

Employee Top Up Medical Insurance
僱員增值醫療保險

Secure your health for a lifetime 為您一生的健康護航



PROTECTING
GOALS
POWERING
FUTURES

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

The rising costs of healthcare concern individuals of all ages, and unexpected medical expenses can be overwhelming. To address this, MSIG introduces the **Employee Top Up Medical Insurance** plan, which enhances your existing group medical protection. It offers lifetime protection against healthcare costs during all stages of your career, with robust coverage for unforeseen expenses.

Enrolment is hassle-free, as pre-existing conditions are covered after 12 consecutive months membership under an MSIG Group Medical Insurance and/or Employee Top Up Medical Insurance. As you approach retirement, this plan is essential for safeguarding your health and financial well-being.

Plan highlights



Uninterrupted coverage across life's transitions

You can enjoy uninterrupted medical protection even when you leave your employer, have job transition or retire. The plan allows you to boost your group medical coverage and ensure there is no gap in protection on your hospital and surgical benefits.



Hassle-free enrolment with no underwriting

Available to employees under 65, the application process is straightforward, requiring no medical questionnaires or underwriting for existing members of the MSIG Group Medical Insurance plan.



Coverage for pre-existing conditions

Pre-existing conditions of existing MSIG Group Medical member will be covered under this plan as long as you have been continuously covered under a MSIG Group Medical policy and/or Employee Top Up Medical Insurance for consecutive 12 months.



Guaranteed renewal for life

We offer guaranteed renewal, regardless of age, ensuring lifelong protection and peace of mind for you.



GBA direct billing service

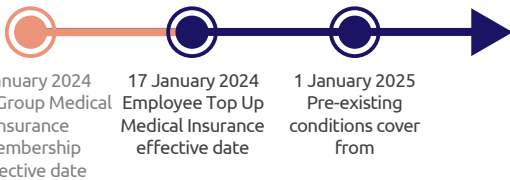
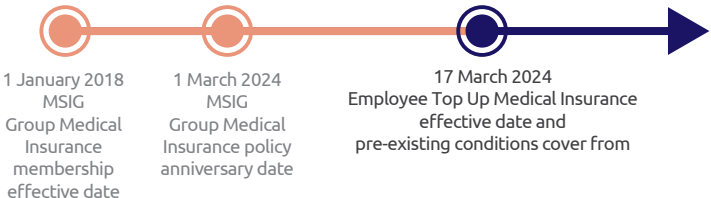
You can enjoy seamless healthcare payments through our direct billing service, available via an extensive network of partner healthcare providers in the Greater Bay Area and Hong Kong.

Please [click here](#) for the list of partner healthcare providers.

Cover at a glance

Issue age	15 days – 64 years old
Renewal	Guaranteed lifelong renewal
Basic benefit	Lump sum hospital and surgical benefit
Optional benefit	Outpatient benefit
Benefit level	• General ward (Plan 1 & Plan 2) • Semi-private (Plan 3 & Plan 4) • Standard private (Plan 5 & Plan 6)
Geographic cover	Worldwide (excluding the USA)
Payment mode	Monthly or annually
Premium structure	Yearly adjusted based on attained age with annual review
Application	Enrolment is allowed only once per lifetime

Enrolment and coverage of pre-existing conditions timeframes

Applicant	Enrolment timeframe	Coverage timeframes
New staff	Within 30 days after joining MSIG Group Medical Insurance	 1 January 2024 MSIG Group Medical Insurance membership effective date 17 January 2024 Employee Top Up Medical Insurance effective date 1 January 2025 Pre-existing conditions cover from
Existing MSIG Group Medical members	• Within 30 days after policy anniversary date of MSIG Group Medical Insurance; or • Within 30 days before the 65th birthday	 1 January 2018 MSIG Group Medical Insurance membership effective date 1 March 2024 MSIG Group Medical Insurance policy anniversary date 17 March 2024 Employee Top Up Medical Insurance effective date and pre-existing conditions cover from
Departing staff	Within 30 days before the termination date of MSIG Group Medical Insurance	 1 January 2019 MSIG Group Medical Insurance membership effective date 31 May 2024 Last employment date 1 June 2024 Employee Top Up Medical Insurance effective date and pre-existing conditions cover from
Immediate family members (not an existing member)	Align with the MSIG Group Medical Insurance member's enrolment date	 1 January 2024 Employee Top Up Medical Insurance effective date (pre-existing condition is not covered as the immediate family members are not MSIG Group Medical Insurance members)



Scenario 1

Peter joined a new company at the age of 30, where his employer enrolled him in MSIG's Group Medical Insurance. Peter is getting married next year, he wants to have a more comprehensive protection for his family. Thus, he opted for MSIG's Employee Top Up Medical Insurance Plan 4 within 30 days of joining.

2 years later, Peter is sick and is admitted to a semi-private room in a private hospital in Hong Kong from the preferred list of hospitals for surgery and incurred an eligible medical expense of HK\$400,000.

How will MSIG's Group Medical Insurance and Employee Top Up Medical Insurance help Peter?



Eligibility under Group Medical Insurance:

Reimbursement under Group Medical Insurance: HK\$300,000

1



Eligibility under Employee Top Up Medical Insurance Plan 4 - lump sum hospital and surgical benefits:

Reimbursement
percentage:
90%

Annual
deductible:
HK\$100,000

Room type
entitlement:
Semi-private

Annual
limit:
HK\$300,000

Payable benefit under Employee Top Up Medical Insurance plan (option whichever is lower)

Option 1: After deductible & reimbursement percentage

(Eligible expenses – annual deductible) x
reimbursement percentage

$$(HK\$400,000 - HK\$100,000) \times 90\% \\ = HK\$270,000$$

or

Option 2: After deduction of amount payable by other insurance

Eligible expenses – amount payable under
other insurance policy

$$HK\$400,000 - HK\$300,000 = HK\$100,000$$

PAID

Reimbursement under Employee Top Up Medical Insurance: HK\$100,000

2

(will take option 2 as the amount is lower)

Total payable benefit 1 + 2 = HK\$400,000



Although the Group Medical Insurance reimburses HK\$300,000 only, Peter will receive the remaining HK\$100,000 under the Employee Top Up Medical Insurance. As a result, he will not need to pay any out-of-pocket for the surgery.

Illustrative example



Scenario 2

Amy plans to retire at aged 55 and embark on an exciting second chapter of life. To ensure she continues to be protected after her group medical coverage ends, Amy enrolled in Plan 4 of MSIG's Employee Top Up Medical Insurance within 30 days of the termination of her employment. As she has not taken out any other individual medical insurance policies, this Employee Top Up Medical Insurance serves as her sole medical coverage after retirement.

2 years after her retirement, Amy is sick and admitted to a semi-private room in a private hospital in Hong Kong from the preferred list of hospitals for surgery. Her eligible medical expenses are HK\$291,700.

How will MSIG's Employee Top Up Medical Insurance cover Amy?



Eligibility under Employee Top Up Medical Insurance Plan 4 - lump sum hospital and surgical benefits:

Reimbursement
percentage:
90%

Annual
deductible:
HK\$100,000

Room type
entitlement:
Semi-private

Annual
limit:
HK\$300,000

Payable benefit under Employee Top Up Medical Insurance plan (option whichever is lower)

Option 1: After deductible & reimbursement percentage

(Eligible expenses – annual deductible)
x reimbursement percentage

$(\text{HK\$}291,700 - \text{HK\$}100,000) \times 90\%$
 $= \text{HK\$}172,530$

PAID

or

Option 2: After deduction of amount payable by other insurance

Eligible expenses – amount payable under
other insurance policy

$\text{HK\$}291,700 - \text{HK\$}0 = \text{HK\$}291,700$

Total payable benefit: HK\$172,530 (will take option 1 as the amount is lower)



As Amy's actual expenses are lower than the annual limit of lump sum hospital and surgical benefits and within the limit of each benefit item, MSIG will cover Amy's eligible expenses up to 90 per cent of the bill, minus the deductible, which works out at HK\$172,530. Amy will still need to pay the HK\$100,000 deductible out of pocket.



Scenario 3

Mr. Chan retired 2 years ago and was recently diagnosed with lung cancer. He was treated in a private hospital in Hong Kong that are not on the preferred list. His final eligible medical expenses are HK\$550,000. Mr. Chan took out Plan 3 of MSIG's Employee Top Up Medical Insurance before he retired. As he has not taken out any other individual medical insurance policies, this Employee Top Up Medical Insurance serves as his sole medical coverage after retirement.

How will MSIG's Employee Top Up Medical Insurance help Mr. Chan?



Eligibility under Employee Top Up Medical Insurance Plan 3 - lump sum hospital and surgical benefits:

Reimbursement
percentage for
cancer-related
treatment in any
private hospital
in Hong Kong:
80%

Annual
deductible:
N/A

Room type
entitlement:
Semi-private

Annual limit:
HK\$300,000

Top up annual
limit for cancer
treatment
(reimbursement
percentage):
HK\$200,000
(80%)

Payable benefit under Employee Top Up Medical Insurance plan (option whichever is lower)

Option 1: After deductible & reimbursement percentage

(Eligible expenses – annual deductible) x
reimbursement percentage
 $(\text{HK\$}550,000 - \text{HK\$}0) \times 80\% = \text{HK\$}440,000$

As HK\$440,000 exceeds annual limit, maximum
payable is HK\$300,000*

Remaining claim balance:
 $\text{HK\$}550,000 - \text{HK\$}300,000 = \text{HK\$}250,000$

Cancer Top Up Benefit:
 $\text{HK\$}250,000 \times 80\% = \text{HK\$}200,000$

Total reimbursement amount:
 $\text{HK\$}300,000 + \text{HK\$}200,000$
 $= \text{HK\$}500,000$

PAID

Option 2: After deduction of amount payable by other insurance

Eligible expenses – amount payable under
other insurance policy

$\text{HK\$}550,000 - \text{HK\$}0 = \text{HK\$}550,000$

or

*Since the annual limit of lump sum hospital and surgical benefits is exhausted, so the annual cancer top up benefit will be activated.



Total payable benefit: HK\$500,000 (will take option 1 as the amount is lower)

As Mr. Chan's actual expenses are within the limit of each benefit item under lump sum hospital and surgical benefits of his plan, MSIG will cover Mr. Chan's eligible expenses of HK\$300,000. Since the annual limit of lump sum hospital and surgical benefits is exhausted, the annual cancer top up benefit will be activated, providing reimbursement of HK\$200,000, making a total of HK\$500,000. Mr. Chan will only need to pay the HK\$50,000 out of pocket.

Benefits at a glance

 Coverage	Maximum benefits payable per year (HK\$)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Room type entitlement	General ward	General ward	Semi-private	Semi-private	Standard private	Standard private
Lump sum annual limit • For 1-14 hospital and surgical benefits	150,000	150,000	300,000	300,000	600,000	600,000
Annual deductible • For all hospitals	N/A	50,000	N/A	100,000	N/A	200,000
Reimbursement percentage (Hospital confinement & day case, up to the annual limit)						
For preferred hospitals in Mainland China & public hospitals managed by Hospital Authority	100%	100%	100%	100%	100%	100%
For preferred private hospitals in Hong Kong and day surgery centre	80%	90%	80%	90%	80%	90%
For cancer-related and renal dialysis treatment in any private hospitals in Hong Kong	80%	90%	80%	90%	80%	90%
For standard hospitals (including hospitals not listed above and overseas hospitals)	70%	80%	70%	80%	70%	80%
A. Lump sum hospital and surgical benefits						
1. Hospital daily room charges • Maximum number of days per disability per year	Included 100	Included 100	Included 100	Included 100	Included 100	Included 100
2. Daily meal benefit • Maximum number of days per disability per year	200 100	200 100	250 100	250 100	300 100	300 100
3. Miscellaneous hospital services	Included	Included	Included	Included	Included	Included
4. Attending doctor's visit fee	Included	Included	Included	Included	Included	Included
5. Inpatient specialist's fee • Maximum number of days per disability per year	Included 100	Included 100	Included 100	Included 100	Included 100	Included 100
6. Intensive care benefit	Included	Included	Included	Included	Included	Included
7. Surgeon's Fee • Complex • Major • Intermediate • Minor	Included	Included	Included	Included	Included	Included
8. Anaesthetist's Fee • Complex • Major • Intermediate • Minor	Included	Included	Included	Included	Included	Included

Benefits at a glance

 Coverage	Maximum benefits payable per year (HK\$)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
A. Lump sum hospital and surgical benefits						
9. Operating Theatre Fee - Complex - Major - Intermediate - Minor	Included	Included	Included	Included	Included	Included
10. Pre and post-confinement/day case procedure outpatient care	Included	Included	Included	Included	Included	Included
11. Emergency outpatient benefit for an accident	Included	Included	Included	Included	Included	Included
12. Endoscopy day surgery benefit Limit per disability per year	15,000	15,000	15,000	15,000	15,000	15,000
13. Cataract day surgery benefit Limit per disability per year	30,000	30,000	30,000	30,000	30,000	30,000
14. Viral warts and skin lesions surgery benefit Limit per year	8,000	8,000	8,000	8,000	8,000	8,000
B. Top up cancer/renal dialysis benefits*						
Benefits per year	100,000	100,000	200,000	200,000	300,000	300,000
Reimbursement percentage	80%	90%	80%	90%	80%	90%

* This benefit will be available after the annual limit of lump sum hospital and surgical benefits is exhausted.

 Optional outpatient benefit	Maximum benefits payable per year (HK\$)			
	Plan 1	Plan 2	Plan 3	Plan 4
Reimbursement percentage	As specified under each item			
1. General practitioner consultation - Maximum limit per visit - Reimbursement percentage - Maximum number of visits per year	200 70% 30	350 70% 30	450 70% 30	550 70% 30
2. Specialist consultation - Maximum limit per visit - Reimbursement percentage - Maximum number of visits per year	380 70% 10	500 70% 10	750 70% 10	850 70% 10
3. Physiotherapist and chiropractor - Maximum limit per visit - Reimbursement percentage - Maximum number of visits per year	220 70% 10	260 70% 10	380 70% 10	420 70% 10

Benefits at a glance

 Optional outpatient benefit	Maximum benefits payable per year (HK\$)			
	Plan 1	Plan 2	Plan 3	Plan 4
4. Chinese herbalist, bone-setting and acupuncture - Maximum limit per visit - Reimbursement percentage - Maximum number of visits per year	150 70% 10	200 70% 10	300 70% 10	350 70% 10
Total maximum number of visits per year (1+2+3+4)	30	30	30	30
5. Psychiatric treatment (including medication) - Maximum limit per visit - Reimbursement percentage	2,500 80%	3,000 80%	4,000 80%	5,000 80%
6. Diagnostic imaging and laboratory tests - Maximum limit per visit - Reimbursement percentage	3,000 80%	3,000 80%	4,000 80%	4,000 80%
7. Prescribed medicines (except medication directly from the clinic of the prescribing doctor) - Maximum limit per visit - Reimbursement percentage	3,000 80%	3,000 80%	4,000 80%	4,000 80%

Premium table (HK\$)^ Per insured person

Age group	Hospital and surgical benefit (annual) (HK\$)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
15 days - 19	2,214	810	3,186	1,026	6,426	3,510
20-29	2,538	864	3,672	1,080	7,452	3,888
30-39	2,646	1,080	3,996	1,458	7,236	4,320
40-49	4,158	1,944	6,156	2,646	11,718	6,804
50-59	6,534	3,402	9,882	4,644	18,090	10,692
60-64	9,774	5,292	14,958	6,966	28,458	16,956
65-69 [#]	12,798	6,696	19,494	9,288	36,936	21,816
70-79 [#]	25,758	13,446	39,258	17,550	75,546	43,146
>80 [#]	33,534	17,496	51,084	22,842	98,226	56,106

[#] Applicable to renewal only.

Premium table (HK\$)^

Per insured person

Age group	Hospital and surgical benefit (monthly) (HK\$)					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
15 days - 19	205	75	295	95	595	325
20-29	235	80	340	100	690	360
30-39	245	100	370	135	670	400
40-49	385	180	570	245	1,085	630
50-59	605	315	915	430	1,675	990
60-64	905	490	1,385	645	2,635	1,570
65-69 [#]	1,185	620	1,805	860	3,420	2,020
70-79 [#]	2,385	1,245	3,635	1,625	6,995	3,995
>80 [#]	3,105	1,620	4,730	2,115	9,095	5,195

Age group	Optional outpatient benefit (annual) (HK\$)			
	Plan 1	Plan 2	Plan 3	Plan 4
15 days - 19	5,832	9,720	13,446	16,416
20-29	5,238	8,748	12,798	14,742
30-39	5,400	8,964	12,906	15,174
40-49	5,724	9,612	13,284	16,200
50-59	6,264	10,530	13,932	17,766
60-64	7,074	11,880	16,092	20,034
65-69 [#]	8,100	13,608	17,334	22,950
70-79 [#]	10,692	17,820	22,680	30,132
>80 [#]	13,932	23,166	29,484	39,204

Age group	Optional outpatient benefit (monthly) (HK\$)			
	Plan 1	Plan 2	Plan 3	Plan 4
15 days - 19	540	900	1,245	1,520
20-29	485	810	1,185	1,365
30-39	500	830	1,195	1,405
40-49	530	890	1,230	1,500
50-59	580	975	1,290	1,645
60-64	655	1,100	1,490	1,855
65-69 [#]	750	1,260	1,605	2,125
70-79 [#]	990	1,650	2,100	2,790
>80 [#]	1,290	2,145	2,730	3,630

^ The premium amounts are subject to levy which is collected by the Insurance Authority ("IA"). IA has announced the collection of levy on insurance premium under the "Insurance Ordinance" with effect from 1st January 2018. As a result, all premium amounts shown in this factsheet are subject to levy. For further information, please visit www.ia.org.hk/en/levy.

[#] Applicable to renewal only.

Remarks:

1. The initial premium is based on the age of the insured person at the time of policy issuance and other factors, including but not limited to the gender and risk class of the insured person and the benefit level of your Policy.
2. Premium rates are not guaranteed and may be adjusted by the company on a portfolio basis at any policy anniversary if necessary.
3. We consider factors including but not limited to (i) the company's claims and policy persistency experience and (ii) expected claim outgo from all policies under this plan in future years, reflecting the impact of medical trend, medical cost inflation and product feature revisions.

Eligibility and plan selection

Existing MSIG Group Medical Insurance members:

- Simple application
- No underwriting is required

Non-MSIG Group Medical Insurance members:

- Spouse, children, parents and siblings of an existing MSIG Group Medical Insurance member who are not a member of a MSIG Group Medical Insurance currently
- A health declaration is required and subject to MSIG's approval

Plan selection:

- Same level or lower than your existing group member's current benefit
- No further benefit upgrades or transfers will be permitted throughout the lifetime

For Group Medical policy with no specific benefit level

Daily room and board limit (HK\$)	Room level entitlement	Corresponding plan entitlement in Employee Top Up Medical Insurance
1,399 or below	General ward	Plan 1 & Plan 2
1,400 - 2,999	Semi-private	Plan 3 & Plan 4
3,000 or above	Standard private	Plan 5 & Plan 6

For optional outpatient benefit plan

Selected inpatient plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled optional outpatient plan selection	Plan 1 or Plan 2	Plan 1 or Plan 2	Plan 1 or Plan 2 or Plan 3	Plan 1 or Plan 2 or Plan 3	Plan 1 or Plan 2 or Plan 3 or Plan 4	Plan 1 or Plan 2 or Plan 3 or Plan 4

Important notes

1. No underwriting is required for eligible existing members of an MSIG Group Medical Insurance who can enjoy a simple application. MSIG requires a health declaration from eligible applicants who are not existing members of an MSIG Group Medical Insurance, and their applications are subject to underwriting approval. Exclusions may apply.
2. Application will not be accepted if any applicant has cancelled an Employee Top Up Medical Insurance policy previously.
3. The spouse and children must enrol in the same inpatient plan as the member. If dependents choose to purchase the outpatient plan, it must be the same as the member's. However, if either the member or their dependents decide not to buy the outpatient plan, the other party may still purchase it independently.
4. No standalone children policy will be issued.
5. There is a waiting period of six months commencing from the Effective Date for all Insured Persons, for the following conditions:
 - Cataracts
 - Hallux valgus
 - Joint replacement surgery
 - Hospital treatment or home investigation to investigate sleep conditions
 - Oesophago-gastro-duodenoscopy (OGD) and colonoscopy
 - Viral Warts and skin lesions treatment
6. Premium rates are not guaranteed, and terms and conditions of renewal may also change. MSIG reserves the right to review and adjust the premium rates on each policy anniversary of the Employee Top Up Medical Insurance policy. We consider factors including but not limited to (i) MSIG claims and policy persistency experience and (ii) expected claim outgo from all policies under this plan in future years, reflecting the impact of medical trend, medical cost inflation and product feature revisions.
7. If you seek medical treatment in public hospitals managed by Hospital Authority ("HA") in Hong Kong as a public patient, the reimbursement percentage applicable to HA hospitals will apply. In cases where you incurred private charges within a Public Hospital, the reimbursement percentage applicable to Standard Hospitals shall apply.

Important notes

8. If you seek medical treatment within Mainland China, you are required to be hospitalised and to undergo treatment in (i) Class 3 hospitals in Mainland China*, (ii) hospitals within the "List of preferred hospitals in Mainland China", subject to the terms and conditions of the Policy. MSIG HK will verify the Hospital's eligibility when reviewing the claim application.
*It refers to all Grade 3 Hospitals in Mainland China determined by the National Health Commission of the People's Republic of China, excluding all Chinese Medicine Hospitals. You can find the list of current Grade 3 Hospitals in Mainland China on the official website of the National Health Commission of the People's Republic of China or the National Healthcare Security Administration.
9. If you seek medical treatment in a hospital on the preferred list of private hospitals in Hong Kong or a day case performed in medical clinics, you are required to be hospitalised or to undergo treatment in the healthcare facilities within the "List of preferred hospitals/clinics in Hong Kong", subject to the terms and conditions of the Policy. MSIG HK will verify the hospital's and clinic's eligibility when reviewing the claim application.
10. Standard Hospitals refer to the hospitals not listed in any of the following lists: "List of preferred hospitals/clinics in Hong Kong" and "List of preferred hospitals" in Mainland China.
11. For cancer-related medical services, including both surgical procedures and Prescribed Non-surgical Cancer Treatments, received during Confinement at any Private Hospital in Hong Kong, the reimbursement percentage applicable to the Preferred Private Hospitals in Hong Kong shall apply, regardless of whether the Hospital is classified as a Standard Hospital or Preferred Private Hospital in Hong Kong.
12. Annual limits apply to i) Endoscopy Day Surgery Benefit, ii) Cataract Day Surgery Benefit and iii) Viral Warts and Skin Lesions Surgery Benefit. Please refer to the benefit table for the corresponding annual limits for these benefits. The limits include but not limited to facility, equipment, consumables, surgeon charges, etc.
13. For Pre and Post-Confinement/ Day Case Procedure outpatient care, the following will be reimbursed:
 - One outpatient consultation fee incurred within 30 days before Confinement or Day Case Procedure will be reimbursed, provided that the outpatient visit leads to Confinement or Day Case Procedure related to the diagnosis.
 - Three outpatient follow-up visits incurred by the Insured Person within six weeks after discharge from the Hospital or the Day Case Procedure. Covered follow-up visits include consultation fees, Western Medication, diagnostic tests and physiotherapy, provided these outpatient follow-up visits are directly related to the diagnosis necessitating such Confinement or Day Case Procedure.

Major exclusions:

Note: This is a partial list of exclusions and is not exhaustive. For the complete list of exclusions, please refer to the policy wording.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Any charges in respect of services for:
 - a) Beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident, and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
 - b) Correcting visual acuity or refractive errors that can be rectified by fitting of spectacles or contact lenses, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
3. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist, except for the following:
 - a) Emergency Treatment and surgery during Confinement arising from an Accident, or
 - b) The Insured Person is diagnosed with oral-related Cancer and Carcinoma in Situ.
4. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
5. Prescription drugs used in connection with weight reduction, smoking cessation, treatment of baldness and experimental drugs.
6. Congenital Conditions, hereditary conditions or Developmental Conditions.
7. Pre-existing Conditions, except that in respect of an Insured Person who applies for Registration while being insured under a group medical policy of the Company, Pre-existing Conditions shall be covered from the date on which the Insured Person has been insured for 12 consecutive months under (i) such group medical policy of the company; and/or (ii) this Policy.
For the avoidance of doubt, if an Insured Person is insured for less than 12 consecutive months under an MSIG group medical policy before the Original Commencement Date, the period for which he is insured under such group medical policy immediately before the Original Commencement Date and the period for which he is insured under this Policy from the Original Commencement Date shall be taken into consideration when the company determines if the Insured Person has been insured for 12 consecutive months under this paragraph 7. MSIG will not cover the Pre-existing Conditions of an Insured Person who is not insured under an MSIG group medical policy when he applies for Registration. MSIG shall not cover such Pre-existing Conditions at any time during this Policy.
For existing group members covered under the company's group medical plan, pre-existing conditions covered in the group medical policy shall continue to be covered under this Policy, subject to the benefit limits as stated in the Schedule and after the Insured Person has been continuously covered under the group medical policy and/or this Policy for a total period of twelve (12) consecutive months. MSIG will carry forward any exclusion applied to the Insured Person under the existing MSIG group policy to the Employee Top Up Medical Insurance Plan.
8. Expenses directly or indirectly arising from Human Immunodeficiency Virus (HIV) related Disability, including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutation, derivations or variations thereof, which proceeds from an HIV infection occurring before the Effective Date. For purposes of this exclusion, an HIV related Disability emerging within 5 years of the Effective Date will be conclusively presumed to proceed from an HIV infection occurring before the Effective Date, in the absence of clear and convincing evidence to the contrary.
9. Expenses incurred relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth (including surgical delivery), abortion or miscarriage; birth control or reversal of birth control; postnatal care; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
10. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this exclusion does not apply to:
 - a) treatments, monitoring, investigation or procedures to avoid complications arising from any other Medical Services provided;
 - b) removal of pre-malignant conditions; and
 - c) treatment for prevention of recurrence or complication of a previous Disability.

11. Eligible Expenses which have been reimbursed under any law or regulations, medical program, insurance policy or any other sources provided by any government, company or other third party.
12. Inpatient Medical Services or outpatient Chinese Medicine Practitioner consultation directly or indirectly arising from Mental Illness and Emotional Disorder.
13. Proprietary Chinese medicine as defined under the Chinese Medicine Ordinance (Cap. 549) of the laws of Hong Kong.
14. Expenses incurred for the purchase of artificial limbs and prosthetic devices, except those prosthetic devices implanted in the Insured Person during surgery.
15. Procurement or use of special braces, appliances, hearing aids, wheelchairs, crutches or any other similar equipment.
16. Non-medical services, including but not limited to guest meals, radio, telephone, photocopy, taxes (except the Value-Added Tax or Goods and Services Tax for medical services), medical report charges and the like.
17. Alternative treatment, including but not limited to moxibustion, acupressure, tian jiu, tui na, qi gong, ear reflexology, cupping, scraping, hypnotism, rolfing, massage therapy, aroma therapy, naturopathy, hydrotherapy, homoeopathy and osteopathy.
18. Organ transplant other than transplantation of a cornea, kidney, heart, liver, lung or bone marrow from one human to another, and excluding costs of acquisition and transportation of the organ and the cost of surgery to remove an organ for transplant from a donor.
19. Insomnia and counselling services.
20. Any Medical Services related to Chinese medicine, including but not limited to acupuncture, tui-na, bone-setting, and herbal medicine, incurred during Confinement.
21. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the 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 (except for HIV and its related Disability, where Section 8 of Part 9 in Policy applies).
22. Injury, Sickness, Disease or Illness directly or indirectly resulting from or consequent upon high-risk occupations or activities, including but not limited to engaging in or taking part in:
 - a) naval, military or air force service or operations;
 - b) flying or travelling in an aircraft other than as a fare-paying passenger with a licensed carrier on a scheduled domestic or international route or on a duly licensed charter service.
 - c) aqualung diving; bungee jumping; mountaineering; hang gliding; motor cycling; parachuting; parasailing; pot-holing; daring feats or stunts; racing other than on foot; skiing, tobogganing, sledging and ice skating, including ice hockey and any other sports requiring snow or ice to be played or work activities involving dangerous or contaminable substances;
 - d) sport activity in a professional capacity or where the Insured Person would or could earn income or remuneration from engaging in such sport; and
 - e) air crew
23. Expenses incurred for the whole or part of the Confinement solely for general check-ups, diagnostic procedures, laboratory test or allied health services, including but not limited to physiotherapy, unless such procedure, test or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
24. Rest cures and Medical Services or treatment in any home, spa, hydro-clinic, sanatorium or long-term care facility that is not a hospital as defined.
25. Any Medical Service or referral provided or performed by the Insured Person, Policyholder, an insurance intermediary, employer, employee, Immediate Family Member, or business partner(s) of the Policyholder and/or Insured Person. For the avoidance of doubt, this exclusion extends to any Medical Service, including but not limited to viral warts and skin lesions procedures, performed by:
 - a) any employee or Registered Medical Practitioner of the employer; or
 - b) any medical facilities, medical aesthetic centres, or entities providing medical or cosmetic services in which the employer, or any of its directors, shareholders, or beneficial owners (holding 25% or more of the Insured's shares or voting rights), or any of its subsidiaries, affiliates, related entities or Insured Person, holds any ownership interest, financial interest, or other interest.
 Treatments or referrals that fall under this exclusion will be eligible for coverage only if expressly pre-approved in writing by the company.
 For this exclusion, "Immediate Family Member" means the Insured Person's spouse, children, parents, parents-in-law, brothers or sisters, grandparents, grandchildren or legal guardian.
26. Conditions directly or indirectly caused by, resulting from or in connection with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.
 - b) The radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
 - c) Any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter.
 - d) The radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes.
 - e) Any chemical, biological, bio-chemical, or electromagnetic weapon.
27. Conditions directly or indirectly caused by, resulting from or in connection with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
 - a) war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
 - b) any act of terrorism, including but not limited to
 - i) the use or threat of force, violence and/or
 - ii) harm or damage to life or to property (or the threat of such harm or damage) including, but not limited to, nuclear radiation and/or contamination by chemical and/or biological agents, by any person(s) or group(s) of persons, committed for political, religious, ideological or similar purposes, express or otherwise, and/or to put the public or any section of the public in fear; or
 - c) any action taken in controlling, preventing, suppressing or in any way relating to a) or b) above.



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** (Mon – Fri, 09:00 – 17:30, except public holidays).

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

醫療費用持續攀升，這是我們在任何年齡都需要面對的挑戰，而突如其來的醫療開支更可能造成沉重負擔。為此，MSIG推出**僱員增值醫療保險**，加強您現有的團體醫療保障，並在您職業生涯的每個階段提供終身守護，以全面覆蓋應對各種突發醫療需求。

投保程序簡易，只要您受保於MSIG 團體醫療保險及/或僱員增值醫療保險合共最少連續12個月，即獲保障已存在之傷病。踏入退休之齡，這計劃將成為守護您健康與財務安穩的重要支柱。

計劃特點



無縫保障您的每個人生階段

即使離職、轉職或退休，您仍可享有不間斷的醫療保障。此計劃讓您可加強現有的團體醫療保障，確保您的住院及手術保障不會出現任何缺口，在人生每個階段亦能安心無憂。



投保程序簡易，免核保手續

適用於65歲以下的僱員。投保程序簡易，現有MSIG團體醫療保險計劃的成員無需填寫醫療問卷或進行核保。



涵蓋已存在之傷病

只要您受保於MSIG 團體醫療保險及/或僱員增值醫療保險合共最少連續12個月，您的已存在之傷病將可於此計劃受保。



保證終身續保

不論年齡變化，我們保證續保，為您提供終身保障，讓您安心無憂。



大灣區直接結算服務

您可透過我們遍布大灣區及香港的合作醫療機構網絡，使用直接結算服務，輕鬆完成醫療費用支付。

請[按此](#)查看合作醫療機構名單。

保障一覽

受保年齡	15日至64歲
續保	保證終身續保
基本保障	總額住院及手術保障
自選保障	門診保障
保障級別	• 普通病房（計劃1及計劃2） • 半私家房（計劃3及計劃4） • 標準私家房（計劃5及計劃6）
保障地區	全球（美國除外）
付款模式	月繳或年繳
保費調整	每年根據已屆年齡調整，並進行年度檢視
投保	每人一生僅可投保一次

投保及之前已存在之傷病時間表

投保人	投保時間表	時間表
新入職僱員	加入MSIG團體醫療保險 30天內	2024年1月1日 MSIG團體醫療保險保障開始日 2024年1月17日 僱員醫療增值保險保障開始日 2025年1月1日 開始保障已存在之傷病
現有MSIG團體醫療保險成員	• MSIG團體醫療保險保單周年日起計30天內；或 • 65歲生日前的30天內	2018年1月1日 MSIG團體醫療保險保障開始日 2024年3月1日 MSIG團體醫療保險保單周年日 2024年3月17日 僱員增值醫療保險保障開始日及開始保障已存在之傷病
離職僱員	MSIG團體醫療保險終止日期前30天內	2019年1月1日 MSIG團體醫療保險保障開始日 2024年5月31日 最後受僱日 2024年6月1日 僱員增值醫療保險保障開始日及開始保障已存在之傷病
直系親屬 (非現有成員)	與MSIG團體醫療保險成員的投保日相同	2024年1月1日 僱員增值醫療保險保障開始日 (由於直系親屬非MSIG團體醫療保險成員，所以不獲保障已存在之傷病)

例子一

Peter在30歲時加入了一間新公司，僱主為他投保了MSIG團體醫療保險。Peter將於明年結婚，希望為家人提供更全面的保障，因此他在入職後30天內選擇投保MSIG僱員增值醫療保險的計劃4。

兩年後，Peter生病並入住一間屬於香港指定醫院名單的私營醫院半私家房並接受手術，合資格醫療費用為港幣400,000元。

MSIG團體醫療保險及僱員增值醫療保險如何保障Peter？



團體醫療保險的賠償資格：

團體醫療保險賠償金額：港幣300,000元 **1**



僱員增值醫療保險計劃4的賠償資格 — 總額住院及手術保障：

賠償率：
90%

每年自負額：
港幣100,000元

可享有的病房級別：
半私家房

每年賠償額：
港幣300,000元

僱員增值醫療保險賠償額（以較低者為準）

選項一：扣除自負額及賠償率

$(\text{合資格費用} - \text{每年自負額}) \times \text{賠償率}$
 $(\text{港幣}400,000\text{元} - \text{港幣}100,000\text{元}) \times 90\%$
 $= \text{港幣}270,000\text{元}$

或

選項二：扣除其他保險的賠償金額

$\text{合資格費用} - \text{其他保險保單的賠償金額}$
 $\text{港幣}400,000\text{元} - \text{港幣}300,000\text{元}$
 $= \text{港幣}100,000\text{元}$

已賠償

僱員增值醫療保險的賠償：港幣100,000元 **2**
(選項二的金額較低)

總賠償額 **1** + **2** = 港幣400,000元



雖然團體醫療保險的賠償金額只有港幣300,000元，但 Peter 可透過僱員增值醫療保險獲得餘下的港幣100,000元賠償。因此，他無需為手術支付任何費用。

例子二

Amy計劃在55歲退休，開啟精彩的第二人生。為了確保她在團體醫療保險計劃結束後仍能繼續獲得保障，Amy在最後受僱日前30天內，投保了MSIG僱員增值醫療保險的計劃4。由於她沒有投保其他個人醫療保險計劃，MSIG僱員增值醫療保險是她退休後的唯一保障。

退休兩年後，Amy因病入住一間屬於香港指定醫院名單的私營醫院半私家病房並接受手術，其合資格的醫療費用為港幣291,700元。

MSIG僱員增值醫療保險如何保障Amy？



僱員增值醫療保險計劃4的賠償資格 — 總額住院及手術保障：

賠償率：
90%

每年自負額：
港幣100,000元

可享有的病房級別：
半私家房

每年賠償額：
港幣300,000元

僱員增值醫療保險賠償額 (以較低者為準)

選項一：扣除自負額及賠償率

(合資格費用 — 每年自負額) × 賠償率
(港幣291,700元 — 港幣100,000元) × 90%
= 港幣172,530元

已賠償

或

選項二：扣除其他保險的賠償金

合資格費用 — 其他保險保單的賠償金額
港幣291,700元 — 港幣0元
= 港幣291,700元



總賠償額：港幣172,530元 (選項一的金額較低)

由於Amy的實際費用低於總額住院及手術保障的每年賠償額及每項最高限額，MSIG將保障Amy之合資格醫療費用的90%，扣除自負額後為港幣172,530元。Amy仍需自行支付港幣100,000元的自負額。

例子三

陳先生兩年前退休，最近被診斷出患有肺癌。他在香港一家非指定私營醫院名單上的私營醫院接受治療，最終合資格醫療費用為港幣550,000元。陳先生在退休前已投保MSIG僱員增值醫療保險的計劃3。由於他沒有投保其他個人醫療保險計劃，MSIG僱員增值醫療保險是他退休後的唯一保障。

MSIG僱員增值醫療保險如何保障陳先生？



僱員增值醫療保險計劃3的賠償資格 — 總額住院及手術保障：

香港所有私營醫院
之癌症相關治療
的賠償率：
80%

每年自負額：
不適用

可享有的病房級別：
半私家房

每年賠償額：
港幣300,000元

癌症額外保障每年
限額（賠償率）：
港幣200,000元
（80%）

僱員增值醫療保險賠償額（以較低者為準）

選項一：扣除自負額及賠償率

（合資格費用 — 每年自負額）× 賠償率

（港幣550,000元 — 港幣0元）× 80%
= 港幣440,000元

由於港幣440,000元超過每年賠償額，
所以最高賠償額為港幣300,000元⁺

餘下索償額：港幣550,000元 — 港幣300,000元
= 港幣250,000元

癌症額外保障：港幣250,000元 × 80%
= 港幣200,000元

總賠償：港幣300,000元 + 港幣200,000元
= 港幣500,000元

已賠償

選項二：扣除其他保險的賠償金額

合資格費用 — 其他保險保單的賠償金額

港幣550,000元 — 港幣0元
= 港幣550,000元

或

⁺ 由於總額住院及手術保障之每年最高限額已耗盡，將啟動癌症額外保障以支付賠償額。

總賠償額：港幣500,000元（選項一的金額較低）

由於陳先生的實際醫療費用均低於其計劃之總額住院及手術保障的每項最高限額，MSIG將保障陳先生之合資格醫療費用為港幣300,000元。由於總額住院及手術保障之每年最高限額已耗盡，將啟動癌症額外保障以支付賠償額港幣200,000元，總賠償額為港幣500,000元。陳先生只須自行支付港幣50,000元。



保障概覽

 保障	每年最高賠償額（港幣/元）					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可享有的病房級別	普通房	普通房	半私家房	半私家房	標準 私家房	標準 私家房
每年最高總額 • 適用於第1-14項住院及手術保障	150,000	150,000	300,000	300,000	600,000	600,000
每年自負額 • 適用於所有醫院	不適用	50,000	不適用	100,000	不適用	200,000
賠償率（住院治療及日間手術，限於每年最高賠償額）						
中國內地指定醫院及香港醫院管理局管理的公立醫院	100%	100%	100%	100%	100%	100%
香港指定私營醫院及日間手術中心	80%	90%	80%	90%	80%	90%
香港所有私營醫院之癌症相關及腎臟透析治療	80%	90%	80%	90%	80%	90%
標準醫院（包括未被以上列入之醫院及海外醫院）	70%	80%	70%	80%	70%	80%
A. 總額住院及手術保障						
1. 病房每日費用 • 每年每次最多日數	包括 100	包括 100	包括 100	包括 100	包括 100	包括 100
2. 膳食每日費用 • 每年每次最多日數	200 100	200 100	250 100	250 100	300 100	300 100
3. 醫院雜項	包括	包括	包括	包括	包括	包括
4. 主診醫生巡房費	包括	包括	包括	包括	包括	包括
5. 住院專科醫生費 • 每年每次最多日數	包括 100	包括 100	包括 100	包括 100	包括 100	包括 100
6. 深切治療	包括	包括	包括	包括	包括	包括
7. 外科醫生費 • 複雜手術 • 大型手術 • 中型手術 • 小型手術	包括	包括	包括	包括	包括	包括
8. 麻醉科醫生費 • 複雜手術 • 大型手術 • 中型手術 • 小型手術	包括	包括	包括	包括	包括	包括
9. 手術室費 • 複雜手術 • 大型手術 • 中型手術 • 小型手術	包括	包括	包括	包括	包括	包括

保障概覽

 保障	每年最高賠償額（港幣/元）					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
A. 總額住院及手術保障						
10. 入院前的門診、出院後或日間手術的覆診	包括	包括	包括	包括	包括	包括
11. 緊急意外門診保障	包括	包括	包括	包括	包括	包括
12. 內窺鏡日間手術保障 • 每年每症最高限額	15,000	15,000	15,000	15,000	15,000	15,000
13. 白內障日間手術保障 • 每年每症最高限額	30,000	30,000	30,000	30,000	30,000	30,000
14. 病毒性疣及皮膚病變程序保障 • 每年最高限額	8,000	8,000	8,000	8,000	8,000	8,000
B. 癌症及腎臟透析額外保障*						
每年最高限額	100,000	100,000	200,000	200,000	300,000	300,000
賠償率	80%	90%	80%	90%	80%	90%

*若總額住院及手術保障已耗盡，將支付此項額外保障，賠償額最高為保障概覽表所定。

 自選門診保障	每年最高賠償額（港幣/元）			
	計劃 1	計劃 2	計劃 3	計劃 4
賠償率	根據每項之列明			
1. 普通科門診 • 每次最高限額 • 賠償率 • 每年最高次數	200 70% 30	350 70% 30	450 70% 30	550 70% 30
2. 專科門診 • 每次最高限額 • 賠償率 • 每年最高次數	380 70% 10	500 70% 10	750 70% 10	850 70% 10
3. 物理治療或脊醫治療 • 每次最高限額 • 賠償率 • 每年最高次數	220 70% 10	260 70% 10	380 70% 10	420 70% 10
4. 中醫門診 • 每次最高限額 • 賠償率 • 每年最高次數	150 70% 10	200 70% 10	300 70% 10	350 70% 10
每年最高次數 (1+2+3+4)	30	30	30	30

保障概覽

 自選門診保障	每年最高賠償額（港幣/元）			
	計劃 1	計劃 2	計劃 3	計劃 4
5. 精神科門診（包括藥物） • 每次最高限額 • 賠償率	2,500 80%	3,000 80%	4,000 80%	5,000 80%
6. 診斷性影像及化驗檢查 • 每次最高限額 • 賠償率	3,000 80%	3,000 80%	4,000 80%	4,000 80%
7. 處方藥物（不適用於直接來自處方醫生診所之藥物） • 每次最高限額 • 賠償率	3,000 80%	3,000 80%	4,000 80%	4,000 80%

保費表（港幣/元）[^] 每名投保人

年齡組別	住院及手術保障（年繳）（港幣/元）					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
15日 - 19	2,214	810	3,186	1,026	6,426	3,510
20-29	2,538	864	3,672	1,080	7,452	3,888
30-39	2,646	1,080	3,996	1,458	7,236	4,320
40-49	4,158	1,944	6,156	2,646	11,718	6,804
50-59	6,534	3,402	9,882	4,644	18,090	10,692
60-64	9,774	5,292	14,958	6,966	28,458	16,956
65-69 [#]	12,798	6,696	19,494	9,288	36,936	21,816
70-79 [#]	25,758	13,446	39,258	17,550	75,546	43,146
>80 [#]	33,534	17,496	51,084	22,842	98,226	56,106

年齡組別	住院及手術保障（月繳）（港幣/元）					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
15日 - 19	205	75	295	95	595	325
20-29	235	80	340	100	690	360
30-39	245	100	370	135	670	400
40-49	385	180	570	245	1,085	630
50-59	605	315	915	430	1,675	990
60-64	905	490	1,385	645	2,635	1,570
65-69 [#]	1,185	620	1,805	860	3,420	2,020
70-79 [#]	2,385	1,245	3,635	1,625	6,995	3,995
>80 [#]	3,105	1,620	4,730	2,115	9,095	5,195

[#] 只適用於續保。

保費表（港幣 / 元）[^] 每名投保人

年齡組別	自選門診保障（年繳）（港幣/元）			
	計劃 1	計劃 2	計劃 3	計劃 4
15日 - 19	5,832	9,720	13,446	16,416
20-29	5,238	8,748	12,798	14,472
30-39	5,400	8,964	12,906	15,174
40-49	5,724	9,612	13,284	16,200
50-59	6,264	10,530	13,932	17,766
60-64	7,074	11,880	16,092	20,034
65-69 [#]	8,100	13,608	17,334	22,950
70-79 [#]	10,692	17,820	22,680	30,132
>80 [#]	13,932	23,166	29,484	39,204

年齡組別	自選門診保障（月繳）（港幣/元）			
	計劃 1	計劃 2	計劃 3	計劃 4
15日 - 19	540	900	1,245	1,520
20-29	485	810	1,185	1,365
30-39	500	830	1,195	1,405
40-49	530	890	1,230	1,500
50-59	580	975	1,290	1,645
60-64	655	1,100	1,490	1,855
65-69 [#]	750	1,260	1,605	2,125
70-79 [#]	990	1,650	2,100	2,790
>80 [#]	1,290	2,145	2,730	3,630

[^] 保費金額將附加保費徵費，並由保險業監管局（「保監局」）徵收。保監局已於《保險業條例》中公布有關收取保費徵費的新規定，並於2018年1月1日正式生效。因此，本產品資料上所列明的保費金額將附加保費徵費。詳情請瀏覽 www.ia.org.hk/tc/levy。

[#] 只適用於續保。

註：

1. 首次保費是基於受保人在保單簽發時的年齡及其他因素而釐定，當中包括但不限於受保人的性別、風險類別及保單的保障級別。
2. 保費並非保證不變，如有需要，本公司可在任何保單周年日按整體情況進行調整。
3. 我們在調整時會考慮多項因素，包括但不限於(i) 本公司的索償及保單持續情況，以及 (ii) 此計劃下所有保單的未來預期索償支出，並會受醫療趨勢、醫療費用通脹及產品特點之修訂所影響。

投保資格及選擇計劃

現有MSIG團體醫療保險之成員：

- 投保程序簡易
- 無須進行核保

非現有MSIG團體醫療保險之成員：

- 現有MSIG團體醫療保險成員之配偶、子女、父母，以及兄弟姊妹，而非現有MSIG團體醫療保險之成員
- 須填寫健康聲明，申請須經MSIG審批

選擇計劃：

- 與現有團體醫療保險相同或以下的保障級別
- 終生不能提升保障級別或轉移

沒有列明保障級別之團體醫療保險

住院及膳食每日限額（港幣/元）	可享有的病房級別	於僱員增值醫療保險之相應保障等級
1,399或以下	普通房	計劃 1 或 計劃 2
1,400 - 2,999	半私家房	計劃 3 或 計劃 4
3,000或以上	標準私家房	計劃 5 或 計劃 6

自選門診保障計劃

已選住院計劃	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可供選擇之自選門診保障計劃	計劃 1 或 計劃 2	計劃 1 或 計劃 2	計劃 1 或 計劃 2 或 計劃 3	計劃 1 或 計劃 2 或 計劃 3	計劃 1 或 計劃 2 或 計劃 3 或 計劃 4	計劃 1 或 計劃 2 或 計劃 3 或 計劃 4

重要事項

- 現有MSIG團體醫療保險之成員可享簡易投保程序，無須進行核保。非現有MSIG團體醫療保險成員之合資格申請人，則需填寫健康聲明，申請須經MSIG審批。可能有不承保的情況。
- 如申請人之前曾取消僱員增值醫療保險計劃，申請將不會被接納。
- 成員之配偶及子女必須申請相同之住院計劃。如家屬選擇門診計劃，亦須與成員相同。如成員或其家屬不投保門診計劃，其他有關人士亦可個別投保。
- 子女不可單獨投保。
- 自保單生效日起，所有受保人就以下病症及程序，均設有6個月的等候期：
 - 白內障
 - 拇趾外翻
 - 關節置換手術
 - 為調查睡眠模式及異常而進行的住院治療或家居檢查
 - 食道胃十二指腸內窺鏡檢查及結腸鏡檢查
 - 病毒性疣及皮膚病變治療
- 保費並非保證不變，續保條款及細則亦可能更改。MSIG保留於每次僱員增值醫療保險計劃保單周年日檢視及調整保費的權利。我們在調整時會考慮多項因素，包括但不限於：(i) MSIG 的索償紀錄及保單持續情況，以及 (ii) 此計劃下所有保單的未來預期索償支出，並會受醫療趨勢、醫療費用通脹及產品特點之修訂所影響。
- 若您於香港醫院管理局（「醫管局」）轄下的公立醫院以公眾病人身份就醫，將以醫管局醫院之賠償率計算。若您於公立醫院內產生私人醫療費用，則以標準醫院之賠償率計算。
- 若您於中國內地境內就醫，必須於符合以下條件的醫院接受住院治療：(i) 中國內地的三級醫院*，或(ii) 「中國內地指定醫院列表」內的醫療機構，具體須遵守保單條款及細則。MSIG將在審核索償申請時，確認該醫院是否符合資格。
*指由中華人民共和國國家衛生健康委員會認定的中國內地所有三級醫院，但不包括所有中醫醫院。最新的中國內地三級「醫院」名單可於中華人民共和國國家衛生健康委員會或國家醫療保障局的官方網站查閱。
- 若您於香港指定私營醫院列表內的醫院就醫，或在診所接受日間手術，您必須在「香港指定私營醫院/診所名單」內的醫療機構住院或接受治療，並須遵守保單的條款及細則。MSIG將在審核索償申請時，確認該醫院是否符合資格。
- 標準醫院指未被列入「香港指定私營醫院/診所名單」及「中國內地指定醫院列表」之醫院。
- 就於香港任何私營醫院住院期間所接受與癌症相關的醫療服務（包括手術及處方非手術癌症治療），均以香港指定私營醫院之賠償率計算，無論該醫院於分類中屬於標準醫院或指定私營醫院。
- 每年最高總額適用於 (i) 內窺鏡日間手術保障、(ii) 白內障日間手術保障，及 (iii) 病毒性疣及皮膚病變程序保障。有關保障的相應年度限額，請參閱保障概覽。該限額包括但不限於設施、設備、消耗品、外科醫生費用等項目。
- 有關入院前的門診、出院後或日間手術的覆診，以下費用將獲賠償：
 - 於住院或日間手術前30天內，因與診斷相關而直接導致住院或日間手術的一次門診診症費用。
 - 受保人於出院或日間手術完成後的6星期內的3次門診覆診。涵蓋的覆診項目包括診症費、西藥、診斷檢查及物理治療，惟該等門診覆診必須與導致該次住院或日間手術的診斷直接相關。

不受保項目：

註：此不受保項目為節錄，並非完整。請參閱保單以查閱完整的不受保項目。

1. 任何非「醫療所需」「治療」、程序、藥物、檢測或服務的費用。
2. 以下服務的收費
 - a) 以美容或整容為目的的服務，惟「受保人」因「意外」而「受傷」，並於「意外」後九十（90）日內接受的必要「醫療服務」則不屬此項；或
 - b) 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，包括但不限於眼部屈光治療、角膜激光矯視手術，以及任何相關的檢測、程序及服務。
3. 除以下情況外，「註冊牙醫」進行的牙科治療及口腔及顎面外科程序所招致的費用不予賠償：
 - a) 因「意外」引致的「住院」期間「緊急治療」及手術；或
 - b) 「受保人」診斷患有口腔相關癌症或原位癌。
4. 按接受「治療」、程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或程序的費用。
5. 試驗性藥物及與減肥、戒煙及「治療」禿頭有關的處方藥物。
6. 因「先天性疾病」、遺傳性疾病或「發展障礙」而提供的「醫療服務」所招致的費用，不予賠償。
7. 除非另有規定，之前「已存在之傷病」不予承保。惟對於在「投保申請」「登記」時已受保於「本公司」團體醫療「保單」的「受保人」，其之前「已存在之傷病」將在以下情況連續受保滿12個月之日起獲得保障：(i)「本公司」團體醫療「保單」；及/或(ii)本「保單」。為免疑義，若「受保人」在本「保單」「原本開始日」前，在「本公司」團體醫療「保單」下連續受保少於12個月，「本公司」將一併計算在「原本開始日」前於該團體醫療「保單」下的受保期間，以及自「原本開始日」起在本「保單」下的受保期間，以確定「受保人」是否符合本條款第7項規定的連續受保12個月之要求。
對於「投保申請」「登記」時未受保於「本公司」團體醫療「保單」的「受保人」，其之前「已存在之傷病」在本「保單」期間內任何時間均不予承保。
對於「本公司」團體醫療計劃下的現有團體成員，其團體醫療「保單」涵蓋的之前「已存在之傷病」，將在本「保單」下繼續獲得保障，惟須受保障項目表中規定的保障限額限制，並且「受保人」須在團體醫療「保單」及/或本「保單」下連續受保滿12個月。若「受保人」在現有團體醫療「保單」中已被施加不承保事項，該不承保事項將於「僱員增值醫療保險」中繼續適用。
8. 直接或間接因與人體免疫力缺乏病毒有關的「傷病」而引致的開支，包括後天免疫力缺乏症（愛滋病）及/或因愛滋病而產生的任何突變、衍化或變異，並因在「生效日」之前感染人體免疫力缺乏病毒而病發。就本不受保項目而言，若「生效日」後五（5）年內出現與人體免疫力缺乏病毒有關的「傷病」，在沒有明確和具說服力的相反證據之情況下，將不可推翻地推定為因在「生效日」之前感染人體免疫力缺乏病毒而病發。
9. 下列「醫療服務」及輔導服務的費用 - 懷孕及其併發症，包括但不限於懷孕的診斷檢查、分娩（包括手術分娩）、墮胎或流產；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。
10. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因「受保人」及/或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑，本不受保項目並不適用於 -
 - a) 為了避免因接受其他「醫療服務」引起的併發症而進行的「治療」、監測、檢查或程序；
 - b) 移除癌前病變；及
 - c) 為預防過往「傷病」復發或其併發症的「治療」。
11. 根據任何法律或法規，或由任何政府、公司或第三方提供的醫療計劃、保險計劃或任何來源賠償的「合資格費用」。
12. 因「精神病及情緒失調」直接或間接引致的「住院」「醫療服務」或中醫門診診症費用。
13. 指根據香港法例第549章《中醫藥條例》定義的中成藥。
14. 購買義肢及假體裝置的費用，但手術期間植入「受保人」體內的假體裝置除外。
15. 採購或使用特殊支架、器具、助聽器、輪椅、拐杖或任何其他類似設備的費用。
16. 非「醫療服務」費用，包括但不限於訪客餐費、收音機、電話、影印、稅項（「醫療服務」的增值稅或貨物及服務稅除外）、醫療報告費用等。
17. 另類療法費用，包括但不限於艾灸、穴位按壓、天灸、推拿、氣功、耳部反射療法、拔罐、刮痧、催眠、羅爾夫療法、按摩療法、香薰療法、自然療法、水療法、順勢療法及整骨療法。
18. 除角膜、腎臟、心臟、肝臟、肺臟或骨髓的人體器官移植外，其他器官移植費用不予承保，且不包括獲取器官及其運輸費用，以及從捐贈者身上移除器官進行移植的手術費用。
19. 失眠「治療」及輔導服務的費用。
20. 「住院」期間因中醫相關「醫療服務」所招致的任何費用，包括但不限於針灸、推拿、跌打及中草藥。
21. 因倚賴或過量服用藥物、酒精、毒品或類似藥物或物質（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（人類免疫缺乏病毒及其相關的「傷病」將按保單第9部分第8節處理）的「醫療服務」費用。
22. 因直接或間接參與或因從事高風險職業或活動引致的「受傷」、「不適、疾病或病痛」及其後果，包括但不限於以下情況：
 - a) 海軍、陸軍或空軍服務或行動；
 - b) 以非持牌航空公司定期國內或國際航線的付費乘客身份，或非經正式授權的包租服務，乘坐或駕駛飛機；
 - c) 水肺潛水、蹦極、登山、滑翔翼、摩托車運動、跳傘、帆傘運動、洞穴探險、大膽特技或表演、除步行外的賽車活動、滑雪、雪橇、攀岩、及溜冰（包括冰球），以及任何需要雪地或冰面進行的其他運動，或涉及危險或污染物質的工作活動；
 - d) 以職業身份參與體育活動，或「受保人」從事該等體育活動或可能獲得收入或報酬的活動；
 - e) 航空機組人員
23. 純粹為了進行一般身體檢查、診斷程序、化驗測試或相關健康服務（包括但不限於「物理治療」）而全部或部分「住院」所產生的費用。除非該程序、檢查或服務由「註冊醫生」建議，並屬於「醫療必需」，以調查或「治療」無法於提供「日症病人」醫療服務的場所有效進行之「傷病」。
24. 任何在家居、水療中心、水療診所、療養院或長期護理設施環境等非本「保單」定義為「醫院」的地方所提供的復康護理、「醫療服務」或「治療」。
25. 由「受保人」、「保單持有人」、保險中介人、僱主、僱員、近親或「保單持有人」及/或「受保人」的業務夥伴提供或進行的任何「醫療服務」或轉介。為免疑義，此不承保事項適用於任何「醫療服務」，包括但不限於病毒性疣及皮膚病變程序，且由以下人士或機構進行：
 - a) 僱主的任何僱員或「註冊醫生」；或
 - b) 僱主、其董事、股東或實益擁有人（持有「受保人」25%或以上股份或投票權）、其任何子公司、附屬公司、關聯實體或「受保人」擁有任何的醫療機構、醫療美容中心或提供醫療或美容服務的實體的所有權利益、財務利益或其他利益。
屬於此不承保範圍的「治療」或轉介，僅在獲得「本公司」明確書面預先批准的情況下，方可符合保障資格。就本不承保事項而言，「近親」指「受保人」的配偶、「子女」、父母、岳父母、兄弟姐妹、祖父母、孫子女或法定監護人。
26. 因下列任何原因直接或間接引致、導致或與之相關的狀況或損失，不論是否有其他原因或事件同時或以任何順序促成該損失，均不予承保：
 - a) 來自任何核燃料、核廢料或核燃料燃燒的電離輻射或放射性污染。
 - b) 任何核設施、反應堆或其他核組件或核元件的放射性、有毒、爆炸性或其他危險或污染特性。
 - c) 使用原子或核裂變及/或聚變或其他類似反應或放射性物質的任何武器或裝置。
 - d) 任何放射性物質的放射性、有毒、爆炸性或其他危險或污染特性。本條款不包括用於商業、農業、醫療、科學或其他類似和平目的而準備、運輸、儲存或使用的放射性同位素（核燃料除外）。
 - e) 任何化學、生物、生化或電磁武器。

不受保項目：

27. 因下列任何原因直接或間接引致、導致或與之相關的狀況或損失，不論是否有其他原因或事件同時或以任何順序促成該損失，均不予承保：
- a) 戰爭、入侵、外敵行為、敵對行動或類似戰爭行動（不論是否宣戰）、內戰、叛亂、革命、起義、達到或相當於起義的內亂、軍事行動或篡奪權力。
 - b) 任何恐怖主義行為，包括但不限於：
 - (i) 使用或威脅使用武力、暴力；及/ 或
 - (ii) 對生命或財產的傷害或損壞（或此類傷害或損壞的威脅），包括但不限於核輻射及/ 或化學及/ 或生物劑污染，由任何個人或團體為政治、宗教、意識形態或其他類似目的（無論是否明確表達）而實施，及/ 或使公眾或任何公眾群體感到恐懼。
 - c) 為控制、預防、壓制或以任何方式與上述 a) 或 b) 相關的任何行動。



貼心的保障及賠償服務

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（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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