Outpatient Surgeries with no Hospital Confinement required



Promotion period: March 1st to August 31st, 2024 Applicable to Designated Medical Plan only. Terms and conditions apply.





Terms and Conditions:

Definitions

- 1. "We", "us", "our" and "the Company" refer to YF Life Insurance International Ltd.
- 2. "Doctor" or "Surgeon" means a person, other than the Insured, qualified in western medicine legally authorized in the geographical area of his practice to render medical and surgical services and who is not the Insured's Immediate Family Member or living regularly with the Insured.
- 3. "Immediate Family Member" means the legally married spouse, child(ren), siblings and parents of the Insured.
- 4. "Hospital" carries the same meaning of "Hospital" as stated in the policy provisions of the respective Designated Medical Plan.
- 5. "Outpatient Surgery" means Medically Necessary surgical procedure that is provided to an Insured by a Doctor or Surgeon for a sickness or injury given in a medical clinic, day surgery center or in the outpatient department or day case unit of a Hospital, whichever is applicable.
- 6. "Designated Outpatient Surgery" means gastroscopy, oesophagogastroduodenoscopy (OGD), oesophagoscopy, colonoscopy, sigmoidoscopy performed as Outpatient Surgery.
- 7. "Medically Necessary" carries the same meaning of "Medically Necessary" as stated in the policy provisions of the respective Designated Medical Plan.
- 8. "Promotion Period" is the period between March 1, 2024 to August 31, 2024, both days inclusive. We reserve the right to extend or terminate this campaign at any time without prior notice.
- 9. "Designated Medical Plan" means Hospital & Surgical Benefit (HS), Hospital & Surgical Plus (HSP), TaxVantage Medical Plan (TVM) and TaxVantage Plus Medical Plan (TVP/TVE).
- 10. "YF Life individual insurance policy" means an individual insurance policy issued by the Company.

Outpatient Surgery Cash Benefit

- 1. The Outpatient Surgery Cash Benefit is applicable to the Insured of YF Life individual insurance policies of Designated Medical Plan which are in force as at date of receiving Designated Outpatient Surgery.
- 2. If Surgeon's Fee Benefit is paid or payable under the Designated Medical Plans in accordance with the respective Terms and Conditions / policy provisions and the Insured receives Medically Necessary Designated Outpatient Surgery performed by a Doctor or Surgeon in the outpatient department or day case unit of a Hospital, a medical clinic or a day surgery center during the Promotion Period, we shall pay an Outpatient Surgery Cash Benefit of HK\$800 to the Policy Owner. The aggregate Outpatient Surgery Cash Benefit paid and / or payable under all policies of Designated Medical Plan under the same Insured issued by the Company at any time due to the Insured undergoing Designated Outpatient Surgery would be limited to HK\$800 per day regardless of the number of Designated Outpatient Surgery performed on any particular day.
- 3. We shall not pay any Outpatient Surgery Cash Benefit for the following:
 - a. The surgery performed is not a Designated Outpatient Surgery.
 - b. No Surgeon's Fee Benefit is paid or payable under the policy of Designated Medical Plan.
 - c. Surgeon's Fee is fully reimbursed under any law, or medical program or insurance policy provided by any government, employer or other third party.
- 4. The payment of the Outpatient Surgery Cash Benefit will be paid to the Policy Owner of the eligible in force policy. In case there are more than one eligible in force policy under the same Insured, the payment will be paid under the policy with the earliest Policy Date.
- 5. The Outpatient Surgery Cash Benefit is offered in addition to and is not part of the existing benefits of the Designated Medical Plan. If there is any dispute on the Outpatient Surgery Cash Benefit, the decision of the Company shall prevail. We reserve the right to terminate the Outpatient Surgery Cash Benefit at any time without prior notice.

Points to Note

- 1. Claims application must be furnished to us within 90 days from the date of receiving the Designated Outpatient Surgery.
- 2. Claims documents include but are not limited to medical proof of the Insured receiving Designated Outpatient Surgery performed by Doctor or Surgeon and original receipt for settlement of the surgeon's fee, together with the form specified by us at your expense. We reserve the right to require any additional proof and documents in support of the claim.
- 3. We reserve the right to change the Terms and Conditions at our sole discretion without further notice and reserve the right to make the final decision. If there is any dispute, the decision of the Company shall prevail. We reserve the right to terminate this campaign at any time without prior notice.
- 4. The Terms and Conditions are governed by and construed in accordance with the laws of the place of issue of the policy of Designated Medical Plan and the parties agree to submit to the exclusive jurisdiction of the relevant courts.

