

| 自願醫保 VHIS |

「稅」卓越醫療計劃 TaxVantage Prestige Medical Plan

TVPR

YFLife
萬通保險



《iMONEY 智富雜誌》優秀保險企業大獎2019

最佳醫療保障



資本卓越銀行及金融大獎
2012-2023

資本卓越保險服務大獎

未來在我手
Own the future

星級保障 掌握健康未來

Own your future - with gilt-edged protections

萬通保險深明健康就是最大的財富，所以為追求優質生活的您推出「稅」卓越醫療計劃，為您提供全面而優越的醫療方案。

計劃全數賠償於亞洲地區*入院前、中及後期的實際醫療開支，讓您安心享有不設分項賠償限額的全額醫療保障。您更可獲標準半私家房 / 標準私家房(視乎住院地區)級別住院保障、非手術癌症治療全面保障、住院及出院後的延伸保障。

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.

*除非另有規定，非急症治療的保障將適用於亞洲地區，而急症治療的保障將適用於全球。

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



「稅」卓越醫療計劃

TaxVantage Prestige Medical Plan

1

終身醫療保障
高達40,000,000港元
Lifetime Medical
Protection up to HK\$40,000,000



- 全數賠償入院治療前、中及後期的實際醫療開支
Full reimbursement of the actual expenses incurred before, during and after in-hospital treatment
- 不設個別項目限額
Without limit on individual benefit items

2

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



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

3

設每年自付費保費更相宜
Annual Deductible for Lower Premiums



- 4款選擇：每年 0 / 15,000 / 30,000 / 100,000港元
4 Options: HK\$ 0 / 15,000 / 30,000 / 100,000 annually
- 靈活配合個人醫療需要
Flexible to suit personal medical needs

4

無索償保費折扣
No Claim Premium Discount



- 高達15%保費折扣
Up to 15% of premium discount

5

保證終身續保
Guaranteed Renewals for Life



- 終身保障至100歲
Whole life protection up to age 100

6

扣稅優惠
Tax Deductible



- 合乎資格的保費可享有稅務扣除優惠
Tax deductible for qualifying premiums paid

7

免費估算服務
Free Quote Before You Commit



- 免費估算賠償金額
Free estimate of the claimable amount

「稅」卓越醫療計劃是自願醫保計劃下的認可靈活計劃，較標準計劃提供更全面的保障及較高的保障額，有關詳情，請瀏覽本公司網頁 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.

每年自付費選擇 Annual Deductible Choices (港元HK\$) / 自願醫保認可產品編號 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

終身醫療保障高達40,000,000港元

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



「稅」卓越醫療計劃提供標準半私家房 / 標準私家房的優質醫療保障¹，全數賠償因患病或意外受傷而需入院治療的實際醫療開支，主要醫療開支項目不設個別項目限額，並提供多項額外津貼，以及全球緊急治療保障。計劃的終身保障額高達40,000,000港元，而每年保障額高達10,000,000港元。

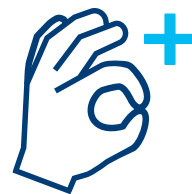
The **TaxVantage Prestige Medical Plan** provides quality medical services in standard semi-private room / standard private room¹ with full reimbursement of the actual expenses incurred during your in-hospital treatment, due to sickness or accident, without any limit on individual benefit items for major 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.

	全數賠償 ² Full Reimbursement ²	額外津貼 Extra Benefits
入院前 Pre-hospitalization	門診護理 Outpatient care	
住院期間 In-hospital	住院費用 Hospitalization benefits 標準半私家房 / 標準私家房 ¹ (按住院地區而定) Standard Semi-private Room / Standard Private Room ¹ (according to the location of confinement) 手術費用 Surgical benefits 包括外科醫生費、麻醉科醫生費、手術室費等 Including surgeon's fee, anesthetist's fee, operating theatre charges, etc. 指定醫療裝置³ Designated medical appliances³ 例如冠狀動脈血管成形術的支架、眼內人造晶體、人工韌帶置換或植入等 e.g. stents for percutaneous transluminal coronary angioplasty, intraocular lens, prosthetic ligaments for replacement or implantation between bones, etc. 深切治療 Intensive care 私家看護費^{3,4} Private nurse's fee^{3,4} 住院陪床⁵ Hospital companion bed⁵	其他醫療裝置³ Other medical appliances³ 在生器官捐贈者之移植手術費用 Transplantation surgery expenses for Living Donor 日間手術現金保障 Day surgery cash benefit
出院後 Post-hospitalization	家中看護津貼^{3,6} Home nursing^{3,6} 門診護理³ Outpatient care³	輔助服務^{3,7} Ancillary service^{3,7} 包括物理治療、脊骨神經治療、言語治療、職業治療 Including physiotherapy, chiropractic services, speech therapy, occupational therapy 中醫治療 Chinese medicine treatment 復康中心及其相關治療³ Rehabilitation Centre and related treatment³
延伸保障 Extended Benefits	訂明非手術癌症治療⁸ Prescribed Non-surgical Cancer Treatments⁸ 包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療 Including radiotherapy, chemotherapy, targeted therapy, immunotherapy, and hormonal therapy 訂明診斷成像檢測^{3,9} Prescribed diagnostic imaging tests^{3,9} 包括CT掃描、MRI掃描、PET掃描等 Including CT scan, MRI scan, PET scan, etc. 洗腎保障³ Renal dialysis³ 妊娠併發症保障^{3,10} Pregnancy complications benefit^{3,10} 緊急意外門診治療保障¹¹及緊急門診牙科治療保障¹² Emergency outpatient treatment benefit¹¹ and Emergency dental benefit¹²	精神科治療¹³ Psychiatric treatments¹³ 矯形手術保障³ Reconstructive surgery benefit³ 善終院舍護理服務^{3,14} Hospice care^{3,14}

2

保障未知的已有病症而無需等候期

No Waiting Period for Unknown Pre-existing Conditions



為使您安心無憂，計劃涵蓋投保時受保人的未知的已有病症，並不設等候期，遠較自願醫保計劃最低要求的3年等候期為優。

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

設每年自付費 保費更相宜

Annual Deductible for Lower Premiums



計劃靈活配合您的需要，提供4款每年自付費金額以供選擇，自付費越高，保費便越相宜：

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

您更可於年滿50、55、60、65、70、75、80或85歲的保單週年日¹⁵，選擇將每年自付費金額調低而無須再次提交健康申報，隨後的保費將按所選的每年自付費金額作出調整。

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.

如因患上指定嚴重疾病¹⁶而接受任何醫療服務，您將可就該醫療服務獲豁免自付費

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

4

無索償保費折扣

No Claim Premium Discount



只要在續保時保單已於本公司從不間斷地連續生效達三個保單年度或以上，以及期間並無就本計劃有任何索償紀錄，於支付續期保費時，即可獲享無索償保費折扣。

折扣金額會按上一個保單年度的「每年保費」的百分比計算，最高可達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%.

連續生效及無索償保單年度 Number of consecutive years for policy in force without claims	無索償保費折扣率 No claim premium discount rate
3	5%
4	10%
≥5	15%

5

保證終身續保

Guaranteed Renewals for Life



無論您的身體狀況出現任何改變，計劃亦保證續保至100歲。同時，您的續保保費¹⁷不會因您的索償記錄和身體狀況而個別調高。

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

扣稅優惠

Tax Deductible



萬通保險國際有限公司已註冊成為香港特別行政區政府認可的自願醫保的產品提供者。您的「稅」卓越醫療計劃中合乎資格的保費可享有稅務扣除優惠，每年可申請扣稅的保費上限為每名受保人8,000港元，而您為家人投保所繳的保費，亦可用作扣稅，讓您節省更多。有關稅務扣除詳情，請瀏覽香港特別行政區政府自願醫保計劃網頁www.vhis.gov.hk/tc/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

免費估算服務

Free Quote before You Commit



於接受任何治療或醫療手術前，您更可免費使用賠償金額估算服務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「稅」卓越醫療計劃
Richard insured with
TaxVantage Prestige Medical Plan

終身保障限額 Lifetime benefit limit: **\$40,000,000**



註:

- a. 保障住院 / 日間手術前最多1次門診或急症診症
- b. 保障出院 / 日間手術後90日內最多3次跟進門診
- c. 保障出院 / 日間手術後90日內，中醫治療每保單年度最多15日，物理治療每保單年度最多30日，設個別保障限額

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





附註

1. 計劃提供的住院指定病房級別如下：
 - 如受保人在香港、澳洲、紐西蘭及因急症治療在全球(亞洲除外)住院，指定病房級別為標準半私家病房；
 - 如受保人在亞洲地區(香港、澳洲及紐西蘭除外)住院，指定病房級別為標準私家病房；
 - 若在香港、澳洲、紐西蘭及因急症治療在全球(亞洲除外)入住標準私家病房級別，可獲賠償50%；
 - 若入住高於標準私家病房級別，可獲賠償25%。
2. 全數賠償是指不設分項賠償限額，應支付的合資格費用及其他費用於扣除餘下的自付費(如有)後的實際金額，須受適用的保障項目賠償限額、每年保障限額及終身保障限額所規限。同時，須為醫療上必須的治療及手術，賠償金額須符合「合理及慣常」的收費，即不超過當地的一般標準收費水平。
3. 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
4. 由主診註冊醫生建議並由醫院安排，於醫院住院接受手術後或被調出深切治療部後的住院期間，由一位合資格護士提供的護理服務，以每個保單年度最多60日為限。
5. 以一張額外床位為限。
6. 由主診註冊醫生建議，於醫院住院接受手術後或入住深切治療部後，出院後起計60日內，在家中接受由一位合資格護士提供的護理服務，以每個保單年度最高60日為限。

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. 由主診註冊醫生建議，並只適用於受保人出院或進行日間手術後的90日內就同一傷病所進行的輔助服務，以每日一次為限。
8. 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
9. 檢測只包括電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET-CT組合及PET-MRI組合。
10. 受保障之妊娠併發症只包括異位妊娠、葡萄胎妊娠、播散性血管內之凝血機制障礙、先兆子癇、流產、先兆流產、醫療需要之人工流產、胎兒夭折、因產後出血切除子宮、子癇、羊水栓塞及妊娠肺栓塞。妊娠併發症之確診日期必須為保單生效日起計持續生效300日後。
11. 適用於受保人因意外而受傷24小時內於醫院門診部進行的門診治療。
12. 適用於受保人於意外發生後兩星期內，於註冊牙醫診所或醫院內接受為意外前屬健全自然牙齒作出的急症治療（包括診症、止血、X-光、拔牙及根管治療）。此項保障不會就任何修復治療、任何貴金屬的使用及矯正治療作出賠償，並且不保障任何由飲食引致的受傷、由正常磨損引致的損壞或由刷牙或任何其他口腔衛生護理程序引致的損壞。
13. 精神科治療只在專科醫生建議下，並且於香港境內住院接受的治療，方可獲保障。
14. 經主診註冊醫生診斷，受保人因患病以致其壽命很可能不會多於12個月，因而入住註冊善終院舍。
15. 須於50、55、60、65、70、75、80或85歲生日後的保單週年日前30日內，遞交書面要求行使減低自付費權益。減低自付費權益只可行使一次並不可撤銷。新的自付費將適用於自付費減低後招致的費用所作出之索償。
16. 指定嚴重疾病包括癌症、由心肌病所導致的心臟功能受損、慢性肝衰竭、冠狀動脈搭橋手術、末期肺病、暴發性病毒性肝炎、心臟病、心瓣置換、腎衰竭、主要器官移植、帕金森病、肺動脈高血壓、類風濕性關節炎、中風、主要動脈手術及末期病症，並在主診註冊醫生的書面建議下直接因該指定嚴重疾病而接受任何醫療服務。此項豁免不適用於保單生效日起計60日內已察覺或理應察覺的任何指定嚴重疾病所引致的醫療服務。為免存疑，此項豁免不適用於選取零(0)自付費選項的保單。
17. 本公司會於保單週年日不少於30日前，以書面通知有關修訂的保障或保費。
18. 保單持有人必須附上由醫院及 / 或主診註冊醫生所估算的金額予本公司。而該估算只供參考，最終的賠償金額必須按實際費用證明而釐定。
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. 適用的亞洲地區包括：香港、澳門、中國內地、澳洲、紐西蘭、台灣、日本、新加坡、泰國、馬來西亞、印尼、菲律賓、越南、南韓、北韓、印度、孟加拉、不丹、汶萊、柬埔寨、哈薩克、吉爾吉斯、老撾、馬爾代夫、蒙古、緬甸、尼泊爾、巴基斯坦、斯里蘭卡、塔吉克、東帝汶、土庫曼、烏茲別克及阿富汗。
20. 適用於受保人於旅途中須於世界各地進行醫療上必須的急症治療，而受保人於事發前365天內於該事發地點逗留不超過60天。
21. 除非另有註明，同一項目的合資格費用不可獲表中多於一個保障項目的賠償。
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.

重要資料

繳付保費年期及保障年期

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

終止

本保單將在以下情況時自動終止，以最先者為準：

- 保單持有人決定取消本保單或不再續保
- 在寬限期屆滿時仍未繳交保費
- 受保人身故翌日
- 本公司不再獲《保險業條例》授權承保或繼續承保本保單

修訂條款及保障及調整保費

如接獲所需保費（根據受保人當時實際年齡及當時同類保障級別的保費率計算），保單會於每個保單週年續保一年。為配合醫療科技的進步及確保能持續為你提供保障，本公司保留修訂條款及保障及調整保費之權利。保費會因應某些因素而作出調整，這些因素包括但不限於本公司過去的索償紀錄、開支、醫療通脹、醫療趨勢，以及 / 或因修訂保障架構 / 保障級別（如有）而影響預期未來的索償成本。

通脹風險

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

信貸風險

本計劃由萬通保險國際有限公司承保及負責，保單持有人的保單權益會受其信貸風險所影響。

地域範圍限制

1. 除非另有規定，所有基本保障、額外保障及其他保障將適用於亞洲。
2. 精神科治療的保障及香港病房級別下調現金保障只會就於香港的住院作出賠償。

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. 若於亞洲以外的地方接受任何非急症治療，或於亞洲以外的地方進行任何急症治療時，而受保人於事發前365天內於該事發地點逗留超過60天：
 - i. 基本保障（精神科治療除外）將會按標準計劃條款及保障所附的保障表中所列之賠償限額作出賠償；
 - ii. 精神科治療、額外保障第(a)至(k)項及其他保障第(a)至(b)項將不獲賠償；
 - iii. 緊急意外門診治療保障及緊急門診牙科治療保障將會按條款及保障所附的保障表中所列之賠償限額作出賠償；及
 - iv. 選擇病房級別限制將不適用。
4. 就於亞洲以外的地方進行任何急症治療，並且受保人於事發前365天內於該事發地點逗留不超過60天，任何招致的合資格費用及 / 或其他費用將按條款及保障作出賠償。

選擇病房級別限制

若受保人於住院期間的任何一天入住病房之病房級別高於指定病房級別，本公司會按照以下方式減低該等住院期間的合資格費用：

1. 如於香港、澳洲、紐西蘭或因急症治療於亞洲以外任何地方住院（並且受保人於事發前365天內於該事發地點逗留不超過60天）而住院的病房級別高於標準半私家病房但不高於標準私家病房，該等住院期間的合資格費用將減低至百分之五十；或
2. 如住院的病房級別高於標準私家病房，該等住院期間的合資格費用將減低至百分之二十五。

於作出上述(1)或(2)的保障調整（於扣除自付費餘額前）之後，應付賠償不應少於按標準計劃保障表內的限額餘額（於扣除自付費餘額前）應付的賠償。

選擇病房級別限制將不會應用於以下情況：

1. 在接受急症治療時，因房間短缺而無法入住指定病房級別；
2. 因病情需要隔離而入住特定級別的病房；或
3. 不涉及保單持有人及 / 或受保人個人偏好的其他原因。

等候期

指定項目的保障會於以下日期生效：

項目	生效日期 (由保單生效日起計)
意外受傷或疾病	即時
妊娠併發症保障	300日
指定嚴重疾病豁免自付費	60日

醫療所需

指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件：

1. 需要註冊醫生的專業知識或轉介；
2. 符合該傷病的診斷及治療所需；
3. 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；
4. 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及
5. 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

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.

合理及慣常

指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。合理及慣常的收費水平由萬通保險國際有限公司合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

萬通保險國際有限公司必須參照以下資料（如適用）以釐定合理及慣常收費：

1. 由保險或醫學業界進行的治療或服務費用統計及調查；
2. 公司內部或業界的賠償統計；
3. 政府憲報；及 / 或
4. 提供治療、服務或物料當地的其他相關參考資料。

主要不保事項

與下列項目相關或由其引致的費用，將不獲賠償：

1. 受保人年屆8歲前發病或確診的先天性疾；
2. 非醫療所需而引致的費用；
3. 純粹為接受診斷程序或專職醫療服務而住院；
4. 美容或整容為目的的服務（除非受保人因意外引致受傷而必要，或受保於矯形手術保障）；牙科治療或口腔颌面手術（除非因意外引致在住院期間接受急症治療及手術，或受保於緊急門診牙科治療保障）；矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正；購買屬耐用品的醫療設備及儀器；傳統中醫治療（除非受保於輔助服務）；
5. 普遍標準界定為實驗性、未經證實醫療成效或尚未經認可機構批准的醫療技術或治療程序；
6. 預防性治療及預防性護理；
7. 產科狀況及其併發症；節育或恢復生育；任何性別的結紮或變性；不育；性機能失常（除非受保於妊娠併發症保障）；
8. 倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺或參與非法活動；
9. 戰爭、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故；
10. 在保單生效日前，感染或出現人體免疫力缺乏病毒及其相關的傷病；
11. 根據法律或其他醫療或保險計劃而獲得賠償的情況。

受保人若在保單生效日起計1年內自殺，無論其是否在神智清醒的情況下，將不獲支付任何身故保障賠償。

核保準則

核保準則大致可分為可保利益、健康風險、職業風險、財務核保和地區風險等因素。用於核保的資料包括標準健康核保問卷（客戶的家族史、過往和現在的健康狀況）、職業狀況、居住地方、財政狀況及準受保人和準保單持有人或 / 及受益人的關係。

提供資料責任及未符合這要求的後果

在投保時，你/你們必須提供一切知悉或據常理知悉的資料，因萬通保險國際有限公司會按照所提供的資料評核接受投保及決定保險條款。提供資料的責任將會在投保申請表的簽署日期或任何補充文件的簽署日期（以較後日期為準）完成。你/你們若不清楚某一事項是否重要，請將該事項填寫於申請書內。若未符合以上要求，該保單可能因此而作廢。

其他資料

有關索償程序，請瀏覽本公司網頁

<http://www.yflife.com/tc/Hong-Kong/Individual/Services/Claims-Corner>。如對本產品有任何投訴，可致電本公司客戶服務熱線2533 5555，或瀏覽本公司網頁內資料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.

保費徵費

保監局會透過保險公司向所有保單持有人，為其於香港續發之保單，於每次繳付保費時收取徵費。有關徵費之詳情，請瀏覽保監局網站專頁www.ia.org.hk/tc/levy。

保單冷靜期及取消保單的權利

如保單未能滿足你的要求，你可以書面方式要求取消保單，連同保單退回本公司（香港灣仔駱克道33號萬通保險大廈27樓），並確保本公司的辦事處於交付保單的21個曆日內，或向你/你的代表人交付《通知書》（說明已經可以領取保單和冷靜期屆滿日）後起計的21個曆日內（以較早者為準）收到書面要求。於收妥書面要求後，保單將被取消，你將可獲退回已繳保費金額及你所繳付的徵費，但不包括任何利息。若曾獲賠償或將獲得賠償，則不獲發還保費。

退保

如需申請退保，你只需填妥、簽署並寄回由本公司提供的特定表格，以及你的有效身份證明文件副本及固定住址證明（如適用），本公司將安排退保事宜。

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.

「稅」卓越醫療計劃一覽表

TaxVantage Prestige Medical Plan – At a glance










(港元HK\$)

保障 Benefits	賠償限額 Benefit Limit
終身保障限額 (適用於(I)基本保障項目(a) – (I)、(II)額外保障項目(a) – (m)及(III)其他保障項目(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
每年保障限額 (適用於(I)基本保障項目(a) – (I)、(II)額外保障項目(a) – (m)及(III)其他保障項目(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
保障地域範圍 Geographical Coverage	非急症治療：亞洲 ¹⁹ For non-Emergency Treatment: Asia ¹⁹ 急症治療 ²⁰ ：全球 For Emergency Treatment ²⁰ : Worldwide 除精神科治療及香港病房級別下調現金保障外(只限香港) Except for psychiatric treatments and room level downgrade cash benefit in Hong Kong (Hong Kong only)
指定病房級別 Covered Room Level	香港、澳洲及紐西蘭，或亞洲以外地區(急症治療 ²⁰)：標準半私家病房 Hong Kong, Australia and New Zealand, or outside Asia for Emergency Treatment ²⁰ : Standard semi-private room 亞洲 ¹⁹ (香港、澳洲或紐西蘭除外)：標準私家病房 Asia ¹⁹ (excluding Hong Kong, Australia and New Zealand) : Standard private room
自付費 (適用於(I)基本保障項目(a) – (I)及(II)額外保障項目(a) – (m)) Deductible (for (I) Basic benefits items (a) – (I), (II) Enhanced benefits items (a) – (m))	每保單年度 0 / 15,000 / 30,000 / 100,000 per Policy Year
保障項目 ²¹ Benefit Items ²¹	
(I) 基本保障 Basic benefits	
a. 病房及膳食 Room and board	全數賠償 ² Full reimbursement ²
b. 雜項開支 Miscellaneous charges	全數賠償 ² Full reimbursement ² (受(II)額外保障下保障項目(g)「醫療裝置」的賠償限額所規限 subject to benefit limit of benefit items (g) "medical appliances" under (II) Enhanced benefits)
c. 主診醫生巡房費 Attending doctor's visit fee	全數賠償 ² Full reimbursement ²
d. 專科醫生費 ³ Specialist's fee ³	
e. 深切治療 Intensive care	
f. 外科醫生費 Surgeon's fee	
g. 麻醉科醫生費 Anaesthetist's fee	



需由主診醫生或註冊醫生書面建議

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

h. 手術室費 Operating theatre charges		
i. 訂明診斷成像檢測 ^{3,9} Prescribed Diagnostic Imaging Tests ^{3,9}		全數賠償 ² Full reimbursement ²
j. 訂明非手術癌症治療 ⁸ Prescribed Non-surgical Cancer Treatments ⁸		
k. 入院前或出院後 / 日間手術前後的門診護理 ³ Pre- and post-Confinement / Day Case Procedure outpatient care ³		全數賠償 ² Full reimbursement ² - 住院 / 日間手術前最多1次門診或急症診症 - 出院 / 日間手術後90日內最多3次跟進門診 - 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. 精神科治療 ¹³ Psychiatric treatments ¹³		每保單年度 40,000 per Policy Year
(II) 額外保障 Enhanced benefits		
a. 私家看護費 ^{3,4} Private nurse's fee ^{3,4}		全數賠償 ² Full reimbursement ²
b. 家中看護津貼 ^{3,6} Home nursing ^{3,6}		(每保單年度最多60日 Max. 60 days per Policy Year)
c. 住院陪床 ⁵ Hospital companion bed ⁵		
d. 洗腎保障 ³ Renal dialysis ³		全數賠償 ² Full reimbursement ²
e. 矯形手術保障 ³ Reconstructive surgery benefit ³		每次意外 / 乳房切除術 200,000 per accident / mastectomy
f. 妊娠併發症保障 ^{3,10} Pregnancy complications benefit ^{3,10}		全數賠償 ² Full reimbursement ²
g. (i) 指定醫療裝置 ³ Designated medical appliances ³		全數賠償 ² Full reimbursement ²
- 起搏器 Pace maker		
- 冠狀動脈血管成形術的支架 Stents for percutaneous transluminal coronary angioplasty		
- 眼內人造晶體 Intraocular lens		
- 人工心瓣 Artificial cardiac valve		
- 金屬或人工關節置換 Metallic or artificial joints for joint replacement		全數賠償 ² Full reimbursement ²
- 人工韌帶置換或植入 Prosthetic ligaments for replacement or implantation between bones		
- 人工椎間盤 Prosthetic intervertebral disc		
g. (ii) 其他醫療裝置 ³ Other medical appliances ³		每保單年度 100,000 per Policy Year
h. 在生器官捐贈者之移植手術費用 Transplantation surgery expenses for Living Donor		器官移植手術費用總和的30% 30% of the sum of surgical expenses for organ transplantation



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i. 復康中心及其相關治療 ³ Rehabilitation Centre and related treatment³		每保單年度 50,000 per Policy Year (每保單年度最多60日 Max. 60 days per Policy Year)
j. 輔助服務 ^{3,7} Ancillary service^{3,7}		每保單年度 30,000 per Policy Year (每日1次，每保單年度最高合計保障額 1 visit per day, max. aggregate limit per Policy Year)
- 物理治療師 / 脊骨神經科醫生 / 言語治療師 / 職業治療師 Physiotherapist / Chiropractor / Speech Therapist / Occupational Therapist		每日 1,000 per day (每保單年度最多30日 Max. 30 days per Policy Year)
- 中醫師 Chinese Medicine Practitioner		每日 600 per day (每保單年度最多15日 Max. 15 days per Policy Year)
k. 善終院舍護理服務 ^{3,14} Hospice care^{3,14}		每保單年度 80,000 per Policy Year
l. 緊急意外門診治療保障 ¹¹ Emergency outpatient treatment benefit¹¹		全數賠償 ² Full reimbursement ²
m. 緊急門診牙科治療保障 ¹² Emergency dental benefit¹²		全數賠償 ² Full reimbursement ²
(III) 其他保障 Other benefits		
a. 日間手術現金保障 Day surgery cash benefit (當受保人亦獲同一日間手術的賠償時適用 Applicable when the Insured Person is reimbursed by the same day case procedure)		每項手術 1,600 per procedure (每保單年度最多1次 Max. 1 procedure per Policy Year)
b. 香港病房級別下調現金保障 (適用於入住低於受保病房級別的香港私家醫院 房間) 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 (每保單年度最多60日 Max. 60 days per Policy Year)
c. 身故保障 Death benefit		80,000
其他 Others		
無索償保費折扣 No claim premium discount		5% - 15%
賠償金額估算 ¹⁸ Estimate of the claimable amount¹⁸		免費 Free



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投保資料 Basic Information

投保年齡 (以上次生日年齡計算) Issue Age (at Last Birthday)	0至80歲 Age 0-80
保障年期 Benefit Term	至100歲 To Age 100
繳付保費年期 Premium Payment Term	至100歲 To Age 100

保單資料 Policy Information

保單類別 Plan Type	基本計劃 Basic Plan
保單貨幣單位 Currency	港元 HK\$
稅務扣減 Tax Deduction	適用 Eligible
保費 ¹⁷ Premium¹⁷	<ul style="list-style-type: none"> - 保證每年續保，保費並非保證。續期保費會按受保人當時實際年齡及同類保障級別的保費率作出調整。如符合無索償保費折扣要求，續期保費可享有折扣 - 保費按每年 / 每半年 / 每季 / 每月繳付 - 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
續保 Renewability	保證 Guaranteed
保障類別 Type of Benefit	償款產品 — 賠償實際住院及醫療費用 (受限於計劃內每項保障的最高保障額) Indemnity Product - Reimburses the actual hospitalization and medical expenses (subject to the maximum limit of each benefit item of the plan)

有關保費、條款及保障詳情，請瀏覽本公司網頁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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萬通保險

萬通保險國際有限公司為港交所上市公司雲鋒金融集團成員，集團的主要股東包括雲鋒金融控股有限公司以及「全美5大互惠壽險公司」之一的美國萬通人壽保險公司。憑藉雄厚實力及穩健可靠的背景，我們承諾為客戶提供專業及科技化的一站式風險及財富管理，以及強積金服務，一起建構非凡未來。

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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.

萬通保險國際有限公司
YF Life Insurance International Ltd.
www.yflife.com

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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



「稅」卓越醫療計劃 (獨立保單)

TaxVantage Prestige Medical Plan (Standalone Plan)

貨幣：港元 Currency : HK\$

已屆年齡 Attained Age	每年標準保費 Annual Standard Premium			
	自付費 Deductible 0	自付費 Deductible 15,000	自付費 Deductible 30,000	自付費 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

此每年標準保費表並未包括由保險業監管局徵收的保費徵費。
以上保費為每年保費。每半年保費、每季保費及每月保費為每年保費乘以一個因數，而該因數就每半年保費、每季保費及每月保費分別為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」卓越醫療計劃 (獨立保單)

TaxVantage Prestige Medical Plan (Standalone Plan)

貨幣：港元 Currency：HK\$

已屆年齡 Attained Age	每年標準保費 Annual Standard Premium			
	自付費 Deductible 0	自付費 Deductible 15,000	自付費 Deductible 30,000	自付費 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

* 只適用於續保 For renewal only

此每年標準保費表並未包括由保險業監管局徵收的保費徵費。
以上保費為每年保費。每半年保費、每季保費及每月保費為每年保費乘以一個因數，而該因數就每半年保費、每季保費及每月保費分別為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
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