

| 醫療 Medical |

VIP環球醫療保

VIP Worldwide MediCare

VWM

YFLife
萬通保險



《iMONEY 智富雜誌》優秀保險企業大獎2019

最佳醫療保障



資本卓越銀行及金融大獎
2012-2023

資本卓越保險服務大獎

未來在我手
Own the future

保障遍全球 關護您未來

Own your future with peace of mind – wherever you are

卓越的您追求優質生活，自然注重生活上的每個範疇。VIP環球醫療保提供最全面的環球優質醫療方案，隨時應您所需，讓您可即時獲得全面及個人化的醫療服務。無論何時何地，您亦可安心自若，只因「健康」已掌握在您手。

You appreciate the finer things in life and attach great importance to quality. VIP Worldwide MediCare is a highly comprehensive worldwide medical solution that focuses on and commits to excellence in every respect, ensuring that you receive world-class medical treatment in a timely and discreet manner just when you need it most. Wherever you go, you can have absolute peace of mind because you'll know that your health and wellbeing are being taken care of.



VIP環球醫療保

VIP Worldwide MediCare

1

全面醫療保障高達
\$70,000,000

Full Medical Coverage
up to \$70,000,000



- 適用於標準私家病房
Applicable to standard private room

2

一系列更強保障

Full Range of
Extended Coverage



- 非手術癌症治療、洗腎、物理治療及手術後家中看護等
Non-surgical cancer treatments, Renal dialysis, Physiotherapy and Post-surgery home nursing, etc.

3

保證終身續保

Guaranteed Renewals
for Life



- 終身保障至100歲
Whole life protection up to age 100

4

無索償獎賞

No Claim Bonus



- 最高可達10%
Up to 10%

5

設每年墊底費
配合預算

Annual Deductible for
Flexible Budgeting



- 4款選擇：每年 0 / 15,000 / 30,000 / 60,000
港元/澳門元
4 Options: HK\$/MOP 0 / 15,000 / 30,000 / 60,000

1

全面醫療保障高達\$70,000,000

Full Coverage up to \$70,000,000



VIP環球醫療保為您提供標準私家病房的優質醫療保障，全數賠償因患病或意外受傷而需入院治療的各项主要住院費用及手術費用，終身保障額高達70,000,000港元/澳門元。

VIP Worldwide MediCare provides quality medical services in standard private room with full reimbursement of the major hospitalization and surgical expenses incurred due to illness or accident. Under the plan, you can enjoy lifetime cover of up to HK\$ / MOP70,000,000.

2

一系列更強保障

Full Range of Extended Coverage



計劃更提供多項入院前及出院後的延伸保障，於康復路上為您提供更強照顧：

- 非手術癌症治療：化療、電療、標靶治療、荷爾蒙治療、免疫治療及質子重離子療法
- 洗腎
- 輔助治療：物理治療、言語治療、脊骨神經治療、職業治療及中醫治療
- 手術後家中看護
- 入院前及出院後門診

The plan offers a wide range of extended pre- and post-hospitalization benefits, providing you with enhanced protection throughout your recovery journey:

- Non-surgical cancer treatments: Chemotherapy, Radiotherapy, Target Therapy, Hormonal Therapy, Immunotherapy and Proton Beam Therapy
- Renal dialysis
- Ancillary treatments: physiotherapy, speech therapy, chiropractic treatment, occupational therapy and Chinese medical treatment
- Post-surgery home nursing
- Pre- and post- hospitalization outpatient treatment

3

保證終身續保

Guaranteed Renewals for Life



無論您的健康狀況或索償紀錄如何，VIP環球醫療保為您提供每年續保保證，保障年期最長可達至受保人100歲，讓您無後顧之憂。續期保費會於每年續期時根據受保人當時實際年齡及當時同類保障級別的保費率計算。

VIP Worldwide MediCare guarantees annual renewal up to age 100 regardless of your health condition or claim records, allowing you to enjoy total peace of mind. Renewal premium will be adjusted based on the Insured's attained age and to the premium rate in effect for the same level of benefit at the time of policy renewal.

4

無索償獎賞 No Claim Bonus



只要在續保時保單已於本公司從不間斷地連續生效達三個保單年或以上，以及期間並無就基本計劃有任何索償紀錄，於支付續期保費時，即可獲享無索償獎賞折扣優惠，優惠金額會按上一個保單年基本計劃的「每年保費」的百分比計算，最高可達10%。

Provided that the policy has been in force for at least three consecutive policy years and no claims were made under the Basic Plan, you will be entitled to a No Claim Bonus discount upon paying the renewal policy premium. The discount is based on a percentage of the annual premium of the Basic Plan for the preceding year, up to a maximum of 10%.

連續生效及無索償保單年期 Consecutive years of policy in force and without claims	無索償獎賞折扣率 No Claim Bonus Rate
3	3%
4	6%
≥5	10%

5

設每年墊底費 配合預算 Annual Deductible for Flexible Budgeting



無論您正考慮投保一份全新住院保障計劃，又或想就現有住院計劃加添保障，VIP環球醫療保都能靈活配合您的需要。計劃提供4款每年墊底費金額以供選擇，墊底費越高，保費便越相宜：

- 0港元 / 澳門元
- 15,000港元 / 澳門元
- 30,000港元 / 澳門元
- 60,000港元 / 澳門元

您更可於年滿50、55、60或65歲的保單週年日¹，選擇將每年墊底費金額調低而無須再次提交健康申報，隨後的保費將按所選的每年墊底費金額作出調整。

No matter whether you are planning to take out a new hospital plan or top up your existing plan, VIP Worldwide MediCare is the ideal solution. The plan offers four Annual Deductible options to suit your needs: the higher the deductible, the lower the premium.

- HK\$ / MOP 0
- HK\$ / MOP 15,000
- HK\$ / MOP 30,000
- HK\$ / MOP 60,000

You may change to a lower Annual Deductible before the policy anniversaries on or after your 50th, 55th, 60th or 65th birthday¹ without having to submit any satisfactory proof of insurability. The premium thereafter will be adjusted according to the Annual Deductible selected.

如患上任何指定的嚴重疾病²而需入院接受治療，您將可獲豁免扣減每年墊底費金額

The Annual Deductible will be waived if you are hospitalized due to any designated critical illnesses²

附註

1. 須於50、55、60或65歲生日後的保單週年前，遞交書面要求行使減低每年墊底費權益。減低每年墊底費權益只可行使一次並不可撤銷。新的每年墊底費將適用於每年墊底費減低後發生的傷病所作出之索償。
2. 指定嚴重疾病包括非初期癌症、心肌病、慢性肝衰竭、慢性肺病、冠狀動脈(迴接)手術、暴發性病毒性肝炎、心臟病、心瓣置換、腎衰竭、主要器官移植、帕金森病、肺動脈高血壓、類風濕性關節炎、中風、主要動脈手術及末期病症。
3. 「醫院」指包括具備提供主要手術服務設施及全職醫護服務的醫院。所有主要為提供復康、護理及休養的院舍、安老院、用作戒酒或戒毒或任何類似用途的地方，均不會被當作「醫院」。
4. 須為醫療上必須的治療及手術，賠償金額須符合「合理及慣常」的收費，即不超過當地的一般標準收費水平。
5. 以一張額外床位為限。
6. 由主診醫生建議並由醫院安排，於醫院住院接受手術後或被調出深切治療部後的住院期間，由一位合資格護士提供的護理服務。
7. 本公司保留決定合資格診所的權利。
8. 適用於受保人在醫院住院或進行門診手術前31日內就同一傷病所進行的門診，以每日一次為限。
9. 適用於受保人於醫院出院或進行門診手術後的60日內就同一傷病所進行的門診，以每日一次為限。
10. 由主診醫生建議，於醫院住院接受手術後或入住深切治療部後起計60日內，在家中接受由一位合資格護士提供的護理服務。
11. 由主診醫生建議，並只適用於受保人出院或進行門診手術後的90日內就同一傷病所進行的輔助服務，以每日一次為限。
12. 經註冊醫生診斷，受保人因患病以致其壽命很可能不會多於12個月，因而入住註冊善終院舍。此項保障只限支付一次。
13. 只適用於保單持續生效五年後首次發生該等病徵或病狀的疾病。此項保障只限支付一次。
14. 受保障之妊娠併發症只包括異位妊娠、葡萄胎妊娠、播散性血管內之凝血機制障礙、先兆子癇、流產、先兆流產、醫療需要之人工流產、胎兒夭折、因產後出血切除子宮、子癇、羊水栓塞及妊娠肺栓塞。妊娠併發症之確診日期必須為保障生效日期或批准保單復效日期(以較後者為準)起計持續生效300日後。
15. 適用於受保人因意外而受傷24小時內於醫院門診部進行的門診治療。
16. 緊急牙齒治療適用於受保人於意外發生後兩星期內，於註冊牙醫診所或醫院內接受為意外前屬健全自然牙齒作出的緊急治療(包括諮詢、止血、X-光、拔牙及根管治療)。此項保障不會就任何恢復和補救工作、任何貴金屬的使用及矯正治療作出賠償，並且不保障任何由飲食引致的受傷、由正常磨損引致的損壞或由擦牙或任何其他口腔衛生護理程序引致的損壞。
17. 每年保障總額及最高終身保障總額適用於自選附加保障(如有)。
18. 如要附加牙科保障，必須先投保門診保障。牙科治療之日期必須為牙科保障生效日期或批准保單復效日期(以較後者為準)起計持續生效180日後。

Notes

1. Request for reduction of the Annual Deductible must be submitted in writing before the policy anniversary on or immediately following the 50th, 55th, 60th or 65th birthday of the Insured. This option can be exercised once only and is irrevocable. Claims in respect of a Disability occurring after reduction of the Annual Deductible shall be subject to the reduced Annual Deductible.
2. Designated critical illnesses include Later-stage Cancer, Cardiomyopathy, Chronic Liver Failure, Chronic Lung Disease, Coronary Artery Bypass Surgery, Fulminant Viral Hepatitis, Heart Attack, Heart Valve Replacement, Kidney Failure, Major Organ Transplantation, Parkinson's Disease, Pulmonary Arterial Hypertension, Rheumatoid Arthritis, Stroke, Surgery to Aorta and Terminal Illness.
3. "Hospital" refers to an entity which provides facilities for major surgery and full-time nursing service and is not primarily a convalescent or nursing home, rest home, home for the aged, a place for rehabilitation for alcoholics or drug addicts, or for any similar purpose.
4. Applicable to treatment and surgical procedures that are Medically Necessary. Reimbursement will be made on a "Reasonable and Customary" basis, i.e., the charge does not exceed the general level of charges in the locality.
5. Subject to one extra bed.
6. Nursing services provided by a Qualified Nurse following surgery or the Insured's discharge from Intensive Care Unit and while the Insured is still Confined in Hospital. It must be recommended by the Insured's attending Doctor and arranged by the Hospital.
7. The Company reserves the right to determine the eligibility of a clinic.
8. Applicable to the charges actually incurred in connection with the Insured's consultation with a Doctor on an outpatient basis (subject to one visit per day) within 31 days preceding the Insured's Hospital Confinement or the outpatient surgical procedures.
9. Applicable to the charges in connection with the Insured's consultation with a Doctor in respect of the same Disability on an outpatient basis (subject to one visit per day) within 60 days following the discharge from Hospital or the outpatient surgical procedures performed.
10. Nursing services provided by a Qualified Nurse at home within 60 days immediately after the Insured's discharge from the Hospital following surgery or admission to the Intensive Care Unit and upon the recommendation by the Insured's attending Doctor.
11. Applicable to any treatment performed on the Insured (subject to one visit per day) for the same Disability for which the Insured has been Confined in Hospital or undergone outpatient surgical procedures, and which takes place within 90 days immediately after the Insured's discharge or the surgery and upon the recommendation by the Insured's attending Doctor.
12. This benefit will be paid if the Insured stays in a registered hospice following a diagnosis, in the opinion of a Doctor, is highly likely to lead to the Insured's death within 12 months of such diagnosis. This benefit is only payable once.
13. Applicable only if the signs or symptoms of the illness first occur after the policy has been effective for five years continuously. This benefit is only payable once.
14. The covered pregnancy complications shall only be restricted to ectopic pregnancy, molar pregnancy, disseminated intravascular coagulopathy, pre-eclampsia, miscarriage, threatened abortion, medically prescribed induced abortion, foetal death, postpartum hemorrhage requiring hysterectomy, eclampsia, amniotic fluid embolism and pulmonary embolism of pregnancy. The date of diagnosis of the covered pregnancy complications must be after the policy has been effective continuously for 300 days since Effective Date of Coverage or approval date of reinstatement, whichever is later.
15. Applicable if the Insured sustains an Injury due to accident and receives outpatient treatment in the outpatient department of a Hospital within 24 hours.
16. Applicable if the Insured sustains Injury as a result of an accident and receives emergency treatment within 2 weeks of the accident, which is necessitated to tooth / teeth which was healthy natural right before the accident. This benefit will be paid for dental treatment performed in a legally registered dental clinic or Hospital including consultation, staunch bleeding, x-ray, tooth extraction and root canal work. This benefit shall not pay for any restorative treatment, the use of any precious metals and orthodontic treatment. It shall not cover any treatment for Injury caused by eating or drinking, damage caused by normal wear and tear, or damage caused by tooth brushing or any other oral hygiene procedure.
17. The Annual Limit and the Maximum Lifetime Limit of the Policy are applicable to the Optional Supplementary Benefit(s) (if any).
18. Outpatient Benefit is a pre-requisite for attaching Dental Benefit. The date of dental treatment must be incurred after the policy has been effective continuously for 180 days since the effective date of the Dental Benefit, or approval date of reinstatement, whichever is later.

重要資料

繳付保費年期及保障年期

繳付保費年期及保障年期最長可至受保人100歲（「牙科保障」除外，其繳付保費年期及保障年期最長可至受保人75歲）。如在保費到期日起計31日寬限期屆滿前仍未繳付保費，保單的所有保障將會終止。

終止

在下列任何情況下，保單將會終止：

- 於保障到期日當日
- 寬限期屆滿
- 保單持有人呈交書面要求終止本保單
- 受保人身故
- 當接受住院 / 治療 / 手術而作出賠償後，在總保障賠償已達最高終身保障總額後

除了上述保單終止的情況外，「門診保障」亦會在所屬之「VIP環球醫療保」的保單終止時被終止，而「牙科保障」亦會在「門診保障」終止時被終止。

若任何遞交之索償帶有欺詐成份，萬通保險國際有限公司（「萬通保險」）有權即時終止本保單，而閣下將須要向萬通保險賠償並償還該帶有欺詐成份之索償所有已獲支付的保障。在任何該等情況下，萬通保險亦有權向閣下追討就任何與該終止及帶有欺詐成份之索償相關之損失。

保障及保費調整

視乎我們是否持續提供本醫療計劃，如接獲所需保費（根據受保人當時實際年齡及當時同類保障級別的保費率計算），保單會於每個保單週年保證獲續期一年。為配合醫療科技的進步及確保能持續為你提供保障，在每次續期時，萬通保險保留更改保障內容及保費之權利，並會於每個保單週年日不少於30日前以書面通知你有關更改。保費會因應某些因素而作出調整，這些因素包括但不限於萬通保險過去的索償紀錄、開支、醫療通脹、醫療趨勢，以及 / 或因修定保障架構 / 保障級別（如有）而影響預期未來的索償成本。

有關本計劃過往保費增長率資料，請瀏覽本公司網頁：



香港：

<https://www.ylfe.com/tc/Hong-Kong/Individual/Services/Useful-Information/Historical-Premium-Increase-Rates>



澳門：

<https://www.ylfe.com/tc/Macau/Individual/Services/Useful-Information/Historical-Premium-Increase-Rates>

計劃之持續性

續保情況將根據萬通保險是否仍然為所有現有保單繼續提供該計劃而定。若萬通保險決定不再向所有已投保此計劃的保單持有人提供本計劃，萬通保險會盡力為受保人投保另一個當時可提供的醫療保障計劃。

通脹風險

將來的醫療費用有機會因通脹而較現時的費用高。因此，保費率及 / 或保障的級別可能會不時作出調整。此外，即使萬通保險按保單條款履行合約義務，保單持有人獲得的金額的實質價值可能較少。

信貸風險

本計劃由萬通保險承保及負責，保單持有人的保單權益會受其信貸風險所影響。

房間級別

若受保人於住院的任何一天入住的房間級別高於標準私家房（不論自願與否），萬通保險將減低該等住院期間的合資格之醫療費用至百分之二十五。

Important Information

Premium Payment Term and Benefit Term

The premium payment term and the benefit term are up to age 100 of the Insured (except for the **Dental Benefit** where the premium payment term and benefit term are up to age 75 of the Insured). If the premium is not paid before the end of the 31-day Grace Period from the premium due date, all coverage under the policy will be terminated.

Termination

The policy will be terminated when one of the following events occurs:

- On the Benefit Expiry Date
- The Grace Period ends
- The policy owner submits a written request to terminate this policy
- The Insured dies
- Upon the Confinement / treatment / surgery resulting in the total benefit payment reaches the Maximum Lifetime Limit

Besides the above conditions for policy termination, the **Outpatient Benefit** will also be terminated when the **VIP Worldwide MediCare** policy to which this Supplementary Benefit is attached terminates, while the **Dental Benefit** will also be terminated when the **Outpatient Benefit** terminates.

If any claim made shall be fraudulent, YF Life Insurance International Ltd. ("YF Life") shall have the right to terminate this policy immediately and you shall indemnify YF Life and repay all benefits paid in respect of such fraudulent claim. YF Life shall have the right to recover from you any cost in relation to such termination and such fraudulent claim.

Benefit and Premium Adjustment

Subject to the continual availability of this medical plan, the policy is guaranteed to be renewed at each policy anniversary for another one year upon receipt of the payment of the required premium (based on the attained age of the Insured and at the premium rate in effect of the same level of benefit at the time of renewal). In order to keep pace with the medical advancement and to provide you with continuous protection, YF Life reserves the right to change the benefit and premium on each renewal, and notifies you the related changes by giving you a written notice no less than 30 days prior to each policy anniversary. The major factors to consider for premium adjustment include, but not limited to, the claim experience of YF Life, expenses, medical inflation, medical trend and / or revised benefit structure / level of benefits (if any) which might impact the expected claim costs in the future.

For relevant historical premium increases rates of this plan, please visit our website:



Hong Kong:

<https://www.ylfe.com/en/Hong-Kong/Individual/Services/Useful-Information/Historical-Premium-Increase-Rates>



Macau:

<https://www.ylfe.com/en/Macau/Individual/Services/Useful-Information/Historical-Premium-Increase-Rates>

Continuity of the Plan

Policy renewal is based on the continuing availability of the plan to all existing policies. If YF Life decides to no longer offer the plan to all policy owners already enrolled, we will endeavor to enroll the Insured in another medical plan available at that time.

Inflation Risk

Medical costs in the future are likely to be higher than they are today due to inflation. As a result, the premium rates and / or the benefit levels may be reviewed from time to time, and the policy owner might receive less in real terms even if YF Life meets all of its contractual obligations.

Credit Risk

This plan is underwritten by YF Life. The insurance benefits are held solely responsible by YF Life and subject to its credit risk.

Ward Type

If the Insured's Confinement is of a class upper than Standard Private Room, whether voluntarily or involuntarily, YF Life shall reduce the eligible medical expenses incurred during such period of Confinement to 25% of the benefit payable.

地域保障

適用於保障地區為全球（美國除外）

- 住院保障、手術保障、住院前及出院後之保障、延伸保障及「**門診保障**」（如適用）只就以下作出賠償：
 - 任何於美國以外之住院、入住註冊善終院舍、進行之手術、醫療程序 / 醫療及 / 或服務；及
 - 任何於受保人旅途中因疾病引致之急症或意外引致的受傷而須於世界各地進行醫療上必須的緊急治療，而受保人於事發前365日內於該事發地點居住少於183日。
- 全球緊急治療保障內之緊急門診治療保障及緊急牙齒治療保障將就受保人於世界各地因合資格意外接受的緊急治療作出賠償。
- 「**牙科保障**」（如適用）內之保障將就受保人於世界各地合資格的治療作出賠償。

保障的限制

適用於保障地區為全球

如以下情況發生，合資格之醫療費用將被減低至百分之五十：

- 受保人在美國住院、入住註冊善終院舍、進行之手術、醫療程序 / 醫療及 / 或服務時，於過去365日已於美國居住達183日或以上；及 / 或
- 受保人於美國之任何住院或在醫院日症房或在診所接受手術並沒有獲萬通保險預先批核（因意外或緊急事故直接引致則除外）。

若發生以上情況 1 及 / 或 情況 2，而受保人同時於住院的任何一天入住的房間級別高於標準私家房（不論自願與否），我們將減低該等住院期間的合資格之醫療費用至百分之十二點五。

更改保障地區的權利

適用於保障地區為全球

若受保人於過去365日已於美國居住達183日或以上，萬通保險保留絕對權利於任何時間將保障地區由全球更改為全球（美國除外）。

等候期

指定項目的保障會於以下日期生效：

項目	生效日期 (由保障生效日期起計)
意外受傷	即時
疾病	30日
扁桃腺、增殖腺、疝氣的治療或手術	120日
自選牙科保障	180日（適用於並非因受傷而導致的牙科治療）
妊娠併發症保障	300日
包皮環截術而住院	2年（或受保人十二歲的生日，取其較早者）
人類免疫力缺乏病毒 / 愛滋病治療保障	5年

醫療上必須的

萬通保險會為受保人醫療上必須的醫療開支作出賠償。

醫療上必須的指符合以下所有情況：

- 因應診斷結果而施行於本保單的簽發地區之一般慣常使用的醫治方法。
- 根據於本保單的簽發地區既定之良好醫療守則。
- 並非就受保人或醫生之方便而進行。

Geographical Restrictions

For the Area of Cover being Worldwide (excluding USA)

- Benefits payable under Hospitalization Benefits, Surgical Benefits, Pre- and Post-Hospitalization Benefits, Extended Benefits and the **Outpatient Benefit** (if applicable) are payable only for
 - any Confinement, stay in registered hospice, surgery, medical procedures / treatment and / or service which takes place or is performed outside the United States; and
 - any Medically Necessary emergency treatment anywhere in the world for an Emergent Condition caused by Sickness or an Injury due to accident of the Insured during the trip of the Insured, given the Insured resided in the place of such incident for less than 183 days in the past 365 days from the date of incident.
- Benefits payable under Emergency Outpatient Treatment Benefit and Emergency Dental Benefit of Worldwide Emergency Treatment are payable for covered accident for emergency treatment provided to the Insured anywhere in the world.
- Benefits under the **Dental Benefit** (if applicable) are payable for covered treatment provided to the Insured anywhere in the world.

Benefit Restrictions

For the Area of Cover being Worldwide

The eligible medical expenses incurred will be reduced to 50% of the benefit payable if:

- The Insured has taken up residence in the United States for at least 183 days in the past 365 days at the time of any Confinement, stay in registered hospice, surgery, medical procedures / treatment and / or service which takes place or is performed in the United States; and / or
- The Insured is under Confinement or undergoes surgical procedures performed in the day case unit of a hospital or in a clinic in the United States without obtaining our pre-authorization unless it is directly due to accident or emergency.

If the above condition 1 and / or 2 occur(s), and at the same time, the Insured's Confinement is of a class upper than Standard Private Room, whether voluntarily or involuntarily, we shall reduce the eligible medical expenses incurred during such period of Confinement to 12.5% of the benefit payable.

Revision of Area of Cover

For the Area of Cover being Worldwide

We reserve the absolute right to change the Area of Cover from Worldwide to Worldwide (excluding USA) at any time if the Insured has taken up residence in the United States for at least 183 days in the past 365 days.

Waiting Period

Coverage for specific items will be effective on the following dates:

Items	Effective Date (after the Effective Date of Coverage)
Accidental injury	Immediately
Sickness	30 days
Treatment or surgery for tonsils, adenoids, hernia	120 days
Optional dental benefit	180 days (For dental treatments not resulted from an Injury)
Pregnancy Complications Benefit	300 days
Confinement for Circumcision	2 years (or on the Insured's 12 th birthday, whichever is earlier)
HIV/AIDS Treatment Benefit	5 years

Medically Necessary

YF Life will cover the Medically Necessary expenses incurred by the Insured.

Medically Necessary means all of the following conditions are met:

- consistent with the diagnosis and customary medical treatment for the condition in the Place of Issuance of this policy.
- in accordance with standards of good medical practice in the Place of Issuance of this policy.
- not for the convenience of the Insured and / or the doctor.

合理及慣常的收費

指不超過由當地具有類似地位的醫療服務機構於當地就相類同的疾病或受傷，為相同年齡和性別人士提供治療、醫療服務或供應品之一般標準收費。合理及慣常的收費於任何情況下不得超過實際收費。萬通保險可參考以下情況（如適用）決定有關醫療費用是否為「合理及慣常的收費」：

- 由當地政府憲報就其公立醫院為私家病人提供醫療服務所定的收費；
- 醫療行業的收費調查；
- 內部保險賠償統計數據；
- 受保保障程度或水平；及 / 或
- 其他相關的參考資料。

如萬通保險之公司醫生認為任何醫院 / 醫療費用並非合理及慣常的收費，萬通保險保留權利調整部份或全部賠償金額。

主要不保事項

受保人若在保單日期起計一年內自殺，無論其是否在神智清醒的情況下，將不獲支付任何身故保障賠償。

適用於VIP環球醫療保

因以下一種或多種情況而直接或間接引致的索償（身故保障除外）將不獲賠償：

- 在保障生效日起計30日內患上的疾病；
- 保障生效日期前已存在傷病的情況（包括受保人已察覺或在一般情況下應可察覺的有關病徵或病狀）；
- 一般身體檢查、普查及 / 或預防性護理或檢驗、基因測試或遺傳諮詢輔導、接種及疫苗注射、病後復康、托管、療養或休養；
- 美容或整形外科手術（矯形手術保障除外）；眼球的折射毛病；有關扁桃腺、增殖腺、疝氣的治療或手術（除非保單已生效達120日），購買或使用的醫療輔助器具及裝置（除非該醫療輔助器具及裝置包括於手術保障內之醫療裝置）；
- 牙科護理或手術（緊急牙齒治療保障除外）；
- 因懷孕、墮胎、生育或小產及其他由上述情況引致的併發症（妊娠併發症保障除外）；於受保人十七歲生日前出現病徵或病狀、或已確診的先天性畸形或反常、絕育或不育（任何性別）及直接或間接與變性手術有關之治療；
- 醫療實驗及 / 或非主流醫療技術 / 程序 / 治療；
- 精神紊亂、心理或精神疾病、行為問題或人格障礙，精神疾病治療保障除外；
- 睡眠疾病（除非由專科醫生確認為危及生命的睡眠窒息症治療）；
- 治療過度肥胖、控制體重計劃或減肥手術（除非由專科醫生於傳統治療方法失敗後確認為必須的減肥手術）；
- 作為器官捐贈者捐贈器官、有關於尋找及採購替換器官而須支付的移植服務費用、所有相關的運輸費用及行政費用；
- 自殺或在神智不清醒的狀況下受傷；自殘、毒癮或酒癮；
- 受保人進行水肺潛水、參加任何非徒步進行的比賽、輔以繩索或由嚮導帶領的攀山活動；
- 由戰爭或叛亂、民間騷動或參與任何非法行為引致；核子武器物料、核子燃料所導致的輻射或電離子擴散污染，除非是由恐怖主義行為引致及當受保人於海外的旅程中發生；
- 只為物理治療及 / 或為病徵及 / 或病狀而進行之診斷影像、化驗室檢查或其他診斷程序之住院；
- 人體免疫能力缺乏病毒（包括愛滋病），除非符合「人類免疫力缺乏病毒 / 愛滋病治療保障」的情況；
- 受保人在12歲前及保單日期後2年內因接受包皮環截術而住院；
- 傳統中藥（輔助服務下由中醫師所處方的藥物除外），包括：姬松茸、羚羊角尖粉、鹿茸、冬蟲夏草、燕窩、花膠、靈芝、各種人參、海馬、麝香、珍珠粉及紫河車；

Reasonable and Customary Charges

This means a charge for medical care which does not exceed the general level of charges being made by medical service providers of similar standing in the locality where the charge is incurred for similar treatment, services or supplies to individuals of the same gender and age, for a similar disease or injury. The "Reasonable and Customary" charges shall not in any event exceed the actual charges incurred. In determining whether an expense is "Reasonable and Customary", YF Life may make reference to the followings (if applicable):

- the gazette issued by the local government which sets out the fees for the private patient services in public hospitals;
- industrial medical fee survey;
- internal claim statistics;
- extent or level of benefit insured; and / or
- other pertinent source of reference.

YF Life reserves the right to adjust any or all benefits payable in relation to any hospital / medical charges which in the opinion of YF Life's doctor is not a Reasonable and Customary charge.

Key Exclusions

If the Insured commits suicide, whether sane or insane, within one year from the Policy Date, no Death Benefit will be payable.

For VIP Worldwide MediCare

This Policy does not pay any benefit claims (except for Death Benefit) caused directly or indirectly resulting from the following:

- Claims due to Sickness occurring within 30 days of the Effective Date of Coverage;
- Pre-existing conditions (which presented signs or symptoms of which the Insured has been aware or should reasonably have been aware);
- General check-up, screening and / or preventive care / checking, genetic testing or counselling, vaccination / immunization, convalescence, custodial or sanatorium care or rest care;
- Cosmetic or plastic surgery, except for Reconstructive Surgery Benefit; refractive errors of the eyes; treatment or surgery for tonsils, adenoids, hernia (which occurred within 120 days after the Effective Date of Coverage); procurement or use of medical appliances and medical devices (unless such medical appliances and medical devices are covered by Medical Appliances under Surgical Benefit);
- Dental care or surgery (except for Emergency Dental Benefit);
- Pregnancy, abortion, childbirth or miscarriage, and other complications arising therefrom, except for Pregnancy Complications Benefit; congenital deformities or anomalies which present signs or symptoms, or are diagnosed, before the Insured attains 17 years of age, sterilization or infertility of either gender, treatment directly or indirectly related to a gender change;
- Experimental and / or unconventional medical technology / procedure / therapy;
- Mental disorder, psychological or psychiatric conditions, behavioral problems or personality disorders, except for Psychiatric Treatment Benefit;
- Sleep disorders except for the treatment of sleep apnoea which is life threatening as confirmed by a specialist Doctor;
- Treatment of obesity, weight control programs or bariatric surgery (except when bariatric surgery is necessary as confirmed by a specialist Doctor after failure of conventional treatments);
- Organ donation as the Organ Donor, transplant service for which the cost incurred in connection with identifying and procuring a replacement organ and all associated transportation costs and administrative costs;
- Suicide, attempted suicide or injuries due to insanity, self-infliction; drug addiction or alcoholism;
- Scuba diving or engaging in or taking part in race other than on foot, mountaineering involving the use of ropes or guides by the Insured;
- Acts of war, riot, civil commotion, participating in any illegal activity; waste nuclear weapons material, ionizing radiation or contamination by radioactivity from any nuclear fuel, except it is caused by terrorist act and occurs while the Insured is travelling overseas;
- Hospital Confinement primarily for physiotherapy and / or for the investigation of signs and / or symptoms with diagnostic imaging, laboratory investigation or other diagnostic procedures;
- Human Immunodeficiency Virus (HIV) Infection (including AIDS), unless meeting the requirement for the HIV / AIDS Treatment Benefit;
- The Insured is hospitalized for Circumcision before the age of 12 and such hospitalization occurs within 2 years of the Effective Date of Coverage;
- Traditional Chinese medicines, except for medicines prescribed by a Chinese Medicine Practitioner under Ancillary Services, including: agaricus blazei murill, antelope horn powder, antler, cordyceps, cubilose, donkey-hide gelatin, ganoderma, all kinds of ginseng, hippocampus, moschus, pearl powder and placenta hominis;

- (19) 於住院時受保人沒有接受積極治療；或受保人於醫院接受超過連續180日的治療而維持持續性意識障礙的狀態超過60日；
- (20) 根據政府條例或其他保險計劃而獲得賠償的情況。

適用於「門診保障」

除第(3)及(8)項受保於本附加保障的接種疫苗及健康檢查保障及精神疾病治療保障的情況外，以上**VIP環球醫療保**的不保事項各項亦適用於「門診保障」。

適用於「牙科保障」

本附加保障不會保障在本附加保障的生效日期起計180日內非因受傷而導致的牙科治療。

除第(5)項受保於本附加保障的情況外，以上**VIP環球醫療保**的不保事項各項亦適用於「牙科保障」。

提供資料責任及未符合這要求的後果

在投保時，你 / 你們必須提供一切知悉或據常理知悉的資料，因萬通保險會按照所提供的資料評核接受投保及決定保險條款。提供資料的責任將會在投保申請表的簽署日期或任何補充文件的簽署日期（以較後日期為準）完成。你 / 你們若不清楚某一事項是否重要，請將該事項填寫於申請書內。若未符合以上要求，該保單可能因此而作廢。

索償程序

有關索償程序，請瀏覽本公司網頁：

香港：<https://www.yflife.com/tc/Hong-Kong/Individual/Services/Claims-Corner>

澳門：<https://www.yflife.com/tc/Macau/Individual/Services/Claims-Corner>

保費徵費（只適用於香港）

保監局會透過保險公司向所有保單持有人，為其於香港續發之保單，於每次繳付保費時收取徵費。有關徵費之詳情，請瀏覽保監局網站專頁www.ia.org.hk/tc/levy。

保單冷靜期及取消保單的權利

如保單未能滿足你的要求，你可以書面方式要求取消保單，連同保單退回本公司（香港：香港灣仔駱克道33號萬通保險大廈27樓 / 澳門：澳門蘇亞利斯博士大馬路320號澳門財富中心8樓A座），並確保本公司的辦事處於交付保單的21個曆日內，或向你 / 你的代表人交付《通知書》（說明已經可以領取保單和冷靜期屆滿日）後起計的21個曆日內（以較早者為準）收到書面要求。於收妥書面要求後，保單將被取消，你將可獲退回已繳保費金額及你所繳付的徵費（適用於香港），但不包括任何利息。若曾獲賠償或將獲得賠償，則不獲發還保費。

退保

如需申請退保，你只需填妥、簽署並寄回由本公司提供的特定表格，以及你的有效身份證明文件副本及固定住址證明（如適用），本公司將安排退保事宜。

- (19) No active treatment is performed on the Insured during Hospital Confinement; or the Insured is in state of continuous disorder of consciousness for more than 60 days during Hospital Confinement whilst staying in Hospital for more than 180 consecutive days;
- (20) Expenses for which compensation is payable under any government law or any other insurance policy.

For Outpatient Benefit

The exclusions of the above points for **VIP Worldwide MediCare** also apply to **Outpatient Benefit** except points no. 3 and 8 to the extent where such occurrence is covered under Vaccinations and Health Checkup Benefit and Psychiatric Treatment Benefit of this Supplementary Benefit.

For Dental Benefit

This Supplementary Benefit does not cover dental treatments occurring within 180 days of the Effective Date of this Supplementary Benefit if the dental treatments are not resulted from an Injury.

The exclusions of the above points for **VIP Worldwide MediCare** also apply to **Dental Benefit** except point no. 5 to the extent where such occurrence is covered under this Supplementary Benefit.

Duty of Disclosure and the Consequences of Not Making Full Disclosure

You are required to disclose in the application all information you know or could reasonably be expected to know because YF Life will rely on what you have disclosed in this application to accept the risk and the terms of insurance. Your duty of disclosure ends on the signing date of application or the supplementary form(s), whichever is later. If you are in doubt as to whether a fact is material, please disclose it in the application. Failure to comply with this requirement may render the policy issued voidable.

Claims Procedures

For details of the procedures for making claims, please refer to our website at: Hong Kong: <https://www.yflife.com/en/Hong-Kong/Individual/Services/Claims-Corner>

Macau: <https://www.yflife.com/en/Macau/Individual/Services/Claims-Corner>

Premium Levy (Applicable to Hong Kong only)

The Insurance Authority (IA) imposes a levy on insurance premiums from policy for all new and in-force insurance policies issued in Hong Kong. For details about the levy, please visit the dedicated IA webpage at www.ia.org.hk/en/levy.

Cooling-off Period and Right of Cancellation

If you are not satisfied with the policy, you may return it under a signed covering letter to us (Hong Kong: 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong / Macau: Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau) within 21 calendar days after the delivery of the policy or delivery of the Notice (which states that the policy is available for collection and the expiry date of the cooling-off period) to you or your representative, whichever is earlier. We will cancel the policy upon receipt of your written request and refund all premiums and levy you paid (applicable to Hong Kong only), without any interest. No refund can be made if a benefit payment has been made, is to be made or impending.

Surrender

You may surrender the policy by submitting a written request on the forms prepared for such purposes together with a copy of your valid identification document and permanent address proof (if applicable). We will arrange the policy surrender.

「VIP環球醫療保」一覽表

VIP Worldwide MediCare – at a glance

表一：主要保障

Table 1: Core Benefits

(港元 / 澳門元 HK\$/MOP)

	計劃 Plan 1	計劃 Plan 2
保障地區 Area of Cover	全球 Worldwide	全球（美國除外） Worldwide (excluding USA)
保障 Benefits	保障限額 Benefit Limits	
終身保障總額 (適用於第1至30項及附加保障) Lifetime Limit (Applicable to items 1 to 30 and Supplementary Benefits)	70,000,000	
每年保障總額 (適用於第1至30項及附加保障) Annual Limit (Applicable to items 1 to 30 and Supplementary Benefits)	25,000,000	
每年墊底費 (不適用於第8、9、16、31項及附加保障) Annual Deductible Amount (Not applicable to items 8, 9, 16, 31 and Supplementary Benefits)	0 / 15,000 / 30,000 / 60,000	
住院病房級別 Ward Type	標準私家病房 Standard private room	
I. 住院保障 ³ Hospitalization Benefits ³		
1. 住院、膳食及一般護理津貼 Room, Board & General Nursing	全數賠償 ⁴ Full reimbursement ⁴	
2. 住院醫生費 In-Hospital Doctor's Call		
3. 住院專科醫生費 In-Hospital Specialist's Consultation		
4. 特別住院費（住院雜費） Hospital Special Services (Miscellaneous Hospital Expenses)		
5. 深切治療 Intensive Care	全數賠償 ⁴ Full reimbursement ⁴ (每年90日 90 days per year)	
6. 住院陪床 ⁵ Hospital Companion Bed ⁵		
7. 私家看護費 ⁶ Private Nurse's Fee ⁶		



需由註冊醫生書面建議

Recommendation by a registered doctor in writing is required

	計劃 Plan 1	計劃 Plan 2
I. 住院保障 ³ Hospitalization Benefits ³		
8. 住房級別下調現金保障 (適用於入住低於受保病房級別的私家醫院房間) Room and Board Downgrade Cash Benefit (Applicable if the room level is lower than the covered room level in a private hospital)	每日1,800 per day (每年60日 60 days per year)	
9. 政府住院現金保障 (適用於入住香港 / 澳門政府醫院大房級別的房間) Government Hospital Cash Benefit (Applicable to confinement in a general ward of a public hospital in Hong Kong / Macau)		
II. 手術保障 Surgical Benefits		
10. 外科醫生手術費 Surgeon's Fee	全數賠償 ⁴ Full reimbursement ⁴	
11. 麻醉師費 Anaesthetist's Fee		
12. 手術室租金 Operating Theatre Fee		
13. 門診手術 ⁷ (包括外科醫生手術費、麻醉師費、手術室租金、診症費及藥費) Outpatient Surgery⁷ (Including Surgeon's Fee, Anaesthetist's Fee, Operating Theatre Fee, Consultation and Medication)		
14. 醫療裝置 – 指定裝置 (起搏器 / 冠狀動脈血管成形術(通波仔)的支架 / 眼內人造晶體 / 人工心瓣 / 金屬或人工關節置換 / 人工韌帶置換或植入 / 人工椎間盤) Medical Appliances – Designated Appliances (Pace maker / Stents for percutaneous transluminal coronary angioplasty / Intraocular lens / Artificial cardiac valve / Metallic or artificial joints for joint replacement / Prosthetic ligaments for replacement or implantation between bones / Prosthetic intervertebral disc)	每年100,000 per year	
– 非指定醫療裝置 Non-designated Medical Appliances		
15. 在生捐贈者之移植手術費用 Living Donor Expenses for Transplantation Surgery	器官捐贈者及接受者之手術費用總和的30% 30% of the total transplantation cost of both donor and receiver	
16. 門診手術現金保障 (當第13項亦為同一手術作出賠償時適用) Outpatient Surgery Cash Benefit (Applicable when item 13 is payable for the same procedure)	每項手術1,600 per procedure (每年1次 1 procedure per year)	

	計劃 Plan 1	計劃 Plan 2
III. 住院前及出院後保障 Pre- and Post- Hospitalization Benefits		
17. 住院前門診⁸ Pre-hospitalization Outpatient⁸ - 門診諮詢 Consultation - 藥物 Medication - 診斷測試 Diagnostic Tests		全數賠償 ⁴ Full reimbursement ⁴ (每日1次 1 visit per day)
18. 出院後門診⁹ Post-hospitalization Outpatient⁹ - 門診諮詢 Consultation - 藥物 Medication - 傷口護理 Wound Care - 診斷測試 Diagnostic Tests		全數賠償 ⁴ Full reimbursement ⁴ (每日1次 1 visit per day)
19. 手術後家中看護¹⁰  Post-surgery Home Nursing¹⁰		全數賠償 ⁴ Full reimbursement ⁴ (每年120日 120 days per year)
20. 輔助服務¹¹ Ancillary Services¹¹ - 物理治療師 / 脊骨神經治療師 / 言語治療師 / 職業治療師 Physiotherapist / Chiropractor / Speech Therapist / Occupational Therapist		每年60,000 per year (每日1次, 每個保單年最高合計保障額 1 visit per day, max. aggregate limit per policy year)
- 中醫師 Chinese Medicine Practitioner		每次 2,000 per visit (每年30次 30 visits per year)
21. 復康中心及其相關治療  Rehabilitation Centre & Related Treatment		每次 800 per visit (每年20次 20 visits per year)
		每年 80,000 per year (每年60日 60 days per year)
IV. 延伸保障 Extended Benefits		
22. 癌症治療保障  Cancer Treatment Benefit - 化療 Chemotherapy - 電療 Radiotherapy - 標靶治療 Target Therapy - 荷爾蒙治療 Hormonal Therapy - 免疫治療 Immunotherapy - 質子重離子療法 Proton Beam Therapy		全數賠償 ⁴ Full reimbursement ⁴
23. 洗腎保障  Renal Dialysis Benefit		
24. 精神疾病治療保障  Psychiatric Treatment Benefit		每年60,000 per year (每年60日 60 days per year)
25. 善終院舍護理服務¹² Hospice Care¹²		100,000 (以個人計 per Life)



需由註冊醫生書面建議

Recommendation by a registered doctor in writing is required

	計劃 Plan 1	計劃 Plan 2
IV. 延伸保障 Extended Benefits		
26. 人類免疫力缺乏病毒 / 愛滋病治療保障 ¹³ HIV / AIDS Treatment Benefit¹³	800,000 (以個人計 per Life)	
27. 矯形手術保障 (適用於回復身體功能或外觀，或重建乳房) Reconstructive Surgery Benefit (For restoration of function of a body part, appearance, or a breast)	300,000 (每項受保疾病計 per covered illness)	
28. 妊娠併發症保障 ¹⁴ Pregnancy Complications Benefit¹⁴	全數賠償 ⁴ Full reimbursement ⁴	

V. 全球緊急治療保障 Worldwide Emergency Treatment Benefit		
29. 意外緊急門診治療保障 ¹⁵ Emergency Outpatient Treatment Benefit¹⁵	全數賠償 ⁴ Full reimbursement ⁴	
30. 意外緊急牙齒治療保障 ¹⁶ Emergency Dental Benefit¹⁶		

VI. 壽險保障 Life Protection		
31. 身故保障 Death Benefit	80,000	

表二：自選附加保障¹⁷

Table 2 : Optional Supplementary Benefits¹⁷

(港元 / 澳門元 HK\$/MOP)

保障 Benefits	保障限額 Benefit Limits
A. 門診保障 Outpatient Benefit	
門診諮詢 Outpatient Consultation	全數賠償 ⁴ Full reimbursement ⁴ (每年50次，每日1次 50 visits per year, 1 visit per day)
診斷程序及化驗室測試 Diagnostic Procedures and Laboratory Tests	全數賠償 ⁴ Full reimbursement ⁴
處方藥物 Prescribed Medicines and Drugs	每年100,000 per year
另類治療 Alternative Treatment – 物理治療師 / 脊骨神經治療師 / 中醫師 Physiotherapist / Chiropractor / Chinese Medicine Practitioner	每年8,000 per year (每日1次 1 visit per day)
精神疾病治療保障 Psychiatric Treatment Benefit	每次1,000 per visit (每年10次，每日1次 10 visits per year, 1 visit per day)
接種疫苗及健康檢查 Vaccinations and Health Checkup	每年4,000 per year



需由註冊醫生書面建議

Recommendation by a registered doctor in writing is required

保障 Benefits	保障限額 Benefit Limits
B. 牙科保障¹⁸ Dental Benefit¹⁸	
例行牙科治療 Routine Dental Treatment	每年6,000 per year
主要之恢復性治療 Major Restorative Treatment	每年12,000 per year

保單資料 Policy Information			
	VIP環球醫療保 VIP Worldwide MediCare	門診保障 Outpatient Benefit	牙科保障 ¹⁸ Dental Benefit ¹⁸
保單類別 Plan Type	基本計劃 Basic Plan	附加保障 Supplementary Benefit	
保單貨幣單位 Currency	香港保單：港元 Policy Issued in Hong Kong: HK\$ 澳門保單：澳門元 / 港元 Policy Issued in Macau: MOP / HK\$		
保費 Premium	保證每年續期，保費並非保證。續期保費會按受保人當時實際年齡及當時同類保障級別的保費率作出調整 Guaranteed yearly renewable, the premium is non-guaranteed. The renewal premium will be adjusted based on the Insured's attained age and at the premium rate in effect of the same level of benefit at the time of policy renewal 保費按每年 / 每半年 / 每季 / 每月繳付 Annual / Semi-annual / Quarterly / Monthly Payment		
保障類別 Type of Benefit	償款產品 — 賠償實際住院及醫療費用 (受限於計劃內每項保障的最高保障額) Indemnity Product – Reimburses the actual hospitalization and medical expenses (subject to the maximum limit of each benefit item of the plan)		

投保資料 Basic Information			
投保年齡 (以上次生日年齡計算) Issue Age (At Last Birthday)	0至70歲 Age 0-70		
保障年期 Benefit Term	至100歲 To Age 100	至75歲 To Age 75	
繳付保費年期 Premium Payment Term	至100歲 To Age 100	至75歲 To Age 75	

有關保費詳情，請瀏覽本公司網頁 <https://www.yflife.com/tc/Individual/Protect/Medical/VIP-Worldwide-MediCare>。
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YFLife 萬通保險

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萬通保險國際有限公司
YF Life Insurance International Ltd.
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Customer Service:
Suite 1211, 12/F, Tower 6, The Gateway, 9 Canton Road, Tsimshatsui, Hong Kong
Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau,
8 Andar A, Macau



VIP環球醫療保

VIP Worldwide MediCare

(港元 / 澳門元 HK\$ / MOP)

已屆年齡 Attained Age	計劃 Plan 1 全球 Worldwide				計劃 Plan 2 全球 Worldwide (美國除外 excluding USA)			
	每年墊底費 Annual Deductible				每年墊底費 Annual Deductible			
	0	15,000	30,000	60,000	0	15,000	30,000	60,000
0	26,120	17,141	14,003	11,529	17,745	11,423	9,153	7,482
1	25,628	16,823	13,745	11,316	17,414	11,212	8,989	7,349
2	25,155	16,514	13,496	11,113	17,097	11,011	8,831	7,221
3	24,479	16,076	13,142	10,823	16,641	10,722	8,602	7,037
4	23,803	15,638	12,785	10,534	16,186	10,435	8,373	6,852
5	23,128	15,198	12,428	10,242	15,730	10,146	8,144	6,668
6	22,452	14,758	12,072	9,951	15,276	9,858	7,915	6,484
7	21,775	14,319	11,716	9,661	14,819	9,569	7,688	6,300
8	21,589	14,198	11,617	9,580	14,695	9,491	7,625	6,250
9	21,402	14,078	11,519	9,500	14,570	9,410	7,563	6,198
10	21,175	13,929	11,394	9,395	14,417	9,313	7,483	6,132
11	20,990	13,805	11,299	9,315	14,292	9,232	7,420	6,083
12	20,805	13,686	11,199	9,236	14,168	9,153	7,357	6,033
13	20,618	13,566	11,101	9,155	14,043	9,075	7,295	5,982
14	20,433	13,444	11,004	9,078	13,917	8,997	7,232	5,930
15	20,248	13,324	10,906	8,997	13,792	8,916	7,170	5,882
16	19,912	13,104	10,728	8,852	13,567	8,774	7,056	5,787
17	19,578	12,890	10,552	8,709	13,342	8,633	6,944	5,697
18	19,241	12,671	10,376	8,565	13,116	8,489	6,831	5,607
19	18,907	12,455	10,201	8,420	12,890	8,346	6,717	5,516
20	18,779	12,389	10,166	8,409	12,804	8,303	6,695	5,510
21	18,443	12,168	9,988	8,261	12,576	8,158	6,581	5,418
22	18,103	11,948	9,810	8,116	12,350	8,015	6,468	5,323
23	19,331	12,749	10,458	8,648	13,178	8,540	6,882	5,659
24	20,562	13,549	11,109	9,177	14,003	9,063	7,299	5,994
25	21,794	14,349	11,758	9,707	14,834	9,589	7,717	6,332
26	23,022	15,146	12,409	10,241	15,660	10,114	8,132	6,667
27	24,254	15,948	13,057	10,770	16,488	10,638	8,547	7,004
28	25,484	16,747	13,707	11,302	17,315	11,163	8,964	7,340
29	26,296	17,274	14,135	11,652	17,862	11,509	9,238	7,562
30	27,026	17,743	14,507	11,951	18,356	11,817	9,477	7,748
31	27,836	18,268	14,936	12,299	18,902	12,162	9,751	7,971
32	28,646	18,796	15,365	12,648	19,445	12,508	10,024	8,193
33	29,454	19,321	15,790	12,999	19,992	12,852	10,299	8,412

VIP環球醫療保

VIP Worldwide MediCare

(港元 / 澳門元 HK\$ / MOP)

已屆年齡 Attained Age	計劃 Plan 1 全球 Worldwide				計劃 Plan 2 全球 Worldwide (美國除外 excluding USA)			
	每年墊底費 Annual Deductible				每年墊底費 Annual Deductible			
	0	15,000	30,000	60,000	0	15,000	30,000	60,000
34	29,715	19,490	15,928	13,110	20,165	12,965	10,386	8,485
35	29,975	19,659	16,065	13,221	20,338	13,073	10,474	8,553
36	30,235	19,827	16,200	13,333	20,514	13,184	10,560	8,625
37	30,495	19,996	16,339	13,445	20,688	13,297	10,651	8,696
38	30,753	20,165	16,474	13,557	20,864	13,406	10,737	8,766
39	32,341	21,197	17,313	14,242	21,933	14,082	11,274	9,198
40	33,771	22,112	18,043	14,829	22,893	14,683	11,740	9,570
41	35,351	23,139	18,877	15,510	23,955	15,356	12,274	9,998
42	36,931	24,164	19,708	16,189	25,020	16,032	12,807	10,429
43	38,511	25,191	20,543	16,870	26,084	16,704	13,342	10,860
44	40,253	26,321	21,459	17,618	27,256	17,445	13,930	11,334
45	41,991	27,450	22,376	18,366	28,426	18,187	14,516	11,807
46	43,729	28,582	23,292	19,113	29,597	18,927	15,104	12,281
47	45,470	29,711	24,209	19,861	30,768	19,669	15,690	12,753
48	47,209	30,842	25,126	20,610	31,939	20,411	16,278	13,228
49	49,423	32,280	26,292	21,564	33,429	21,355	17,024	13,829
50	51,991	33,978	27,706	22,742	35,157	22,469	17,931	14,578
51	54,221	35,427	28,884	23,704	36,657	23,418	18,684	15,186
52	56,447	36,875	30,059	24,666	38,159	24,370	19,439	15,792
53	58,676	38,324	31,236	25,628	39,657	25,321	20,193	16,403
54	62,077	40,533	33,032	27,096	41,947	26,772	21,343	17,331
55	65,478	42,744	34,827	28,563	44,234	28,221	22,494	18,260
56	68,877	44,953	36,625	30,031	46,524	29,671	23,643	19,187
57	72,279	47,165	38,419	31,498	48,812	31,122	24,794	20,118
58	75,680	49,374	40,215	32,967	51,102	32,573	25,944	21,047
59	81,293	53,025	43,180	35,390	54,879	34,968	27,841	22,578
60	87,038	56,768	46,228	37,886	58,747	37,422	29,795	24,156
61	92,661	60,423	49,198	40,315	62,531	39,822	31,697	25,692
62	98,284	64,077	52,168	42,741	66,315	42,221	33,600	27,228
63	103,905	67,733	55,139	45,169	70,099	44,617	35,501	28,763
64	110,497	72,021	58,621	48,015	74,535	47,429	37,733	30,564
65	117,161	76,352	62,142	50,893	79,018	50,272	39,987	32,385
66	123,754	80,637	65,624	53,741	83,456	53,085	42,218	34,184
67	130,416	84,968	69,142	56,616	87,942	55,925	44,473	36,004

VIP環球醫療保

VIP Worldwide MediCare

(港元 / 澳門元 HK\$ / MOP)

已屆年齡 Attained Age	計劃 Plan 1 全球 Worldwide				計劃 Plan 2 全球 Worldwide (美國除外 excluding USA)			
	每年墊底費 Annual Deductible				每年墊底費 Annual Deductible			
	0	15,000	30,000	60,000	0	15,000	30,000	60,000
68	137,010	89,257	72,627	59,463	92,380	58,739	46,703	37,805
69	141,786	92,362	75,149	61,527	95,593	60,777	48,318	39,111
70	144,702	94,102	76,400	62,422	97,547	61,910	49,110	39,666
*71	149,436	97,177	78,892	64,456	100,734	63,927	50,706	40,953
*72	154,156	100,238	81,376	66,481	103,909	65,936	52,297	42,233
*73	158,804	103,255	83,823	68,478	107,040	67,914	53,863	43,495
*74	164,325	106,839	86,729	70,848	110,756	70,268	55,724	44,995
*75	169,830	110,411	89,626	73,210	114,460	72,611	57,579	46,490
*76	175,334	113,983	92,523	75,575	118,164	74,955	59,434	47,984
*77	180,855	117,569	95,427	77,944	121,878	77,305	61,295	49,482
*78	186,359	121,140	98,324	80,310	125,583	79,650	63,150	50,978
*79	192,870	125,368	101,752	83,104	129,967	82,424	65,345	52,746
*80	194,886	126,673	102,808	83,963	131,318	83,276	66,018	53,286
*81	201,254	130,804	106,158	86,697	135,605	85,986	68,163	55,014
*82	207,556	134,896	109,476	89,402	139,845	88,670	70,287	56,725
*83	213,840	138,974	112,782	92,101	144,075	91,344	72,406	58,432
*84	221,326	143,834	116,725	95,314	149,113	94,534	74,929	60,465
*85	228,750	148,652	120,630	98,501	154,107	97,695	77,431	62,479
*86	236,169	153,468	124,535	101,687	159,102	100,856	79,931	64,496
*87	243,591	158,284	128,439	104,872	164,097	104,014	82,432	66,510
*88	251,011	163,101	132,347	108,059	169,091	107,175	84,934	68,525
*89	259,752	168,775	136,946	111,812	174,973	110,896	87,881	70,897
*90	263,611	171,278	138,974	113,463	177,568	112,535	89,175	71,939
*91	272,144	176,816	143,466	117,129	183,310	116,170	92,051	74,257
*92	280,728	182,387	147,981	120,814	189,086	119,824	94,943	76,588
*93	289,311	187,958	152,499	124,496	194,863	123,478	97,837	78,916
*94	296,940	192,909	156,514	127,773	199,998	126,729	100,409	80,990
*95	304,570	197,864	160,530	131,049	205,134	129,977	102,980	83,060
*96	312,185	202,806	164,538	134,318	210,257	133,220	105,545	85,128
*97	319,881	207,801	168,587	137,623	215,438	136,497	108,141	87,219
*98	327,513	212,753	172,604	140,898	220,572	139,747	110,712	89,291
*99	337,323	219,122	177,766	145,110	227,175	143,923	114,018	91,954

* 只適用於續保 For Renewal Only

由 2025/01/01 起生效
With effect from 2025/01/01

門診保障 Outpatient Benefit

(港元 / 澳門元 HK\$ / MOP)

已屆年齡 Attained Age	計劃 Plan 1 全球 Worldwide	計劃 Plan 2 全球 Worldwide (美國除外 excluding USA)	已屆年齡 Attained Age	計劃 Plan 1 全球 Worldwide	計劃 Plan 2 全球 Worldwide (美國除外 excluding USA)	已屆年齡 Attained Age	計劃 Plan 1 全球 Worldwide	計劃 Plan 2 全球 Worldwide (美國除外 excluding USA)
0	38,371	25,581	34	38,207	25,472	68	198,812	132,542
1	38,371	25,581	35	40,792	27,195	69	207,814	138,543
2	38,371	25,581	36	42,300	28,202	70	217,176	144,785
3	38,371	25,581	37	43,772	29,182	*71	226,178	150,786
4	27,142	18,095	38	45,278	30,186	*72	235,182	156,789
5	27,142	18,095	39	46,260	30,842	*73	244,150	162,768
6	27,142	18,095	40	47,603	31,736	*74	254,660	169,774
7	27,142	18,095	41	48,582	32,389	*75	265,135	176,758
8	27,142	18,095	42	49,598	33,066	*76	275,610	183,741
9	27,142	18,095	43	50,580	33,721	*77	286,119	190,748
10	27,142	18,095	44	53,102	35,402	*78	296,594	197,729
11	27,142	18,095	45	56,014	37,344	*79	308,673	205,783
12	27,142	18,095	46	58,536	39,024	*80	313,626	209,085
13	27,142	18,095	47	61,055	40,704	*81	325,471	216,980
14	27,142	18,095	48	63,576	42,386	*82	337,282	224,854
15	27,142	18,095	49	68,618	45,746	*83	349,090	232,729
16	27,142	18,095	50	73,988	49,327	*84	362,600	241,734
17	27,142	18,095	51	78,996	52,664	*85	376,074	250,717
18	24,917	16,611	52	84,005	56,005	*86	389,581	259,723
19	24,947	16,632	53	89,014	59,342	*87	403,058	268,706
20	25,014	16,676	54	93,531	62,355	*88	416,567	277,712
21	25,049	16,700	55	98,801	65,868	*89	431,835	287,890
22	25,079	16,719	56	103,320	68,881	*90	439,005	292,671
23	26,159	17,439	57	107,838	71,892	*91	453,996	302,665
24	27,241	18,161	58	112,355	74,904	*92	469,017	312,680
25	28,322	18,881	59	117,887	78,591	*93	484,008	322,673
26	29,366	19,579	60	123,779	82,520	*94	500,885	333,924
27	30,450	20,300	61	129,310	86,208	*95	517,728	345,152
28	31,530	21,020	62	134,813	89,876	*96	534,604	356,403
29	31,857	21,238	63	140,342	93,563	*97	551,482	367,656
30	35,751	23,835	64	146,959	97,972	*98	568,327	378,884
31	36,079	24,053	65	175,961	117,308	*99	585,377	390,251
32	36,408	24,272	66	183,588	122,394	* 只適用於續保 For Renewal Only		
33	36,700	24,467	67	191,216	127,479			

牙科保障 Dental Benefit

(港元 / 澳門元 HK\$ / MOP)

已屆年齡 Attained Age	計劃 Plan 1 全球 Worldwide	計劃 Plan 2 全球 Worldwide (美國除外 excluding USA)
0 - 70	8,370	
71 - 74 (只適用於續保 For Renewal Only)	8,370	

由 2025/01/01 起生效
With effect from 2025/01/01