

Voluntary Health Insurance Scheme - VHIS Prestige Care
自願醫保計劃 - 優健保

**Offers you a range
of flexible health
insurance plans**
給予您一系列靈活的
醫療保障計劃



MSIG

Insurance
that sees
the heart
in everything

A Member of **MS&AD** INSURANCE GROUP

Type of the Certified Plan: Flexi Plan
認可產品類別: 靈活計劃

Company Registration Number:
公司註冊編號: 00029

Plan Certification Number:
認可產品編號:

F00023-01-000-02

F00023-01-001-02

F00023-02-000-02

F00023-02-001-02

F00023-03-000-02

F00023-03-001-02

MSIG Voluntary Health Insurance Scheme - VHIS Prestige Care

We all do our best to protect and value our health. But when illnesses or medical complications do arise, it's important to have a comprehensive and flexible plan in place to assist with the costs of hospitalisation and any related surgical expenses.

The Voluntary Health Insurance Scheme (VHIS) aims to improve access to private hospitals and enhance protections offered to individuals with health insurance. The new scheme features a lifelong renewal guarantee, with insured persons able to renew until 100 years of age. It also includes more comprehensive coverage for a range of serious conditions.

At MSIG, we take your health seriously. As one of the insurance companies participating in the scheme, besides to offer VHIS Standard Care Plan certified by the Food and Health Bureau, also provides VHIS Prestige Care Plans with a variety of coverage options to suit your needs.

Key Benefits of VHIS Prestige Care

Lifelong Protection

VHIS Prestige Care offers reimbursement protection for actual medical expenses incurred for hospitalisation and surgical operation, with guaranteed renewal until 100 years of age.

No Lifetime Benefit Limit

Under the VHIS Prestige Care, there is no cap on the total number of claims you can make in a lifetime. The maximum annual benefit limit up to HK\$1,500,000.

21-Day Cooling-off Period

The VHIS Prestige Care offers new policyholders a cooling-off period of 21 days following the day of delivery of policy documents. During this time, you can cancel your policy and, if no claim payment is made, receive a full refund of the premium paid.

3 Plans at your choice

VHIS's Prestige Care Plans feature different benefits with varying levels of cover to suit your budget and personal needs.

Unknown Pre-existing Conditions are Covered

Pre-existing conditions that are unknown to applicants at the time of purchasing insurance are commonly excluded from benefit coverage. On VHIS Prestige Care, if the applicant is reasonably unaware of any signs and symptoms of a pre-existing condition, partial coverage (that is 0% of claim amount in the first year, 25% in the second year and 50% in the third year) is offered during an initial three-year waiting period from policy inception, with full coverage (100%) from the fourth year onwards.

Coverage for Day-case Procedures

VHIS Prestige Care covers surgical procedures in a medical clinic or day case procedure centre or hospital with facilities for recovery as a day patient.

Coverage for Prescribed Non-surgical Cancer Treatments

Cover the expenses charged on radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy for cancer treatment.

Tax Deductions

Tax deductions are available for qualifying premiums paid by a policyholder for himself and his dependents under any VHIS certified plans. The qualifying premium ceiling for tax deduction is HK\$8,000 per insured person per year. There is no cap on the number of dependents whose premiums are eligible for tax deduction.

Enhanced Benefits Under VHIS Prestige Care

Full Cover for Major Hospitalisation Expenses

Major hospitalisation charges such as miscellaneous charges, specialist's fee, surgeon's fee*, anaesthetist's fee* and operation theatre charges* will be reimbursed in full, up to the annual benefit limit. It's quite possible that you don't have to pay a single dollar for hospitalisation.

***The maximum limit of surgeon's fee, anaesthetist's fee and operation theatre charges for Plan A should be according to schedule of surgical procedures to HK\$320,000.**

Operation and Cancer Recovery Benefit

Operation and cancer recovery benefit up to 5 visits per policy year for each of the following treatments within 90 days after operation or cancer treatment.

- Psychological counselling
- Occupational therapy
- Dietetic consultation
- Speech therapy
- Chinese herbalist consultation & acupuncture

Other Benefits Under VHIS Prestige Care

Day Surgery Cash Allowance (per day case procedure)

Day-surgery allowance up to HK\$1,000 offers you convenience to conduct a day case procedure without admitted into a hospital.

Second Claim Cash Allowance Benefit

If you have already submitted your claim to another insurer and claim the remaining balance from us, you will enjoy second claim cash allowance benefit up to HK\$1,000.

Value-added Services Provided by MSIG (Not a part of Certified Plan)

We are committed to provide you and your family members better services, so we are offering below value-added services outside the certified plan for free.

24-hour International Assistance Services

The international hotline for emergency assistance from anywhere in the world, 24 hours a day.

International Payment Guarantee

For extra peace of mind, there is no need to pay cash up front for hospital confinements in private hospitals. Eligible bills will be settled directly with the hospital after you have been discharged from hospital.

Optional Enhanced Benefit under VHIS Prestige Care

Supplementary Major Medical Benefits

This benefit provides supplementary reimbursement for major hospitalisation charges (e.g. room and board, miscellaneous charges, specialist's fee, surgeon's fee, anaesthetist's fee and operation theatre charges) in excess of those covered under the VHIS Prestige Care.

Optional Other Benefits Under VHIS Prestige Care

(The following optional benefits are NOT part of VHIS Certified Plan.)

Optional Outpatient Services Benefit (Only available for Plan C)

Optional Dental Benefit*

Optional Critical Illness Benefits[▲]

Comprehensive Cover for up to 28 Critical Illnesses

Under Standard Coverage:

- Cancer (spread of malignant cells)
- Stroke (permanent neurological damage)
- Heart attack
- Coronary artery-bypass surgery
- End-stage liver failure
- End-stage kidney failure
- Major organ transplant
- Motor neuron disease
- Loss of hearing (both ears)
- Blindness (both eyes)
- Major burns
- Coma

Under Comprehensive Coverage (in addition to the above-listed critical illnesses):

- Parkinson's disease
- Multiple sclerosis
- Paralysis/paraplegia
- Loss of independent existence
- HIV resulting from blood transfusion
- Aorta surgery
- Heart-valve surgery
- Alzheimer's disease
- Loss of speech
- Benign brain tumour
- Terminal illness
- Loss of limbs
- Muscular dystrophy
- Encephalitis
- Accidental head injury resulting in major head trauma
- Pulmonary hypertension

Lady Benefits[▲]

- Female-specific cancers in situ
 - Breast
 - Vagina/vulva
 - Fallopian tube
 - Uterus
 - Cervix (CIN III or above)
 - Ovarian
- Female illnesses
 - Rheumatoid arthritis
 - Osteoporosis leading to hip fractures
 - Systemic lupus erythematosus (SLE) with lupus nephritis

*Terms and Conditions for Dental Benefit:

Age limit for renewal - 80 years of age

[▲] Terms and Conditions for Critical Illness Benefit and Lady Benefits:

1. Waiting period – 60 days
2. Survival period – 21 days
3. Age limit for insuring Critical Illness Benefit: 15 days – 70 years of age
4. Age limit for insuring Lady Benefits: 18 – 70 years of age
5. Age limit for renewal – 80 years of age
6. If you suffer from one of the critical illnesses or critical female illnesses as defined in your selected plan, you will be entitled a cash benefit as stated in the Table of Benefits. Once the full amount of the Maximum Limit is paid, your Critical Illness Benefit will cease but you can still enjoy the protection of lifelong medical cover.

[^] Remark for Lady Benefits:

1. Lady Benefits are a rider of Critical Illness Benefit and cannot be insured separately.
2. Lady Benefits paid will reduce the maximum limit of Critical Illness Benefit.

Eligibility

Applicant:	<ul style="list-style-type: none">• Hong Kong residents aged 18 or above
1st enrolment age of Insured Person	<ul style="list-style-type: none">• Applicant: 18 to 80 years of age• Applicant's legally married spouse, parents, parents-in-law: up to 80 years of age• Applicant's unmarried child(ren): aged 15 days to 17, or below 23 if in full time education
Renewal age limit	<ul style="list-style-type: none">• Guaranteed renewal up to 100 years of age
1st enrolment age of Optional Benefit	<ul style="list-style-type: none">• Supplementary Major Medical Benefits / Outpatient Services Benefit / Dental Benefit: 15 days to 80 years of age• Critical Illness Benefit: 15 days to 70 years of age• Lady Benefit: 18 to 70 years of age
Renewal age limit of Optional Benefit	<ul style="list-style-type: none">• Supplementary Major Medical Benefits / Outpatient Services Benefit: up to 100 years of age• Dental Benefit, Critical Illness Benefit, Lady Benefit: up to 80 years of age

Remark: Age shall mean at last birthday

Major Exclusions

1. Pre-existing condition that has existed prior to the policy issuance date or the policy effective date and the applicant fails to disclose to MSIG upon submission of this application.
2. Routine medical check-ups and vaccinations
3. Cosmetic surgery (unless necessitated by injury caused by an accident and the insured person receives the medical services within 90 days of accident)
4. Eye refractive therapy, LASIK and any related tests, procedures and services.
5. Dental treatment or oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident. (not applicable to Dental Benefit).
6. Pregnancy or childbirth, (not applicable to Critical Illness Benefit), infertility, contraception and sterilisation
7. Congenital conditions have manifested or been diagnosed before insured person attained age of 8 years.
8. Hospital in-patient treatments for conditions that can be properly treated as an outpatient. This includes but not limits to hospitalisation primarily for diagnostic scanning, X-ray examinations, and/or physiotherapy treatments.

Exclusion for Supplementary Major Medical Benefits:

1. Hospital confinement and day case procedure outside place(s) of residence (except for emergency treatment in respect of accident or acute sickness occurring during short trip (not exceeding 90 days) outside the place(s) of residence and which requires immediate medical attention as certified by a registered medical practitioner.
2. Confinement in room class other than general ward, semi-private room and private room of a hospital.

Important Notes:

1. **Policy effective date: the 1st calendar day of each month after approval of application.**
2. **Cover does not begin until application has been accepted and premium received.**
3. **Benefits under Certified Plan and their terms and conditions to be revised subject to regular review of Voluntary Health Insurance Scheme by Government.**
4. **Premium of Standard Premium Schedule, the benefits under non-Certified Plan and their terms and conditions may be adjusted at renewal at the discretion of MSIG Insurance (Hong Kong) Limited.**
5. **This Brochure is only a summary of the coverage. For details of coverage, exclusion, terms and conditions, please refer to the policy wording.**

Table of Benefits (HK\$)			
I. Basic benefit:⁽¹⁾ (HK\$)	Plan A	Plan B	Plan C
(a) Room and board • per day	\$2,000 Maximum 180 days per policy year	\$2,800 Maximum 180 days per policy year	\$3,900 Maximum 180 days per policy year
(b) Miscellaneous charges • per policy year	Full cover	Full cover	Full cover
(c) Attending doctor's visit fee • per day	\$2,000 Maximum 180 days per policy year	\$2,800 Maximum 180 days per policy year	\$3,900 Maximum 180 days per policy year
(d) Specialist's fee⁽²⁾ • per policy year	Full cover	Full cover	Full cover
(e) Intensive care • per day	Full cover	Full cover	Full cover
(f) Surgeon's fee • per surgery	Subject to surgical category for the surgery/procedure in the schedule of surgical procedures: • Complex: \$320,000 • Major: \$160,000 • Intermediate: \$80,000 • Minor: \$32,000	Full cover	Full cover
(g) Anaesthetist's fee	35% of surgeon's fee payable ⁽⁵⁾	Full cover	Full cover
(h) Operating theatre charges	35% of surgeon's fee payable ⁽⁵⁾	Full cover	Full cover
(i) Prescribed diagnostic imaging tests^{(2) (3)} • per policy year	\$20,000 Subject to 20% coinsurance	\$30,000 Subject to 20% coinsurance	\$40,000 Subject to 20% coinsurance
(j) Prescribed non-surgical cancer treatments⁽⁴⁾ • per policy year	\$100,000	\$150,000	\$300,000
(k) Pre- and post-confinement/Day case procedure outpatient care⁽²⁾ • per visit	\$800 Per visit, up to \$4,000 per policy year • 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)	\$1,000 Per visit, up to \$5,000 per policy year • 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)	\$1,500 Per visit, up to \$7,500 per policy year • 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) Psychiatric treatments • per policy year	\$30,000	\$40,000	\$50,000
II. Enhanced benefit items (HK\$)	Plan A	Plan B	Plan C
(a) Companion bed	Full cover	Full cover	Full cover
(b) Private nursing	Full cover Maximum 180 days per policy year	Full cover Maximum 180 days per policy year	Full cover Maximum 180 days per policy year
(c) Outpatient kidney dialysis • per policy year	\$100,000	\$150,000	\$300,000

(d) Operation and cancer recovery benefit • per visit • up to 5 visits per policy year for each of the following services : 1. Psychological counselling (Consultation fee only) 2. Dietetic consultation (Consultation fee only) 3. Speech therapy (Treatment fee only) 4. Occupational therapy (Treatment fee only) 5. Chinese herbalist consultation and acupuncture • Coinsurance	\$600 20%	\$800 20%	\$1,000 20%
(e) Increased international cover ⁽⁶⁾	NA	NA	Annual benefit limit for benefit items I (a) – (l) and II (a) – (d) will be increased to \$6,000,000 per policy year
Other benefit items (HK\$)	Plan A	Plan B	Plan C
Day surgery cash allowance • per day case procedure	\$1,000	\$1,000	\$1,000
Second claim cash allowance benefit • per claim	\$1,000	\$1,000	\$1,000
Other limits (HK\$)	Plan A	Plan B	Plan C
Annual benefit limit for benefit items I (a) – (l) and II (a) – (d) • per policy year	\$500,000	\$750,000	\$1,500,000
Lifetime benefit limit for all benefit items	Nil	Nil	Nil

Important Notes –

- (1) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- (2) 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.
- (3) Tests covered here only include computed tomography (“CT” scan), magnetic resonance imaging (“MRI” scan), positron emission tomography (“PET” scan), PET-CT combined and PET-MRI combined.
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorisation, whichever is the lower.
- (6) Applicable to the emergency treatment of the insured person while travelling or located outside the place of residence (not exceeding 90 days per trip).

Optional enhanced benefit	Plan A	Plan B	Plan C
Supplementary major medical benefit (HK\$)			
Entitled room class*	General ward / semi-private room	General ward / semi-private room	Private room
Maximum limit • per policy year	\$200,000	\$300,000	\$600,000
SMM excess per claim	\$1,000	\$1,000	\$1,000
Coinsurance	20%	20%	20%

*If the insured person is confined to a hospital room class higher than his entitled room class on voluntary basis, an adjustment factor shall be applied as follows:

Entitled room class	Confined room class	Adjustment factor
General ward / Semi-private room	Private room	50%

Optional other benefit (NOT a part of Certified Plan)

Dental benefit (HK\$)	Plan A	Plan B	Plan C
Annual benefit limit per policy year <ul style="list-style-type: none"> Scaling and polishing: \$500 per policy year (max. 2 visits/policy year) Routine oral examination Intraoral X-ray and medications Fillings and extractions Drainage of dental abscesses Pins for cusp restoration Dentures, crowns and bridges (Only if necessitated by an accident) 	\$2,500	\$2,500	\$2,500
Critical illness benefits (HK\$)	Plan A	Plan B	Plan C
Standard coverage: cover critical illness item (1) – (12) Comprehensive coverage: cover critical illness item (1) – (28)	\$500,000	\$500,000	\$500,000
Lady benefit	\$100,000	\$100,000	\$100,000
Outpatient services benefit (HK\$)	Plan A	Plan B	Plan C
Maximum limit per policy year			\$25,000
General practitioner (GP) <ul style="list-style-type: none"> 1 visit per day 			Full cover
Specialist practitioner (SP) <ul style="list-style-type: none"> 1 visit per day 			Full cover
Maximum total No. of GP & SP visits <ul style="list-style-type: none"> per policy year 			30
Prescribed medication <ul style="list-style-type: none"> per policy year 	Not applicable	Not applicable	\$10,000
Diagnostic X-ray & laboratory tests <ul style="list-style-type: none"> per policy year 			\$10,000
Bonesetter, acupuncturist, chiropractor treatment <ul style="list-style-type: none"> per day for accidental injury 1 visit per day, up to 8 visits per policy year 			\$500

Standard Premium Schedule (HK\$) – VHIS Prestige Care (Certified Plan)

Basic Cover

Age Groups (Attained Age)^	Plan A		Plan B		Plan C	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
15 days to 6	\$5,292	\$490	\$9,018	\$835	\$15,282	\$1,415
7 – 17	\$4,806	\$445	\$7,884	\$730	\$13,338	\$1,235
18 – 30	\$6,966	\$645	\$10,800	\$1,000	\$16,740	\$1,550
31 – 40	\$8,316	\$770	\$12,852	\$1,190	\$20,034	\$1,855
41 – 50	\$11,124	\$1,030	\$16,686	\$1,545	\$25,110	\$2,325
51 – 60	\$15,822	\$1,465	\$23,652	\$2,190	\$34,938	\$3,235
61 – 70	\$25,974	\$2,405	\$38,124	\$3,530	\$55,404	\$5,130
71 – 80	\$32,292	\$2,990	\$47,250	\$4,375	\$68,796	\$6,370
81 – 99*	\$33,210	\$3,075	\$48,654	\$4,505	\$70,740	\$6,550

Basic Cover with Optional Supplementary Major Medical Benefit (As a part of Certified Plan)

Age Groups (Attained Age)^	Plan A		Plan B		Plan C	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
15 days to 6	\$6,804	\$630	\$11,610	\$1,075	\$19,656	\$1,820
7 – 17	\$6,210	\$575	\$10,152	\$940	\$17,172	\$1,590
18 – 30	\$9,018	\$835	\$13,932	\$1,290	\$21,654	\$2,005
31 – 40	\$10,746	\$995	\$16,578	\$1,535	\$25,866	\$2,395
41 – 50	\$14,256	\$1,320	\$21,384	\$1,980	\$32,184	\$2,980
51 – 60	\$20,304	\$1,880	\$30,294	\$2,805	\$44,820	\$4,150
61 – 70	\$33,156	\$3,070	\$48,654	\$4,505	\$70,740	\$6,550
71 – 80	\$41,202	\$3,815	\$60,318	\$5,585	\$87,858	\$8,135
81 – 99*	\$42,444	\$3,930	\$62,100	\$5,750	\$90,342	\$8,365

*For renewal only

^According to the last birthday.

This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

Premium Table (HK\$) – VHIS Prestige Care (Optional Other Benefit)

Outpatient Services Benefit (NOT a part of Certified Plan)

Age Groups (Attained Age)^	Plan A		Plan B		Plan C	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
15 days to 6	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$9,990	\$925
7 – 17					\$9,990	\$925
18 – 30					\$9,342	\$865
31 – 40					\$10,854	\$1,005
41 – 50					\$11,610	\$1,075
51 – 60					\$14,418	\$1,335
61 – 70					\$18,900	\$1,750
71 – 80					\$24,084	\$2,230
81 – 99*					\$24,084	\$2,230

Premium Table (HK\$) – VHIS Prestige Care (Optional Other Benefit)						
Dental Benefit (NOT a part of Certified Plan)						
Age Groups (Attained Age)^	Plan A		Plan B		Plan C	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
15 days to 80	\$1,458	\$135	\$1,458	\$135	\$1,458	\$135
Critical Illness Benefits : Standard Coverage (NOT a part of Certified Plan)						
Age Groups (Attained Age)^	Plan A		Plan B		Plan C	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
15 days to 17	\$1,026	\$95	\$1,026	\$95	\$1,026	\$95
18 – 30	\$918	\$85	\$918	\$85	\$918	\$85
31 – 40	\$2,106	\$195	\$2,106	\$195	\$2,106	\$195
41 – 50	\$3,726	\$345	\$3,726	\$345	\$3,726	\$345
51 – 60	\$10,638	\$985	\$10,638	\$985	\$10,638	\$985
61 – 70	\$19,710	\$1,825	\$19,710	\$1,825	\$19,710	\$1,825
71 – 80*	\$38,880	\$3,600	\$38,880	\$3,600	\$38,880	\$3,600
Critical Illness Benefits : Comprehensive Coverage (NOT a part of Certified Plan)						
Age Groups (Attained Age)^	Plan A		Plan B		Plan C	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
15 days to 17	\$1,458	\$135	\$1,458	\$135	\$1,458	\$135
18 – 30	\$1,296	\$120	\$1,296	\$120	\$1,296	\$120
31 – 40	\$2,970	\$275	\$2,970	\$275	\$2,970	\$275
41 – 50	\$5,238	\$485	\$5,238	\$485	\$5,238	\$485
51 – 60	\$14,904	\$1,380	\$14,904	\$1,380	\$14,904	\$1,380
61 – 70	\$27,594	\$2,555	\$27,594	\$2,555	\$27,594	\$2,555
71 – 80*	\$54,432	\$5,040	\$54,432	\$5,040	\$54,432	\$5,040
Lady Benefit# (NOT a part of Certified Plan)						
Age Groups (Attained Age)	Plan A		Plan B		Plan C	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
18 – 30	\$864	\$80	\$864	\$80	\$864	\$80
31 – 40	\$756	\$70	\$756	\$70	\$756	\$70
41 – 50	\$648	\$60	\$648	\$60	\$648	\$60
51 – 60	\$756	\$70	\$756	\$70	\$756	\$70
61 – 70	\$1,512	\$140	\$1,512	\$140	\$1,512	\$140
71 – 80*	\$2,970	\$275	\$2,970	\$275	\$2,970	\$275

*For renewal only

^According to the last birthday.

#Lady Benefit is a rider benefit of Critical Illness Benefit and cannot be insured separately. Benefit paid for Lady Benefit will reduce the Overall Maximum Limit for Critical Illness Benefit.

This Premium Table does not include levy which is collected by the Insurance Authority.



Rest assured about our claims solution

We understand that you may feel worried when an incident is likely to happen. With our claims services hotline, you can now clear your uncertainties in an instant and receive one-on-one advice from our claims experts at [+852 2894 0660](tel:+85228940660) (Mon – Fri, 09:00 – 17:30, except public holidays).

Also, you can submit your claim through our **EASY Claims** online platform anytime, anywhere.

MSIG保險自願醫保計劃 — 優健保

我們都盡力保護和重視自己的健康。但每當疾病或發生醫療併發症時，一份全面且具靈活性的醫療保障計劃用以減輕住院以及任何相關的手術費用尤其重要。

自願醫保計劃（下稱「自願醫保」）旨在鼓勵更多人透過醫療保障計劃，使更多人可選用私營醫療服務及藉著此醫療保險為個人提升保障。此全新計劃為終生醫療保障，讓受保人保證續保至100歲，及更全面保障一系列的嚴重疾病。

MSIG保險向來重視您的健康。作為其中一間參與自願醫保計劃的保險公司，我們除提供食物及衛生局認可的「自願醫保計劃 — 適健保」，更推出「自願醫保計劃 — 優健保」，提供各種不同的保障選項，滿足不同客戶的個人需要。

自願醫保計劃-優健保的主要特點

終生保障

自願醫保計劃-優健保提供實際醫療費用及住院雜費之賠償保障，並保證續保至100歲。

不設終生保障限額

自願醫保計劃-優健保不設終生保障上限，而每年保障限額高達1,500,000港元。

21日冷靜期

自願醫保計劃 — 優健保為新投保人提供自保單文件交付日起計21日冷靜期，期間可取消保單，若未曾獲賠償，並可全數取回已付保費。

三款靈活計劃

自願醫保計劃-優健保提供三款計劃提供不同的保障額，以滿足您的個人需要。

保障未知的已有疾病

大部分醫療保險均不保障在投保時未知的已有疾病。在自願醫保計劃 - 優健保下，如投保人在合理情況下並未得知任何病徵或症狀，則可自保單生效起首三年等候期內獲得部分保障(即第一年不獲賠償、第二年可獲25% 賠償、第三年可獲50% 賠償)，並由第四年開始獲得全額保障(100%賠償)。

日間手術保障

自願醫保計劃-優健保涵蓋在醫療診所、日間手術中心或醫院以日症病人身份接受手術之費用。

訂明非手術癌症治療保障

保障延伸至其他癌症治療，如放射治療、化療、標靶治療、免疫治療及荷爾蒙治療。

稅務扣減

購買認可的自願醫保計劃的投保人及其家屬均可享稅務扣減優惠。每年每名受保人可作稅務扣減的合資格保費上限為8,000港元，可申請稅務扣減的家屬人數不設上限。

MSIG保險自願醫保計劃 - 優健保為您提供升級保障

全額賠償 主要住院費用

主要住院醫療費用如住院雜項費用、專科醫生費、外科醫生費*、麻醉科醫生費*及手術室費用*的分項保障額更不設上限，惟以設定的每年保障限額為限。讓您有機會不需為住院醫療支付一分一毫。

*計劃A之外科醫生費、麻醉科醫生費及手術室費用之最高賠償額為320,000 港元，並須根據手術表賠償。

手術或癌症復康保障

因為手術或癌症住院後90日內，保障每年高達5次復康治療費用。

- 心理輔導
- 營養諮詢
- 言語治療
- 職業治療
- 中醫及針灸治療

MSIG保險自願醫保計劃 - 優健保為您提供額外保障

日間手術現金津貼

日間手術現金津貼高達1,000港元，使您無需入院即可進行日間手術護理程序。

第二索償現金津貼保障

如您已向其他保險公司提交索償，及向我們申請餘額索償，您將可享有高達1,000港元之第二索償現金津貼保障。

MSIG保險為您提供額外支援服務 (此為非認可計劃的一部分)

我們承諾致力為您及您的家人提供更優質的服務，故我們於認可計劃以外，特設以下兩項免費的增值服務。

24 小時國際支援服務

無論您處於世界任何地方，24 小時國際支援服務熱線，都可助您解決燃眉之急。

全球入院付款保證

於私家醫院入院時您都無需即時付款，合資格的賬單可於出院時再結算，讓您可專注靜心休養。

MSIG保險自願醫保計劃 - 優健保自選升級保障項目

附加額外醫療保障

此保障提供自願醫保計劃 - 優健保以外的額外住院費用賠償 (如住院及膳食費用、住院雜費、專科醫生費用、麻醉師費用及手術室費用)。

MSIG保險自願醫保計劃 - 優健保其他自選保障

(以下自選保障並不屬於「自願醫保」認可產品計劃內。)

自選門診保障

自選牙科保障*

自選危疾保障[▲]

全面保障多達28種危疾

基本保障下：

- 癌症 (已擴散)
- 中風 (永久性神經損傷)
- 心臟病突發
- 冠狀動脈手術 (搭橋手術)
- 末期肝衰竭
- 末期腎衰竭
- 主要器官移植手術
- 運動神經細胞疾病
- 雙耳失聰
- 雙目失明
- 嚴重燒傷
- 昏迷

全面保障下 (包括以上所列危疾)：

- 柏金遜症
- 多發性硬化症
- 癱瘓/半身不遂
- 喪失獨立生活能力
- 因輸血感染人體免疫力缺乏病毒
- 主動脈手術
- 心瓣手術
- 認知障礙症
- 失語症
- 良性腦腫瘤
- 末期疾病
- 斷肢
- 肌肉萎縮症
- 腦炎
- 頭部意外受傷導致嚴重腦損傷
- 肺動脈高血壓

女性保障^{▲^}：

- 女性原位癌
 - 乳房
 - 陰道/外陰
 - 輸卵管
 - 子宮
 - 子宮頸 (第三級或以上)
 - 卵巢
- 女性疾病
 - 類風濕性關節炎
 - 骨質疏鬆導致髖骨骨折
 - 系統性紅斑狼瘡導致狼瘡性腎炎

*牙科保障條款及細則：續保年齡限制為80歲。

▲危疾及女性保障條款及細則：

1. 等候期 - 60日
2. 生存期 - 21日
3. 危疾保障投保年齡限制：15日 - 70歲
4. 女性保障投保年齡限制：18 - 70歲
5. 續保年齡限制 - 80歲
6. 若不幸罹患上述闡明的危疾或女性疾病裡的其中一種，並獲得最高保障額所列之現金賠償，當最高保障額全數繳付後，危疾保障將會終止，而您仍可享有終生醫療保障。

^女性保障備註：

1. 女性保障乃危疾保障之附加保險，不可獨立投保。
2. 女性保障一經索償，危疾保障之最高保障額將相應遞減。

投保資格

申請人：	<ul style="list-style-type: none">• 年齡為 18 歲或以上的香港居民
受保人首次投保年齡	<ul style="list-style-type: none">• 申請人：年齡介乎於 18 歲至 80 歲• 申請人的合法配偶、父母、配偶之父母：年齡至 80 歲• 申請人的未婚子女：出生滿 15 天至 17 歲，或未滿 23 歲而正接受全日制教育的子女
續保年齡限制	<ul style="list-style-type: none">• 保證續保至 100 歲
自選保障之 首次投保年齡	<ul style="list-style-type: none">• 附加額外醫療保障 / 門診保障 / 牙科保障：15 天至 80 歲• 危疾保障：15 天至 70 歲• 女性保障：18 至 70 歲
自選保障之 續保年齡限制	<ul style="list-style-type: none">• 附加額外醫療保障、門診保障：至 100 歲• 牙科保障、危疾保障、女性保障：至 80 歲

備註：以上年齡均以一次生日計算。

主要不承保項目

1. 申請人於保單簽發日期或保單生效日期前已知但於投保時並未向本公司申報有關已有病症。
2. 例行體格檢查及預防注射。
3. 整容手術 (惟受保人因意外而受傷，並於意外後90 日內接受的必要醫療服務除外)。
4. 眼部屈光治療、角膜激光矯視手術 (LASIK)，以及任何相關的檢測、治療程序及服務。
5. 牙科醫生進行的牙科治療及口腔頷面手術(惟因意外引致在住院期間接受的急症治療及手術除外)(不適用於牙科保障)。
6. 懷孕或生育 (不適用於危疾保障)、不孕、節育及絕育。
7. 於受保人年屆8 歲前發病或確診的先天性疾病。
8. 入院進行本可採用門診方式進行之治療，如住院只為接受診斷掃描、X光檢查或物理治療。

附加額外醫療保障之不承保項目：

1. 於居住地以外之住院或治療 (惟因受保人短暫離開居住地(不超過90日)而招致意外或急性疾病，並醫生建議需要立即接受緊急治療除外)；
2. 入住大房、半私家房及私家房以外的醫院病房級別。

重要事項：

1. 起保日期：投保申請獲批核的下一個月的首天。
2. 保障於投保申請獲接納及繳付保費後始行生效。
3. 在認可計劃下的保障及其保單條款及細則會跟據政府為自願醫保計劃的定期審視內容而作出修訂。
4. 標準保費表內之保費、非認可計劃下的保障及其保單條款可能會於續保時作出修訂，並由三井住友海上火災保險(香港)有限公司釐定。
5. 本小冊子僅為保單摘要，有關的詳細的保障內容、不承保項目、條款及細則，請參閱正式保單，如有需要，本公司樂意送上保單樣本，以供參考。

保障限額表 (港元)

I. 保障項目 : ⁽¹⁾ (港元)	計劃 A	計劃 B	計劃 C
(a) 病房及膳食 • 每日	\$2,000 每保單年度最多 180 日	\$2,800 每保單年度最多 180 日	\$3,900 每保單年度最多 180 日
(b) 雜項開支 • 每保單年度	全額賠償	全額賠償	全額賠償
(c) 主診醫生巡房費 • 每日	\$2,000 每保單年度最多 180 日	\$2,800 每保單年度最多 180 日	\$3,900 每保單年度最多 180 日
(d) 專科醫生費 ⁽²⁾ • 每保單年度	全額賠償	全額賠償	全額賠償
(e) 深切治療 • 每日	全額賠償	全額賠償	全額賠償
(f) 外科醫生費 • 每項手術	按手術表劃分的手術分類 : • 複雜 : \$320,000 • 大型 : \$160,000 • 中型 : \$80,000 • 小型 : \$32,000	全額賠償	全額賠償
(g) 麻醉科醫生費	外科醫生費的 35% ⁽⁵⁾	全額賠償	全額賠償
(h) 手術室費	外科醫生費的 35% ⁽⁵⁾	全額賠償	全額賠償
(i) 訂明診斷成像檢測 ⁽²⁾⁽³⁾ • 每保單年度	\$20,000 設 20% 自付金額	\$30,000 設 20% 自付金額	\$40,000 設 20% 自付金額
(j) 訂明非手術癌症治療 ⁽⁴⁾ • 每保單年度	\$100,000	\$150,000	\$300,000
(k) 入院前或出院後 / 日間手術 前後的門診護理 ⁽²⁾ • 每次	\$800, 每保單年度最多 \$4,000	\$1,000, 每保單年度最多 \$5,000	\$1,500, 每保單年度最多 \$7,500
	• 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	• 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	• 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
(l) 精神科治療 • 每保單年度	\$30,000	\$40,000	\$50,000
II. 升級保障項目 : (港元)	計劃 A	計劃 B	計劃 C
(a) 加床費用	全額賠償	全額賠償	全額賠償
(b) 私家看護	全額賠償 每保單年度最多 180 日	全額賠償 每保單年度最多 180 日	全額賠償 每保單年度最多 180 日
(c) 非住院洗腎費用 • 每保單年度	\$100,000	\$150,000	\$300,000
(d) 手術及癌症復康保障 • 每次 • 下列每項服務保單年度 最多 5 次 : 1. 心理輔導 (只限診症費) 2. 營養諮詢 (只限診症費) 3. 言語治療 (只限診療費) 4. 職業治療 (只限診療費) 5. 中醫及針灸治療 • 共同保險	\$600 20%	\$800 20%	\$1,000 20%
(e) 海外緊急醫療額外保障 ⁽⁶⁾	不適用	不適用	保障項目 I(a) — (l) 及 II(a) — (d) 的每年保障限額將增加至每保單 年度 \$6,000,000

其他保障項目 (港元)	計劃 A	計劃 B	計劃 C
日間手術現金津貼 • 每宗日間手術	\$1,000	\$1,000	\$1,000
第二索償現金津貼保障 • 每宗索償	\$1,000	\$1,000	\$1,000
其他保障額 (港元)	計劃 A	計劃 B	計劃 C
保障項目 I (a) — (l) 及保障項目 II (a) — (d) 的每年保障限額 • 每保單年度	\$500,000	\$750,000	\$1,500,000
所有保障項目的終身保障限額	無	無	無

重要事項：

1. 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
2. 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。
3. 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。
4. 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。
5. 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。
6. 適用於受保人在居住地以外旅遊或逗留（每次行程不得超過 90 日）期間需要急症治療。

自選升級保障	計劃 A	計劃 B	計劃 C
附加醫療保障 (港元)			
適用病房級別 *	大房 / 半私家房	大房 / 半私家房	私家房
每年最高保障額 • 每保單年度	\$200,000	\$300,000	\$600,000
每次索償墊底費	\$1,000	\$1,000	\$1,000
共同保險	20%	20%	20%

* 如受保人自願選擇入住保障表列明之適用病房級別更高級別的病房，本保障之賠償將會按如下的調整率作出調整：

適用病房級別	入住之病房級別	調整率
大房 / 半私家房	私家房	50%

自選其他保障 (並非為認可計劃的一部份)

牙科保障 (港元)	計劃 A	計劃 B	計劃 C
每保單年度保障限額 • 洗牙：每次 500 (每保單年度最多 2 次) • 定期口腔檢查 • 口腔 X 光及藥物 • 補牙及脫牙 • 膿瘡排放 • 齒尖或齒邊修復 • 假牙、牙冠及牙橋 (只適用於意外而導致)	\$2,500	\$2,500	\$2,500
危疾保障 (港元)	計劃 A	計劃 B	計劃 C
標準保障 (1) — (12) 種危疾	\$500,000	\$500,000	\$500,000
全面保障 (1) — (28) 種危疾			
女性保障	\$100,000	\$100,000	\$100,000
門診保障 (港元)	計劃 A	計劃 B	計劃 C
每保單年度最高保障額			\$25,000
普通科門診服務 • 每日一次			全額賠償
專科門診服務 • 每日一次			全額賠償
普通科及專科服務最高總次數 • 每保單年度			30
醫生處方藥物費用 • 每保單年度	不適用	不適用	\$10,000
診斷性 X 光檢查及化驗服務費用 • 每保單年度			\$10,000
跌打、針灸及脊醫治療 • 每日 • 因意外受傷而引致 • 每日一次，每保單年度最多 8 次			\$500

標準保費表 (港元) — 自願醫保計劃 — 優健保 (認可計劃)

基本保障

年齡組別 (已屆年齡)^	計劃 A		計劃 B		計劃 C	
	年繳	月繳	年繳	月繳	年繳	月繳
15 日至 6	\$5,292	\$490	\$9,018	\$835	\$15,282	\$1,415
7 — 17	\$4,806	\$445	\$7,884	\$730	\$13,338	\$1,235
18 — 30	\$6,966	\$645	\$10,800	\$1,000	\$16,740	\$1,550
31 — 40	\$8,316	\$770	\$12,852	\$1,190	\$20,034	\$1,855
41 — 50	\$11,124	\$1,030	\$16,686	\$1,545	\$25,110	\$2,325
51 — 60	\$15,822	\$1,465	\$23,652	\$2,190	\$34,938	\$3,235
61 — 70	\$25,974	\$2,405	\$38,124	\$3,530	\$55,404	\$5,130
71 — 80	\$32,292	\$2,990	\$47,250	\$4,375	\$68,796	\$6,370
81 — 99*	\$33,210	\$3,075	\$48,654	\$4,505	\$70,740	\$6,550

基本保障，包括自選附加醫療保障 (為認可計劃的一部份)

年齡組別 (已屆年齡)^	計劃 A		計劃 B		計劃 C	
	年繳	月繳	年繳	月繳	年繳	月繳
15 日至 6	\$6,804	\$630	\$11,610	\$1,075	\$19,656	\$1,820
7 — 17	\$6,210	\$575	\$10,152	\$940	\$17,172	\$1,590
18 — 30	\$9,018	\$835	\$13,932	\$1,290	\$21,654	\$2,005
31 — 40	\$10,746	\$995	\$16,578	\$1,535	\$25,866	\$2,395
41 — 50	\$14,256	\$1,320	\$21,384	\$1,980	\$32,184	\$2,980
51 — 60	\$20,304	\$1,880	\$30,294	\$2,805	\$44,820	\$4,150
61 — 70	\$33,156	\$3,070	\$48,654	\$4,505	\$70,740	\$6,550
71 — 80	\$41,202	\$3,815	\$60,318	\$5,585	\$87,858	\$8,135
81 — 99*	\$42,444	\$3,930	\$62,100	\$5,750	\$90,342	\$8,365

* 只限續保

^ 以上年齡均以以上一次生日計算。

此標準保費表並未包括由保險業監管局徵收的保費徵費。

保費表 (港元) — 自願醫保計劃 — 優健保 (自選其他保障)

門診保障 (此非為認可計劃的一部份)

年齡組別 (已屆年齡)^	計劃 A		計劃 B		計劃 C	
	年繳	月繳	年繳	月繳	年繳	月繳
15 日至 6	不適用	不適用	不適用	不適用	\$9,990	\$925
7 — 17					\$9,990	\$925
18 — 30					\$9,342	\$865
31 — 40					\$10,854	\$1,005
41 — 50					\$11,610	\$1,075
51 — 60					\$14,418	\$1,335
61 — 70					\$18,900	\$1,750
71 — 80					\$24,084	\$2,230
81 — 99*					\$24,084	\$2,230

保費表 (港元) — 自願醫保計劃 — 優健保 (自選其他保障)

牙科保障 (此非為認可計劃的一部份)

年齡組別 (已屆年齡)^	計劃 A		計劃 B		計劃 C	
	年繳	月繳	年繳	月繳	年繳	月繳
15 日至 80	\$1,458	\$135	\$1,458	\$135	\$1,458	\$135

危疾保障：標準保障 (此非為認可計劃的一部份)

年齡組別 (已屆年齡)^	計劃 A		計劃 B		計劃 C	
	年繳	月繳	年繳	月繳	年繳	月繳
15 日至 17	\$1,026	\$95	\$1,026	\$95	\$1,026	\$95
18 — 30	\$918	\$85	\$918	\$85	\$918	\$85
31 — 40	\$2,106	\$195	\$2,106	\$195	\$2,106	\$195
41 — 50	\$3,726	\$345	\$3,726	\$345	\$3,726	\$345
51 — 60	\$10,638	\$985	\$10,638	\$985	\$10,638	\$985
61 — 70	\$19,710	\$1,825	\$19,710	\$1,825	\$19,710	\$1,825
71 — 80*	\$38,880	\$3,600	\$38,880	\$3,600	\$38,880	\$3,600

危疾保障：全面保障 (此非為認可計劃的一部份)

年齡組別 (已屆年齡)^	計劃 A		計劃 B		計劃 C	
	年繳	月繳	年繳	月繳	年繳	月繳
15 日至 17	\$1,458	\$135	\$1,458	\$135	\$1,458	\$135
18 — 30	\$1,296	\$120	\$1,296	\$120	\$1,296	\$120
31 — 40	\$2,970	\$275	\$2,970	\$275	\$2,970	\$275
41 — 50	\$5,238	\$485	\$5,238	\$485	\$5,238	\$485
51 — 60	\$14,904	\$1,380	\$14,904	\$1,380	\$14,904	\$1,380
61 — 70	\$27,594	\$2,555	\$27,594	\$2,555	\$27,594	\$2,555
71 — 80*	\$54,432	\$5,040	\$54,432	\$5,040	\$54,432	\$5,040

女性計劃 (此非為認可計劃的一部份)

年齡組別 (已屆年齡)^	計劃 A		計劃 B		計劃 C	
	年繳	月繳	年繳	月繳	年繳	月繳
18 — 30	\$864	\$80	\$864	\$80	\$864	\$80
31 — 40	\$756	\$70	\$756	\$70	\$756	\$70
41 — 50	\$648	\$60	\$648	\$60	\$648	\$60
51 — 60	\$756	\$70	\$756	\$70	\$756	\$70
61 — 70	\$1,512	\$140	\$1,512	\$140	\$1,512	\$140
71 — 80*	\$2,970	\$275	\$2,970	\$275	\$2,970	\$275

* 只接受續保

^ 以上年齡均以以上一次生日計算。

女性保障乃危疾保障之附加保障，不可獨立投保。女性保障一經索償，危疾保障之最高保障額將相應遞減。

此保費表並未包括由保險業監管局徵收的保費徵費。



貼心的保障及理賠服務

我們明白意料之外的事情往往令人憂慮不安，因此特設「賠償服務熱線」，由理賠專員即時為您解答各項查詢，提供最適切的保障及賠償建議，解除您所面對的徬徨和焦慮。
賠償服務熱線：[+852 2894 0660](tel:+85228940660) (星期一至五，上午9時至下午5時30分，公眾假期除外)

您亦可隨時隨地，透過 **EASY網上索償系統** 申請索償。

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