / Day Case Procedure
- b. Cover 3 follow-up outpatient visits per Confinement / Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
- c. Max. 15 days per Policy Year for Chinese medicine treatment and max. 30 days for physiotherapy (within 90 days after discharge from Hospital or completion of Day Case Procedure), subject to itemized benefit limit





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。

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. 由主诊注册医生建议，并只适用于投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。
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。
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. 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. 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。
20. 适用于受保人于旅途中须于世界各地进行医疗上必须的急症治疗，而受保人于事发前365天内于该事发地点逗留不超过60天。
21. 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。
19. 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.
20. 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.
21. 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。

地域范围限制

1. 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。
2. 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。

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.

Geographical Limitation

1. Unless otherwise provided, all basic benefits, enhanced benefits and other benefits shall be applicable in Asia.
2. The benefits of psychiatric treatments and room level downgrade cash benefit in Hong Kong shall only be payable for Confinement in Hong Kong.

3. 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天内于该事发地点逗留超过60天：
 - i. 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；
 - ii. 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；
 - iii. 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
 - iv. 选择病房级别限制将不适用。
4. 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：

1. 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
2. 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：

1. 在接受急症治疗时，因房间短缺而无法入住指定病房级别；
2. 因病情需要隔离而入住特定级别的病房；或
3. 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：

1. 需要注册医生的专业知识或转介；
2. 符合该伤病的诊断及治疗所需；
3. 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；
4. 在环境最适当及符合一般公认的医疗标准的设备上，提供医疗服务；及
5. 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。

3. 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:
 - i. 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;
 - ii. 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;
 - iii. 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;
 - iv. restriction in the choice of ward class shall not apply.
4. 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:

1. 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
2. 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:

1. unavailability of accommodation at the covered room level due to ward or room shortage for Emergency Treatment;
2. isolation reasons that require a specific class of accommodation; or
3. 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:

1. require the expertise of, or be referred by, a Registered Medical Practitioner;
2. be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
3. 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;
4. 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
5. 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

<http://www.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://www.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 ¹⁹ For non-Emergency Treatment: Asia ¹⁹ 急症治疗 ²⁰ ：全球 For Emergency Treatment ²⁰ : 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 ²⁰)：标准半私家病房 Hong Kong, Australia and New Zealand, or outside Asia for Emergency Treatment ²⁰ : Standard semi-private room 亚洲 ¹⁹ (香港、澳洲或纽西兰除外)：标准私家病房 Asia ¹⁹ (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 ²¹ Benefit Items ²¹	
(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		全数赔偿 ² Full reimbursement ²
- 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



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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



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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。续期保费会按受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.

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YFLife 萬通保險

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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.

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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 Mutual Life Insurance Companies” is ranked according to the results of “Insurance: Life, Health (Mutual)” on total revenues for 2022, and based on the FORTUNE 500 as published on June 6, 2023.

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

客户服务：
香港尖沙咀广东道9号港威大厦6座12楼1208室
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)

货币：港元 Currency：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	11,593	6,664	5,268	3,650
1	11,372	6,547	5,168	3,587
2	11,160	6,434	5,070	3,526
3	10,859	6,270	4,937	3,441
4	10,558	6,106	4,803	3,354
5	10,258	5,944	4,667	3,268
6	9,957	5,780	4,534	3,183
7	9,661	5,615	4,402	3,097
8	9,573	5,573	4,361	3,071
9	9,485	5,527	4,318	3,048
10	9,403	5,485	4,279	3,025
11	9,316	5,434	4,240	3,003
12	9,233	5,384	4,203	2,979
13	9,149	5,333	4,165	2,957
14	9,065	5,282	4,128	2,935
15	8,980	5,231	4,091	2,911
16	8,833	5,145	4,025	2,872
17	8,684	5,056	3,960	2,830
18	8,536	4,951	3,894	2,790
19	8,387	4,883	3,831	2,747
20	8,297	4,836	3,801	2,735
21	8,169	4,754	3,735	2,697
22	8,042	4,675	3,672	2,660
23	8,589	4,974	3,899	2,818
24	9,141	5,272	4,125	2,977
25	9,693	5,570	4,351	3,136
26	10,251	5,871	4,576	3,298
27	10,809	6,170	4,802	3,458
28	11,370	6,469	5,027	3,620
29	11,749	6,666	5,176	3,729
30	12,094	6,843	5,302	3,818
31	12,452	7,041	5,457	3,928
32	12,812	7,241	5,612	4,039
33	13,174	7,441	5,766	4,150
34	13,294	7,506	5,819	4,190
35	13,412	7,576	5,873	4,231
36	13,535	7,640	5,930	4,273
37	13,654	7,708	5,984	4,312
38	13,773	7,773	6,038	4,354
39	14,478	8,166	6,338	4,567
40	15,179	8,551	6,638	4,779
41	15,903	8,957	6,949	5,003
42	16,626	9,365	7,258	5,228
43	17,354	9,772	7,572	5,454
44	18,154	10,223	7,913	5,702
45	18,957	10,674	8,258	5,953
46	19,760	11,128	8,601	6,204
47	20,570	11,584	8,951	6,458
48	21,377	12,042	9,297	6,715
49	22,399	12,619	9,738	7,033

此每年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 Annual 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2024/01/01起生效
With effect from 2024/01/01

“税”卓越医疗计划 (独立保单)

TaxVantage Prestige Medical Plan (Standalone Plan)

货币：港元 Currency：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	23,504	13,247	10,225	7,395
51	24,511	13,808	10,658	7,706
52	25,519	14,357	11,096	8,018
53	26,527	14,910	11,533	8,331
54	28,061	15,756	12,194	8,802
55	29,598	16,600	12,860	9,275
56	31,134	17,449	13,524	9,750
57	32,674	18,293	14,191	10,227
58	34,213	19,142	14,858	10,703
59	36,748	20,536	15,952	11,484
60	39,297	21,947	17,063	12,281
61	41,842	23,361	18,163	13,072
62	44,395	24,778	19,268	13,867
63	46,950	26,199	20,372	14,663
64	49,944	27,862	21,669	15,596
65	52,975	29,547	22,981	16,545
66	55,976	31,216	24,286	17,485
67	59,013	32,906	25,602	18,439
68	62,023	34,579	26,910	19,386
69	64,218	35,801	27,870	20,086
70	65,873	36,696	28,542	20,564
71	68,078	38,034	29,656	21,241
72	70,281	39,374	30,778	21,918
73	72,454	40,706	31,900	22,585
74	75,028	42,271	33,207	23,377
75	77,598	43,844	34,524	24,165
76	80,172	45,424	35,857	24,955
77	82,756	47,021	37,205	25,750
78	85,343	48,623	38,567	26,542
79	88,390	50,500	40,147	27,477
80	91,413	52,370	41,732	28,406
81*	94,550	54,171	43,160	29,369
82*	97,668	55,960	44,581	30,327
83*	100,787	57,750	46,004	31,285
84*	105,188	59,872	47,688	32,636
85*	108,159	61,981	49,365	33,548
86*	111,845	64,099	51,045	34,681
87*	115,546	66,224	52,733	35,817
88*	119,255	68,357	54,427	36,956
89*	123,606	70,854	56,409	38,291
90*	127,971	73,361	58,399	39,632
91*	132,104	75,725	60,276	40,901
92*	136,261	78,103	62,168	42,177
93*	140,420	80,481	64,055	43,452
94*	144,115	82,596	65,734	44,586
95*	147,813	84,708	67,417	45,721
96*	151,499	86,820	69,091	46,852
97*	155,229	88,952	70,786	47,998
98*	158,926	91,064	72,465	49,131
99*	158,926	91,064	72,465	49,131

* 只适用于续保 For renewal only

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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 Annual 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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