



Blue Cross 藍十字
An **AIA** Company 友邦保險成員公司



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Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

「只衛您」超卓靈活自願醫保計劃 CareForYou Super Flexi Plan for VHIS



2025年1月生效
With effect from Jan 2025

自願醫保計劃認可產品
VHIS Certified Plan

藍十字（亞太）保險有限公司

Blue Cross (Asia-Pacific) Insurance Limited

藍十字（亞太）保險有限公司（「藍十字」）乃友邦保險控股有限公司之子公司，於香港經營保險業務逾 50 年，致力為個人及企業客戶提供多元化的保險產品及服務，包括醫療、旅遊及一般保險。藍十字通過龐大的分銷渠道銷售其產品，包括友邦香港營業團隊、網上平台、直銷渠道、東亞銀行網絡、保險代理和經紀，以及旅行社。

藍十字在 2023 年獲標普全球評級分別授予財務實力評級 A+（展望穩定）及發行人信用評級 A+（展望穩定）。

Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) is a subsidiary of AIA Group Limited. With over 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel, and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross distributes its products through various channels, including AIA agency force, online platform, direct sales, BEA network, insurance agents and brokers, as well as travel agencies.

In 2023, Blue Cross was assigned financial strength rating of A+ (stable outlook) and issuer credit rating of A+ (stable outlook) by S&P Global Ratings.

此小冊子並不包含保單的完整條款且只供參考之用，中文及英文版本均為正式版本，具相同效力。若兩者存有歧義，必須以較有利保單持有人的詮釋為準。有關詳盡條款及細則及所有不保之事項，概以保單為準。

This brochure does not contain the full terms of the policy and is for reference only. Both English and Chinese versions are official versions and neither one shall prevail over the other. Any inconsistency shall be interpreted in favour of the policyholder. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions.

選擇一份適合的醫療保險計劃其實可以很簡單！作為市場的醫療保險專家，藍十字明白一份保障範圍全面且實用靈活兼備的醫療保障，才能更好守護您及家人的健康，隨時給予您適切的支援。

Choosing a suitable medical insurance plan has never been easier! As a medical insurance expert, Blue Cross ensures your medical insurance includes comprehensive, practical and flexible benefits that can better protect the health and well-being of you and your family, giving you all-round support anytime you need it.

「只衛您」超卓靈活自願醫保計劃[^]（下稱「認可產品」）除了提供符合要求的重點基本保障外，特別加入多項切合您需要的額外保障及增值服務；您更可就所繳付之保費申請稅務扣減¹、享有無索償折扣以及家庭折扣等多重優勢，以更划算的保費享受更強的保障。

CareForYou Super Flexi Plan for VHIS[^] (hereinafter “Certified Plan”) not only offers essential coverage, but also provides various enhanced benefits and value-added services that are tailored to your needs. You can also apply for tax deduction for the premiums paid¹, no claim discount, family discount and much more, getting even fuller protection at a more cost-effective premium.

認識「只衛您」超卓靈活自願醫保計劃的智慧方案 選擇合適的醫療保障

Smart Solution of CareForYou Super Flexi Plan for VHIS That's All You Need for a Medical Insurance Plan

➤ 6 項主要優勢 6 Key Advantages



稅務扣減
Tax Deduction



保證終身續保
Guaranteed Lifetime
Renewal



不設終身保障限額
No Lifetime
Benefit Limit



**保障未知的投保前
已有病症及先天性疾病**
Coverage for Unknown
Pre-existing Conditions and
Congenital Conditions



無索償折扣
No Claim
Discount



家庭折扣
Family
Discount

➤ 12 項重點基本保障 12 Essential Basic Benefits



病房及膳食
Room and Board



訂明非手術癌症治療
Prescribed Non-surgical
Cancer Treatments



訂明診斷成像檢測
Prescribed Diagnostic
Imaging Tests



精神科治療
Psychiatric
Treatments



**入院前或出院後/日間手術
前後的門診護理**
Pre- and Post-confinement/
Day Case Procedure
Outpatient Care

+ 更多
More

➤ 11 項額外及其他保障 11 Enhanced and Other Benefits



腎透析
Kidney Dialysis



中風復康治療
Stroke Rehabilitation



住院現金保障
Hospital Cash Benefit



**出院後/日間手術後
中醫門診護理**
Post-confinement/Day
Case Procedure Chinese
Medicine Practitioner
Outpatient Care



隔離病房現金保障
Isolation Room
Cash Benefit

+ 更多
More

1. 「附加門診保障」的保費支出除外。

1. Exclude premiums paid on Optional Outpatient Benefits.

➤ 2 項靈活自選附加保障 2 Flexible Optional Benefits



附加額外醫療保障²
Optional Supplementary
Medical Benefit²



附加門診保障²
Optional Outpatient
Benefits²

➤ 6 項實用增值服務 6 Practical Value-added Services



免費周年健康檢查
Free Annual
Health Checkup



手術 / 治療前索償評估
Pre-procedure Claim
Assessment



出院免找數
No Hospital Bills
to Pay



24 小時全球緊急援助
24-hour Worldwide
Emergency Aid



藍十字護理諮詢專線
Blue Cross Nursing
Care Hotline



Super Care 會員平台
Super Care
Membership Platform

主要特色

保費支出可獲稅務扣減³

無論是為自己或受養人所支付的保費均可獲得稅務扣減，每年可就購買認可產品所支付的保費獲得稅務扣減最高為每名受保人 HK\$8,000，可申請稅務扣減的受養人數目並無上限，而受養人包括您的配偶或子女，您本人或您配偶的父母、祖父母、外祖父母或兄弟姊妹。有關稅務扣減資格的詳情，請向稅務局查詢。

保證終身續保⁴

成功投保後，保單有效期為一年。我們並承諾會為您的保單提供終身續保，而且於續保時不會因受保人的健康狀況有所改變或索償記錄而徵收額外保費。此外，您的保單更可獲自動續保⁵至下一個受保期，為您的人生不同階段提供無間斷的保障。

不設終身保障限額

認可產品不設終身保障上限，您可獲得保障直至終身，而每年保障額高達 HK\$830,000。

保障未知的投保前已有病症及先天性疾病

認可產品的保障範圍包括未知的投保前已有病症及於 8 歲或以後確診的先天性疾病，均可在保單生效首 3 年的等候期內獲得部分保障：第 1 年不獲賠償、第 2 年可獲 25% 賠償、第 3 年可獲 50% 賠償及由第 4 年起獲全面賠償。

Key Features

Tax Deduction for Premiums Paid³

You can enjoy tax deduction for the premiums paid for yourself and your dependants. The annual tax deduction ceiling is HK\$8,000 per insured person for the premiums paid in relation to the Certified Plan. There is no cap on the number of dependants who are eligible for tax deduction. Dependants include your spouse/children, your or your spouse's parents/grandparents/brothers or sisters. For more details of the eligibility for tax deduction, please contact the Inland Revenue Department.

Guaranteed Lifetime Renewal⁴

Upon successful enrolment, the period of cover of your policy is 1 year and it is guaranteed to be renewable for life. No additional premiums will be imposed individually upon policy renewal, regardless of changes to insured person's health status or claim history. Moreover, your policy will be automatically renewed⁵ for another period of insurance, giving you non-stop protection throughout your life.

No Lifetime Benefit Limit

There is no lifetime benefit limit under the Certified Plan. Your benefits will continue for life with the maximum annual benefit limit as high as HK\$830,000.

Coverage for Unknown Pre-existing Conditions and Congenital Conditions

The Certified Plan covers unknown pre-existing conditions and congenital conditions which have been diagnosed at or after age 8, both subject to partial coverage during a waiting period of 3 years upon policy inception with 0% coverage in the 1st year, 25% coverage in the 2nd year, 50% coverage in the 3rd year and full coverage from the 4th year onwards.

2. 「附加額外醫療保障」屬自選保障，只供附加於計劃 A、B 或 C；而「附加門診保障」亦屬自選保障，可附加於所有計劃。詳情請參閱相關的保障表和保費表。
3. 「附加門診保障」的保費支出除外。
4. 本認可產品保證終身續保。除保單持有人在申請過程中同意的額外附加保費及/或個別不保項目條文外，藍十字將不會根據個別受保人於續保時的索償記錄或健康狀況之變動，向其額外收取保費或附加不保事項至個別保單。然而，藍十字將保留在續保時就其他因素調整保費的權利，例如：因應受保人年齡的調整、增加額外保障等。藍十字可於續保時更改本認可產品的條款及保障及/或向所有同一類別保單調整其標準保費。
5. 當藍十字成功收取保費後，保單將會自動續保。

2. Optional Supplementary Medical Benefit is an optional benefit available for Plan A, B or C only; whereas Optional Outpatient Benefits is an optional benefit available for all plans. For details, please refer to respective benefit schedules and premium tables.
3. Exclude premiums paid on Optional Outpatient Benefits.
4. Renewal is guaranteed up to lifetime of the insured person. Except those premium loading and/or case-based exclusion(s) agreed by the policyholder during application, Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured person's claim history or change in health status at the time of renewal. However, Blue Cross reserves the right to adjust the premium upon policy renewal due to other factors, for example, age-related adjustment or subscription to additional benefits, etc. Blue Cross has the right to revise the terms and benefits of the Certified Plan and/or adjust the Standard Premium on an overall portfolio basis upon policy renewal.
5. Auto-renewal of policy is subject to the successful collection of premium by Blue Cross.

訂明非手術癌症治療⁶

長期治療往往為病患者及家人帶來沉重的財政負擔。因此，認可產品提供每保單年度高達 HK\$120,000 之「訂明非手術癌症治療」保障，包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療，為您減輕醫療費用的負擔，讓您專注康復。

訂明診斷成像檢測⁶

認可產品賠償在非住院情況下進行的電腦斷層掃描、磁力共振掃描等所收取的相關費用。

精神科治療

認可產品賠償在香港境內住院接受精神科治療所繳付的合資格費用，每保單年度最高可獲 HK\$40,000 賠償。

入院前或出院後/日間手術前後的門診護理

認可產品的保障範圍包括住院/日間手術前最多 2 次門診或急症診症，以及出院/日間手術後 90 日內所有相關跟進門診。

無索償折扣⁷

我們鼓勵您保持身心健康而特設無索償折扣。於續保時，若受保人沒有在下表所述的無索償期內提出任何有關認可產品的索償，認可產品所應繳付之保費（附加門診保障之保費除外）可獲相應之無索償折扣。

緊接保單續保前之無索償期 No Claim Period Immediately Preceding Policy Renewal	1 年 1 Year	連續 2 年 2 consecutive years	連續 3 年 3 consecutive years	連續 4 年 4 consecutive years	連續 5 年或以上 5 consecutive years or more
折扣率 Premium Discount	5%	5%	10%	10%	15%

家庭折扣⁸

於保單生效日/續保日（以適用者為準），若受保合資格家庭成員⁹的人數達 2 名或以上，每份認可產品保單可獲以下家庭折扣。

受保合資格家庭成員的人數 Number of Eligible Family Members Insured	2 名成員或以上 2 members or more
家庭折扣 Family Discount	10%

- 需經主診醫生建議，並於住院期間、醫院日症房、日間手術中心或診所進行的檢測或治療。
- 如已經獲得無索償折扣後，藍十字就任何過去之保單年度支付任何賠償，藍十字將會就支付有關賠償後的所有保單年度，重新計算實際合資格的無索償折扣。在藍十字的合理要求下，保單持有人須向藍十字交還已經扣減的無索償折扣及重新計算實際合資格的無索償折扣之差額。任何就緊急門診治療、門診手術現金津貼或額外現金補貼保障（如適用）作出的索償將不會影響受保人獲得無索償折扣的資格。
- 如在獲得家庭折扣後未能於保單生效日或續保日當日滿足合資格家庭成員人數要求，藍十字將會按照同一要求重新計算相關保單年度的家庭折扣。在藍十字的合理要求下，保單持有人須向藍十字交還已經扣減的家庭折扣及重新計算實際合資格的折扣之差額。
- 就家庭折扣而言，「合資格家庭成員」指您（作為保單持有人）、您的配偶/子女、您或配偶的父母/（外）祖父母/兄弟/姊妹。於計算表格內所要求的合資格家庭成員人數時，不論已就該名合資格家庭成員繳發多少份認可產品的保單，每名合資格家庭成員亦只會被視作為 1 名合資格家庭成員計算。

Prescribed Non-surgical Cancer Treatments⁶

Chronic disease treatment often imposes a heavy financial burden on patients and their families. The Certified Plan covers up to HK\$120,000 per policy year for Prescribed Non-surgical Cancer Treatments, including radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy. With financial stress relieved, you can focus more on recovery.

Prescribed Diagnostic Imaging Tests⁶

The Certified Plan covers the related expenses charged on CT scan, MRI scan, etc., which are not conducted in hospital.

Psychiatric Treatments

The Certified Plan covers the eligible expenses up to HK\$40,000 per policy year for psychiatric treatments received during confinement in Hong Kong.

Pre- and Post-confinement/Day Case Procedure Outpatient Care

The Certified Plan covers 2 prior outpatient visits or emergency consultations per confinement/day case procedure, all related follow-up outpatient visits per confinement/day case procedure within 90 days after discharge from hospital or completion of day case procedure.

No Claim Discount⁷

We know you try hard to keep yourself in great shape. To cheer you up, we offer you the No Claim Discount. You can enjoy premium discount on the aggregate premium payable for the Certified Plan (exclude premiums paid on Optional Outpatient Benefits) as soon as next year's policy renewal, if no claim under the Certified Plan has been made during the respective no claim periods, as specified below.

Family Discount⁸

If the number of eligible family members⁹ insured on the policy effective date/renewal date (as applicable) reaches 2 or more, each Certified Plan policy can enjoy family discount specified below.

- Recommendation by the attending physician is required for tests or treatments performed during confinement, in day-case unit of a hospital, day-case procedure centre, or clinic.
- In the event any benefit in respect of any previous policy years is paid by Blue Cross after a no claim discount has been applied, the actual eligible no claim discount shall be recalculated for all policy year(s) subsequent to such benefit being paid. The policyholder shall repay to Blue Cross the difference between the no claim discount already applied by Blue Cross and the recalculated actual eligible no claim discount upon Blue Cross's reasonable demand. Any claim made under Emergency Outpatient Treatment, Outpatient Surgery Cash Allowance or Cash Benefit for Top-up Subsidy (if applicable) will not affect the insured person's eligibility for the No Claim Discount.
- In the event that the required number of eligible family members as at the policy effective date or renewal date cannot be fulfilled after a family discount has been applied, the family discount shall be recalculated for the relevant policy year(s) based on the same requirement specified. The policyholder shall repay to Blue Cross the difference between the family discount already applied by Blue Cross and the recalculated actual eligible family discount upon Blue Cross's reasonable demand.
- For the purpose of family discount, "eligible family members" refer to you as the policyholder, your spouse/child, your or your spouse's parents/grandparents/brothers/sisters. In counting the required number of eligible family members specified in the table, each eligible family member shall only be considered as one eligible family member regardless of the number of policies of the Certified Plan issued for that eligible family member.

增值服務

免費周年健康檢查¹⁰

我們一直關注您的健康，因此特別為您安排免費周年檢查，讓您更了解自己的身體狀況，並按實際年齡提供合適的檢查項目，包括綜合體檢計劃、脊骨健康評估、足部檢查護理服務及視力檢查。

實際年齡 Attained Age	綜合體驗計劃 (B1) Basic Health Checkup Profile (B1)	脊骨健康評估 (S1) Spinal Health Assessment (S1)	足部檢查護理服務 (F1) Foot Orthotic Services (F1)	視力檢查 (VS) Vision Examination (VS)
0 - 18			✓	✓
19 - 55	✓	✓ (男性 Male)	✓ (女性 Female)	
56 或以上 or above	✓			

檢查項目 Profile	詳情 Description
綜合體檢計劃 (B1) Basic Health Checkup Profile (B1)	貧血及血病檢查 Anaemia and Blood Diseases Screening i) 全血計算 Complete blood count ii) 血小板量 Platelet
	糖尿病檢查 Diabetic Screening i) 血糖 Glucose
	血脂肪檢查 Lipids Pattern Screening i) 總膽固醇 Cholesterol total ii) 三酸甘油脂 Triglycerides
脊骨健康評估 (S1) Spinal Health Assessment (S1)	i) 評估脊骨關節活動及健康情況 Evaluation of spinal mobility and wellness ii) 診斷腰背酸痛及脊骨疾患 Diagnosis of backache and lumbar spine
足部檢查護理服務 (F1) Foot Orthotic Services (F1)	檢查足部結構及幫助診斷腳跟痛及腳筋膜發炎 Complete foot care and the pre-assessment of heel pain and plantar fasciitis (由註冊義肢矯形師服務 Service provided by prosthetists and orthotists)
視力檢查 (VS) Vision Examination (VS)	i) 視力檢查 Vision Examination ii) 色覺測試 Colour Vision Test (由專業視光師檢查 Examination by optometrists)

手術/治療前索償評估

只需在接受手術或治療前 4-7 個工作天透過網上提供所需資料，我們即按您的保單保障範圍估算可賠償金額¹¹，讓您在財務上更有預算，安心接受治療。

Value-added Services

Free Annual Health Checkup¹⁰

We care a lot about your health. With the free annual checkup, you can better understand your health conditions. The annual checkup includes Basic Health Checkup Profile, Spinal Health Assessment, Foot Orthotic Services and Vision Examination according to attained age.

Pre-procedure Claim Assessment

Simply provide the required information online 4-7 working days prior to receiving procedure or treatment. We will help you to estimate the eligible claim amount¹¹ based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

10. 由於此服務不需要經醫務衛生局認可，因此並不構成認可產品的一部分。詳情請參閱相關之條款及細則。受保人可選擇不接受此服務，並致函通知藍十字，其選擇並不會對保費構成影響。

11. 可賠償金額之評估只供客戶參考之用，實際賠償金額以最終理賠決定為準。所有保障項目只會在符合保單條款及細則及所有不保之事項的情況下支付。

10. This service is not required to be certified by the Health Bureau and therefore does not form part of the Certified Plan. Please refer to the relevant terms and conditions for details. Opt-out is available for this service by giving a written notice to Blue Cross and it does not affect the premium.

11. Assessment of the estimated eligible claim amounts is for customers' reference only, the actual eligible claim amounts will be subject to the final claim decision. All benefits will be payable subject to the terms and conditions and the full list of policy exclusions.

出院免找數¹²

我們直接為您支付住院費用，因此入院時毋須繳付費用，亦免除出院後繁瑣的索償申請。

24 小時全球緊急援助¹⁰

我們為您提供 24/7 服務，若您身處外地需緊急支援，可隨時致電熱線，由專人為您安排代繳入院按金、提供當地醫療或法律轉介等，以確保您於緊急情況下得到所需協助。

藍十字護理諮詢專線

我們明白您在日常生活護理上需要專業的意見，因此特意為您提供專屬的護理諮詢專線解答您的疑問，諮詢範圍包括手術後護理、日常長者護理、孕婦護理、幼兒及兒童護理。

Blue Cross HK 手機應用程式

貴為 Super Care 會員，您可享一站式數碼醫療保險服務包括定位功能搜尋網絡醫生、視像診症、電子醫療卡快速門診登記及完成診症、以及 3 步即時遞交索償¹³，更可隨時隨地查閱索償記錄。

No Hospital Bills to Pay¹²

We will settle your hospital bill directly with no pre-payment for admission and no claims upon discharge.

24-hour Worldwide Emergency Aid¹⁰

We are here for you 24/7. Simply call our hotline when you need assistance in an emergency situation while travelling overseas, and our dedicated officers will provide you with all-round assistance such as hospital admission deposit guarantee service, local medical or legal referral service, etc.

Blue Cross Nursing Care Hotline

We understand you need professional advice on daily care, and we are here to provide you with an exclusive nursing care hotline to answer your enquiries about post-surgery care, daily care for elderly, maternity care, infant and child care.

“Blue Cross HK” Mobile App

As a Super Care member, you can enjoy one-stop digital medical insurance services including location-based network doctors search, video consultation, speedy registration and completion for outpatient consultation with electronic medical card, and 3-step instant claim submission¹³, keeping track of claim status round-the-clock.



Blue Cross HK App

- 由於此服務不需要經醫務衛生局認可，因此並不構成認可產品的一部分。詳情請參閱相關之條款及細則。受保人可選擇不接受此服務，並致函通知藍十字，其選擇並不會對保費構成影響。
- 「出院免找數」為「免付賬醫療服務」提供的其中一項服務。此服務不需要經醫務衛生局認可，因此並不構成認可產品的一部分。詳情請參閱相關之條款及細則。「出院免找數」只適用於入住本港私家醫院，需於入院前 4-7 個工作天填妥及交回「手術/治療前索償評估表格」以進行申請及審批手續。藍十字有權拒絕發出「住院付款保證書」或加設住院掛賬限額。藍十字可隨時發出書面通知以終止或暫停任何免付賬醫療服務，並保留所有與免付賬醫療服務相關事項及爭議的最終決定權。藍十字承保的責任只限於符合認可產品規定的合資格醫療費用，任何超出保單承保範圍的醫療費用須由保單持有人/受保人承擔。藍十字並會向保單持有人/受保人收取一切已代受保人繳付但不屬保單承保範圍的醫療費用（如有）。
- 任何索償申請須於出院或完成有關的醫療服務當日起計 90 天內遞交。客戶可經藍十字網頁或 Blue Cross HK 手機應用程式遞交已填妥的賠償申請表及所需之完整文件予藍十字。賠償申請表可於藍十字網頁下載。

- This service is not required to be certified by the Health Bureau and therefore does not form part of the Certified Plan. Please refer to the relevant terms and conditions for details. Opt-out is available for this service by giving a written notice to Blue Cross and it does not affect the premium.
- “No Hospital Bills to Pay” is one of the services provided by “Credit Facilities Services”. This service is not required to be certified by the Health Bureau and therefore does not form part of the Certified Plan. Please refer to the relevant terms and conditions for details. “No Hospital Bills to Pay” is only applicable to admission to private hospitals in Hong Kong. A Pre-procedure Claim Assessment Form is required to be completed and returned to Blue Cross for application and approval process 4-7 working days prior to admission. Blue Cross reserves the right to not issue the Letter of Guarantee (LOG) or issue the LOG with a particular limit. Blue Cross may withdraw or suspend any credit facilities service anytime by giving a written notice. All matters and disputes in relation to credit facilities services will be subject to the final decision of Blue Cross. The liability of Blue Cross under the policy is limited to indemnify the insured person for the eligible medical expenses payable in accordance with the Certified Plan. Any medical expenses that fall outside policy coverage shall be borne by the policyholder/the insured person. Blue Cross shall also recover from the policyholder/the insured person the medical expenses settled on behalf of the insured person which fall outside policy coverage (if any).
- Any claims must be submitted within 90 days after discharge from hospital or the date on which relevant medical services are performed and completed. Customer can submit a completed claim form and required full documentation to Blue Cross via Blue Cross website or “Blue Cross HK” mobile app. Claim form can be downloaded from Blue Cross website.

保障表 Benefit Schedule

1. 認可產品 Certified Plan

計劃級別 Plan Level	賠償限額 Benefit Limit (HK\$)			
	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	計劃 D Plan D
病房級別 Ward Class	無限制 No Restriction			
保障項目 ¹⁴ Benefit Items ¹⁴	無限制 No Restriction			
I. 基本保障 Basic Benefits				
a. 病房及膳食（每日）Room and Board (Per day) 每保單年度最多 180 日 Max. 180 days per policy year	4,000	2,200	1,000	800
b. 雜項開支（每保單年度）Miscellaneous Charges (Per policy year)	42,000	27,500	22,000	14,000
c. 主診醫生巡房費（每日）Attending Doctor's Visit Fee (Per day) 每保單年度最多 180 日 Max. 180 days per policy year	4,000	2,200	1,000	750
d. 專科醫生費 ¹⁵ （每保單年度）Specialist's Fee ¹⁵ (Per policy year)	10,000	7,400	6,300	4,300
e. 深切治療（每日）Intensive Care (Per day) 每保單年度最多 30 日 Max. 30 days per policy year	10,000	6,600	5,600	3,500
f. 外科醫生費（每項手術）Surgeon's Fee (Per surgery) <ul style="list-style-type: none"> ▪ 複雜 Complex 150,000 ▪ 大型 Major 50,000 ▪ 中型 Intermediate 30,000 ▪ 小型 Minor 12,000 				
按手術表劃分的手術分類 Subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures				
g. 麻醉科醫生費 Anaesthetist's Fee	外科醫生費的 35% ¹⁶ 35% of the amount payable under Surgeon's Fee ¹⁶			
h. 手術室費 Operating Theatre Charges	外科醫生費的 35% ¹⁶ 35% of the amount payable under Surgeon's Fee ¹⁶			
i. 訂明診斷成像檢測 ^{15,17} （每保單年度） Prescribed Diagnostic Imaging Tests ^{15,17} (Per policy year)	40,000	30,000	20,000	20,000
設 30% 共同保險 Subject to 30% coinsurance				
j. 訂明非手術癌症治療 ¹⁸ （每保單年度） Prescribed Non-surgical Cancer Treatments ¹⁸ (Per policy year)	120,000	100,000	80,000	80,000
k. 入院前或出院後/日間手術 ¹⁹ 前後的門診護理 ¹⁵ （每保單年度） Pre- and Post-confinement/Day Case Procedure ¹⁹ Outpatient Care ¹⁵ (Per policy year) <ul style="list-style-type: none"> ▪ 住院/日間手術前最多 2 次門診或急症診症 2 prior outpatient visits or emergency consultations per confinement/day case procedure ▪ 出院/日間手術後 90 日內所有相關跟進門診 All related follow-up outpatient visits per confinement/day case procedure within 90 days after discharge from hospital or completion of day case procedure 	10,800	8,800	4,800	3,000
l. 精神科治療（每保單年度） Psychiatric Treatments (Per policy year)	40,000	35,000	30,000	30,000

14. 除非另有說明，否則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。

15. 藍十字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。

16. 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。

17. 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。此保障項目設 30% 共同保險，假如檢測的合資格費用為 HK\$10,000，藍十字將會賠償 HK\$7,000，而客戶將要承擔餘下之 HK\$3,000。

18. 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。

19. 「日間手術」是指受保人作為日症病人在具備康復設施的診所、日間手術中心或醫院內因檢查或治療而進行醫療所需的外科手術。

14. Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

15. Blue Cross 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.

16. 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.

17. 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. This benefit item is subject to 30% coinsurance. If the eligible expenses incurred for the test is HK\$10,000, Blue Cross will reimburse HK\$7,000 and the customer will have to bear the remaining HK\$3,000.

18. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

19. "Day Case Procedure" shall mean a medically necessary surgical procedure for investigation or treatment to the insured person performed in a medical clinic, or day case procedure centre or hospital with facilities for recovery as a day patient.

		賠償限額 Benefit Limit (HK\$)			
計劃級別 Plan Level		計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	計劃 D Plan D
病房級別 Ward Class		無限制 No Restriction			
保障項目 ¹⁴ Benefit Items ¹⁴					
II. 額外保障 Enhanced Benefits					
a.	腎透析 ²⁰ (每保單年度) Kidney Dialysis ²⁰ (Per policy year)	120,000	100,000	80,000	50,000
b.	中風復康治療 ²⁰ (每保單年度) Stroke Rehabilitation ²⁰ (Per policy year)	120,000	100,000	80,000	50,000
c.	緊急門診治療 ²⁰ (每保單年度) Emergency Outpatient Treatment ²⁰ (Per policy year)	15,000	11,000	7,000	2,500
d.	住院陪床費用 ²⁰ (每日) Hospital Companion Bed ²⁰ (Per day) 每保單年度最多 90 日 Max. 90 days per policy year	3,400	2,040	860	800
e.	註冊私家看護費用 ²⁰ (每日) Registered Private Nurse's Fees ²⁰ (Per day) 每保單年度最多 90 日 Max. 90 days per policy year	3,400	2,040	860	800
f.	出院後/日間手術 ¹⁹ 後中醫門診護理 ²⁰ (每次) Post-confinement/Day Case Procedure ¹⁹ Chinese Medicine Practitioner Outpatient Care ²⁰ (Per visit) 每次限額 Limit per visit 每日 1 次跟進門診, 出院/日間手術後 90 日內最多 5 次跟進門診 1 follow-up outpatient visit per day, maximum 5 follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)	200	180	150	150
g. 額外醫療保障 ^{20,21} (每保單年度) Supplementary Medical Benefit ^{20,21} (Per policy year)					
		自選 Optional			包括 Included
指定病房級別 Designated Ward Class		私家房 Private	半私家房 Semi-private	普通房 Ward	普通房 Ward
共同保險* Coinsurance*		20%			
每保單年度保障限額 Limit per policy year		600,000	450,000	300,000	120,000
此保障將賠償： (1) 超出 I. 基本保障之保障項目 (a) – (j) 的任何賠償限額之合資格費用； (2) 超出 II. 額外保障之保障項目 (d) 的任何賠償限額之費用；及 (3) 按 I. 基本保障之保障項目 (i) 受保人須分擔的任何共同保險。 This benefit shall be payable for: (1) eligible expenses payable in excess of any of the benefit limits under benefit items (a) – (j) of I. Basic Benefits; (2) expenses payable in excess of any of the benefit limits under benefit item (d) of II. Enhanced Benefits; and (3) any coinsurance which should be paid by the insured person under benefit item (i) of I. Basic Benefits.					
其他限額 Other Limits					
I. 基本保障之保障項目 (a) – (l) 及 II. 額外保障之保障項目 (a) – (f) 的每年保障限額 (每保單年度) (受保人年齡為 75 歲或以下) Annual benefit limit for benefit items (a)-(l) of I. Basic Benefits and (a)-(f) of II. Enhanced Benefits (Per policy year) (For insured person at age 75 or below)		無 Nil			
I. 基本保障之保障項目 (a) – (l) 及 II. 額外保障之保障項目 (a) – (f) 的每年保障限額 (每保單年度) (受保人年齡為 76 歲或以上) Annual benefit limit for benefit items (a)-(l) of I. Basic Benefits and (a)-(f) of II. Enhanced Benefits (Per policy year) (For insured person at age 76 or above)		830,000	540,000	540,000	420,000
I. 基本保障之保障項目 (a) – (l) 及 II. 額外保障之保障項目 (a) – (g) 的終身保障限額 Lifetime benefit limit for benefit items (a)-(l) of I. Basic Benefits and (a)-(g) of II. Enhanced Benefits		無 Nil			

計劃級別 Plan Level	賠償限額 Benefit Limit (HK\$)			
	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	計劃 D Plan D
病房級別 Ward Class	無限制 No Restriction			
保障項目 ¹⁴ Benefit Items ¹⁴				

III. 其他保障 Other Benefits

a. 門診手術現金津貼 ^{20,22} (每項日間手術 ¹⁹) Outpatient Surgery Cash Allowance ^{20,22} (Per day case procedure ¹⁹)	1,000	1,000	1,000	1,000
b. 住院現金保障 ²⁰ (每日) Hospital Cash Benefit ²⁰ (Per day) 每保單年度最多 45 日 Max. 45 days per policy year	1,700	1,010	425	400
c. 隔離病房現金保障 ²⁰ (每日) Isolation Room Cash Benefit ²⁰ (Per day) 每保單年度最多 30 日 Max. 30 days per policy year	1,000	1,000	1,000	1,000
d. 額外現金補貼保障 ^{20,23} (住院期間每日) Cash Benefit for Top-up Subsidy ^{20,23} (Per day of confinement) 每保單年度最多 90 日 Max. 90 days per policy year	1,200	600	500	500

14. 除非另有說明，否則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。

19. 「日間手術」是指受保人作為日症病人在具備康復設施的診所、日間手術中心或醫院內因檢查或治療而進行醫療所需的外科手術。

20. 適用於此保障項目之條款及細則，請參閱補充文件。

21. 如受保人在自願情況下實際入住之病房和所用服務的級別高於所選計劃下的指定病房級別，就額外醫療保障可獲的賠償金額將採用下列賠償基準計算：

指定病房級別	實際住院的病房級別	可獲賠償百分比
普通房	半私家房	50%
普通房	私家房	25%
普通房	私家房以上之病房級別	12.5%
半私家房	私家房	50%
半私家房	私家房以上之病房級別	25%
私家房	私家房以上之病房級別	50%

22. 只適用於以日間手術形式接受以下手術：食道胃十二指腸內窺鏡檢查、結腸鏡檢查、膀胱鏡檢查、關節鏡檢查、陰道鏡檢查、支氣管鏡檢查、視網膜脫落的修補手術及宮腔鏡檢查。

23. 若受保人獲得藍十字以外之其他註冊保險公司所提供的任何其他醫院賠償計劃之保障（不論是屬個人或團體保單），而在該註冊保險公司支付任何賠償後，於有關的條款及保障有任何就受保人的住院應付的實報實銷保障，本保障將賠償按保障表中所列限額，就每日於醫院住院期間支付額外現金津貼。

註：所有費用必須為「合理及慣常」及「醫療所需」的開支[#]。

14. Unless otherwise specified, eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

19. "Day Case Procedure" shall mean a medically necessary surgical procedure for investigation or treatment to the insured person performed in a medical clinic, or day case procedure centre or hospital with facilities for recovery as a day patient.

20. Please refer to the Supplement for the terms and conditions applicable to these benefit items.

21. If the insured person is voluntarily confined to a level of hospital facilities and services higher than the designated ward class of the plan selected, the eligible claims made in respect of the Supplementary Medical Benefit will be calculated based on below scale of reimbursement:

Designated Ward Class	Actual Confined Ward Class	Reimbursement Percentage of All Eligible Claims
Ward	Semi-private	50%
Ward	Private	25%
Ward	Above Private	12.5%
Semi-private	Private	50%
Semi-private	Above Private	25%
Private	Above Private	50%

22. Only applicable to the following day case procedures: oesophagogastroduodenoscopy, colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, repair of retinal detachment and hysteroscopy.

23. For the insured person covered by any other hospital reimbursement plans offered by a licensed insurance company other than Blue Cross, regardless of whether it is an individual or group policy, if any reimbursement for any confinement of the insured person is payable under the relevant terms and benefits after any reimbursement has been paid from such licensed insurance company, this benefit shall be payable as extra cash benefit for each day of confined period in hospital subject to the limits as specified in the Benefit Schedule.

Note: All expenses incurred must be Reasonable and Customary and Medically Necessary[#].

2. 附加門診保障 (計劃 A 或 B)²⁴

附加門診保障設有 20% 或 0% 共同保險，您可選擇於任何診所接受治療，而賠償限額詳列於下表。如選擇年繳保費，您將獲發藍十字醫療卡，於任何藍十字網絡診所接受普通科醫生診症、中醫治療或專科醫生診症。如選擇 20% 共同保險，每次診症須自付 HK\$30；如選擇 0% 共同保險，則毋須自付費用。

2. Optional Outpatient Benefits (Plan A or B)²⁴

Optional Outpatient Benefits offer 20% or 0% coinsurance. You may visit any clinic of your own choice, subject to the benefit limits listed in the table below. If premium is paid annually, you will be issued with a Blue Cross Healthcare Card which entitles you to use it at Blue Cross network clinics for general practitioner's consultations, Chinese medicine treatments or specialist's consultations. Each consultation at a network clinic is subject to a co-payment of HK\$30 under the 20% coinsurance option while no co-payment is required for the 0% coinsurance option.

計劃級別 Plan Level	賠償限額 Benefit Limit (HK\$)		
	計劃 A(I) Plan A(I)	計劃 A(II) Plan A(II)	計劃 A(III) Plan A(III)
保障項目 Benefit Items	共同保險* Coinsurance*		
	20% 或 or 0%		
1. 普通科醫生診症 General Practitioner's Consultation 每日 1 次，每次限額 1 visit per day, limit per visit	350	260	200
2. 中醫治療 Chinese Medicine Treatment 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度 15 次，每日 1 次，每次限額 15 visits per policy year, 1 visit per day, limit per visit	180	150	120
保障項目 1 及 2 每保單年度合共最多 35 次 Max. 35 visits per policy year in total for benefit items 1 and 2			
3. 專科醫生診症 Specialist's Consultation 需具書面轉介 ²⁵ Referral letter is required ²⁵ 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	520	400	300
4. 處方藥物 Prescribed Medicines and Drugs 只適用於接受診症之醫院或診所以外之註冊藥房購買，並需具處方信件 Applicable to purchase from a registered pharmacy outside hospital or clinic where the medical consultation takes place and prescription letter is required 每保單年度限額 Limit per policy year	7,800	5,800	4,300
5. X 光診斷及化驗 Diagnostic X-rays and Laboratory Tests 需具書面轉介 Referral letter is required 每保單年度限額 Limit per policy year	2,500	1,900	1,500
6. 物理治療服務 Physiotherapy Services 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200
7. 脊椎治療服務 Chiropractic Services 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200
保障項目 6 及 7 每保單年度合共最多 10 次 Max. 10 visits per policy year in total for benefit items 6 and 7			
8. 精神科治療 (包括藥物) Psychiatric Treatment (including medication) <ul style="list-style-type: none"> ▪ 精神科專科醫生提供的診症需經註冊醫生書面轉介 ▪ 合資格臨床心理學家提供的診症需經精神科專科醫生書面轉介 ▪ Written referral of registered physician is required for consultation rendered by specialist of psychiatry ▪ Written referral of specialist of psychiatry is required for consultation rendered by qualified clinical psychologist 每保單年度 6 次，每日 1 次，每次限額 6 visits per policy year, 1 visit per day, limit per visit	520	400	300

24. 由於此保障不需要經醫務衛生局認可，因此並不構成認可產品的一部分，有關保費不會獲得稅務扣減。詳情請參閱相關之條款及細則。

25. 婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

註：所有費用必須為「合理及慣常」及「醫療所需」的開支[#]。

24. This benefit is not required to be certified by the Health Bureau and therefore does not form part of the Certified Plan. The premiums paid for this benefit will not be eligible for tax deduction. Please refer to the relevant terms and conditions for details.

25. Except for gynecology, orthopaedics & traumatology, dermatology, ophthalmology, oncology, urology, nephrology and paediatrics.

Note: All expenses incurred must be Reasonable and Customary and Medically Necessary[#].

計劃級別 Plan Level	賠償限額 Benefit Limit (HK\$)		
	計劃 B(I) Plan B(I)	計劃 B(II) Plan B(II)	計劃 B(III) Plan B(III)
保障項目 Benefit Items	共同保險* Coinsurance*		
	20% 或 or 0%		
1. 普通科醫生診症 General Practitioner's Consultation 每日 1 次，每次限額 1 visit per day, limit per visit	350	260	200
2. 中醫治療 Chinese Medicine Treatment 包括跌打及針灸 Including Chinese bone-setting and acupuncture 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	180	150	120
保障項目 1 及 2 每保單年度合共最多 30 次 Max. 30 visits per policy year in total for benefit items 1 and 2			
3. 專科醫生診症 Specialist's Consultation 需具書面轉介 ²⁵ Referral letter is required ²⁵ 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	520	400	300
4. 物理治療服務 Physiotherapy Services 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200
5. 脊椎治療服務 Chiropractic Services 每保單年度 10 次，每日 1 次，每次限額 10 visits per policy year, 1 visit per day, limit per visit	350	260	200
保障項目 4 及 5 每保單年度合共最多 10 次 Max. 10 visits per policy year in total for benefit items 4 and 5			
6. 精神科治療（包括藥物） Psychiatric Treatment (including medication) ▪ 精神科專科醫生提供的診症需經註冊醫生書面轉介 ▪ 合資格臨床心理學家提供的診症需經精神科專科醫生書面轉介 ▪ Written referral of registered physician is required for consultation rendered by specialist of psychiatry ▪ Written referral of specialist of psychiatry is required for consultation rendered by qualified clinical psychologist 每保單年度 6 次，每日 1 次，每次限額 6 visits per policy year, 1 visit per day, limit per visit	520	400	300

25. 婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

25. Except for gynecology, orthopaedics & traumatology, dermatology, ophthalmology, oncology, urology, nephrology and paediatrics.

註：所有費用必須為「合理及慣常」及「醫療所需」的開支[#]。

Note: All expenses incurred must be Reasonable and Customary and Medically Necessary[#].

計劃摘要 Plan Summary

產品名稱 Product Name	「只衛您」超卓靈活自願醫保計劃 ⁺ CareForYou Super Flexi Plan for VHIS ⁺		
購買目的及需要 Purchase Objectives and Needs	為將來的醫療需要作準備： ■ 支付醫療費用；及 ■ 彌補住院期間之收入損失 Prepare for future healthcare needs: ■ To settle medical expenses; and ■ To compensate for the loss of income during hospital confinement		
產品類型 Product Type	償款，但包含非償款現金保障 Indemnity, but incorporated with non-indemnity cash benefits		
每年保障限額 Annual Benefit Limit	最高達 HK\$830,000 Maximum HK\$830,000		
終身保障限額 Lifetime Benefit Limit	不設上限 No limit		
保障地域 Cover Area	全球 ²⁶ Worldwide ²⁶		
選擇病房級別 Choice of Ward Class	無限制（額外醫療保障（如適用）除外） No restriction (except for Supplementary Medical Benefit (if applicable))		
選擇醫療服務提供者 Choice of Healthcare Service Providers	無限制 No restriction		
合資格受保人 Eligible Insured Person	■ 保單持有人； ■ 保單持有人配偶/子女；及/或 ■ 保單持有人或保單持有人配偶的父母/（外）祖父母/兄弟/姊妹 ■ Policyholder; ■ Spouse/ child of policyholder; and/ or ■ Parent/ grandparent/ brother/ sister of policyholder or policyholder's spouse		
投保年齡 Enrolment Age	15 日至 80 歲 Aged from 15 days to 80 years		
保單貨幣 Policy Currency	港元 HK\$		
保單期 Period of Cover	1 年 1 year		
保單續保 Policy Renewal	每年續保至終身（保證） ⁴ Annual renewal for life (guaranteed) ⁴		
繳費模式 Payment Mode	年繳/半年繳/季繳/月繳 Annual/ Semi-annual/ Quarterly/ Monthly		
冷靜期 Cooling-off Period	21 日 [#] 21 days [#]		
認可產品編號 Certification Number of the Certified Plan	共同保險 Coinsurance	不附額外醫療保障 Without Supplementary Medical Benefit	附額外醫療保障 With Supplementary Medical Benefit
	計劃 A Plan A	不適用 N/A	20%
	計劃 B Plan B	F00043-01-000-02	F00043-01-002-02
	計劃 C Plan C	F00043-02-000-02	F00043-02-002-02
	計劃 D Plan D	F00043-03-000-02	F00043-03-002-02
	計劃 D Plan D	不適用 N/A	F00043-04-000-02

4. 本認可產品保證終身續保。除保單持有人在申請過程中同意的額外附加保費及/或個別不保項目條文外，藍十字將不會根據個別受保人於續保時的索償記錄或健康狀況之變動，向其額外收取保費或附加不保事項至個別保單。然而，藍十字將保留在續保時就其他因素調整保費的權利，例如：因應受保人年齡的調整、增加額外保障等。藍十字可於續保時更改本認可產品的條款及保障及/或向所有同一類別保單調整其標準保費。

26. 「精神科治療」除外。

4. Renewal is guaranteed up to lifetime of the insured person. Except those premium loading and/or case-based exclusion(s) agreed by the policyholder during application, Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured person's claim history or change in health status at the time of renewal. However, Blue Cross reserves the right to adjust the premium upon policy renewal due to other factors, for example, age-related adjustment or subscription to additional benefits, etc. Blue Cross has the right to revise the terms and benefits of the Certified Plan and/or adjust the Standard Premium on an overall portfolio basis upon policy renewal.

26. Except for Psychiatric Treatments.

註：轉移至藍十字的自願醫保計劃 - 如您是藍十字的個人償款住院保險計劃的保單持有人，您可選擇轉移您現時的計劃至我們提供的自願醫保認可產品，惟須提供受保人最新的健康相關的資料給我們作重新評估。有關我們的自願醫保認可產品及保單轉移安排的詳情，請聯絡您的保險中介人或客戶服務熱線。

Note: Migration to Blue Cross's VHIS plan - if you are a policyholder of Blue Cross's indemnity hospital insurance plan, you may choose to migrate your existing plan to our VHIS certified plans by providing the insured person's latest health-related information to us for reassessment. For details on our VHIS certified plans and the migration arrangement, please contact your insurance intermediary or Customer Service Hotline.

認可產品的常見問題

1. 認可產品與市場上其他醫療保險產品有什麼分別？

認可產品設有標準的保單條款及細則、最低保障範圍及保障額，而市場上其他醫療保險產品是由個別保險公司設定的。以下為認可產品的主要特點：

- 保證終身續保
- 不設「終身保障限額」
- 設有 21 日冷靜期
- 保費支出可申請稅務扣減
- 保障未知的投保前已有病症及於 8 歲或以後確診的先天性疾病

2. 標準計劃及靈活計劃的分別？

標準計劃的條款及保障是劃一的，並設有最低要求，例如最低保障範圍及保障額。而靈活計劃必須提供相等於標準計劃的基本保障，再加上具彈性的附加保障，如更高保障額及更多保障項目，以切合市場需要，而該附加保障則受限於醫務衛生局發出的相關規則。

3. 投保認可產品是否仍可使用公立醫院服務？

可以。投保認可產品屬自願性質，並不會影響您使用公立醫院服務的權利。

4. 我可否投保多於一份認可產品保單？

可以。您可因應需要而投保多份認可產品保單，亦可為受養人投保。

5. 作為「藍十字自願醫保計劃」的保單持有人，我可以把保單改由其他人持有嗎？

可以。作為保單持有人，您有權把您的保單持有人改為以下人士：

- (a) 受保人，假如受保人已年滿 18 歲；
- (b) 受保人的家長或監護人，假如受保人未滿 18 歲；或
- (c) 受保人親屬（有關親屬必須為藍十字根據當時適用的核保慣常做法而可以接受的親屬）。

假如您希望更改保單持有人，請提交「更改保單持有人申請表」予藍十字處理。

Certified Plan FAQs

1. What are the differences between the Certified Plan and other medical insurance products in the market?

The Certified Plan provides standardised policy terms and conditions with minimum benefit coverage and benefit amounts, while other medical insurance products in the market are designed by individual insurance companies. Below are some key features of the Certified Plan:

- Guaranteed lifetime renewal
- No lifetime benefit limit
- Cooling-off period of 21 days
- Tax deduction for the premiums paid
- Coverage for unknown pre-existing conditions and congenital conditions diagnosed at or after age 8

2. What are the differences between Standard Plans and Flexi Plans?

For Standard Plans, the terms and benefits are standardised with prescribed minimum requirements, such as minimum benefit coverage and amounts. For Flexi Plans, on top of the basic protection equivalent to that in Standard Plans, more flexible top-up protection such as higher benefit amounts and more benefit items are offered to suit market needs which is subject to certain rules set out by the Health Bureau.

3. Can I still use public hospital services if I enrol in the Certified Plan?

Yes. Enrolment in the Certified Plan is entirely voluntary and will not affect your rights to use public healthcare services.

4. Can I enrol in more than one Certified Plan policy?

Yes, you can enrol in more than one Certified Plan policy based on your needs. You can also enrol for your dependants.

5. As a policyholder of a Blue Cross's VHIS plan, can I change the holder of the policy?

Yes. It is your right as a policyholder to change the holder of your policy to the following persons:

- (a) the insured person, if the insured person has reached age 18;
- (b) the parent or guardian of the insured person, if the insured person is under age 18; or
- (c) any person whose familial relationship with the insured person is accepted by Blue Cross according to our prevailing underwriting practices.

Please submit the "Request For Change Of Policyholder Form" for Blue Cross's handling if you want to change the holder of your policy.

6. 每份自願醫保保單是否允許多於一名保單持有人及多於一名受保人？

在同一份自願醫保計劃的保單內，不允許多個保單持有人，而每份保單只能保障一名受保人。

7. 假如我已經擁有由藍十字承保的個人償款住院保險計劃，我可以轉移至「藍十字自願醫保計劃」嗎？如果可以，如何轉移？

可以。由於藍十字已註冊成為自願醫保的產品提供者，我們會為現時由藍十字承保的個人償款住院保險計劃之保單持有人提供一次轉移至我們的自願醫保認可產品的機會。我們已經/將（視乎情況而定）向合資格的客戶以書面形式發出轉移邀請函連同細節安排（包括相關的核保安排）。有關詳情，請向您的保險中介人或致電我們的客戶服務熱線查詢。

8. 假如我是非香港居民，我可否投保認可產品？什麼人士可就認可產品所支付的合資格保費申請稅務扣減？

非香港居民[△]可投保認可產品，惟未能符合申請稅務扣減的資格。有關資格如下：

- (a) 申請人須為納稅人；
- (b) 納稅人本人或其配偶為認可產品的保單持有人；及
- (c) 受保人[▽]須為香港居民

有關稅務扣減資格的詳情，請向稅務局查詢。

[△] 指定國家或地區除外

[▽] 受保人包括納稅人本人或其受養人

6. Is it allowed for a VHIS policy to have more than one policyholder and more than one insured person?

Multiple policyholders are not allowed under the same VHIS policy and each policy can only cover one insured person.

7. If I already have an indemnity hospital insurance plan underwritten by Blue Cross, can I switch to a Blue Cross's VHIS plan? And if yes, how can I do so?

Yes. As Blue Cross is registered as one of the VHIS providers, existing policyholders of indemnity hospital insurance plans underwritten by Blue Cross will be provided with one opportunity to migrate to our VHIS-certified plans. Invitation of migration with detailed arrangement (including the relevant underwriting arrangement) has been/ will be (as the case may be) sent to all eligible customers by written notification. For more details, please contact your insurance intermediary or our Customer Service Hotline.

8. Can I enrol in the Certified Plan if I am not a Hong Kong resident? Who can claim tax deduction for the qualifying premiums paid for the Certified Plan?

Non-Hong Kong resident[△] can enrol in the Certified Plan although they are not eligible for tax deduction. Eligibility for tax deduction is as follows:

- (a) the applicant must be a taxpayer;
- (b) the taxpayer who or whose spouse is the policyholder of the Certified Plan; and
- (c) the insured person[▽] must be a Hong Kong resident

For more details of the eligibility for tax deduction, please contact the Inland Revenue Department.

[△] Except for specific countries or regions

[▽] Insured person includes the taxpayer himself/herself or his/her dependants

9. 如何計算認可產品保費支出的稅務扣減？

每年可就購買認可產品所支付的保費獲得稅務扣減，最高為每名受保人 HK\$8,000，而可申請稅務扣減的認可產品保單或受保人數目並無上限。假如您希望以保單持有人身份為其他受保人的認可產品保單申請稅務扣減，上述受保人必須是您的受養人，包括您的配偶或子女，您本人或配偶的父母、祖父母、外祖父母或兄弟姊妹。

例子 1：若您投保一份認可產品保單

認可產品保單每年保費 Annual Premium for Certified Plan Policy (HK\$)	可獲稅務扣減的金額 Tax-deductible Amount (HK\$)	可節省的稅款 (假設稅率 = 15%) Amount of Tax Saved (Assuming Tax Rate = 15%) (HK\$)
7,000	7,000	1,050

例子 2：若您為保單持有人，您為自己及以下每位家庭成員各投保一份認可產品保單，您有機會節省合共 HK\$6,150 的稅款

受保人 Insured Person	認可產品保單每年保費 Annual Premium for Certified Plan Policy (HK\$)	可獲稅務扣減的金額 Tax-deductible Amount (HK\$)	可節省的稅款 (假設稅率 = 15%) Amount of Tax Saved (Assuming Tax Rate = 15%) (HK\$)
您本人 You	10,000	8,000	1,200
配偶 Spouse	8,000	8,000	1,200
父親 Father	30,000	8,000	1,200
母親 Mother	20,000	8,000	1,200
兒子 Son	4,000	4,000	600
女兒 Daughter	5,000	5,000	750
總額 Total	77,000	41,000	6,150

可申請稅務扣減的課稅年度將根據支付保費的日期而定，並不取決於保單的繳費模式。以月繳方式的保單為例，您應計算保單在同一個課稅年度內實際已支付的月繳保費總額，便可得出可申請稅務扣減的合資格保費金額，上限為每名受保人 HK\$8,000。有關稅務扣減資格的詳情，請向稅務局查詢。

9. How to calculate tax deduction for premiums paid for the Certified Plan?

Annual tax deduction ceiling is HK\$8,000 per insured person for the premiums paid in relation to the certified plan, and there is no cap on the number of certified plan policy or insured person who are eligible for tax deduction. If you wish to apply for tax deduction as the policyholder of certified plan policies with other insured persons, these insured persons must be your dependants, who include your spouse/ child, your or your spouse's parent/ grandparent/ brother/ sister.

Example 1: If you enrol in one Certified Plan policy

Example 2: If you are the policyholder and enrol in one Certified Plan policy for yourself and each of your following family members, you may save a total of HK\$6,150 in tax

The date of premium payment determines the tax year for tax deduction, regardless of the payment mode. If you are paying monthly premium for example, the total premium qualified for tax deduction in a particular tax year would be the total monthly premium actually paid in the same tax year, with the tax-deductible amount up to HK\$8,000 per insured person. For more details of the eligibility for tax deduction, please contact the Inland Revenue Department.

10. 假如我希望向監管機構作出查詢、尋求協助或作出投訴，可以聯絡那些機構？

您可以聯絡以下監管機構：

- (a) 醫務衛生局轄下的自願醫保計劃辦事處 – 處理與自願醫保相關的事宜，包括產品提供、認可產品的特點；
- (b) 保險業監管局 – 處理與保險公司及保險中介人一般操守相關的事宜；
- (c) 稅務局 – 處理申索稅項扣除的事宜；及
- (d) 保險投訴局 – 進行調解及裁決。

保單持有人及保險公司亦可以選擇把爭議訴諸香港法院前，先採用其他非訴訟排解糾紛的程序，包括在雙方同意的基礎下透過其他途徑進行調解及仲裁。

10. If I wish to make an enquiry to, to seek assistance from or lodge a complaint to a regulatory body, which organisation should I contact?

You may contact the following regulatory body:

- (a) VHIS Office of the Health Bureau – for issues specific to the VHIS including product availability, features of certified plan and compliance with the Code of Practice for Insurance Companies under the Ambit of the Voluntary Health Insurance Scheme;
- (b) Insurance Authority – for issues concerning the general conduct of insurance companies and intermediaries;
- (c) Inland Revenue Department – for issues concerning claims for tax deduction; and
- (d) Insurance Complaints Bureau – for mediation and adjudication.

Policyholders and insurance companies are also encouraged to settle dispute by other means of mediation and arbitration as mutually agreed between both parties before a dispute is referred to a Hong Kong court.

重要事項

^ 「只衛您」超卓靈活自願醫保計劃的投保申請須經核保程序。健康及非健康因素包括職業⁺⁺及通常居住地^{**}有可能影響核保結果。藍十字可 (i) 在接受申請時加入個別不保項目條文及/或收取附加保費、(ii) 拒絕投保申請或 (iii) 押後投保申請。藍十字亦有權因應保單持有人/受保人在保單續保時提出以下要求，重新核保其保單條款及保障：

- (a) 增加額外保障；
- (b) 轉換到另一份提供更佳或額外保障的醫療保險計劃；
- (c) 取消先前附加的個別不保項目或減低附加保費；
- (d) 更改職業⁺⁺；或
- (e) 更改居住地^{^^}。

⁺⁺ 如受保人因從事高風險職業包括 (i) 於建築地盤內從事體力勞動工作；(ii) 於離地面或樓面 10 米以上工作；(iii) 職業拳手；(iv) 騎師；或 (v) 特技人，藍十字有權拒絕其投保申請。

^{**} 如藍十字接受投保申請，而該保單受保人在 12 個月內於俄羅斯或土耳其通常居住 6 個月或以上，須支付 15% 額外地域附加保費。藍十字亦有權拒絕受保人通常居住於指定國家或地區的申請。

^{^^} 「居住地」指某人士在法律上擁有居留權的司法管轄區。為免存疑，某人士若對該司法管轄區只有法律上的入境許可，而非居留權（例如留學、工作或旅遊），該司法管轄區並不可被視為該人士的居住地。

◆ 受限於每個保障項目的賠償限額，(i) 假如相關保障項目的合資格費用為 HK\$400 以及 20% 共同保險適用，藍十字將會賠償 HK\$320，而客戶將要承擔餘下之 HK\$80；(ii) 而在 0% 共同保險下，藍十字將全數賠償合資格費用。

若保單持有人擁有本認可產品以外的其他保障，保單持有人將有權向該等保障或本認可產品進行索償。不論如何，若保單持有人或受保人已從其他保障索償全部或部分費用，則藍十字只會對未被其他保障賠償的合資格費用（如有）作出賠償。

「合理及慣常」是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。「合理及慣常」的收費水平由藍十字合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。藍十字必須參照以下資料（如適用）以釐定「合理及慣常」收費：a) 由保險或醫學界進行的治療或服務費用統計及調查；b) 公司內部或業界的賠償統計；c) 政府憲報；及/或 d) 提供治療、服務或物料當地的其他相關參考資料。

Important Notes

^ The application for CareForYou Super Flexi Plan for VHIS is subject to underwriting. Health and non-health factors including occupation⁺⁺ and place of usual residence^{**} may affect the underwriting decision. Blue Cross may (i) impose case-based exclusion(s) and/or premium loading when accepting an application, (ii) decline an application or (iii) postpone an application. Blue Cross has the right to re-underwrite the terms and benefits at the time of renewal of policy if the policyholder/insured person(s) requests to:

- (a) subscribe additional benefits;
- (b) switch to another medical insurance plan which provides upgrade or addition of benefits;
- (c) remove the case-based exclusion(s) or reduce premium loading which was/were previously applied;
- (d) change the occupation⁺⁺; or
- (e) change of place of residence^{^^}.

⁺⁺ For insured person who engages in high-risk occupation including (i) manual works at construction site; (ii) work at a height (exceeding 10 meters above ground or floor level); (iii) professional boxer; (iv) jockey; or (v) stuntman, Blue Cross reserves the right to decline the application.

^{**} Should Blue Cross accept the application, a fixed geographical loading of 15% shall be applied if the insured person usually resides in Russia or Turkey for 6 months or more in average within a 12-month period. For insured person with place of usual residence in some specific countries or regions, Blue Cross also reserves the right to decline the application.

^{^^} "Place of residence" shall mean the jurisdiction(s) in which a person legally has the right of abode. For the avoidance of doubt, a jurisdiction in which a person legally has the right or permission of access only but without the right of abode, such as for the purpose of study, work or vacation, will not be treated as a place of residence.

◆ Subject to the benefit limit for each benefit item, (i) if the eligible expenses incurred for a relevant benefit item is HK\$400 and the 20% coinsurance option applies, Blue Cross will reimburse HK\$320 and the customer will have to bear the remaining HK\$80; (ii) if the 0% coinsurance option applies, Blue Cross will reimburse the full cost of eligible expenses.

If the policyholder has taken out other insurance coverage besides the Certified Plan, the policyholder shall have the right to claim under any such other insurance coverage or the Certified Plan. However, if the policyholder or the insured person has already recovered all or part of the expenses from any such other insurance coverage, Blue Cross shall only be liable for such amount of eligible expense, if any, which is not compensated by any such other insurance coverage.

"Reasonable and Customary" refers to a charge for medical service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by Blue Cross in utmost good faith. The "Reasonable and Customary" charges shall not in any event exceed the actual charges incurred. In determining whether a charge is "Reasonable and Customary", Blue Cross shall make reference to the followings (if applicable): a) treatment or service fee statistics and surveys in the insurance or medical industry; b) internal or industry claim statistics; c) gazette published by the government; and/or d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

重要事項

「醫療所需」是指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件：
a) 需要註冊醫生的專業知識或轉介；b) 符合該傷病的診斷及治療所需；c) 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；d) 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及
e) 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供。

+ 在同一份「只衛您」超卓靈活自願醫保計劃的保單內，不允許多個保單持有人，而每份保單只能保障一名受保人。

保單持有人可在冷靜期內行使權利取消保單及獲發還全數已付保費及保費徵費，但行使此項權利時，必須符合以下條件：

(a) 取消要求必須由保單持有人簽署，藍十字必須於冷靜期內直接收到該要求。冷靜期為緊接保單或冷靜期通知書交付予保單持有人或其指定代表之日起計的 21 日的期間，以較早者為準。為免生疑問，交付保單或冷靜期通知書當天並不包括在計算 21 日的期間內。然而，若第 21 日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內；及

(b) 如曾經因索償而獲得賠償，則不會獲發還保費。

冷靜期過後，若保單持有人在該保單年度期間沒有就保單獲得任何賠償，保單持有人可以在 30 日前以書面方式通知藍十字要求取消保單。

此外，保單會在以下情況自動終止，以最先者為準：(a) 保單持有人在 30 天寬限期屆滿時仍未繳交保費；(b) 受保人身故翌日；或 (c) 藍十字不再獲《保險業條例》授權承保或繼續承保該保單。

Important Notes

“Medically Necessary” refers to the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must: a) require the expertise of, or be referred by, a registered medical practitioner; b) be consistent with the diagnosis and necessary for the investigation and treatment of the disability; c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending registered medical practitioner; d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

+ Multiple policyholders are not allowed under the same policy of CareForYou Super Flexi Plan for VHIS and each policy can only cover one insured person.

The policyholder may exercise the right to cancel the policy with full refund of paid premiums and levy during the cooling-off period. The cancellation right is subject to the following conditions:

(a) The request to cancel must be signed by the policyholder and received directly by Blue Cross within the cooling-off period. The cooling-off period is the period of 21 days immediately following the day of the delivery to the policyholder or the nominated representative of the policyholder, of the policy or the cooling-off notice, whichever is the earlier. For the avoidance of doubt, the day of delivery of the policy or the cooling-off notice is not included for the calculation of the 21-day period. However, if the last day of the 21-day period is not a working day, the period shall include the next working day; and

(b) No refund can be made if a claim payment has been made.

The policyholder can request to cancel the policy after the cooling-off period by giving 30 days prior written notice to Blue Cross, provided that there has been no benefit payment during the relevant policy year.

In addition, the policy shall be automatically terminated on the earliest of the following: a) where such policy is terminated due to non-payment of premiums after the 30-day grace period; b) the day immediately following the death of the insured person; or c) Blue Cross has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write such policy.

一般不保事項

1. 任何非醫療所需治療、治療程序、藥物、檢測或服務的費用。
2. 若純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院，該住院期間所招致的全部或部分費用。惟若該等程序或服務是在註冊醫生建議下因而進行醫療所需的診斷，或無法以為日症病人提供醫療服務的方式下有效地進行的傷病治療，則不屬此項。
3. 在保單生效日前，因感染或出現人體免疫力缺乏病毒（「HIV」）及其相關的傷病所招致的費用。不論保單持有人或受保人在遞交投保申請文件（若藍十字在保單條款及細則內第一部分第 8 節提出要求，則包括相關必需資料的任何更新及改動）時是否知悉，若此傷病在保單生效日前已存在，認可產品的條款及保障則不會賠償此傷病。若無法證明初次感染或出現此傷病的時間，則此傷病於保單生效日起計 5 年內發病，將被推定為於保單生效日前已感染或出現；若在這 5 年後發病，將被推定為於保單生效日後感染或出現。

惟本第 3 節的不保事項並不適用於因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受 HIV 感染所引致的傷病，有關賠償將按認可產品的條款及保障內其他條款處理。

4. 因倚賴或過量服用藥物、酒精、毒品或類似物質（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（HIV 及其相關的傷病將按本一般不保事項第 3 節處理）的醫療服務費用。
5. 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 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（LASIK），以及任何相關的檢測、治療程序及服務。
6. 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，本第 6 節並不適用於：
 - (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、檢查或治療程序；
 - (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。
7. 牙科醫生進行的牙科治療及口腔頰面手術的費用，惟受保人因意外引致在住院期間接受的急症治療及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。

General Exclusions

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure 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.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policyholder or the insured person at the time of submission of application, including any updates of and changes to such requisite information (if so requested by Blue Cross under Section 8 of Part 1 in the policy terms and conditions) such disability shall be generally excluded from any coverage of the terms and benefits of the Certified Plan if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first 5 years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such 5 years shall be presumed to be contracted or occur after the policy effective date.

However, the exclusion under this entire Section 3 shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the terms and benefits of the Certified Plan shall apply.

4. 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 3 of this General Exclusions applies).
5. 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 90 days of the accident; or
 - (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. 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 Section 6 does not apply to:
 - (a) treatments, monitoring, investigation or procedures with the purpose of avoiding 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.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.

8. 下列醫療服務及輔導服務的費用 - 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；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。
9. 購買屬耐用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。
10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療，除非是受保於認可產品內 II. 額外保障之項目 (f) 中的出院後/日間手術後中醫門診護理。
11. 按接受治療、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治療程序的費用。
12. 受保人年屆 8 歲前發病或確診的先天性疾病所招致的醫療服務費用。
13. 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。
14. 因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故所招致的治療費用。
8. Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; 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.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydrotherapy, homeotherapy and other similar treatments, except to the extent covered by the Post-confinement/Day Case Procedure Chinese Medicine Practitioner Outpatient Care payable under item (f) of II. Enhanced Benefits of the Certified Plan.
11. 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.
12. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years.
13. Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

注意：

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Blue Cross 藍十字

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Blue Cross (Asia-Pacific) Insurance Limited
藍十字(亞太)保險有限公司



「只衛您」超卓靈活自願醫保計劃 CareForYou Super Flexi Plan for VHIS

保費表 Premium Table (HK\$)

1. 認可產品 Certified Plan - 計劃 A Plan A

認可產品編號 Certification Number of the Certified Plan

- 計劃 A (不附額外醫療保障) Plan A (without Supplementary Medical Benefit): F00043-01-000-02
- 計劃 A (附額外醫療保障 - 設 20% 共同保險) Plan A (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-01-002-02

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A Plan A															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	12,103	12,103	6,205	6,205	3,148	3,148	1,061	1,061	15,512	15,512	7,953	7,953	4,036	4,036	1,360	1,360
5 - 9	11,442	11,442	5,865	5,865	2,977	2,977	1,004	1,004	14,855	14,855	7,615	7,615	3,865	3,865	1,301	1,301
10 - 18	10,638	10,638	5,453	5,453	2,769	2,769	933	933	14,051	14,051	7,203	7,203	3,655	3,655	1,232	1,232
19 - 25	13,225	13,970	6,779	7,162	3,441	3,634	1,159	1,226	16,636	17,380	8,527	8,907	4,327	4,521	1,458	1,523
26 - 30	14,003	14,741	7,178	7,557	3,643	3,836	1,228	1,293	17,755	18,836	9,102	9,656	4,620	4,900	1,556	1,651
31 - 35	19,077	19,254	9,778	9,869	4,963	5,007	1,671	1,688	23,466	24,035	12,027	12,319	6,103	6,253	2,056	2,106
36 - 40	20,027	20,603	10,266	10,561	5,209	5,359	1,755	1,805	25,573	26,537	13,108	13,601	6,652	6,901	2,239	2,325
41 - 45	23,116	25,569	11,849	13,107	6,012	6,649	2,024	2,239	30,329	33,403	15,545	17,121	7,887	8,688	2,656	2,925
46 - 50	29,340	32,461	15,038	16,638	7,630	8,441	2,569	2,842	38,488	42,397	19,727	21,731	10,010	11,026	3,370	3,712
51 - 55	37,212	41,162	19,073	21,098	9,677	10,704	3,258	3,604	48,921	53,879	25,073	27,614	12,723	14,011	4,282	4,717
56 - 60	51,714	51,714	26,505	26,505	13,448	13,448	4,526	4,526	66,293	66,293	33,977	33,977	17,239	17,239	5,802	5,802
61 - 65	59,866	59,866	30,683	30,683	15,566	15,566	5,241	5,241	76,633	76,633	39,277	39,277	19,926	19,926	6,707	6,707
66 - 70	77,828	77,828	39,890	39,890	20,238	20,238	6,812	6,812	100,132	100,132	51,319	51,319	26,036	26,036	8,764	8,764
以下保費只適用於續保 The premiums below are for renewal only																
71 - 75	94,086	94,086	48,221	48,221	24,465	24,465	8,235	8,235	125,309	125,309	64,221	64,221	32,582	32,582	10,966	10,966
76 - 80	98,887	98,887	50,682	50,682	25,713	25,713	8,656	8,656	149,839	149,839	76,795	76,795	38,960	38,960	13,114	13,114
81 - 85	103,931	103,931	53,267	53,267	27,025	27,025	9,097	9,097	173,132	173,132	88,733	88,733	45,018	45,018	15,152	15,152
86 - 90	109,233	109,233	55,985	55,985	28,403	28,403	9,561	9,561	190,176	190,176	97,469	97,469	49,448	49,448	16,643	16,643
91 - 95	114,806	114,806	58,840	58,840	29,852	29,852	10,049	10,049	201,965	201,965	103,509	103,509	52,512	52,512	17,675	17,675
96 - 100	120,662	120,662	61,842	61,842	31,375	31,375	10,562	10,562	212,396	212,396	108,855	108,855	55,225	55,225	18,588	18,588
101 +	120,662	120,662	61,842	61,842	31,375	31,375	10,562	10,562	217,086	217,086	111,259	111,259	56,446	56,446	18,999	18,999

1. 認可產品 Certified Plan - 計劃 A Plan A

認可產品編號 Certification Number of the Certified Plan

- 計劃 A (不附額外醫療保障) Plan A (without Supplementary Medical Benefit): F00043-01-000-02
- 計劃 A (附額外醫療保障 - 設 20% 共同保險) Plan A (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-01-002-02

只適用於保單生效時年齡介乎 71 至 80 歲之受保人 For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A Plan A															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
71 - 75	131,718	131,718	67,507	67,507	34,249	34,249	11,527	11,527	175,429	175,429	89,910	89,910	45,614	45,614	15,352	15,352
76 - 80	138,438	138,438	70,952	70,952	35,996	35,996	12,115	12,115	209,772	209,772	107,510	107,510	54,543	54,543	18,358	18,358
以下保費只適用於續保 The premiums below are for renewal only																
81 - 85	145,500	145,500	74,571	74,571	37,833	37,833	12,733	12,733	242,385	242,385	124,223	124,223	63,023	63,023	21,211	21,211
86 - 90	152,923	152,923	78,375	78,375	39,763	39,763	13,383	13,383	266,247	266,247	136,452	136,452	69,227	69,227	23,299	23,299
91 - 95	160,724	160,724	82,373	82,373	41,791	41,791	14,066	14,066	282,748	282,748	144,910	144,910	73,518	73,518	24,744	24,744
96 - 100	168,923	168,923	86,575	86,575	43,923	43,923	14,783	14,783	297,352	297,352	152,395	152,395	77,315	77,315	26,021	26,021
101 +	168,923	168,923	86,575	86,575	43,923	43,923	14,783	14,783	303,919	303,919	155,761	155,761	79,022	79,022	26,595	26,595

1. 認可產品 Certified Plan - 計劃 B Plan B

認可產品編號 Certification Number of the Certified Plan

- 計劃 B (不附額外醫療保障) Plan B (without Supplementary Medical Benefit): F00043-02-000-02
- 計劃 B (附額外醫療保障 - 設 20% 共同保險) Plan B (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-02-002-02

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 B Plan B															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	7,395	7,395	3,791	3,791	1,925	1,925	650	650	9,404	9,404	4,821	4,821	2,447	2,447	826	826
5 - 9	6,776	6,776	3,476	3,476	1,764	1,764	594	594	8,786	8,786	4,505	4,505	2,286	2,286	770	770
10 - 18	6,032	6,032	3,093	3,093	1,570	1,570	530	530	8,039	8,039	4,123	4,123	2,092	2,092	707	707
19 - 25	7,301	7,721	3,742	3,958	1,901	2,009	642	679	9,308	9,730	4,771	4,988	2,423	2,533	818	855
26 - 30	7,811	8,334	4,005	4,272	2,032	2,168	684	732	10,021	10,746	5,138	5,509	2,607	2,795	879	943
31 - 35	10,586	11,213	5,426	5,748	2,754	2,918	927	984	13,150	14,011	6,740	7,183	3,420	3,646	1,152	1,229
36 - 40	11,327	12,447	5,807	6,380	2,947	3,237	993	1,092	14,551	15,920	7,459	8,161	3,787	4,142	1,277	1,396
41 - 45	14,948	16,427	7,663	8,420	3,888	4,272	1,310	1,439	19,139	21,012	9,811	10,771	4,976	5,465	1,677	1,841
46 - 50	18,974	20,849	9,725	10,687	4,935	5,423	1,662	1,826	24,289	26,629	12,449	13,650	6,317	6,926	2,127	2,332
51 - 55	24,533	26,954	12,575	13,814	6,380	7,010	2,149	2,361	31,334	34,404	16,061	17,634	8,149	8,947	2,743	3,013
56 - 60	33,126	33,126	16,979	16,979	8,613	8,613	2,901	2,901	41,595	41,595	21,321	21,321	10,817	10,817	3,643	3,643
61 - 65	38,347	38,347	19,654	19,654	9,971	9,971	3,357	3,357	48,155	48,155	24,680	24,680	12,522	12,522	4,215	4,215
66 - 70	49,850	49,850	25,549	25,549	12,964	12,964	4,364	4,364	63,091	63,091	32,334	32,334	16,406	16,406	5,522	5,522
以下保費只適用於續保 The premiums below are for renewal only																
71 - 75	57,743	57,743	29,596	29,596	15,015	15,015	5,054	5,054	75,619	75,619	38,757	38,757	19,663	19,663	6,619	6,619
76 - 80	60,690	60,690	31,106	31,106	15,781	15,781	5,312	5,312	90,471	90,471	46,368	46,368	23,525	23,525	7,919	7,919
81 - 85	63,786	63,786	32,693	32,693	16,586	16,586	5,583	5,583	104,581	104,581	53,600	53,600	27,194	27,194	9,153	9,153
86 - 90	67,040	67,040	34,361	34,361	17,432	17,432	5,868	5,868	114,922	114,922	58,900	58,900	29,883	29,883	10,059	10,059
91 - 95	70,460	70,460	36,114	36,114	18,321	18,321	6,167	6,167	122,090	122,090	62,574	62,574	31,747	31,747	10,685	10,685
96 - 100	74,055	74,055	37,956	37,956	19,256	19,256	6,482	6,482	128,446	128,446	65,831	65,831	33,398	33,398	11,242	11,242
101 +	74,055	74,055	37,956	37,956	19,256	19,256	6,482	6,482	131,277	131,277	67,283	67,283	34,135	34,135	11,490	11,490

1. 認可產品 Certified Plan - 計劃 B Plan B

認可產品編號 Certification Number of the Certified Plan

- 計劃 B (不附額外醫療保障) Plan B (without Supplementary Medical Benefit):
F00043-02-000-02
- 計劃 B (附額外醫療保障 - 設 20% 共同保險) Plan B (with Supplementary Medical Benefit – with 20% Coinsurance):
F00043-02-002-02

只適用於保單生效時年齡介乎 71 至 80 歲之受保人 For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 B Plan B															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
71 - 75	80,841	80,841	41,432	41,432	21,020	21,020	7,076	7,076	105,865	105,865	54,257	54,257	27,526	27,526	9,266	9,266
76 - 80	84,966	84,966	43,546	43,546	22,093	22,093	7,437	7,437	126,659	126,659	64,915	64,915	32,935	32,935	11,086	11,086
以下保費只適用於續保 The premiums below are for renewal only																
81 - 85	89,300	89,300	45,768	45,768	23,220	23,220	7,816	7,816	146,413	146,413	75,038	75,038	38,069	38,069	12,814	12,814
86 - 90	93,857	93,857	48,103	48,103	24,404	24,404	8,215	8,215	160,889	160,889	82,456	82,456	41,833	41,833	14,081	14,081
91 - 95	98,645	98,645	50,557	50,557	25,649	25,649	8,634	8,634	170,927	170,927	87,603	87,603	44,443	44,443	14,959	14,959
96 - 100	103,677	103,677	53,136	53,136	26,958	26,958	9,074	9,074	179,823	179,823	92,160	92,160	46,757	46,757	15,737	15,737
101 +	103,677	103,677	53,136	53,136	26,958	26,958	9,074	9,074	183,789	183,789	94,193	94,193	47,788	47,788	16,084	16,084

1. 認可產品 Certified Plan - 計劃 C Plan C

認可產品編號 Certification Number of the Certified Plan

- 計劃 C (不附額外醫療保障) Plan C (without Supplementary Medical Benefit): F00043-03-000-02
- 計劃 C (附額外醫療保障 - 設 20% 共同保險) Plan C (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-03-002-02

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 C Plan C															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	4,426	4,426	2,271	2,271	1,152	1,152	390	390	5,685	5,685	2,915	2,915	1,481	1,481	502	502
5 - 9	4,046	4,046	2,075	2,075	1,053	1,053	356	356	5,303	5,303	2,719	2,719	1,381	1,381	467	467
10 - 18	3,602	3,602	1,847	1,847	938	938	318	318	4,860	4,860	2,493	2,493	1,266	1,266	428	428
19 - 25	4,136	4,536	2,121	2,326	1,078	1,181	365	400	5,394	5,793	2,766	2,970	1,405	1,509	475	510
26 - 30	4,512	4,766	2,313	2,444	1,176	1,241	398	419	5,882	6,274	3,015	3,217	1,532	1,633	517	551
31 - 35	5,549	5,862	2,844	3,006	1,445	1,525	488	515	7,153	7,616	3,667	3,905	1,863	1,982	629	670
36 - 40	6,740	7,164	3,456	3,672	1,755	1,865	592	629	8,713	9,306	4,467	4,770	2,266	2,423	766	816
41 - 45	8,804	9,704	4,513	4,974	2,291	2,526	771	851	11,344	12,466	5,815	6,391	2,951	3,243	994	1,093
46 - 50	11,214	12,348	5,748	6,330	2,918	3,213	984	1,082	14,445	15,866	7,406	8,133	3,759	4,127	1,267	1,392
51 - 55	14,471	15,938	7,419	8,170	3,765	4,146	1,268	1,397	18,607	20,506	9,538	10,512	4,840	5,334	1,630	1,797
56 - 60	20,113	20,113	10,310	10,310	5,231	5,231	1,762	1,762	25,263	25,263	12,950	12,950	6,570	6,570	2,212	2,212
61 - 65	23,125	23,125	11,852	11,852	6,014	6,014	2,024	2,024	29,050	29,050	14,889	14,889	7,556	7,556	2,545	2,545
66 - 70	29,605	29,605	15,174	15,174	7,700	7,700	2,591	2,591	37,780	37,780	19,364	19,364	9,824	9,824	3,308	3,308
以下保費只適用於續保 The premiums below are for renewal only																
71 - 75	35,183	35,183	18,032	18,032	9,150	9,150	3,081	3,081	46,215	46,215	23,688	23,688	12,018	12,018	4,047	4,047
76 - 80	36,978	36,978	18,952	18,952	9,617	9,617	3,238	3,238	55,288	55,288	28,336	28,336	14,377	14,377	4,839	4,839
81 - 85	38,865	38,865	19,919	19,919	10,108	10,108	3,403	3,403	63,905	63,905	32,753	32,753	16,619	16,619	5,594	5,594
86 - 90	40,848	40,848	20,936	20,936	10,624	10,624	3,577	3,577	70,219	70,219	35,989	35,989	18,260	18,260	6,147	6,147
91 - 95	42,933	42,933	22,004	22,004	11,166	11,166	3,759	3,759	74,595	74,595	38,233	38,233	19,398	19,398	6,530	6,530
96 - 100	45,123	45,123	23,127	23,127	11,735	11,735	3,951	3,951	78,474	78,474	40,220	40,220	20,406	20,406	6,870	6,870
101 +	45,123	45,123	23,127	23,127	11,735	11,735	3,951	3,951	80,202	80,202	41,107	41,107	20,856	20,856	7,020	7,020

1. 認可產品 Certified Plan - 計劃 C Plan C

認可產品編號 Certification Number of the Certified Plan

- 計劃 C (不附額外醫療保障) Plan C (without Supplementary Medical Benefit):
F00043-03-000-02
- 計劃 C (附額外醫療保障 - 設 20% 共同保險) Plan C (with Supplementary Medical Benefit – with 20% Coinsurance):
F00043-03-002-02

只適用於保單生效時年齡介乎 71 至 80 歲之受保人 For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 C Plan C															
	不附額外醫療保障 Without Supplementary Medical Benefit								附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
實際年齡 Attained Age	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
71 - 75	49,255	49,255	25,244	25,244	12,809	12,809	4,313	4,313	64,701	64,701	33,162	33,162	16,826	16,826	5,665	5,665
76 - 80	51,769	51,769	26,533	26,533	13,462	13,462	4,533	4,533	77,403	77,403	39,670	39,670	20,127	20,127	6,776	6,776
以下保費只適用於續保 The premiums below are for renewal only																
81 - 85	54,410	54,410	27,886	27,886	14,149	14,149	4,764	4,764	89,465	89,465	45,853	45,853	23,263	23,263	7,831	7,831
86 - 90	57,187	57,187	29,309	29,309	14,871	14,871	5,007	5,007	98,305	98,305	50,383	50,383	25,561	25,561	8,604	8,604
91 - 95	60,105	60,105	30,805	30,805	15,630	15,630	5,263	5,263	104,432	104,432	53,523	53,523	27,155	27,155	9,141	9,141
96 - 100	63,172	63,172	32,377	32,377	16,427	16,427	5,531	5,531	109,862	109,862	56,307	56,307	28,567	28,567	9,616	9,616
101 +	63,172	63,172	32,377	32,377	16,427	16,427	5,531	5,531	112,284	112,284	57,548	57,548	29,196	29,196	9,828	9,828

1. 認可產品 Certified Plan - 計劃 D Plan D

認可產品編號 Certification Number of the Certified Plan

- 計劃 D (附額外醫療保障 - 設 20% 共同保險) Plan D (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-04-000-02

只適用於保單生效時年齡介乎 0 至 70 歲之受保人 For insured person from age 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 D Plan D							
	附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 4	4,648	4,648	2,384	2,384	1,210	1,210	410	410
5 - 9	4,249	4,249	2,179	2,179	1,108	1,108	374	374
10 - 18	3,783	3,783	1,940	1,940	987	987	333	333
19 - 25	4,342	4,763	2,227	2,443	1,132	1,240	382	419
26 - 30	4,737	5,004	2,429	2,567	1,233	1,303	417	440
31 - 35	5,825	6,155	2,987	3,155	1,516	1,602	513	542
36 - 40	7,078	7,523	3,630	3,856	1,844	1,959	622	661
41 - 45	9,244	10,188	4,738	5,224	2,406	2,651	811	894
46 - 50	11,777	12,966	6,038	6,647	3,065	3,372	1,034	1,139
51 - 55	15,195	16,738	7,790	8,579	3,954	4,354	1,333	1,467
56 - 60	21,121	21,121	10,826	10,826	5,493	5,493	1,850	1,850
61 - 65	24,282	24,282	12,446	12,446	6,316	6,316	2,127	2,127
66 - 70	31,087	31,087	15,934	15,934	8,084	8,084	2,723	2,723
以下保費只適用於續保 The premiums below are for renewal only								
71 - 75	38,028	38,028	19,493	19,493	9,889	9,889	3,330	3,330
76 - 80	45,495	45,495	23,317	23,317	11,830	11,830	3,983	3,983
81 - 85	52,585	52,585	26,952	26,952	13,675	13,675	4,604	4,604
86 - 90	57,782	57,782	29,615	29,615	15,027	15,027	5,060	5,060
91 - 95	61,384	61,384	31,462	31,462	15,963	15,963	5,376	5,376
96 - 100	64,576	64,576	33,097	33,097	16,792	16,792	5,654	5,654
101 +	65,999	65,999	33,826	33,826	17,162	17,162	5,778	5,778

1. 認可產品 Certified Plan - 計劃 D Plan D

認可產品編號 Certification Number of the Certified Plan

- 計劃 D (附額外醫療保障 - 設 20% 共同保險) Plan D (with Supplementary Medical Benefit – with 20% Coinsurance): F00043-04-000-02

只適用於保單生效時年齡介乎 71 至 80 歲之受保人 For insured person from age 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 D Plan D							
	附額外醫療保障 – 設 20% 共同保險 With Supplementary Medical Benefit – with 20% Coinsurance							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
71 - 75	53,238	53,238	27,286	27,286	13,844	13,844	4,659	4,659
76 - 80	63,692	63,692	32,643	32,643	16,561	16,561	5,576	5,576
以下保費只適用於續保 The premiums below are for renewal only								
81 - 85	73,619	73,619	37,731	37,731	19,142	19,142	6,445	6,445
86 - 90	80,893	80,893	41,460	41,460	21,035	21,035	7,081	7,081
91 - 95	85,936	85,936	44,045	44,045	22,346	22,346	7,523	7,523
96 - 100	90,407	90,407	46,337	46,337	23,509	23,509	7,915	7,915
101 +	92,397	92,397	47,354	47,354	24,027	24,027	8,087	8,087

保費表 Premium Table (HK\$)

2. 附加門診保障 Optional Outpatient Benefits

• 計劃 Plan A

計劃級別 Plan Level	計劃 Plan A(I)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	30,659	30,659	15,713	15,713	7,973	7,973	2,685	2,685	23,582	23,582	12,089	12,089	6,134	6,134	2,066	2,066
19 - 25	19,920	22,372	10,211	11,468	5,181	5,818	1,745	1,960	15,329	17,217	7,857	8,826	3,987	4,478	1,344	1,509
26 - 30	20,426	22,939	10,469	11,759	5,313	5,965	1,789	2,009	15,711	17,644	8,054	9,043	4,085	4,589	1,377	1,545
31 - 35	21,297	23,925	10,916	12,263	5,539	6,223	1,866	2,095	16,388	18,409	8,402	9,436	4,263	4,787	1,436	1,613
36 - 40	21,940	24,645	11,246	12,631	5,706	6,410	1,922	2,158	16,882	18,963	8,654	9,720	4,390	4,932	1,480	1,661
41 - 45	24,134	27,110	12,370	13,894	6,277	7,050	2,114	2,374	18,569	20,858	9,519	10,691	4,830	5,424	1,627	1,827
46 - 50	26,333	29,579	13,498	15,161	6,848	7,693	2,307	2,590	20,262	22,763	10,385	11,668	5,269	5,920	1,776	1,994
51 - 55	28,965	32,540	14,846	16,679	7,532	8,462	2,536	2,849	22,288	25,037	11,424	12,833	5,796	6,512	1,952	2,193
56 - 60	30,992	34,816	15,885	17,844	8,060	9,053	2,715	3,048	23,848	26,787	12,224	13,729	6,203	6,966	2,088	2,346
61 - 65	34,089	38,298	17,472	19,629	8,865	9,960	2,985	3,353	26,231	29,466	13,444	15,102	6,822	7,663	2,297	2,580
66 - 70	44,315	47,869	22,713	24,533	11,524	12,447	3,879	4,191	34,096	36,835	17,475	18,879	8,867	9,580	2,985	3,225
71 - 80	55,395	55,395	28,392	28,392	14,406	14,406	4,849	4,849	44,327	44,327	22,720	22,720	11,527	11,527	3,879	3,879
以下保費只適用於續保 The premium below is for renewal only																
81 +	55,395	55,395	28,392	28,392	14,406	14,406	4,849	4,849	44,327	44,327	22,720	22,720	11,527	11,527	3,879	3,879

計劃級別 Plan Level	計劃 Plan A(II)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	23,217	23,217	11,900	11,900	6,038	6,038	2,033	2,033	17,861	17,861	9,156	9,156	4,647	4,647	1,566	1,566
19 - 25	14,595	16,484	7,481	8,449	3,797	4,288	1,280	1,445	11,221	12,678	5,754	6,498	2,919	3,299	985	1,111
26 - 30	14,903	16,838	7,640	8,630	3,877	4,380	1,305	1,475	11,465	12,950	5,877	6,638	2,982	3,370	1,005	1,137
31 - 35	15,550	17,568	7,972	9,005	4,045	4,570	1,363	1,539	11,959	13,516	6,131	6,928	3,112	3,516	1,050	1,185
36 - 40	16,027	18,108	8,216	9,281	4,169	4,710	1,404	1,587	12,326	13,928	6,320	7,139	3,206	3,624	1,080	1,221
41 - 45	18,003	20,345	9,228	10,428	4,683	5,292	1,578	1,782	13,850	15,651	7,099	8,023	3,603	4,072	1,214	1,372
46 - 50	19,642	22,197	10,068	11,378	5,109	5,774	1,721	1,944	15,110	17,076	7,745	8,752	3,930	4,442	1,325	1,498
51 - 55	21,726	24,549	11,136	12,582	5,651	6,384	1,903	2,150	16,711	18,885	8,566	9,679	4,347	4,912	1,464	1,655
56 - 60	23,395	26,437	11,991	13,550	6,084	6,876	2,049	2,315	17,996	20,336	9,224	10,424	4,680	5,289	1,577	1,780
61 - 65	26,435	29,870	13,549	15,309	6,874	7,769	2,315	2,616	20,334	22,976	10,422	11,778	5,289	5,975	1,780	2,013
66 - 70	31,720	35,248	16,258	18,066	8,249	9,166	2,777	3,086	24,398	27,111	12,506	13,895	6,345	7,050	2,137	2,374
71 - 80	39,645	39,645	20,319	20,319	10,310	10,310	3,471	3,471	30,496	30,496	15,631	15,631	7,929	7,929	2,670	2,670
以下保費只適用於續保 The premium below is for renewal only																
81 +	39,645	39,645	20,319	20,319	10,310	10,310	3,471	3,471	30,496	30,496	15,631	15,631	7,929	7,929	2,670	2,670

2. 附加門診保障 Optional Outpatient Benefits

• 計劃 Plan A

計劃級別 Plan Level	計劃 Plan A(III)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	17,649	17,649	9,048	9,048	4,592	4,592	1,545	1,545	13,578	13,578	6,960	6,960	3,532	3,532	1,191	1,191
19 - 25	11,424	12,903	5,856	6,614	2,972	3,357	1,002	1,131	8,784	9,925	4,504	5,089	2,286	2,583	770	870
26 - 30	11,664	13,178	5,980	6,755	3,035	3,428	1,023	1,156	8,975	10,143	4,601	5,199	2,335	2,639	787	889
31 - 35	12,168	13,746	6,237	7,046	3,166	3,576	1,068	1,205	9,360	10,577	4,799	5,422	2,435	2,752	821	926
36 - 40	12,550	14,181	6,432	7,269	3,265	3,689	1,100	1,244	9,656	10,911	4,950	5,593	2,513	2,839	848	957
41 - 45	14,096	15,936	7,224	8,169	3,666	4,145	1,236	1,397	10,847	12,261	5,560	6,286	2,822	3,190	952	1,075
46 - 50	15,376	17,373	7,881	8,905	3,999	4,520	1,347	1,523	11,829	13,365	6,063	6,852	3,077	3,477	1,037	1,172
51 - 55	17,012	19,218	8,719	9,850	4,425	4,999	1,491	1,682	13,079	14,785	6,704	7,578	3,402	3,846	1,147	1,296
56 - 60	18,322	20,700	9,392	10,610	4,766	5,384	1,606	1,814	14,090	15,925	7,223	8,162	3,666	4,143	1,235	1,395
61 - 65	20,689	23,378	10,605	11,983	5,381	6,080	1,813	2,048	15,915	17,986	8,158	9,220	4,140	4,678	1,395	1,577
66 - 70	24,001	28,381	12,301	14,547	6,242	7,380	2,102	2,486	18,463	21,827	9,464	11,187	4,803	5,677	1,618	1,912
71 - 80	29,995	29,995	15,375	15,375	7,800	7,800	2,626	2,626	23,080	23,080	11,830	11,830	6,002	6,002	2,021	2,021
以下保費只適用於續保 The premium below is for renewal only																
81 +	29,995	29,995	15,375	15,375	7,800	7,800	2,626	2,626	23,080	23,080	11,830	11,830	6,002	6,002	2,021	2,021

2. 附加門診保障 Optional Outpatient Benefits

• 計劃 Plan B

計劃級別 Plan Level	計劃 Plan B(I)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	20,636	20,636	10,578	10,578	5,367	5,367	1,808	1,808	15,871	15,871	8,134	8,134	4,129	4,129	1,391	1,391
19 - 25	13,413	15,064	6,876	7,721	3,489	3,919	1,176	1,319	10,320	11,588	5,290	5,939	2,685	3,015	905	1,016
26 - 30	13,746	15,441	7,046	7,916	3,576	4,016	1,205	1,354	10,575	11,877	5,421	6,089	2,752	3,089	926	1,041
31 - 35	14,340	16,106	7,351	8,256	3,731	4,189	1,257	1,412	11,030	12,390	5,655	6,351	2,870	3,224	967	1,087
36 - 40	14,768	16,590	7,568	8,504	3,841	4,316	1,295	1,454	11,367	12,766	5,827	6,545	2,958	3,321	996	1,120
41 - 45	16,248	18,246	8,329	9,353	4,227	4,746	1,424	1,599	12,500	14,043	6,408	7,199	3,252	3,653	1,095	1,230
46 - 50	17,721	19,912	9,084	10,205	4,610	5,179	1,553	1,744	13,641	15,321	6,992	7,854	3,549	3,986	1,196	1,344
51 - 55	19,496	21,900	9,993	11,225	5,071	5,695	1,708	1,919	15,000	16,852	7,690	8,638	3,902	4,383	1,314	1,475
56 - 60	20,860	23,435	10,691	12,012	5,424	6,096	1,827	2,052	16,051	18,031	8,228	9,243	4,175	4,691	1,406	1,580
61 - 65	22,944	25,775	11,760	13,211	5,967	6,703	2,011	2,257	17,657	19,836	9,051	10,168	4,593	5,160	1,548	1,739
66 - 70	29,831	32,220	15,289	16,514	7,757	8,379	2,614	2,822	22,949	24,792	11,762	12,707	5,969	6,448	2,011	2,171
71 - 80	37,285	37,285	19,111	19,111	9,696	9,696	3,265	3,265	29,838	29,838	15,294	15,294	7,761	7,761	2,614	2,614
以下保費只適用於續保 The premium below is for renewal only																
81 +	37,285	37,285	19,111	19,111	9,696	9,696	3,265	3,265	29,838	29,838	15,294	15,294	7,761	7,761	2,614	2,614

計劃級別 Plan Level	計劃 Plan B(II)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	15,624	15,624	8,008	8,008	4,064	4,064	1,368	1,368	12,021	12,021	6,161	6,161	3,128	3,128	1,053	1,053
19 - 25	9,824	11,093	5,036	5,686	2,556	2,887	862	972	7,551	8,534	3,872	4,374	1,965	2,220	663	749
26 - 30	10,032	11,337	5,143	5,812	2,609	2,949	880	994	7,718	8,718	3,957	4,469	2,009	2,268	678	765
31 - 35	10,467	11,825	5,366	6,062	2,723	3,077	918	1,037	8,053	9,097	4,129	4,664	2,095	2,366	708	798
36 - 40	10,791	12,192	5,532	6,251	2,808	3,172	947	1,069	8,298	9,377	4,254	4,806	2,159	2,441	728	822
41 - 45	12,120	13,694	6,213	7,019	3,153	3,562	1,062	1,200	9,326	10,537	4,781	5,402	2,427	2,742	818	924
46 - 50	13,221	14,946	6,776	7,662	3,440	3,888	1,159	1,310	10,170	11,495	5,215	5,893	2,646	2,991	893	1,007
51 - 55	14,625	16,524	7,496	8,471	3,804	4,299	1,281	1,449	11,252	12,712	5,767	6,516	2,928	3,308	986	1,114
56 - 60	15,748	17,795	8,072	9,121	4,095	4,629	1,381	1,559	12,113	13,688	6,209	7,017	3,152	3,560	1,061	1,200
61 - 65	17,790	20,105	9,119	10,305	4,628	5,229	1,559	1,762	13,686	15,466	7,016	7,927	3,560	4,023	1,200	1,355
66 - 70	21,350	23,726	10,942	12,161	5,552	6,170	1,870	2,077	16,422	18,249	8,418	9,354	4,271	4,747	1,439	1,599
71 - 80	26,685	26,685	13,677	13,677	6,941	6,941	2,337	2,337	20,529	20,529	10,524	10,524	5,340	5,340	1,798	1,798
以下保費只適用於續保 The premium below is for renewal only																
81 +	26,685	26,685	13,677	13,677	6,941	6,941	2,337	2,337	20,529	20,529	10,524	10,524	5,340	5,340	1,798	1,798

2. 附加門診保障 Optional Outpatient Benefits

• 計劃 Plan B

計劃級別 Plan Level	計劃 Plan B(III)															
共同保險 Coinsurance	0%								20%							
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly		年繳 Annual		半年繳 Semi-annual		季繳 Quarterly		月繳 Monthly	
	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
0 - 18	11,879	11,879	6,089	6,089	3,090	3,090	1,041	1,041	9,140	9,140	4,686	4,686	2,379	2,379	801	801
19 - 25	7,689	8,689	3,941	4,454	2,001	2,262	674	762	5,916	6,683	3,033	3,426	1,541	1,740	520	587
26 - 30	7,855	8,871	4,027	4,547	2,046	2,308	690	779	6,039	6,825	3,096	3,499	1,572	1,777	530	599
31 - 35	8,193	9,255	4,200	4,745	2,133	2,409	719	812	6,302	7,118	3,231	3,650	1,640	1,852	554	625
36 - 40	8,448	9,549	4,331	4,895	2,198	2,486	742	837	6,498	7,346	3,333	3,767	1,691	1,912	572	645
41 - 45	9,491	10,721	4,866	5,496	2,470	2,789	833	941	7,301	8,256	3,742	4,233	1,901	2,149	642	726
46 - 50	10,348	11,695	5,306	5,994	2,693	3,044	907	1,025	7,962	8,998	4,082	4,612	2,072	2,342	699	789
51 - 55	11,447	12,936	5,867	6,632	2,978	3,364	1,004	1,133	8,805	9,952	4,514	5,102	2,292	2,589	772	873
56 - 60	12,332	13,934	6,322	7,143	3,208	3,625	1,080	1,221	9,490	10,717	4,865	5,495	2,469	2,789	833	939
61 - 65	13,925	15,738	7,137	8,067	3,622	4,094	1,221	1,379	10,714	12,107	5,492	6,206	2,787	3,150	939	1,061
66 - 70	16,154	19,102	8,280	9,791	4,201	4,970	1,416	1,674	12,426	14,691	6,371	7,530	3,233	3,821	1,089	1,287
71 - 80	20,193	20,193	10,352	10,352	5,251	5,251	1,768	1,768	15,538	15,538	7,964	7,964	4,043	4,043	1,363	1,363
以下保費只適用於續保 The premium below is for renewal only																
81 +	20,193	20,193	10,352	10,352	5,251	5,251	1,768	1,768	15,538	15,538	7,964	7,964	4,043	4,043	1,363	1,363

注釋：

- 年齡指受保人的實際年齡，保費率將以實際年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。
- 「0」歲指出生滿 15 日。
- 藍十字（亞太）保險有限公司（「藍十字」）將保留在續保時就其他因素調整保費的權利，例如：因應受保人年齡的調整、增加額外保障等。藍十字可於續保時更改「只衛您」超卓靈活自願醫保計劃的條款及保障及/或向所有同一類別保單調整其標準保費。
- 保險業監管局將按照法例透過保險公司向投保人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料，請瀏覽藍十字網頁 http://bluecross.com.hk/document/general/levy_collection。
- 保費表並未包括由保險業監管局徵收的保費徵費。
- 藍十字在有需要時會向所有同一類別保單調整標準保費表。以上列出的標準保費並不能視為實際未來所需支付的標準保費。藍十字會在每個保單年度終結前以書面形式通知保單持有人來年實際所需支付的保費（包括附加保費（如適用））及保費徵費。
- 上述注釋適用於本文件的所有保費表。
- 如選擇年繳「附加門診保障」的保費，受保人將獲發藍十字醫療卡。

Remarks：

- Age refers to insured person's attained age. Premium rate will be charged according to your attained age. Policy effective date will be used to determine the age attained if it is different from the enrolment date.
- Age "0" means age 15 days.
- Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") reserves the right to adjust the premium upon policy renewal due to other factors, for example, age-related adjustment or subscription to additional benefits, etc. Blue Cross has the right to revise the terms and benefits of CareForYou Super Flexi Plan for VHIS and/or adjust the standard premium on an overall portfolio basis upon policy renewal.
- The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.
- The premium tables do not include levy collected by the Insurance Authority.
- Blue Cross may adjust the standard premium schedule on a portfolio basis if necessary. The listed standard premiums above are not indicative of the future standard premiums. Blue Cross will send out a written notice to the policyholders before each end of policy year regarding the actual premiums payable (including premium loading, if applicable) and levy of the coming year.
- The above remarks are applicable to all premium tables listed herein.
- If premium is paid annually for Optional Outpatient Benefits, the insured person will be issued with a Blue Cross Healthcare Card.