



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



Sun Flower Insurance Brokers Limited

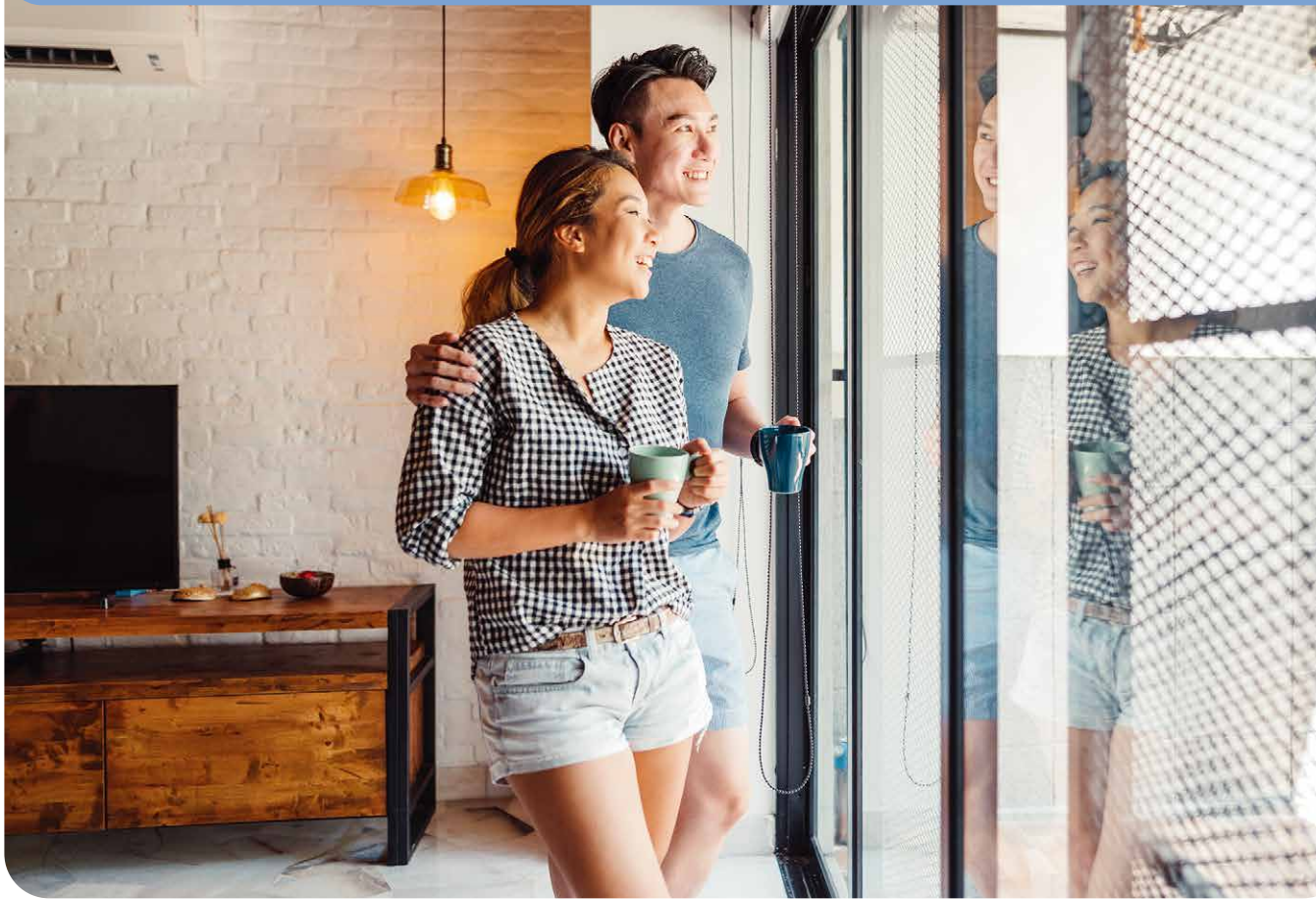
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Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

「只衛您」標準自願醫保計劃 CareForYou Standard 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.

什麼是「自願醫保計劃」？

「自願醫保計劃」（「自願醫保」）是由醫務衛生局推出的一項政策措施，以規範認可的個人償款住院保險產品及致力提升其保障水平，為市民提供多一個選擇，讓他們可透過償款住院保險而使用私營醫療服務，長遠可望減低公立醫院的壓力。

作為參與自願醫保的保險公司之一，藍十字致力保障您的健康，透過自願醫保的框架為您提供一項經醫務衛生局認可的償款住院保險產品－「只衛您」標準自願醫保計劃[^]（「認可產品」），其保障範圍更伸延至未知的投保前已有病症、先天性疾病治療、訂明非手術癌症治療及診斷成像檢測等。您更可就所繳付之保費申請稅務扣減。

「只衛您」標準自願醫保計劃

「只衛您」標準自願醫保計劃為您提供標準化的基本保障，保費較為相宜，加上藍十字的優質服務承諾，讓您安心獲得全面照顧。

What is Voluntary Health Insurance Scheme?

The Voluntary Health Insurance Scheme (“VHIS”) is a policy initiative implemented by the Health Bureau to regulate certified individual indemnity hospital insurance products. VHIS aims to enhance the protection level of indemnity hospital insurance products, provide the public with an additional choice of using private healthcare services through indemnity hospital insurance and relieve the pressure on the public healthcare system in the long run.

As one of the participating insurance companies in VHIS, Blue Cross strives to safeguard your well-being by offering CareForYou Standard Plan for VHIS[^], an indemnity hospital insurance plan that is certified by the Health Bureau (“Certified Plan”) under the VHIS framework with extended coverage including unknown pre-existing conditions, treatment of congenital conditions, prescribed non-surgical cancer treatments and diagnostic imaging tests. You can also apply for tax deduction for the premiums paid.

CareForYou Standard Plan for VHIS

CareForYou Standard Plan for VHIS provides standardised basic medical protection at an affordable premium. Coupled with Blue Cross’s renowned guarantee of quality services, you can rest assured that you will be well taken care of.



主要特色

保費支出可獲稅務扣減

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。

保證續保至100歲¹

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續保至100歲，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²至下一個受保期，為您在人生不同階段提供無間斷的保障，讓您安枕無憂。

不設終身保障限額

認可產品不設終身保障上限，您的保障會持續至您年滿100歲。

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。

1. 本認可產品保證續保至受保人100歲，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。
2. 當藍十字成功收取保費後，保單將會自動續保。

Key Features

Tax Deduction for Premiums Paid

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 Renewal up to Age 100¹

Upon successful enrolment, the period of cover of your policy is 1 year and it is guaranteed that your policy will be renewable up to age 100. 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 renewed² 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 until you reach age 100.

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.

1. Renewal is guaranteed up to age 100 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, 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.
2. Auto-renewal of policy is subject to the successful collection of premium by Blue Cross.

訂明非手術癌症治療³

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\$80,000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³

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\$30,000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1次住院/日間手術前門診或急症診症，以及出院/日間手術後90日內最多3次相關跟進門診。

Prescribed Non-surgical Cancer Treatments³

Chronic disease treatment often imposes a heavy financial burden on patients and their families. The Certified Plan covers up to HK\$80,000 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 Tests³

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\$30,000 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 1 prior outpatient visit or emergency consultation per confinement/day case procedure, and 3 follow-up outpatient visits per confinement/day case procedure within 90 days after discharge from hospital or completion of day case procedure.

3. 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。

3. 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.

增值服務

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⁴，讓您在財務上更有預算，安心接受治療。

出院免找數⁵

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⁶

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。

Value-added Services

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 amount⁴ based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

No Hospital Bills to Pay⁵

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

24-hour Worldwide Emergency Aid⁶

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.

4. 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。
5. 「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）。
6. 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。

4. 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.
5. "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).
6. 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.

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 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 手機應用程式

貴為 Super Care會員，您可享一站式數碼醫療服務包括3步即時遞交索償⁷，更可隨時隨地查閱索償記錄。

“Blue Cross HK” Mobile App

As a Super Care member, you can enjoy one-stop digital medical insurance services including 3-step instant claim submission⁷, keeping track of claim status round-the-clock.



Blue Cross HK App

7. 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。

7. 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

	賠償限額 Benefit Limit (HK\$)
認可產品類別 Type of Certified Plan	標準計劃 Standard Plan
保障項目 ⁸ Benefit Items ⁸	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	750
b. 雜項開支（每保單年度） Miscellaneous Charges (Per policy year)	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	750
d. 專科醫生費 ⁹ （每保單年度） Specialist's Fee ⁹ (Per policy year)	4,300
e. 深切治療（每日） Intensive Care (Per day) 每保單年度最多25日 Max. 25 days per policy year	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 50,000 ▪ 大型 Major 25,000 ▪ 中型 Intermediate 12,500 ▪ 小型 Minor 5,000 <p style="text-align: center;">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</p>	
g. 麻醉科醫生費 Anaesthetist's Fee	外科醫生費的35% ¹⁰ 35% of the amount payable under Surgeon's Fee ¹⁰
h. 手術室費 Operating Theatre Charges	外科醫生費的35% ¹⁰ 35% of the amount payable under Surgeon's Fee ¹⁰
i. 訂明診斷成像檢測 ^{9,11} （每保單年度） Prescribed Diagnostic Imaging Tests ^{9,11} (Per policy year)	20,000 設30%共同保險 Subject to 30% coinsurance
j. 訂明非手術癌症治療 ¹² （每保單年度） Prescribed Non-surgical Cancer Treatments ¹² (Per policy year)	80,000
k. 入院前或出院後/日間手術 ¹³ 前後的門診護理 ⁹ （每保單年度） Pre- and Post-confinement/Day Case Procedure ¹³ Outpatient Care ⁹ (Per policy year) 每次限額 Limit per visit 580 <ul style="list-style-type: none"> • 住院/日間手術前最多1次門診或急症診症 1 prior outpatient visit or emergency consultation per confinement/ day case procedure • 出院/日間手術後90日內最多3次跟進門診 3 follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure) 	3,000
l. 精神科治療（每保單年度） Psychiatric Treatments (Per policy year)	30,000
其他限額 Other Limits	
I. 基本保障之保障項目 (a) – (l) 的每年保障限額（每保單年度） Annual Benefit Limit for Benefit Items (a) – (l) of I. Basic Benefits (Per policy year)	420,000
I. 基本保障之保障項目 (a) – (l) 的終身保障限額 Lifetime Benefit Limit for Benefit Items (a) – (l) of I. Basic Benefits	無 Nil

		賠償限額 Benefit Limit (HK\$)
認可產品類別 Type of Certified Plan		標準計劃 Standard Plan
保障項目 ⁸ Benefit Items ⁸	病房級別 Ward Class	無限制 No Restriction
II. 其他保障 Other Benefits		
a. 住院現金保障¹⁴(每日) Hospital Cash Benefit¹⁴(Per day) 每保單年度最多10日 Max. 10 days per policy year		400

8. 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。
9. 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。
10. 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。
11. 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。
12. 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。
13. 「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. 適用於此保障項目之條款及細則，請參閱補充文件。

8. 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.
9. 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.
10. 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.
11. 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.
12. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
13. "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.
14. Please refer to the Supplement for the terms and conditions applicable to this benefit item.

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」標準自願醫保計劃 ⁺ CareForYou Standard 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： <ul style="list-style-type: none"> ■ 支付醫療費用；及 ■ 彌補住院期間之收入損失 Prepare for future healthcare needs: <ul style="list-style-type: none"> ■ 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	HK\$420,000
終身保障限額 Lifetime Benefit Limit	不設上限 No limit
保障地域 Cover Area	全球 ¹⁵ Worldwide ¹⁵
選擇病房級別 Choice of Ward Class	無限制 No restriction
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	<ul style="list-style-type: none"> ■ 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100歲（保證） ¹ Annual renewal up to age 100 (guaranteed) ¹
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	S00032-01-000-02

1. 本認可產品保證續保至受保人100歲，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。
15. 「精神科治療」除外。

1. Renewal is guaranteed up to age 100 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, 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.
15. Except for Psychiatric Treatments.

註：轉移至藍十字的自願醫保計劃 - 如果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：

- 保證續保至100歲
- 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 renewal up to age 100
- 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 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：若您是保單持有人，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

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

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。

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」標準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。

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) 由保險或醫學業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 Standard 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.

If the policyholder has taken out other insurance coverage besides this Certified Plan, the policyholder shall have the right to claim under any such other insurance coverage or this 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」標準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 Standard 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，該住院期間所招致之全部或部分費用。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。

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.

一般不保事項

7. 牙科醫生進行的牙科治療及口腔頷面手術的費用，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。
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。
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。

General Exclusions

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. 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.
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

An **AIA** Company 友邦保險成員公司



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



Blue Cross 藍十字

An AIA Company 友邦保險成員公司

2025 年 1 月生效
With effect from Jan 2025

「只衛您」標準自願醫保計劃 CareForYou Standard Plan for VHIS

保費表 Premium Table (HK\$)

認可產品 Certified Plan

認可產品編號 Certification Number of the Certified Plan

- S00032-01-000-02

標準計劃 Standard Plan								
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	5,340	3,746	2,738	1,921	1,389	976	470	330
1	4,540	3,184	2,327	1,633	1,182	830	400	281
2	3,904	2,740	2,002	1,404	1,016	714	342	241
3	3,436	2,411	1,762	1,237	896	629	302	213
4	3,024	2,121	1,552	1,089	788	554	267	188
5	2,801	1,985	1,436	1,020	729	518	248	176
6	2,664	1,910	1,366	978	695	498	234	169
7	2,533	1,853	1,300	952	661	484	223	165
8	2,410	1,799	1,236	924	629	470	213	160
9	2,292	1,766	1,176	906	597	462	202	157
10	2,255	1,791	1,158	918	589	467	200	160
11	2,293	1,893	1,177	971	597	494	203	168
12	2,331	2,001	1,196	1,026	609	522	205	178
13	2,372	2,115	1,217	1,085	618	553	211	186
14	2,412	2,256	1,237	1,158	629	589	213	200
15	2,472	2,402	1,268	1,232	644	626	219	213
16	2,554	2,554	1,310	1,310	665	665	227	227
17	2,636	2,677	1,353	1,373	687	698	232	237
18	2,723	2,848	1,397	1,462	710	742	240	251
19	2,812	3,029	1,443	1,554	733	789	249	267
20	2,871	3,137	1,473	1,609	749	817	252	276
21	2,898	3,166	1,487	1,625	755	825	255	279
22	2,924	3,197	1,501	1,640	762	834	258	282
23	2,952	3,226	1,515	1,655	769	840	261	284
24	2,981	3,258	1,530	1,671	778	849	263	287
25	3,024	3,292	1,552	1,689	788	858	267	290
26	3,080	3,329	1,580	1,708	801	868	272	295
27	3,137	3,369	1,609	1,727	817	878	276	297
28	3,197	3,407	1,640	1,746	834	887	282	300
29	3,256	3,446	1,671	1,767	849	898	287	303
30	3,335	3,516	1,710	1,803	869	916	295	309

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	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
31	3,432	3,618	1,760	1,857	894	943	302	319
32	3,533	3,724	1,813	1,911	920	971	312	329
33	3,635	3,836	1,865	1,966	948	999	320	338
34	3,742	3,947	1,920	2,023	975	1,029	330	348
35	3,869	4,083	1,984	2,093	1,007	1,062	340	359
36	4,021	4,248	2,063	2,178	1,047	1,107	355	374
37	4,175	4,418	2,140	2,265	1,088	1,150	367	389
38	4,337	4,595	2,225	2,356	1,130	1,196	382	404
39	4,505	4,779	2,310	2,451	1,173	1,245	395	420
40	4,709	5,017	2,414	2,572	1,227	1,305	413	440
41	4,953	5,315	2,540	2,725	1,290	1,384	436	467
42	5,208	5,629	2,670	2,887	1,355	1,465	457	494
43	5,478	5,963	2,808	3,058	1,425	1,552	481	524
44	5,759	6,316	2,952	3,239	1,500	1,643	506	555
45	6,024	6,629	3,089	3,398	1,569	1,726	528	582
46	6,268	6,894	3,215	3,535	1,631	1,795	551	606
47	6,520	7,172	3,343	3,677	1,697	1,866	573	630
48	6,784	7,460	3,478	3,825	1,766	1,942	596	655
49	7,058	7,762	3,617	3,978	1,836	2,020	619	681
50	7,421	8,161	3,804	4,183	1,932	2,124	651	717
51	7,884	8,671	4,043	4,444	2,051	2,256	692	761
52	8,375	9,212	4,295	4,723	2,178	2,398	735	809
53	8,898	9,788	4,561	5,019	2,315	2,547	780	858
54	9,453	10,400	4,847	5,332	2,460	2,706	830	913
55	10,015	10,911	5,134	5,593	2,606	2,839	879	957
56	10,581	11,310	5,424	5,798	2,753	2,942	927	992
57	11,181	11,724	5,730	6,010	2,909	3,049	981	1,029
58	11,813	12,154	6,056	6,230	3,073	3,163	1,035	1,065
59	12,482	12,598	6,398	6,459	3,248	3,278	1,094	1,104
60	13,072	13,072	6,701	6,701	3,401	3,401	1,145	1,145
61	13,578	13,578	6,960	6,960	3,532	3,532	1,191	1,191
62	14,101	14,101	7,230	7,230	3,669	3,669	1,236	1,236
63	14,646	14,646	7,508	7,508	3,810	3,810	1,284	1,284
64	15,212	15,212	7,798	7,798	3,957	3,957	1,334	1,334
65	15,984	15,984	8,194	8,194	4,158	4,158	1,401	1,401
66	16,985	16,985	8,707	8,707	4,418	4,418	1,489	1,489
67	18,048	18,048	9,250	9,250	4,694	4,694	1,582	1,582
68	19,178	19,178	9,831	9,831	4,988	4,988	1,680	1,680
69	20,378	20,378	10,446	10,446	5,299	5,299	1,785	1,785
70	21,292	21,292	10,913	10,913	5,538	5,538	1,865	1,865

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標準計劃 Standard Plan								
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	21,892	21,892	11,221	11,221	5,694	5,694	1,919	1,919
72	22,508	22,508	11,537	11,537	5,855	5,855	1,971	1,971
73	23,144	23,144	11,864	11,864	6,019	6,019	2,027	2,027
74	23,796	23,796	12,198	12,198	6,189	6,189	2,085	2,085
75	24,511	24,511	12,562	12,562	6,375	6,375	2,146	2,146
76	25,245	25,245	12,940	12,940	6,566	6,566	2,210	2,210
77	26,005	26,005	13,328	13,328	6,763	6,763	2,277	2,277
78	26,783	26,783	13,728	13,728	6,965	6,965	2,345	2,345
79	27,587	27,587	14,139	14,139	7,173	7,173	2,416	2,416
80	28,415	28,415	14,565	14,565	7,389	7,389	2,488	2,488
以下保費只適用於續保 The premiums below are for renewal only								
81	28,983	28,983	14,856	14,856	7,538	7,538	2,538	2,538
82	29,563	29,563	15,152	15,152	7,689	7,689	2,588	2,588
83	30,154	30,154	15,456	15,456	7,842	7,842	2,640	2,640
84	30,758	30,758	15,764	15,764	7,998	7,998	2,694	2,694
85	31,372	31,372	16,080	16,080	8,159	8,159	2,747	2,747
86	31,686	31,686	16,240	16,240	8,241	8,241	2,775	2,775
87	32,002	32,002	16,403	16,403	8,322	8,322	2,803	2,803
88	32,323	32,323	16,567	16,567	8,405	8,405	2,830	2,830
89	32,646	32,646	16,731	16,731	8,490	8,490	2,859	2,859
90	32,972	32,972	16,900	16,900	8,574	8,574	2,888	2,888
91	33,136	33,136	16,983	16,983	8,617	8,617	2,901	2,901
92	33,303	33,303	17,069	17,069	8,661	8,661	2,916	2,916
93	33,469	33,469	17,154	17,154	8,703	8,703	2,930	2,930
94	33,636	33,636	17,240	17,240	8,747	8,747	2,946	2,946
95	33,803	33,803	17,325	17,325	8,791	8,791	2,960	2,960
96	33,972	33,972	17,412	17,412	8,835	8,835	2,976	2,976
97	34,143	34,143	17,500	17,500	8,879	8,879	2,990	2,990
98	34,313	34,313	17,586	17,586	8,923	8,923	3,004	3,004
99	34,485	34,485	17,674	17,674	8,969	8,969	3,019	3,019

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等。藍十字可於續保時更改「只衛您」標準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。

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, etc. Blue Cross has the right to revise the terms and benefits of CareForYou Standard 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.