



**Blue Cross 藍十字**

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



2020年2月生效  
With effect from Feb 2020

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」）乃東亞銀行集團成員，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。藍十字屢獲殊榮，其保險產品及服務均獲廣泛認同。

藍十字在 2019 年獲得保險行業國際信用評級機構和信息提供商 AM Best 授予財務實力評級及長期發行人信用評級分別為 A（優秀）及「a」級別。有關最新評級，請瀏覽 [www.ambest.com](http://www.ambest.com)。

Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) is a member of The Bank of East Asia Group. 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’ success in insurance products and services is reaffirmed by numerous awards and accolades.

In 2019, Blue Cross was assigned the Financial Strength Rating of A (Excellent) and the Long-Term Issuer Credit Rating of “a” by AM Best, a global rating agency and information provider with a unique focus on the insurance industry. For the latest rating, please access [www.ambest.com](http://www.ambest.com).

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### 藍十字給您的服務承諾

#### Blue Cross Service Commitment to You

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讓客戶滿意是藍十字的服務宗旨，我們竭誠迅速處理您的醫療索償。收妥所需文件後，我們承諾會在 3 個工作天內完成經 Super Care 會員平台遞交的門診索償批核。而住院索償批核會在 8 個工作天內完成。

您可隨時下載 Blue Cross HK 數碼保險應用程式或登入 [www.bluecross.com.hk/supercare](http://www.bluecross.com.hk/supercare) 管理您的索償和查閱保單資料。

Customer satisfaction is of Blue Cross’ highest priority, which is why your medical claims are promptly processed. Upon receipt of full documentation, we promise to approve outpatient claims via Super Care member’s platform in 3 working days. For inpatient claims, we will approve within 8 working days.

You can manage your claims and check your policy information anytime via Blue Cross HK Digital Insurance App or [www.bluecross.com.hk/supercare](http://www.bluecross.com.hk/supercare).



Blue Cross HK App

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<sup>^</sup>**（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<sup>1</sup>及享有無索償折扣等多重優勢，以更划算的保費享受更強的保障。

**CareForYou Super Flexi Plan for VHIS<sup>^</sup>** (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 enjoy tax deduction for the premiums paid<sup>1</sup>, no claim 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

### ➤ 5 項主要優勢 5 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 and  
Congenital Conditions



**無索償折扣**  
No Claim 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。有關合資格的保費稅務扣減，請參閱藍十字發出的保費年結單。

1. Exclude premium payment on Optional Outpatient Benefits. For the qualifying premium eligible for tax deduction, please refer to the annual premium statement issued by Blue Cross.

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



附加額外醫療保障<sup>2</sup>  
Optional Supplementary  
Medical Benefit<sup>2</sup>



附加門診保障  
Optional Outpatient  
Benefits

## ➤ 5 項實用增值服務 5 Practical Value-added Services



免費週年保健  
Free Annual  
Checkup



入院前索償評估  
Pre-hospitalisation  
Claim Assessment



出院免找數  
No Hospital Bill  
to Pay



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



Super Care 會員平台  
Super Care  
Membership Platform

### 主要特色

#### 保費支出可獲稅務扣減<sup>3</sup>

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。

#### 保證終身續保<sup>4</sup>

成功投保後，我們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<sup>5</sup>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。

### Key Features

#### Tax Deduction for Premiums Paid<sup>3</sup>

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 that are eligible for tax deduction. Dependants include your spouse/child, your or your spouse's parent/grandparent/brother or sister.

#### Guaranteed Lifetime Renewal<sup>4</sup>

Upon successful enrolment, your policy 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 renewed<sup>5</sup> 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.

2. 可附加於計劃 A、B 及 C。  
3. 「附加門診保障」的保費支出除外。有關合資格的保費稅務扣減，請參閱藍十字發出的保費年結單。  
4. 本計劃保證終身續保，藍十字將不會根據個別受保人於續保時的健康狀況或索償記錄，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調整保費及更改條款及細則的權利，例如：因應受保人年齡的調整、增加額外保障等。  
5. 當藍十字成功收取保費後，保單將會自動續保。

2. Optional for Plan A, B and C only.  
3. Exclude premiums paid on Optional Outpatient Benefits. For the qualifying premiums eligible for tax deduction, please refer to the annual premium statement issued by Blue Cross.  
4. Renewal is guaranteed up to lifetime of the insured person. Blue Cross will neither charge extra premium nor impose additional exclusions on an individual policy based on the insured person's health status or claim history at the time of renewal. However, Blue Cross reserves the right to revise the terms and conditions of this policy and adjust the premium upon policy renewal due to, for example, age-related adjustment or subscription to additional benefits, etc.  
5. Auto-renewal of policy is subject to the successful collection of premium by Blue Cross.

## 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。

## 訂明非手術癌症治療<sup>6</sup>

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。

## 訂明診斷成像檢測<sup>6</sup>

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的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<sup>7</sup>

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%

6. 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、診所或康復中心進行的檢測或治療。  
7. 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。

## Coverage for Unknown Pre-existing and Congenital Conditions

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

## Prescribed Non-surgical Cancer Treatments<sup>6</sup>

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.

## Prescribed Diagnostic Imaging Tests<sup>6</sup>

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 Discount<sup>7</sup>

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.

6. 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, rehabilitation centre or clinic.  
7. 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.

## 增值服務

### 免費周年健康檢查<sup>8</sup>

我們一直關注您的健康，因此特別為您安排免費周年身體檢查，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	✓			

### 入院前索償評估

只需在入院或接受治療前的最少 3 個工作天前致電專線 3608 2988 (按 1153) 提交相關資料，或於網上填寫「入院前索償評估」表格，我們即按您的保單計算可賠償金額<sup>9</sup>，讓您在財務上更有預算，安心接受治療。

### 出院免找數<sup>8, 10</sup>

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

### 24 小時全球緊急援助<sup>8</sup>

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。

### 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、3 步遞交 HK\$3,000 或以下之門診索償、QR code 或電子醫療卡快速登記及完成診症，您更可隨時隨地查閱索償記錄及保障詳情。



Blue Cross HK App

8. 由於此服務/保障不需要經食物及衛生局認可，因此並不構成自願醫保認可產品的一部分。詳情請參閱相關之條款及細則。受保人可選擇不接受部分服務，其選擇並不會對保費構成影響。

9. 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所有保單條款及細則及所有不保之事項的情況下支付。

10. 「出院免找數」為「免付賬醫療服務」提供的其中一項服務。「出院免找數」只適用於入住本港私家醫院。需於入院前至少 4 個工作天填妥及交回「入院前登記表格」以進行登記及確認手續。藍十字承保的責任只限於符合「只衛您」超卓靈活自願醫保計劃規定的合資格醫療費用，並會向受保人收取一切已繳付但不屬保單承保範圍的醫療費用 (如有)。

## Value-added Services

### Free Annual Medical Checkup<sup>8</sup>

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

### Pre-hospitalisation Claim Assessment

Simply make a call to our Hotline on 3608 2988 (press 2153) and provide related information, complete the Pre-hospitalisation Claim Assessment Form online at least 3 working days prior to hospitalisation or the start of treatment. We will help you to estimate the eligible claim amount<sup>9</sup> based on your policy coverage, allowing you to plan your budget in advance and undergo treatment with peace of mind.

### No Hospital Bills to Pay<sup>8, 10</sup>

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

### 24-hour Worldwide Emergency Aid<sup>8</sup>

We are here for you 24/7. Simply call our hotline when you need assistance in an emergency situation while traveling 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 HK" Mobile App

As a Super Care member, you can enjoy one-stop digital medical insurance services including location-based network doctors search, 3-step instant outpatient claim submission of HK\$3,000 or below, speedy check-in and check-out for consultation with QR code/e-medical card, keeping track of claim status and benefit details round-the-clock.

8. These services/benefits have not been certified by the Food and Health Bureau and therefore do not form part of the VHIS certified plan. Please refer to the relevant terms and conditions for details. Opt-out is available for certain service items and it does not affect the premium.

9. 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.

10. "No Hospital Bills to Pay" is one of the services provided by "Credit Facilities Services". "No Hospital Bills to Pay" is only applicable to admission to private hospitals in Hong Kong. A Hospitalisation Pre-registration Form is required to be completed and returned to Blue Cross for registration and authorisation process at least 4 working days prior to admission. 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 CareForYou Super Flexi Plan for VHIS. Blue Cross shall recover from the insured person the medical expenses settled on behalf of the insured person which fall outside coverage of the policy (if any).

## 保障表 Benefit Schedule

### 1. 認可產品 Certified Plan

計劃級別 Plan Level	賠償限額 Maximum Benefit Limit (HK\$)			
	計劃 A Plan A	計劃 B Plan B	計劃 C Plan C	計劃 D Plan D
保障項目 <sup>11</sup> Benefit Items <sup>11</sup>	病房級別 Ward Class			
	無限制 No Restriction			
<b>I. 基本保障 Basic Benefits</b>				
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 <sup>12</sup> (每保單年度) Specialist's Fees <sup>12</sup> (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 Fees (Per surgery) <ul style="list-style-type: none"> <li>▪ 複雜 Complex</li> <li>▪ 大型 Major</li> <li>▪ 中型 Intermediate</li> <li>▪ 小型 Minor</li> </ul>	150,000 50,000 30,000 12,000	120,000 40,000 22,000 9,000	90,000 35,000 18,000 7,000	50,000 25,000 12,500 5,000
	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 Fees	外科醫生費的 35% <sup>13</sup> 35% of the amount payable under surgeon's fee <sup>13</sup>			
h. 手術室費 Operating Theatre Charges	外科醫生費的 35% <sup>13</sup> 35% of the amount payable under surgeon's fee <sup>13</sup>			
i. 訂明診斷成像檢測 <sup>12,14</sup> (每保單年度) Prescribed Diagnostic Imaging Tests <sup>12,14</sup> (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 <sup>15</sup> (每保單年度) Prescribed Non-surgical Cancer Treatments <sup>15</sup> (Per policy year)	120,000	100,000	80,000	80,000
k. 入院前或出院後/日間手術 <sup>16</sup> 前後的門診護理 <sup>12</sup> (每保單年度) Pre- and Post-confinement/Day Case Procedure <sup>16</sup> Outpatient Care <sup>12</sup> (Per policy year) <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul>	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

11. 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。  
 12. 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。  
 13. 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。  
 14. 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。  
 15. 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。  
 16. 「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。

11. 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.  
 12. 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.  
 13. 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.  
 14. 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.  
 15. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.  
 16. "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 Maximum 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
保障項目 <sup>11</sup> Benefit Items <sup>11</sup>		病房級別 Ward Class			
		無限制 No Restriction			
<b>II. 額外保障 Enhanced Benefits</b>					
a.	腎透析 <sup>17</sup> (每保單年度) Kidney Dialysis <sup>17</sup> (Per policy year)	120,000	100,000	80,000	50,000
b.	中風復康治療 <sup>17</sup> (每保單年度) Stroke Rehabilitation <sup>17</sup> (Per policy year)	120,000	100,000	80,000	50,000
c.	緊急門診治療 <sup>17</sup> (每保單年度) Emergency Outpatient Treatment <sup>17</sup> (Per policy year)	15,000	11,000	7,000	2,500
d.	住院陪床費用 <sup>17</sup> (每日) Hospital Companion Bed <sup>17</sup> (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 <sup>17</sup> (每日) Registered Private Nurse's Fees <sup>17</sup> (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 <sup>16</sup> 後中醫門診護理 <sup>17</sup> (每次) Post-confinement/Day Case Procedure <sup>16</sup> Chinese Medicine Practitioner Outpatient Care <sup>17</sup> (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 <sup>17, 18</sup> (每保單年度) Supplementary Medical Benefit <sup>17, 18</sup> (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		0% 或 or 20%	0% 或 or 20%	0% 或 or 20%	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 Benefit; (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 Benefit.					
<b>其他限額 Other Limits</b>					
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 of 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 of 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			



		賠償限額 Maximum 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
保障項目 <sup>11</sup> Benefit Items <sup>11</sup>	病房級別 Ward Class	無限制 No Restriction			

### III. 其他保障 Other Benefits

a. 門診手術現金津貼 <sup>17,19</sup> (每項日間手術 <sup>16</sup> ) Outpatient Surgery Cash Allowance <sup>17,19</sup> (Per Day Case Procedure <sup>16</sup> )	1,000	1,000	1,000	1,000
b. 住院現金保障 <sup>17</sup> (每日) Hospital Cash Benefit <sup>17</sup> (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 <sup>17</sup> (每日) Isolation Room Cash Benefit <sup>17</sup> (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 <sup>17,20</sup> (住院期間每日) Cash Benefit for Top-up Subsidy <sup>17,20</sup> (Per day of confinement) 每保單年度最多 90 日 Max. 90 days per policy year	1,200	600	500	500

11. 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。  
16. 「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。  
17. 適用於此保障項目之條款及細則，請參閱補充文件。  
18. 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%

19. 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。  
20. 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」<sup>#</sup>及「醫療所需」<sup>▲</sup>的開支。

11. 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.  
16. "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.  
17. Please refer to the Supplement for the terms and conditions applicable to these benefit items.  
18. 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%

19. Only applicable to the following day case procedures: gastroscopy (including esophagogastroduodenoscopy), colonoscopy, cystoscopy, arthroscopy, colposcopy, bronchoscopy, detached retina repair and hysteroscopy.  
20. 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<sup>#</sup> and Medically Necessary<sup>▲</sup>.

## 2. 附加門診保障（計劃 A 或 B）<sup>21</sup>

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，而最高賠償額詳列於下表。如選擇年繳保費，您將獲發醫療卡，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，則無須自付費用。

## 2. Optional Outpatient Benefits (Plan A or B)<sup>21</sup>

Optional Outpatient Benefits offer 20% or 0% coinsurance. You may visit any clinic of your own choice and subject to the benefit limits listed in the table below. If premium is paid annually, you are entitled to use healthcare card at Blue Cross network clinics for general practitioner's consultations, Chinese medicine practitioner 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 Maximum Benefit Limit (HK\$)		
	計劃 A(I) Plan A(I)	計劃 A(II) Plan A(II)	計劃 A(III) Plan A(III)
<b>共同保險 Coinsurance</b>	<b>20% 或 or 0%</b>		
<b>1. 普通科醫生診症<sup>*22</sup> General Practitioner's Consultation<sup>*22</sup></b> 每日 1 次，每次限額 1 visit per day, limit per visit	350	260	200
<b>2. 中醫治療<sup>*</sup> Chinese Medicine Practitioner Treatment<sup>*</sup></b> 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
<b>3. 專科醫生診症<sup>22</sup> Specialist's Consultation<sup>22</sup></b> 需具書面轉介 <sup>23</sup> Referral letter is required <sup>23</sup> 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
<b>4. 處方藥物 Prescribed Medicines and Drugs</b> 只適用於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 only and prescription letter is required 每保單年度限額 Limit per policy year	7,800	5,800	4,300
<b>5. X 光診斷及化驗 Diagnostic X-ray and Laboratory Tests</b> 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
<b>6. 物理治療及脊椎治療服務 Physiotherapy and Chiropractic Services</b> 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

21. 由於此保障不需要經食物及衛生局認可，因此並不構成自願醫保認可產品的一部分，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。

22. 此保障項目下之精神病診症每保單年度合共最多 6 次。

23. 婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

\* 普通科醫生診症和中醫治療兩項保障項目每保單年度合共最多 35 次。

註：所有費用必須為「合理及慣常」<sup>#</sup>及「醫療所需」<sup>▲</sup>的開支。

21. These benefits have not been certified by the Food and Health Bureau and therefore do not form part of the VHIS certified plan. The premiums paid for these benefits will not be eligible for tax deduction. Please refer to the relevant terms and conditions for details.

22. Maximum 6 visits per policy year in total for psychiatric consultation under these benefits.

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

\*Max. 35 visits per policy year in total for General Practitioner's Consultation and Chinese Medicine Treatment.

Note: All expenses incurred must be Reasonable and Customary<sup>#</sup> and Medically Necessary<sup>▲</sup>.

計劃級別 Plan Level	賠償限額 Maximum Benefit Limit (HK\$)		
	計劃 B(I) Plan B(I)	計劃 B(II) Plan B(II)	計劃 B(III) Plan B(III)
<b>共同保險 Coinsurance</b>	<b>20% 或 or 0%</b>		
<b>1. 普通科醫生診症<sup>*22</sup> General Practitioner's Consultation<sup>*22</sup></b> 每日 1 次，每次限額 1 visit per day, limit per visit	350	260	200
<b>2. 中醫治療<sup>*</sup> Chinese Medicine Practitioner Treatment<sup>*</sup></b> 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
<b>3. 專科醫生診症<sup>22</sup> Specialist's Consultation<sup>22</sup></b> 需具書面轉介 <sup>23</sup> Referral letter is required <sup>23</sup> 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
<b>4. 物理治療及脊椎治療服務 Physiotherapy and Chiropractic Services</b> 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

22. 此保障項目下之精神病診症每保單年度合共最多 6 次。

23. 婦科、骨科、皮膚科、眼科、腫瘤科、泌尿科、腎科及兒科除外。

\* 普通科醫生診症和中醫治療兩項保障項目每保單年度合共最多 30 次。

註：所有費用必須為「合理及慣常」<sup>#</sup>及「醫療所需」<sup>▲</sup>的開支。

22. Maximum 6 visits per policy year in total for psychiatric consultation under these benefits.

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

\*Max. 30 visits per policy year in total for General Practitioner's Consultation and Chinese Medicine Treatment.

Note: All expenses incurred must be Reasonable and Customary<sup>#</sup> and Medically Necessary<sup>▲</sup>.

## 摘要 Summary

產品名稱 Product Name	「只衛您」超卓靈活自願醫保計劃 <sup>+</sup> CareForYou Super Flexi Plan for VHIS <sup>+</sup>			
產品性質 Product Nature	個人償款住院保險產品 - 由食物及衛生局（「食衛局」）認可的自願醫保靈活計劃 Individual Indemnity Hospital Insurance - a VHIS Flexi Plan certified by the Food and Health Bureau ("FHB")	投保年齡 Enrolment Age	15 日至 80 歲人士 Age from 15 days to 80 years	
保障期 Protection Period	終身 Lifetime	保單續保 Policy Renewal	每年續保至終身 Annual renewal for life	
保單貨幣 Policy Currency	港幣 HKD	保障地域 Cover Area	環球 <sup>24</sup> Worldwide <sup>24</sup>	
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 Services Providers	無限制 No Restriction	
繳費模式 Payment Mode	年繳/半年繳 Annual/Semi-annual	冷靜期 Cooling-off Period	21 日 days <sup>**</sup>	
認可產品編號 Certification Number of the Certified Plan	共同保險 Coinsurance	不額外醫療保障 without Supplementary Medical Benefit	額外醫療保障 with Supplementary Medical Benefit	
	計劃 A Plan A	不適用 N/A	0%	20%
	計劃 B Plan B	F00043-01-000-01	F00043-01-001-01	F00043-01-002-01
	計劃 C Plan C	F00043-02-000-01	F00043-02-001-01	F00043-02-002-01
	計劃 D Plan D	F00043-03-000-01	F00043-03-001-01	F00043-03-002-01
		不適用 N/A	不適用 N/A	F00043-04-000-01

24. 「精神科治療」除外。

24. Except for Psychiatric Treatments.

## 保費表 Premium Table (HK\$)

### 計劃 A Plan A

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A Plan A			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	8,394	8,394	4,302	4,302
5-9	7,936	7,936	4,068	4,068
10-18	7,379	7,379	3,782	3,782
19-25	9,172	9,689	4,701	4,966
26-30	9,713	10,224	4,978	5,240
31-35	13,232	13,355	6,782	6,845
36-40	13,891	14,290	7,120	7,324
41-45	16,034	17,736	8,218	9,090
46-50	20,351	22,516	10,430	11,540
51-55	25,811	28,551	13,229	14,633
56-60	35,871	35,871	18,384	18,384
61-65	41,526	41,526	21,283	21,283
66-70	53,986	53,986	27,668	27,668
以下保費只適用於續保 The premiums below are for renewal only				
71+	65,263	65,263	33,448	33,448

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A Plan A			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-80	91,368	91,368	46,827	46,827
以下保費只適用於續保 The premiums below are for renewal only				
81+	91,368	91,368	46,827	46,827

## 保費表 Premium Table (HK\$)

### 計劃 A 附額外醫療保障

#### Plan A with Supplementary Medical Benefit

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	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)			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	10,759	10,759	5,514	5,514
5-9	10,302	10,302	5,280	5,280
10-18	9,745	9,745	4,995	4,995
19-25	11,538	12,054	5,914	6,178
26-30	12,315	13,064	6,312	6,696
31-35	16,276	16,670	8,342	8,544
36-40	17,738	18,405	9,091	9,433
41-45	21,036	23,169	10,781	11,875
46-50	26,697	29,408	13,683	15,072
51-55	33,934	37,373	17,392	19,154
56-60	45,984	45,984	23,567	23,567
61-65	53,157	53,157	27,243	27,243
66-70	69,457	69,457	35,597	35,597
以下保費只適用於續保 The premiums below are for renewal only				
71-75	86,921	86,921	44,548	44,548
76-80	100,607	100,607	51,562	51,562
81-85	113,267	113,267	58,050	58,050
86-90	121,412	121,412	62,224	62,224
91-95	125,723	125,723	64,434	64,434
96-100	128,897	128,897	66,060	66,060
101+	132,151	132,151	67,728	67,728

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	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)			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-75	121,689	121,689	62,366	62,366
76-80	140,850	140,850	72,186	72,186
以下保費只適用於續保 The premiums below are for renewal only				
81-85	158,574	158,574	81,270	81,270
86-90	169,977	169,977	87,114	87,114
91-95	176,012	176,012	90,207	90,207
96-100	180,456	180,456	92,484	92,484
101+	185,011	185,011	94,819	94,819

## 保費表 Premium Table (HK\$)

### 計劃 A 附額外醫療保障

#### Plan A with Supplementary Medical Benefit

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 A 附額外醫療保障 (不設共同保險) Plan A with Supplementary Medical Benefit (with No Coinsurance)			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	11,550	11,550	5,920	5,920
5-9	11,092	11,092	5,685	5,685
10-18	10,535	10,535	5,400	5,400
19-25	12,328	12,845	6,319	6,584
26-30	13,182	14,011	6,756	7,181
31-35	17,290	17,776	8,862	9,111
36-40	19,021	19,777	9,749	10,136
41-45	22,701	24,981	11,635	12,803
46-50	28,813	31,703	14,767	16,248
51-55	36,640	40,313	18,778	20,661
56-60	49,355	49,355	25,295	25,295
61-65	57,034	57,034	29,230	29,230
66-70	74,615	74,615	38,241	38,241
以下保費只適用於續保 The premiums below are for renewal only				
71-75	94,140	94,140	48,247	48,247
76-80	108,962	108,962	55,844	55,844
81-85	122,673	122,673	62,870	62,870
86-90	131,495	131,495	67,392	67,392
91-95	136,164	136,164	69,785	69,785
96-100	139,602	139,602	71,547	71,547
101+	143,127	143,127	73,353	73,353

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 A 附額外醫療保障 (不設共同保險) Plan A with Supplementary Medical Benefit (with No Coinsurance)			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-75	131,796	131,796	67,546	67,546
76-80	152,547	152,547	78,181	78,181
以下保費只適用於續保 The premiums below are for renewal only				
81-85	171,742	171,742	88,018	88,018
86-90	184,093	184,093	94,348	94,348
91-95	190,630	190,630	97,698	97,698
96-100	195,443	195,443	100,165	100,165
101+	200,378	200,378	102,694	102,694

## 保費表 Premium Table (HK\$)

### 計劃 B Plan B

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 B Plan B			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	5,128	5,128	2,629	2,629
5-9	4,700	4,700	2,409	2,409
10-18	4,182	4,182	2,144	2,144
19-25	5,062	5,355	2,595	2,745
26-30	5,417	5,780	2,777	2,963
31-35	7,341	7,777	3,763	3,986
36-40	7,856	8,633	4,027	4,425
41-45	10,368	11,393	5,314	5,839
46-50	13,160	14,461	6,745	7,412
51-55	17,017	18,696	8,722	9,582
56-60	22,977	22,977	11,776	11,776
61-65	26,599	26,599	13,632	13,632
66-70	34,579	34,579	17,222	17,222
以下保費只適用於續保 The premiums below are for renewal only				
71+	40,054	40,054	20,528	20,528

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 B Plan B			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-80	56,076	56,076	28,739	28,739
以下保費只適用於續保 The premiums below are for renewal only				
81+	56,076	56,076	28,739	28,739

## 保費表 Premium Table (HK\$)

### 計劃 B 附額外醫療保障

#### Plan B with Supplementary Medical Benefit

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	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)			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	6,521	6,521	3,343	3,343
5-9	6,093	6,093	3,123	3,123
10-18	5,575	5,575	2,858	2,858
19-25	6,455	6,748	3,309	3,459
26-30	6,950	7,453	3,562	3,820
31-35	9,120	9,718	4,674	4,981
36-40	10,092	11,042	5,173	5,660
41-45	13,274	14,573	6,803	7,469
46-50	16,846	18,470	8,634	9,466
51-55	21,734	23,863	11,139	12,230
56-60	28,852	28,852	14,787	14,787
61-65	33,402	33,402	17,119	17,119
66-70	43,762	43,762	22,429	22,429
以下保費只適用於續保 The premiums below are for renewal only				
71-75	52,453	52,453	26,883	26,883
76-80	60,712	60,712	31,115	31,115
81-85	68,352	68,352	35,031	35,031
86-90	73,267	73,267	37,550	37,550
91-95	75,868	75,868	38,883	38,883
96-100	77,783	77,783	39,864	39,864
101+	79,747	79,747	40,871	40,871

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	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)			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-75	73,434	73,434	37,635	37,635
76-80	84,997	84,997	43,561	43,561
以下保費只適用於續保 The premiums below are for renewal only				
81-85	95,693	95,693	49,043	49,043
86-90	102,574	102,574	52,570	52,570
91-95	106,215	106,215	54,436	54,436
96-100	108,896	108,896	55,810	55,810
101+	111,646	111,646	57,219	57,219



## 保費表 Premium Table (HK\$)

### 計劃 B 附額外醫療保障

#### Plan B with Supplementary Medical Benefit

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 B 附額外醫療保障 (不設共同保險) Plan B with Supplementary Medical Benefit (with No Coinsurance)			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	6,986	6,986	3,581	3,581
5-9	6,557	6,557	3,361	3,361
10-18	6,040	6,040	3,096	3,096
19-25	6,919	7,213	3,546	3,697
26-30	7,463	8,010	3,825	4,106
31-35	9,712	10,365	4,978	5,313
36-40	10,837	11,843	5,554	6,070
41-45	14,242	15,632	7,300	8,012
46-50	18,077	19,806	9,265	10,151
51-55	23,307	25,589	11,945	13,115
56-60	30,812	30,812	15,792	15,792
61-65	35,669	35,669	18,281	18,281
66-70	46,823	46,823	23,997	23,997
以下保費只適用於續保 The premiums below are for renewal only				
71-75	56,585	56,585	29,000	29,000
76-80	65,494	65,494	33,566	33,566
81-85	73,735	73,735	37,790	37,790
86-90	79,037	79,037	40,507	40,507
91-95	81,843	81,843	41,945	41,945
96-100	83,909	83,909	43,004	43,004
101+	86,027	86,027	44,089	44,089

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 B 附額外醫療保障 (不設共同保險) Plan B with Supplementary Medical Benefit (with No Coinsurance)			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-75	79,219	79,219	40,600	40,600
76-80	91,692	91,692	46,993	46,993
以下保費只適用於續保 The premiums below are for renewal only				
81-85	103,229	103,229	52,905	52,905
86-90	110,652	110,652	56,710	56,710
91-95	114,580	114,580	58,723	58,723
96-100	117,473	117,473	60,205	60,205
101+	120,438	120,438	61,725	61,725

## 保費表 Premium Table (HK\$)

### 計劃 C Plan C

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 C Plan C			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	3,069	3,069	1,573	1,573
5-9	2,805	2,805	1,438	1,438
10-18	2,497	2,497	1,280	1,280
19-25	2,868	3,145	1,470	1,612
26-30	3,128	3,304	1,604	1,694
31-35	3,847	4,064	1,972	2,083
36-40	4,674	4,968	2,396	2,547
41-45	6,105	6,729	3,129	3,449
46-50	7,778	8,564	3,987	4,390
51-55	10,037	11,055	5,144	5,666
56-60	13,951	13,951	7,150	7,150
61-65	16,040	16,040	8,221	8,221
66-70	20,535	20,535	10,525	10,525
以下保費只適用於續保 The premiums below are for renewal only				
71+	24,404	24,404	12,508	12,508

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 C Plan C			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-80	34,166	34,166	17,511	17,511
以下保費只適用於續保 The premiums below are for renewal only				
81+	34,166	34,166	17,511	17,511

## 保費表 Premium Table (HK\$)

### 計劃 C 附額外醫療保障

#### Plan C with Supplementary Medical Benefit

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	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)			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	3,941	3,941	2,020	2,020
5-9	3,677	3,677	1,885	1,885
10-18	3,369	3,369	1,727	1,727
19-25	3,740	4,017	1,917	2,059
26-30	4,078	4,350	2,090	2,230
31-35	4,960	5,281	2,542	2,707
36-40	6,042	6,454	3,097	3,308
41-45	7,867	8,645	4,032	4,431
46-50	10,019	11,004	5,135	5,640
51-55	12,905	14,223	6,614	7,290
56-60	17,522	17,522	8,981	8,981
61-65	20,149	20,149	10,327	10,327
66-70	26,204	26,204	13,430	13,430
以下保費只適用於續保 The premiums below are for renewal only				
71-75	32,057	32,057	16,430	16,430
76-80	37,104	37,104	19,016	19,016
81-85	41,773	41,773	21,409	21,409
86-90	44,777	44,777	22,949	22,949
91-95	46,367	46,367	23,764	23,764
96-100	47,538	47,538	24,364	24,364
101+	48,738	48,738	24,979	24,979

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	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)			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-75	44,880	44,880	23,001	23,001
76-80	51,946	51,946	26,623	26,623
以下保費只適用於續保 The premiums below are for renewal only				
81-85	58,482	58,482	29,973	29,973
86-90	62,688	62,688	32,128	32,128
91-95	64,914	64,914	33,269	33,269
96-100	66,553	66,553	34,109	34,109
101+	68,233	68,233	34,970	34,970

## 保費表 Premium Table (HK\$)

### 計劃 C 附額外醫療保障

#### Plan C with Supplementary Medical Benefit

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	計劃 C 附額外醫療保障 (不設共同保險) Plan C with Supplementary Medical Benefit (with No Coinsurance)			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	4,232	4,232	2,169	2,169
5-9	3,968	3,968	2,034	2,034
10-18	3,660	3,660	1,876	1,876
19-25	4,031	4,308	2,066	2,208
26-30	4,395	4,699	2,253	2,409
31-35	5,331	5,687	2,733	2,915
36-40	6,496	6,949	3,330	3,562
41-45	8,453	9,282	4,333	4,758
46-50	10,768	11,817	5,519	6,057
51-55	13,860	15,281	7,104	7,832
56-60	18,712	18,712	9,590	9,590
61-65	21,519	21,519	11,029	11,029
66-70	28,095	28,095	14,399	14,399
以下保費只適用於續保 The premiums below are for renewal only				
71-75	34,606	34,606	17,736	17,736
76-80	40,055	40,055	20,529	20,529
81-85	45,095	45,095	23,112	23,112
86-90	48,338	48,338	24,774	24,774
91-95	50,054	50,054	25,653	25,653
96-100	51,318	51,318	26,301	26,301
101+	52,614	52,614	26,965	26,965

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	計劃 C 附額外醫療保障 (不設共同保險) Plan C with Supplementary Medical Benefit (with No Coinsurance)			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-75	48,448	48,448	24,830	24,830
76-80	56,077	56,077	28,740	28,740
以下保費只適用於續保 The premiums below are for renewal only				
81-85	63,133	63,133	32,356	32,356
86-90	67,673	67,673	34,683	34,683
91-95	70,076	70,076	35,914	35,914
96-100	71,845	71,845	36,821	36,821
101+	73,660	73,660	37,751	37,751

## 保費表 Premium Table (HK\$)

### 計劃 D 附額外醫療保障

#### Plan D with Supplementary Medical Benefit

只適用於保單生效時年齡介乎 0 至 70 歲之受保人

For insured persons from age of 0 to 70 at policy commencement

計劃級別 Plan Level	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)			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
0-4	3,222	3,222	1,652	1,652
5-9	2,945	2,945	1,510	1,510
10-18	2,622	2,622	1,344	1,344
19-25	3,011	3,302	1,544	1,693
26-30	3,284	3,469	1,684	1,778
31-35	4,039	4,267	2,070	2,187
36-40	4,908	5,216	2,516	2,674
41-45	6,410	7,065	3,286	3,621
46-50	8,167	8,992	4,186	4,609
51-55	10,539	11,608	5,402	5,950
56-60	14,649	14,649	7,508	7,508
61-65	16,842	16,842	8,632	8,632
66-70	21,562	21,562	11,051	11,051
以下保費只適用於續保 The premiums below are for renewal only				
71-75	25,624	25,624	13,133	13,133
76-80	29,658	29,658	15,200	15,200
81-85	33,390	33,390	17,113	17,113
86-90	35,791	35,791	18,343	18,343
91-95	37,062	37,062	18,995	18,995
96-100	37,997	37,997	19,474	19,474
101+	38,957	38,957	19,966	19,966

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 of 71 to 80 at policy commencement

計劃級別 Plan Level	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)			
	年繳 Annual		半年繳 Semi-annual	
	男性 Male	女性 Female	男性 Male	女性 Female
71-75	35,874	35,874	18,386	18,386
76-80	41,521	41,521	21,280	21,280
以下保費只適用於續保 The premiums below are for renewal only				
81-85	46,746	46,746	23,958	23,958
86-90	50,107	50,107	25,680	25,680
91-95	51,887	51,887	26,593	26,593
96-100	53,196	53,196	27,263	27,263
101+	54,540	54,540	27,952	27,952

## 保費表 Premium Table (HK\$)

### 附加門診保障 Optional Outpatient Benefit

計劃級別 Plan Level	計劃 A(I) Plan A(I)							
共同保險 Coinsurance	0%				20%			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		年繳 Annual		半年繳 Semi-annual	
	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	21,265	21,265	10,899	10,899	16,357	16,357	8,383	8,383
19 - 25	13,817	15,518	7,082	7,953	10,631	11,941	5,449	6,120
26 - 30	14,167	15,911	7,261	8,155	10,897	12,238	5,585	6,272
31 - 35	14,772	16,595	7,571	8,505	11,367	12,768	5,826	6,544
36 - 40	15,218	17,094	7,800	8,761	11,709	13,153	6,001	6,741
41 - 45	16,740	18,803	8,580	9,637	12,880	14,467	6,601	7,415
46 - 50	18,265	20,517	9,361	10,515	14,054	15,788	7,203	8,092
51 - 55	20,091	22,571	10,297	11,568	15,459	17,366	7,923	8,901
56 - 60	21,497	24,149	11,018	12,377	16,541	18,580	8,478	9,523
61 - 65	23,645	26,564	12,119	13,615	18,194	20,439	9,325	10,475
66 - 70	30,739	33,203	15,754	17,017	23,650	25,550	12,121	13,095
71 - 75	38,425	38,425	19,693	19,693	30,747	30,747	15,758	15,758
76 - 80	38,425	38,425	19,693	19,693	30,747	30,747	15,758	15,758
81+*	38,425	38,425	19,693	19,693	30,747	30,747	15,758	15,758

\* 只適用於續保。Applicable to renewal only.

計劃級別 Plan Level	計劃 A(II) Plan A(II)							
共同保險 Coinsurance	0%				20%			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		年繳 Annual		半年繳 Semi-annual	
	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	16,103	16,103	8,253	8,253	12,388	12,388	6,349	6,349
19 - 25	10,122	11,433	5,188	5,860	7,782	8,793	3,989	4,507
26 - 30	10,337	11,679	5,298	5,986	7,952	8,981	4,076	4,603
31 - 35	10,785	12,185	5,528	6,245	8,295	9,374	4,252	4,805
36 - 40	11,117	12,560	5,698	6,437	8,548	9,660	4,381	4,951
41 - 45	12,487	14,111	6,400	7,232	9,606	10,856	4,924	5,564
46 - 50	13,623	15,396	6,982	7,891	10,480	11,843	5,371	6,070
51 - 55	15,070	17,027	7,724	8,727	11,591	13,098	5,941	6,713
56 - 60	16,226	18,337	8,316	9,398	12,481	14,105	6,397	7,229
61 - 65	18,335	20,719	9,397	10,619	14,103	15,937	7,228	8,168
66 - 70	22,001	24,449	11,276	12,531	16,923	18,804	8,674	9,638
71 - 75	27,500	27,500	14,094	14,094	21,153	21,153	10,841	10,841
76 - 80	27,500	27,500	14,094	14,094	21,153	21,153	10,841	10,841
81+*	27,500	27,500	14,094	14,094	21,153	21,153	10,841	10,841

\* 只適用於續保。Applicable to renewal only.

## 保費表 Premium Table (HK\$)

### 附加門診保障 Optional Outpatient Benefit

計劃級別 Plan Level	計劃 A(III) Plan A(III)							
共同保險 Coinsurance	0%				20%			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		年繳 Annual		半年繳 Semi-annual	
	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	12,241	12,241	6,274	6,274	9,417	9,417	4,827	4,827
19 - 25	7,922	8,949	4,061	4,587	6,092	6,883	3,123	3,528
26 - 30	8,090	9,140	4,147	4,685	6,224	7,035	3,190	3,606
31 - 35	8,440	9,534	4,326	4,887	6,491	7,335	3,327	3,760
36 - 40	8,703	9,835	4,461	5,041	6,697	7,567	3,433	3,879
41 - 45	9,776	11,053	5,011	5,665	7,522	8,503	3,856	4,358
46 - 50	10,664	12,049	5,466	6,176	8,203	9,270	4,205	4,751
51 - 55	11,799	13,329	6,047	6,832	9,071	10,255	4,649	5,256
56 - 60	12,708	14,358	6,513	7,359	9,773	11,045	5,009	5,661
61 - 65	14,350	16,215	7,355	8,311	11,038	12,475	5,657	6,394
66 - 70	16,647	19,685	8,532	10,089	12,806	15,140	6,564	7,760
71 - 75	20,805	20,805	10,663	10,663	16,008	16,008	8,205	8,205
76 - 80	20,805	20,805	10,663	10,663	16,008	16,008	8,205	8,205
81+*	20,805	20,805	10,663	10,663	16,008	16,008	8,205	8,205

\* 只適用於續保。 Applicable to renewal only.

## 保費表 Premium Table (HK\$)

### 附加門診保障 Optional Outpatient Benefit

計劃級別 Plan Level	計劃 B(I) Plan B(I)							
	共同保險 Coinsurance				共同保險 Coinsurance			
實際年齡 Attained Age	0%				20%			
	年繳 Annual		半年繳 Semi-annual		年繳 Annual		半年繳 Semi-annual	
	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	14,313	14,313	7,336	7,336	11,008	11,008	5,642	5,642
19 - 25	9,302	10,448	4,768	5,355	7,157	8,037	3,668	4,119
26 - 30	9,534	10,710	4,887	5,489	7,334	8,238	3,759	4,222
31 - 35	9,945	11,171	5,097	5,726	7,650	8,594	3,921	4,405
36 - 40	10,242	11,506	5,250	5,897	7,883	8,854	4,041	4,538
41 - 45	11,269	12,655	5,776	6,486	8,669	9,740	4,443	4,992
46 - 50	12,291	13,810	6,300	7,078	9,461	10,626	4,849	5,446
51 - 55	13,522	15,190	6,931	7,785	10,404	11,688	5,333	5,991
56 - 60	14,468	16,255	7,415	8,331	11,132	12,506	5,706	6,410
61 - 65	15,914	17,879	8,156	9,163	12,247	13,759	6,277	7,052
66 - 70	20,691	22,349	10,605	11,454	15,918	17,196	8,158	8,813
71 - 75	25,862	25,862	13,255	13,255	20,696	20,696	10,607	10,607
76 - 80	25,862	25,862	13,255	13,255	20,696	20,696	10,607	10,607
81+*	25,862	25,862	13,255	13,255	20,696	20,696	10,607	10,607

\* 只適用於續保。Applicable to renewal only.

計劃級別 Plan Level	計劃 B(II) Plan B(II)							
	共同保險 Coinsurance				共同保險 Coinsurance			
實際年齡 Attained Age	0%				20%			
	年繳 Annual		半年繳 Semi-annual		年繳 Annual		半年繳 Semi-annual	
	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	10,837	10,837	5,554	5,554	8,337	8,337	4,273	4,273
19 - 25	6,813	7,693	3,492	3,943	5,237	5,918	2,684	3,033
26 - 30	6,958	7,862	3,566	4,030	5,352	6,046	2,743	3,099
31 - 35	7,260	8,201	3,721	4,204	5,584	6,309	2,862	3,234
36 - 40	7,484	8,456	3,836	4,334	5,755	6,503	2,950	3,333
41 - 45	8,405	9,498	4,308	4,868	6,467	7,308	3,315	3,746
46 - 50	9,170	10,366	4,700	5,313	7,054	7,972	3,616	4,086
51 - 55	10,143	11,461	5,199	5,874	7,803	8,817	4,000	4,519
56 - 60	10,922	12,342	5,598	6,326	8,401	9,494	4,306	4,866
61 - 65	12,339	13,945	6,324	7,147	9,492	10,726	4,865	5,498
66 - 70	14,808	16,456	7,590	8,434	11,390	12,657	5,838	6,487
71 - 75	18,510	18,510	9,487	9,487	14,239	14,239	7,298	7,298
76 - 80	18,510	18,510	9,487	9,487	14,239	14,239	7,298	7,298
81+*	18,510	18,510	9,487	9,487	14,239	14,239	7,298	7,298

\* 只適用於續保。Applicable to renewal only.



## 保費表 Premium Table (HK\$)

### 附加門診保障 Optional Outpatient Benefit

計劃級別 Plan Level	計劃 B(III) Plan B(III)							
	共同保險 Coinsurance 0%				20%			
實際年齡 Attained Age	年繳 Annual		半年繳 Semi-annual		年繳 Annual		半年繳 Semi-annual	
	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	8,239	8,239	4,223	4,223	6,339	6,339	3,249	3,249
19 - 25	5,332	6,025	2,733	3,088	4,102	4,634	2,103	2,375
26 - 30	5,447	6,152	2,792	3,153	4,188	4,733	2,147	2,426
31 - 35	5,681	6,418	2,912	3,290	4,369	4,937	2,240	2,531
36 - 40	5,859	6,622	3,003	3,394	4,506	5,094	2,310	2,611
41 - 45	6,582	7,435	3,374	3,811	5,062	5,725	2,595	2,935
46 - 50	7,177	8,111	3,679	4,157	5,521	6,240	2,830	3,198
51 - 55	7,940	8,972	4,070	4,599	6,106	6,902	3,130	3,538
56 - 60	8,553	9,664	4,384	4,953	6,581	7,433	3,373	3,810
61 - 65	9,658	10,916	4,950	5,595	7,430	8,397	3,808	4,304
66 - 70	11,204	13,249	5,743	6,791	8,619	10,189	4,418	5,222
71 - 75	14,006	14,006	7,179	7,179	10,777	10,777	5,524	5,524
76 - 80	14,006	14,006	7,179	7,179	10,777	10,777	5,524	5,524
81+*	14,006	14,006	7,179	7,179	10,777	10,777	5,524	5,524

\* 只適用於續保。Applicable to renewal only.

#### 註：

- 年齡指受保人的實際年齡，保費將以實際年齡計算。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。
- 藍十字保留調整保費率及其後續保保費的權利。
- 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](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。
- 上述註釋適用於第 10 至 23 頁的所有保費表。
- 如選擇年繳附加門診保障，您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.
- "0" year old means the age of 15 days.
- Blue Cross reserves the right to adjust the premium rate and the subsequent renewal premium.
- 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](http://bluecross.com.hk/document/general/levy_collection).
- The premium tables do not include levy collected by the Insurance Authority.
- The above remarks are applicable to all premium tables from page 10 to 23.
- If premium is paid annually for Optional Outpatient Benefits, you will be issued with a Blue Cross Healthcare Card.

## 認可產品的常見問題

### 1. 自願醫保計劃的目標是什麼？

- 提升住院保險產品的保障水平；
- 為市民提供多一個選擇，透過住院保險而使用私營醫療服務；及
- 長遠可望減低公立醫院壓力。

### 2. 「只衛您」超卓靈活自願醫保計劃（認可產品）與市場上其他的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，而市場上其他的醫療保險產品是由個別保險公司設定的。以下為此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 歲後確診的先天性疾病

### 3. 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，如更高的保障額及更多的保障項目，以切合市場需要，而該附加保障則受限於食衛局發出的相關規則。

### 4. 投保認可產品是否仍可使用公立醫院服務？

可以。投保認可產品屬於自願性質，並不會影響您使用公立醫院服務的權利。

### 5. 我可否投保多於一份的認可產品保單？

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。

### 6. 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。申請稅務扣減的資格如下：

1. 申請人須為納稅人；
2. 納稅人本人或其配偶為認可產品的保單持有人；及
3. 受保人<sup>+</sup>須為香港居民

就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  
<sup>+</sup> 受保人包括納稅人本人或其受養人

## Certified Plan FAQs

### 1. What are the objectives of VHIS?

- Enhance the protection level of hospital insurance products;
- Provide the public with an additional choice of using private healthcare services through hospital insurance; and
- Relieve the pressure on the public healthcare system in the long run.

### 2. What are the differences between CareForYou Super Flexi Plan for VHIS (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 this 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 after age of 8

### 3. 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 Plan, 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 FHB.

### 4. Can I still use public hospital services if I enrol in Certified Plan?

Yes. The enrolment of Certified Plan is entirely voluntary and will not affect your rights to use public healthcare services.

### 5. 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.

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

Non-Hong Kong resident can enrol in a Certified Plan. Eligibility for deduction as follows:

1. the applicant must be a taxpayer;
2. the taxpayer who or whose spouse is the policyholder of a Certified Plan; and
3. the insured person<sup>+</sup> must be a Hong Kong resident

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

\* Except for specific countries or regions.  
<sup>+</sup> Insured person includes the taxpayer himself/herself or his/her dependants

## 7. 如何計算認可產品保費支出的稅務扣減？

每年可作稅務扣減的保費上限為每名受保人 HK\$8,000，而可申請稅務扣減的受養人數目並無上限。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。

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

The 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 dependants that are eligible for tax deduction. Your dependants include your spouse/child, your or your spouse's parent/grandparent/brother or sister.

### 例子 1：若您投保一份認可產品保單

### Example 1: If you enrol in one Certified Plan policy

認可產品每年保費 Annual Premium for Certified Plan (HK\$)	可獲稅務扣減的款額 Tax-deductible Amount (HK\$)	獲節省的稅款 (假設稅率為 15%) Amount of Tax Saved (Assuming Tax Rate is 15%) (HK\$)
7,000	7,000	1,050

例子 2：若您是保單持有人，您為自己、您的配偶、爸爸、媽媽、兒子及女兒每人各投保一份認可產品保單。如申請扣稅，您有機會節省合共 HK\$6,150 的稅款。

Example 2: If you are a policyholder and enrol in one Certified Plan policy each for yourself, your spouse, your parents, son and daughter, you may save a total of HK\$6,150 in tax if you apply for tax deduction.

	認可產品每年保費 Annual Premium for Certified Plan (HK\$)	可獲稅務扣減的款額 Tax-deductible Amount (HK\$)	獲節省的稅款 (假設稅率為 15%) Amount of Tax Saved (Assuming Tax Rate is 15%) (HK\$)
您本人 You	10,000	8,000	1,200
配偶 Spouse	8,000	8,000	1,200
爸爸 Father	30,000	8,000	1,200
媽媽 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

## 8. 額外現金補貼保障是什麼？

除認可產品保障表內 III. 其他保障之住院現金保障及隔離病房現金保障外，受保人亦可獲得每日於住院期間的額外現金補貼，惟適用於當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和藍十字先後支付任何實報實銷賠償後，藍十字才按保障表中所列限額支付此現金保障。

## 8. What is Cash Benefit for Top-up Subsidy?

This benefit is payable as an extra cash benefit for each day of confinement in hospital in addition to the Hospital Cash Benefit and Isolation Room Cash Benefit under III. Other Benefits in Certified Plan Benefit Schedule. It is applicable when an insured person is 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. Blue Cross will pay this cash benefit to the insured person subject to the limits as specified in the Benefit Schedule if Blue Cross reimburses after any reimbursement has been paid from such licensed insurance company.

## 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<sup>++</sup>及通常居住地<sup>\*\*</sup>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；或
- (d) 更改職業<sup>++</sup>。

<sup>++</sup> 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。

<sup>\*\*</sup> 如藍十字接受投保申請，而該保單受保人在 12 個月內於中國內地、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。

# 「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。

▲ 「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本條款及保障及獲發還全數已付保費，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，藍十字必須於發出保單或《通知書》予保單持有人或其代表起計 21 日內收到該取消要求，以較先者為準；
- (b) 如曾經因索償而獲得賠償，則不會獲發還保費。

## Important Notes

^ The application for CareForYou Super Flexi Plan for VHIS is subject to underwriting. Health and non-health factors including occupation<sup>++</sup> and place of usual residence<sup>\*\*</sup> 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 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; or
- (d) Change the occupation<sup>++</sup>.

<sup>++</sup> 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.

<sup>\*\*</sup> Should Blue Cross accept the application, a fixed geographical loading of 15% shall be applied if the insured person usually resides in Mainland China, 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 a right to decline the application.

# 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.

▲ 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 by Blue Cross within 21 days after the delivery of the policy or issuance of a notice to the policyholder or his representative, whichever is the earlier; and
- (b) No refund can be made if a claim payment has been made.

## 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，本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，有關賠償將按本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。

## 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 policy holder 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 the Blue Cross under Section 8 of Part 1 in the policy terms and conditions) such disability shall be generally excluded from any coverage of these terms and benefits 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 these terms and benefits 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.

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Notes:

- This brochure is for reference only. Should there be any discrepancy between the English and the Chinese versions of this brochure, the English version shall apply and prevail. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions. For more information or a copy of the policy terms and conditions, please visit [www.bluecross.com.hk](http://www.bluecross.com.hk), Blue Cross HK Digital Insurance App or call Blue Cross Customer Service Hotline on 3608 2988.
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Member of BEA Group 東亞銀行集團成員



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