

MediSure Plus
至尊萬健寶醫療保障計劃

**Supplement to your
existing medical plan**
配合您現有的醫療計劃



**PROTECTING
GOALS
POWERING
FUTURES**

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

MSIG MediSure Plus is particularly designed to enhance your overall level of medical protection. We understand everyone's budgets and health care needs are different. So we designed our plans in different levels - not only from standard to comprehensive, but also with tailored medical top up plan. Giving you true lifelong comprehensive protection - throughout your working life, and into retirement too.



On top of your current medical insurance, you can opt for a fixed annual deductible or choose our medical top up plan¹ to cover an amount you can claim under your existing medical plan, in order to enjoy a much higher cover limit under two medical plans while paying much less.

Save more than 65% premium

To suit your personal needs, our deductible options provide a premium discount up to a maximum of 65%. In addition, another 10% discount will be offered if you and your family enrol together.

Annual aggregate deductible amount ²	Discount applied on premium of core cover			
Per person per year (HK\$)	Standard plan	Excel plan	Super plan	Executive plan
10,000	25%	25%	20%	15%
20,000	35%	35%	30%	25%
40,000	45%	45%	40%	30%
80,000	55%	55%	50%	40%
120,000	65%	65%	60%	50%

Guaranteed renewal up to age 100



MediSure Plus offers you comprehensive medical and hospitalisation cover with guaranteed renewal³. When your existing medical insurance ceases or you reach retirement age, you can remove the annual deductible and resume full core cover at your discretion upon policy renewal.

¹ For medical top up plan, an amount must be claimed under the existing medical plan first.

² The annual aggregate deductible amount applies to core cover only. All other benefits remain unchanged. You may change the annual deductible amount within 30 days before the policy anniversary, no underwriting is required if you request to increase the annual deductible amount. However, any request to decrease the annual deductible amount will be subject to underwriting review and you are required to provide us with the current details of your health condition.

³ Maternity benefits will be renewed up to aged 49. Critical illness benefits and lady benefits will be renewed up to aged 79. Medical top up plan is renewed up to aged 69 and can be switched to standard plan upon aged 70 without re-underwriting.

Full cover for major hospitalisation expenses



Major hospitalisation charges such as miscellaneous hospital charges, in-hospital specialists, surgeons⁴, anaesthetists⁴ and operation theatre charges⁴ will be reimbursed in full, up to the annual maximum limit under hospital and related services benefit. It's quite possible that you don't have to pay a single dollar for hospitalisation.

Further benefits for extra protection



Pre and post hospitalisation care

For 30 days before admission and 90 days after discharge



Cover for chemotherapy, targeted therapy, immunotherapy, hormonal therapy, radiotherapy or renal dialysis



International payment guarantee

No need to pay cash upfront. All bills may be settled when you are discharged from hospital



Post operation and cancer treatment recovery benefit

Up to 5 visits per 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



Free medical preventive service once per year⁵

Optional critical illness benefits

Comprehensive cover for up to 28 critical illnesses⁶

Under standard coverages:

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

Under comprehensive coverages (with the above listed critical illnesses), plus:

- 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

⁴ The maximum limit of surgeon fee for excel plan and standard plan should be according to surgical schedule up to HK\$330,000 and HK\$52,000 respectively. Anaesthetist fee and operation theatre are 35% of surgeon's fee payable.

⁵ A redemption letter for free medical preventive service will be sent together with the policy to each insured person (if applicable) by mail within 4 weeks of policy inception. The redemption letter is non-transferable and cannot be exchanged for cash.

Lady benefit covering critical female illnesses^{6,7}

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

Eligibility

1. Applicants who are Hong Kong residents aged 18 to 75 (last birthday) can apply for himself and his family members. Family members refer to:
 - Legal spouse: aged 18-75.
 - Unmarried children: aged 15 days to 17, or below 23 if in full time education.
 - Parents and/or parents-in-law: aged below 75 years of age.
2. The plan selected should be the same for the applicant and all insured family members. Each insured family member can be covered with different amount of deductible.
3. The maximum age for first enrolment: 75.
4. The maximum age for first enrolment of medical top up plan, critical illness benefit and lady benefit is aged 59.

Major exclusions

1. Pre-existing conditions.
2. Routine medical check-ups and vaccinations.
3. Cosmetic surgery.
4. Dental treatment or oral surgery related to teeth (unless for restoration or replacement of sound natural teeth within 14 days of accident) not applicable to dental benefit.
5. Convalescent care.
6. Pregnancy or childbirth (except as defined and covered under the maternity benefit, and not applicable to critical illness benefit), infertility, contraception and sterilisation.
7. Congenital and hereditary conditions.
8. Mental and psychiatric disorders.
9. Elective overseas treatment for non-emergency medical conditions.
10. Participation of hazardous sports and pastime.
11. Hospital in-patient treatment for conditions which can be properly treated as an outpatient. This includes hospitalisation primarily for diagnostic scanning, X-ray examinations or physiotherapy treatment.

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. A loading of 10% premium is required for stand-alone child cover.
4. No refund of premium is allowed once the policy has been issued.
5. Premium and terms may be adjusted at renewal at the discretion of MSIG Insurance (Hong Kong) Limited.
6. The above is a summary of major exclusions only. For details please refer to policy provisions.

⁶ Terms and conditions for critical illness benefit and lady benefit:

1. Waiting period - 60 days.
2. Survival period - 21 days.
3. Age limit for insuring critical illness benefit: 15 days – 59 years of age.
4. Age limit for insuring lady benefit: 18 – 59 years of age.
5. Age limit for renewal - 79 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 medical cover up to aged 100.

⁷ Lady benefit is a rider of critical illness benefit and cannot be insured separately. Lady benefit paid will reduce the maximum limit of critical illness benefit.



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至尊萬健寶醫療保障計劃是特別為提升您的醫療保障計劃之整體水平而設。我們明白每個人的預算及醫療需要各異，故此我們精心設計各種照顧不同需要的計劃 — 不單止從標準至全面，更特設醫療增值計劃，無論您在職期間，甚至退休後，都能盡享終生優越的醫療保障。



為配合您現有的醫療保險，您可於至尊萬健寶中選擇合適的自負總額，或選擇我們的醫療增值計劃¹，若費用超出您現有醫療計劃，超出自負額餘數亦可被保障，從而獲享雙份相輔而行的醫療保險，保障更廣更全面。

至尊萬健寶保費低至35折

為配合您個人需要，至尊萬健寶的自負額選項提供保費折扣低至35折。另外，若您和家人同時投保，更可享受額外9折優惠。

每年自負總額 ²	基本保障的保費折扣			
每人每年 (港幣/ 元)	標準計劃	精選計劃	特選計劃	智選計劃
10,000	25%	25%	20%	15%
20,000	35%	35%	30%	25%
40,000	45%	45%	40%	30%
80,000	55%	55%	50%	40%
120,000	65%	65%	60%	50%

保證續保至100歲



至尊萬健寶為您提供全面醫療及住院保障，並保證續保³。倘您現有的醫療保單完結或年屆退休年齡，您可於續保時按當時的個人需要取消自負額選項以恢復基本保障的原有保障金額。

¹ 醫療增值計劃只適用於先獲得現有醫療計劃之保險賠償後的餘額。

² 每年自負總額只應用於基本保障，其餘保障仍維持不變。您可於保單週年日前30天內申請提高每年自負額而無需重新核保；但如申請減少或免除每年自負額，請向我們提供您當前健康狀況的詳細資訊以作核保之用。

³ 產科保障續保年齡至49歲。危疾保障及女性保障續保年齡至79歲。醫療增值計劃續保年齡至69歲，並可於70歲起在免再核保的情況下轉換至標準計劃。

全額賠償 主要住院費用



主要住院醫療費用如住院雜費、專科醫生費用、手術費⁴、麻醉師費⁴及手術室費用⁴的分項保障額更不設上限，惟以醫院及有關服務保障部份所設定的每年最高保障額為限。至尊萬健寬的確讓您有機會不需為住院醫療支付一分一毫。

額外保障



住院前後保障期

保障期延伸至入院前30日及出院後90日



保障化療、標靶治療、免疫治療、荷爾蒙治療、電療或洗腎服務



全球入院付款保證

不論入院或出院，您都無需即時付款



手術或癌症治療後復康保障

於手術或癌症治療後90天內，可享下列每項治療每年最多5次

- 心理輔導
- 營養諮詢
- 言語治療
- 職業治療
- 中醫及針灸治療



每年一次之免費醫療保健服務⁵

自選危疾保障

全面保障多至28種危疾⁶

於標準保障下：

- 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

於全面保障下(除以上所述危疾外)，以及：

- 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

⁴ 精選計劃及標準計劃之手術費用的最高賠償額分別為港幣330,000元及港幣52,000元，並須根據外科手術承保表賠償。麻醉師及手術室費用之賠償額為手術費用的35%。

⁵ 免費醫療保健服務換領信將於保障生效起4個星期內連同保單以郵寄方式寄給每位受保人（如適用）。換領信不可轉贈他人或兌換現金。

保障女性嚴重疾病^{6,7}

- 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

投保資格

1. 投保人必須為年齡滿18至75歲的香港居民（以上一次生日計算），並可為家庭成員投保。
家庭成員指：
 - 18至75歲的合法配偶
 - 出生滿15天至17歲的未婚子女，或未滿23歲而正接受全日制教育的未婚子女
 - 父母及／或配偶之父母：年齡低於75歲
2. 所有投保的家庭成員（包括投保人）所選的計劃必須相同。而每名家庭成員的自負金額可以不同。
3. 首次投保年齡最高為75歲。
4. 首次投保醫療增值計劃、危疾保障及女性保障的最高年齡為59歲。

主要不承保項目

1. 保單生效日期前所患有的疾病或損傷
2. 例行體格檢查及預防注射
3. 整容手術
4. 牙科治療及與牙齒有關的口腔手術（除非在意外發生後14天內進行有關健康正常牙齒之修補治療）並不適用於牙科保障
5. 休養治療
6. 懷孕或生育（除非屬於產科保障範圍以內，並不適用於危疾保障）、不孕、節育及絕育
7. 先天或遺傳性異常
8. 神經及精神問題
9. 預先安排在海外治療的非緊急性的醫療情況
10. 參與危險的運動及興趣活動
11. 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

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. 兒童單獨投保將加收10%保費。
4. 保單一經發出，保費概不退還。
5. 保費及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。
6. 以上項目為主要不承保項目的撮要，詳情請參閱保單條款。

⁶ 危疾保障和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 – 59歲
4. 女性保障投保年齡限制：18 – 59歲
5. 續保年齡上限 – 79歲
6. 如您不幸罹患您所選擇的計劃內闡明的其中一種危疾或女性嚴重疾病，您將會獲得保障限額表所列之現金賠償。當最高保障額全數繳付後，您的危疾保障將會終止，但您仍可享有續保至100歲的醫療保障。

⁷ 女性保障乃危疾保障之附加保險，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。



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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