

| 自願醫保 VHIS |

「稅」優惠醫療計劃 TaxVantage Medical Plan

TVM

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
2012-2020
資本卓越保險服務大獎

未來在我手
Own the future

一個計劃 掌握健康未來

Own your future with
a simple plan



保證終身續保

Guaranteed renewals for life



不設終身保障限額

No lifetime benefit limit



自由選擇

Freedom to choose



保障範圍廣泛

Extensive coverage



為投保前未知的已有病症
提供保障

Coverage of unknown
pre-existing conditions



扣稅優惠

Tax deductible



免費估算服務

Free quote before you commit



基礎醫療服務 隨時候命

「稅」優惠醫療計劃確保你能享有一系列基礎醫療保障，涵蓋手術、治療及住院等保障。

承保多項治療

保障更包括非手術癌症治療、入院前、出院後及日間手術前後的門診護理，以及醫療意外事故保障等。

香港政府全力推動

萬通保險國際有限公司已註冊成為香港特別行政區政府食物及衛生局認可的自願醫保的產品提供者。你的「稅」優惠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，而你為家人投保所繳的保費，亦可用作扣稅，讓你節省更多。

Basic access to medical services

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

Eligible across many treatments

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

An initiative backed by the HKSAR

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



「稅」優惠醫療計劃 — 基本保障安心享

TaxVantage Medical Plan – peace of mind with basic care

1

保證終身續保

Guaranteed renewals for life



無論你的健康狀況出現任何改變，計劃亦保證續保至100歲。

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

2

不設終身保障限額

No lifetime benefit limit



本計劃提供高達42萬港元的每年保障限額，可每年還原，並不設終身限額。

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

3

自由選擇

Freedom to choose



- 所有保障均全球適用（精神科治療¹除外）
- 可自由選擇醫療服務提供者²
- 可自由選擇病房級別

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



全球適用
Applicable worldwide



任選醫療服務
提供者
Free choice of healthcare
services providers



任選病房級別
Free choice of
ward class





4

保障範圍廣泛 Extensive coverage



本計劃涵蓋的醫療保障項目包括：

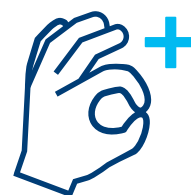
- 住院及手術費用
- 日間手術³
- 入院前、出院後及日間手術前後的門診護理
- 診斷成像檢測⁴，包括CT、MRI、PET、PET-CT及PET-MRI
- 非手術癌症治療，包括放射治療、化療、標靶治療、免疫治療及荷爾蒙治療
- 精神科治療¹
- 醫療意外事故的一筆過賠償⁵

The plan covers the following medical benefit items:

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

5

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



為使你安心無憂，計劃涵蓋保單持有人及 / 或受保人在投保時不察覺，及理應不察覺的已有病症，並按相關保單年度賠償比率作出賠償：

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

保單年度 Policy Year	賠償安排(按合資格醫療費用之百分比計算) Reimbursement arrangement (% of eligible medical expenses incurred)
1	-
2	25%
3	50%
≥ 4	100%

6

扣稅優惠

Tax deductible



你的「稅」優惠醫療計劃保費可享有稅務扣除優惠。有關稅務扣除詳情，請瀏覽香港特別行政區政府食物及衛生局網頁 www.vhis.gov.hk/tc/consumer_corner/tax-deduction.html。

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

7

免費估算服務

Free quote before you commit



於接受任何治療或醫療手術前，你更可免費使用賠償金額估算服務⁶。

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

附註

1. 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。
2. 指在其所在地註冊為醫院的機構或註冊西醫。
3. 日間手術指受保人在具備康復設施的診所、日間手術中心或醫院內因檢查或治療而進行醫療所需的外科手術。
4. 設30%共同保險，保單持有人需支付實際醫療開支的30%。
5. 若受保人因醫院的醫護人員的疏忽行為或未有遵照合理及慣常的標準而直接導致死亡或完全及永久傷殘，計劃會提供保障表內訂明之醫療意外事故保障賠償。本保障只會就每宗事故作出一次賠償。
6. 受保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. 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。
8. 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。
9. 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額，以較低者為準。
10. 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。
11. 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。
12. 本公司會於保單週年日前不少於30天，以書面通知有關修訂的保障及保費。

Notes

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

重要資料

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），保單會獲保證於每個保單週年自動續保一年。為配合醫療科技的進步及確保能持續為你提供保障，在每次續期時，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費用高。因此，保費率及 / 或保障的級別可能會不時作出調整，此外，即使本公司按保單條款履行合約義務，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。

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：

- (i) 需要註冊醫生的專業知識或轉介；
- (ii) 符合該傷病的診斷及治療所需；
- (iii) 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；
- (iv) 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
- (v) 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。

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：

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

Important Information

Premium Payment Term and Benefit Term

The premium payment term and the benefit term are up to age 100 of the Insured Person. If the premium is not paid before the end of the 31-day grace period from such premium due date, all coverage under the policy will be terminated immediately on the date on which the unpaid premium is first due.

Termination

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

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

Revision of Terms and Benefits and Premium Adjustment

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

Inflation Risk

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

Credit Risk

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

Medically Necessary

This means the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must:

- (i) require the expertise of, or be referred by, a Registered Medical Practitioner;
- (ii) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
- (iii) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
- (iv) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
- (v) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

Reasonable and Customary

This means, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by YF Life Insurance International Ltd. in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, YF Life Insurance International Ltd. shall make reference to the followings (if applicable):

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

主要不保事項

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病；
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）；牙科治療或口腔頰面手術（除非因意外引致在住院期間接受急症治療及手術）；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；
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；
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、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症；
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

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、地區風險和生活習慣等因素。用於核保的資料包括客戶的家族史、過往和現在的健康狀況、職業狀況、居住地方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<https://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/StandardPlan。

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。於收受書面要求後，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（若曾獲賠償或將獲得賠償，則不獲發還保費），但不包括任何利息。

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。

Key Exclusions

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

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

Underwriting factors

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

Duty of disclosure and the consequences of not making full disclosure

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

Other Information

For details of the procedures for making claims, please refer to our website at <https://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/StandardPlan.

Premium Levy

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

Cooling-off Period and Right of Cancellation

If you are not satisfied with the policy, you may return it under a signed covering letter to us (27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong) within 21 calendar days after the delivery of the policy or delivery of the Notice (which states that the policy is available for collection and the expiry date of the cooling-off period) to you or your representative, whichever is earlier. We will cancel the policy upon receipt of your written request and refund all premiums and levy you paid (no refund can be made if a benefit payment has been made, is to be made or impending), without any interest.

Surrender

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

「稅」優惠醫療計劃一覽表

TaxVantage Medical Plan - at a glance

保障項目 ⁷ Benefits ⁷	賠償限額 Benefit Limit (港元HK\$)
a. 病房及膳食 Room and board	每日 \$750 / day 每保單年度最多180日 Maximum 180 days per Policy Year
b. 雜項開支 Miscellaneous charges	\$14,000 (每保單年度 per Policy Year)
c. 主診醫生巡房費 Attending doctor's visit fee	每日 \$750 / day 每保單年度最多180日 Maximum 180 days per Policy Year
d. 專科醫生費 ⁸ Specialist's fee ⁸	\$4,300 (每保單年度 per Policy Year)
e. 深切治療 Intensive care	每日 \$3,500 / day 每保單年度最多25日 Maximum 25 days per Policy Year
f. 外科醫生費 (每項手術，按手術表劃分的手術分類) Surgeon's fee (Per surgery, subject to surgical category for the surgery / procedure in the Schedule of Surgical Procedures)	
複雜 Complex	\$50,000
大型 Major	\$25,000
中型 Intermediate	\$12,500
小型 Minor	\$5,000
g. 麻醉科醫生費 Anaesthetist's fee	外科醫生費的35% ⁹ 35% of Surgeon's fee payable ⁹
h. 手術室費 Operating theatre charges	外科醫生費的35% ⁹ 35% of Surgeon's fee payable ⁹
i. 訂明診斷成像檢測 ^{8,10} Prescribed Diagnostic Imaging Tests ^{8,10}	\$20,000 (每保單年度 per Policy Year) 設30% 共同保險 ⁴ Subject to 30% Coinsurance ⁴
j. 訂明非手術癌症治療 ¹¹ Prescribed Non-surgical Cancer Treatments ¹¹	\$80,000 (每保單年度 per Policy Year)
k. 入院前或出院後 / 日間手術前後的門診護理 ⁸ Pre- and post- Confinement / Day Case Procedure outpatient care ⁸	每次\$580 / per visit 每保單年度\$3,000 per Policy Year – 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 ¹ Psychiatric treatments ¹	\$30,000 (每保單年度 per Policy Year)
其他限額 Other Limits	
保障項目(a) – (l) 的每年保障限額 Annual Benefit Limit for benefit items per Policy Year (a) – (l)	\$420,000 (每保單年度 per Policy Year)
保障項目(a) – (l) 的終身保障限額 Lifetime Benefit Limit for benefit items (a) – (l)	無 Nil

其他保障 Other Benefits	
身故保障 Death Benefit	\$5,000
醫療意外事故保障 Medical Negligence Benefit	\$150,000
其他 Others	
賠償金額估算 ⁶ Estimate of the claimable amount ⁶	免費 Free
投保資料 Basic Information	
投保年齡 (以上次生日年齡計算) Issue Age (At Last Birthday)	0-80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
保費 ¹² Premium ¹²	<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 – 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 of the same level of benefit at the time of policy renewal – Annual / Semi-annual / Quarterly / Monthly Payment
保單貨幣單位 Currency	港元 HK\$
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/StandardPlan。

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

以上為計劃的一般資料，只供參考之用，並非保單的一部份，亦未涵蓋保單的所有條款。有關保障範圍、詳情及條款，以及不保事項，請參閱保單的條款及保障。如有垂詢，歡迎與本公司之顧問、特許分銷商或保險經紀聯絡，或致電客戶服務熱線：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

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 Fortune 500「全美5大壽險公司」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，協助客戶規劃未來，體現「未來在我手」的品牌承諾。

YF Life Insurance International Limited is a member of publicly listed Yunfeng Financial Group Limited, whose major shareholders include Yunfeng Financial Holdings Limited and Massachusetts Mutual Life Insurance Company, one of the "Five Largest US Life Insurance Companies" on the Fortune 500. Leveraging our robust financial background and solid reliability, we are committed to helping customers "own the future" 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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註：雲鋒金融控股有限公司及美國萬通人壽保險公司間接持有雲鋒金融集團。「全美 5 大壽險公司」乃按2024年6月4日《FORTUNE 500》公布的「互惠壽險公司」及「上市股份壽險公司」2023年度收入排名榜合併計算。

Remarks: Yunfeng Financial Holdings Limited and Massachusetts Mutual Life Insurance Company have an indirect shareholding in Yunfeng Financial Group Limited. The "Five Largest US Life Insurance Companies" is ranked according to the results of "Insurance: Life, Health (Mutual)" and "Insurance: Life, Health (Stock)" on total revenues for 2023, and based on the FORTUNE 500 as published on June 4, 2024.

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

客戶服務：
香港尖沙咀廣東道9號港威大廈6座12樓1211室
澳門蘇亞利斯博士大馬路320號澳門財富中心8樓A座
Customer Service:
Suite 1211, 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」優惠醫療計劃 (獨立保單)
TaxVantage Medical Plan (Standalone Plan)

每年保費 (港元) Annual Premium (HK\$)

已屆年齡 Attained Age	標準保費 Standard Premium		已屆年齡 Attained Age	標準保費 Standard Premium		已屆年齡 Attained Age	標準保費 Standard Premium	
	男 Male	女 Female		男 Male	女 Female		男 Male	女 Female
0-17	1,706	1,811	51	5,110	7,584	85*	14,622	16,402
18	1,726	2,122	52	5,359	7,821	86*	14,705	16,410
19	1,746	2,197	53	5,609	8,057	87*	14,786	16,420
20	1,767	2,252	54	5,862	8,292	88*	14,865	16,428
21	1,787	2,398	55	6,119	8,525	89*	14,945	16,435
22	1,809	2,521	56	6,383	8,764	90*	15,024	16,445
23	1,834	2,617	57	6,662	9,006	91*	15,106	16,454
24	1,857	2,741	58	6,954	9,273	92*	15,188	16,463
25	1,879	2,848	59	7,256	9,537	93*	15,266	16,471
26	1,902	2,930	60	7,567	9,803	94*	15,347	16,480
27	1,929	3,038	61	7,885	10,072	95*	15,427	16,489
28	1,955	3,146	62	8,204	10,351	96*	15,507	16,497
29	1,985	3,253	63	8,535	10,647	97*	15,589	16,506
30	2,020	3,360	64	8,869	11,156	98*	15,669	16,514
31	2,080	3,467	65	9,206	11,719	99*	15,750	16,523
32	2,139	3,576	66	9,461	12,295	* 只適用於續保 For Renewal Only		
33	2,201	3,696	67	9,728	12,882			
34	2,252	3,828	68	9,994	13,498			
35	2,318	3,968	69	10,483	14,178			
36	2,339	4,115	70	11,014	14,872			
37	2,398	4,276	71	11,387	15,329			
38	2,492	4,477	72	11,657	15,777			
39	2,601	4,662	73	11,775	15,998			
40	2,740	4,855	74	11,889	16,160			
41	2,916	5,016	75	12,095	16,191			
42	3,109	5,224	76	12,206	16,239			
43	3,321	5,436	77	12,392	16,285			
44	3,523	5,716	78	12,589	16,326			
45	3,660	6,000	79	12,914	16,349			
46	3,905	6,316	80	13,240	16,358			
47	4,162	6,575	81*	13,630	16,368			
48	4,407	6,831	82*	13,889	16,376			
49	4,643	7,089	83*	14,140	16,384			
50	4,814	7,344	84*	14,389	16,394			

此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 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 2026/01/01 起生效
With effect from 2026/01/01