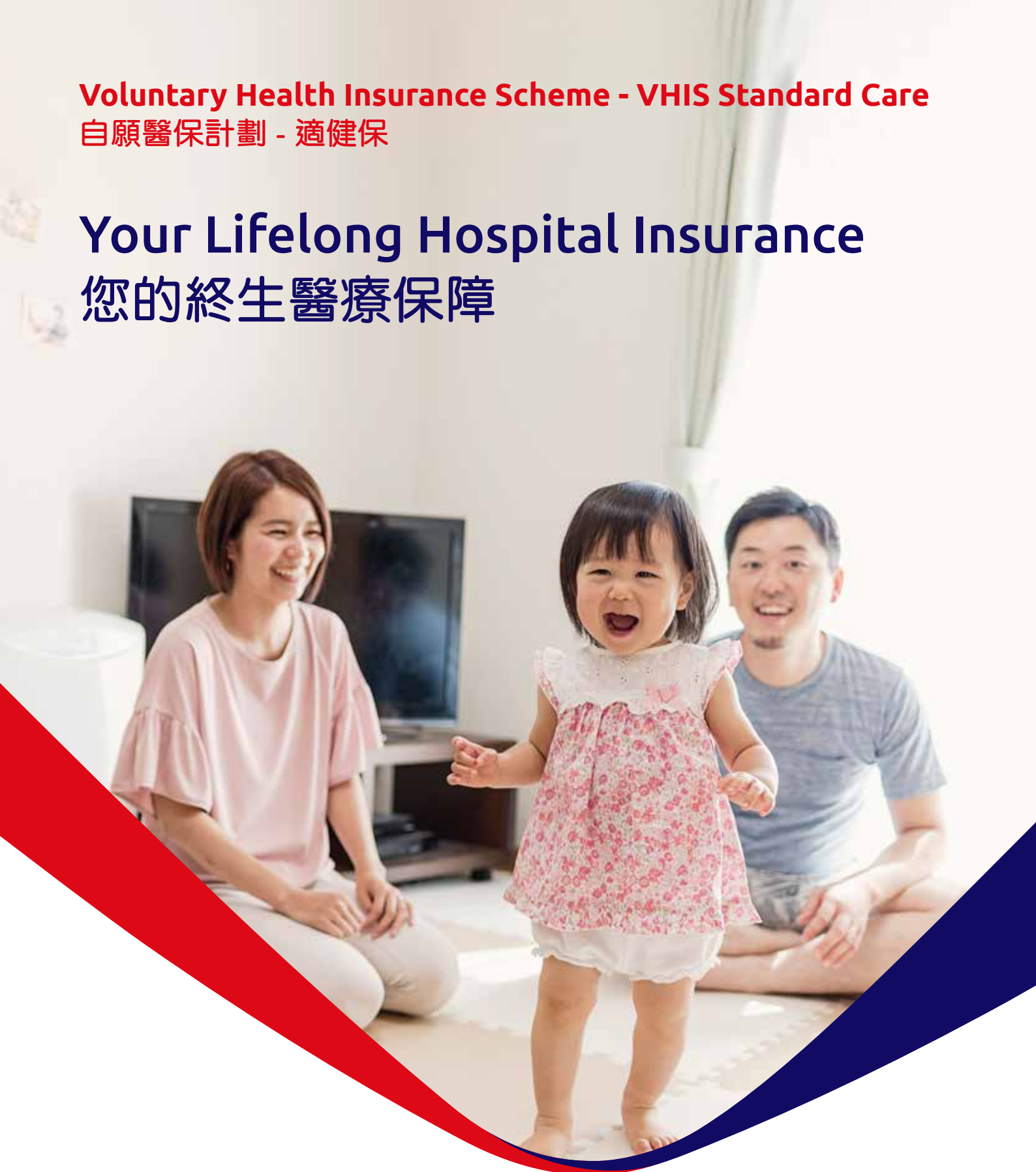


Voluntary Health Insurance Scheme - VHIS Standard Care
自願醫保計劃 - 適健保

Your Lifelong Hospital Insurance

您的終生醫療保障



Type of the Certified Plan: Standard Plan
認可產品類別: 標準計劃

Company Registration Number:
公司註冊編號:
00029

Plan Certification Number:
認可產品編號:
S00029-01-000-02



Insurance
that sees
the heart
in everything

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

MSIG Voluntary Health Insurance Scheme - VHIS Standard Care

We all value our health and try our best to protect it. But when we do face illness, disease or medical complications, one of the biggest challenges can be the cost of hospitalisation and related surgical expenses.

The Voluntary Health Insurance Scheme 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, we have a variety of coverage options to suit your budget and personal needs.

We offer Standard Plan certified by the Food and Health Bureau (Certified Plan).

The VHIS provides you with greater choices for your care. You can choose to use public or private healthcare services and receive reimbursement from both.

If you already have an individual hospital insurance plan with MSIG, you can migrate to VHIS certified plan. Contact us to learn more about your options.

Key Benefits of VHIS Standard Care

Lifelong Protection

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

No Lifetime Benefit Limit

Under the VHIS Standard Care, there is no cap on the total number of claims you can make in a lifetime. The maximum annual benefit limit under the VHIS Standard Care is HK\$420,000.

21-Day Cooling-off Period

The VHIS Standard 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.

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 Standard 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 Standard Care cover 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.

Other Benefits Under VHIS Standard 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.

Eligibility

Applicant:	<ul style="list-style-type: none">Hong Kong residents aged 18 or above
1 st enrolment age of Insured Person	<ul style="list-style-type: none">Applicant: 18 to 80 years of ageApplicant's legally married spouse, parents, parents-in-law: up to 80 years of ageApplicant'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

Remark: According to the 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.
6. Pregnancy or childbirth, infertility, contraception and sterilisation
7. Congenital conditions which have manifested or been diagnosed before insured person attained age of 8 years.
8. Hospital in-patient treatment for condition 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.

Important Notes:

1. Policy effective date: the 1st calendar day of month after approval of application.
2. Cover does not begin until application has been accepted and premium received.
3. Benefits and terms and conditions of Certified Plan to be revised subject to regular review of Voluntary Health Insurance Scheme by Government of Standard Premium Schedule.
4. Premium of Standard Premium Schedule 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\$)	
Benefit items ⁽¹⁾ (HK\$)	Standard Care
(A) Room and board • per day	\$750
	Maximum 180 days per policy year
(B) Miscellaneous charges • per policy year	\$14,000
(C) Attending doctor's visit fee • per day	\$750
	Maximum 180 days per policy year
(D) Specialist's fee ⁽²⁾ • per policy year	\$4,300
(E) Intensive care • per day	\$3,500
	Maximum 25 days per policy year
(F) Surgeon's fee • per surgery	Subject to surgical category for the surgery/procedure in the schedule of surgical procedures: • Complex: \$50,000 • Major: \$25,000 • Intermediate: \$12,500 • Minor: \$5,000
(G) Anaesthetist's fee	35% of surgeon's fee payable ⁽⁵⁾
(H) Operating theatre charges	35% of surgeon's fee payable ⁽⁵⁾
(I) Prescribed diagnostic imaging tests ^{(2) (3)} • per policy year	\$20,000
	Subject to 30% coinsurance
(J) Prescribed non-surgical cancer treatments ⁽⁴⁾ • per policy year	\$80,000
(K) Pre- and post-confinement/ Day case procedure outpatient care ⁽²⁾ • per visit	\$580, Up to \$3,000 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)
(L) Psychiatric treatments • per policy year	\$30,000
Other benefit items (HK\$)	
Day surgery cash allowance • per day case procedure	\$1,000
Second claim cash allowance benefit • per claim	\$1,000
Other limits (HK\$)	
Annual benefit limit for benefit items (A) – (L) • per policy year	\$420,000
Lifetime benefit limit for all benefit items	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.

Standard Premium Schedule (HK\$)		
Age Groups (Attained Age) [#]	Standard Care	
	Annual	Monthly
15 days to 6	\$3,240	\$300
7-17	\$2,916	\$270
18-30	\$4,104	\$380
31-40	\$4,914	\$455
41-50	\$6,588	\$610
51-60	\$9,666	\$895
61-70	\$16,200	\$1,500
71-80	\$20,304	\$1,880
81-99*	\$20,952	\$1,940

*For renewal only

[#]According to the last birthday.

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

三井住友保險自願醫保計劃 — 適健保

健康是我們最珍視，並需要盡力地保護；但每當患病，遇到疾病或醫療併發症時，住院費用及相關手術所須支出往往是其中一個最大難題。

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，讓保單持有人保證續保至100歲，及全面保障一系列的嚴重疾病。

三井住友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，我們提供各種不同的保障選項，滿足不同客戶的個人需要。

我們提供由食物及衛生局認可之自願醫保計劃 - 適健保計劃。

自願醫保計劃為您提供全面的醫療保障選擇，您可選用公營或私營醫療服務，兩者均可獲得賠償。

如您已購買三井住友保險之個人住院保障計劃，您可將之轉換至我們的「自願醫保計劃」。請聯絡我們以了解更多。

自願醫保計劃 - 適健保的主要特點

終生保障

自願醫保計劃 — 適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 — 適健保不設終生保障上限，而自願醫保標準計劃保障限額為每年420,000 港元。

21日冷靜期

自願醫保計劃 — 適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。

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 — 適健保，如投保人在合理情況下並未得知任何病徵或症狀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 — 適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進行的外科手術。

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。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。

三井住友保險自願醫保計劃 - 適健保為您提供更多保障

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。

三井住友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。

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

備註：以上一次生日計算。

主要不承保項目

- 申請人於保單簽發日期或保單生效日期已知但於投保時並未向本公司申報有關已有病症。
- 例行體格檢查及預防注射。
- 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)。
- 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。
- 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)。
- 懷孕或生育、不孕、節育及絕育。
- 於受保人年屆8 歲前發病或確診的先天性疾病。
- 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：

- 起保日期：投保申請獲批核的下一個月的首天。
- 保障於投保申請獲接納及繳付保費後始行生效。
- 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。
- 標準保費表內之保費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。
- 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)	
保障項目 ⁽¹⁾ (港元)	適健保
(a) 病房及膳食 • 每日	\$750
	每保單年度最多 180 日
(b) 雜項開支 • 每保單年度	\$14,000
(c) 主診醫生巡房費 • 每日	\$750
	每保單年度最多 180 日
(d) 專科醫生費 ⁽²⁾ • 每保單年度	\$4,300
(e) 深切治療 • 每日	\$3,500
	每保單年度最多 25 日
(f) 外科醫生費 • 每項手術	按手術劃分的手術分類： • 複雜：\$50,000 • 大型：\$25,000 • 中型：\$12,500 • 小型：\$5,000
(g) 麻醉科醫生費	外科醫生費的 35% ⁽⁵⁾
(h) 手術室費	外科醫生費的 35% ⁽⁵⁾
(i) 訂明診斷成像檢測 ^{(2) (3)} • 每保單年度	\$20,000
	設 30% 共同保險
(j) 訂明非手術癌症治療 ⁽⁴⁾ • 每保單年度	\$80,000
(k) 入院前或出院後 / 日間手術前後的門診護理 ⁽²⁾ • 每次	\$580, 每保單年度最多 \$3,000
	• 入院 / 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) 精神科治療費用 • 每保單年度	\$30,000
其他保障項目 (港元)	
日間手術現金津貼 • 每宗日間手術	\$1,000
第二索償現金津貼保障 • 每宗索償	\$1,000
其他保障額 (港元)	
保障項目 (A) — (L) 的每年保障限額 • 每保單年度	\$420,000
所有保障項目的終身保障限額	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。

標準保費表 (港元)		
年齡組別 (已屆年齡) [#]	適健保	
	年繳	月繳
15 日至 6	\$3,240	\$300
7-17	\$2,916	\$270
18-30	\$4,104	\$380
31-40	\$4,914	\$455
41-50	\$6,588	\$610
51-60	\$9,666	\$895
61-70	\$16,200	\$1,500
71-80	\$20,304	\$1,880
81-99*	\$20,952	\$1,940

* 只限續保

[#] 年齡均以上一次生日計算。

此標準保費表並未包括由保險業監管局徵收的保費徵費。

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