

| 醫療 Medical |

# 優裕醫療保 Prestige MediCare

PMC

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



優裕醫療保為追求優質生活的您提供一站式醫療保障，一旦不幸患病或意外受傷，可即時就醫接受優質的治療，讓您早日重拾健康，重投優裕生活。

Prestige MediCare is a one-stop medical insurance solution for the discerning individual. In the unfortunate event of your falling ill or suffering injury in an accident, the plan enables you to receive prompt, quality medical treatment, giving you total peace of mind as you recover and get your life back in order.





# 優裕醫療保

## Prestige MediCare

1

終身醫療保障  
高達\$30,000,000

Lifetime Medical  
Protection up to \$30,000,000



- 全數賠償入院治療前、中及後期的實際醫療開支  
Full reimbursement of the actual expenses incurred before, during and after in-hospital treatment
- 不設個別項目限額  
Without limit on individual benefit items

2

設每年墊底費  
保費更相宜

Annual Deductible for  
Lower Premium



- 4款選擇：每年 0 / 15,000 / 30,000 / 100,000  
港元 / 澳門元  
4 Options: HK\$/MOP 0 / 15,000 / 30,000 / 100,000
- 墊底費越高 保費越相宜  
The higher the deductible, the lower the premium

3

保證每年續保  
至100歲

Guaranteed Annual  
Renewal up to Age 100



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

4

無索償保費折扣  
No Claim Bonus



- 最高可達15%  
Up to 15%

5

人壽保障  
Life Protection



- 身故保障  
Death Benefit

1

# 終身醫療保障高達\$30,000,000

## Lifetime Medical Protection up to \$30,000,000



優裕醫療保全數賠償因患病或意外受傷而需入院治療前、中及後的實際醫療開支，不設個別項目限額，並提供多項額外津貼、復康治療、延伸保障，以至全球緊急治療保障。計劃的終身保障額高達30,000,000港元 / 澳門元及年度保障額高達10,000,000港元 / 澳門元。

**Prestige MediCare** provides full reimbursement of the actual expenses incurred before, during and after your in-hospital treatment, due to sickness or accident, without any limit on individual benefit items. It also offers rehabilitation support, extended benefits and worldwide emergency treatment. Under the plan, you can enjoy a maximum lifetime limit of HK\$ / MOP30,000,000 and an annual limit of as much as HK\$ / MOP10,000,000.

	全數賠償 <sup>1</sup> Full Reimbursement <sup>1</sup>	額外津貼 Extra Benefits
入院治療前 Pre-Hospitalization	門診治療 <sup>2</sup> Outpatient Treatment <sup>2</sup>	
入院治療中 <sup>3</sup> In-Hospital <sup>3</sup>	<p><b>住院費用 Hospitalization Benefits</b> 入住半私家病房 / 標準私家病房 (按入院的地區而定) Semi-private Room / Standard Private Room (according to the location of hospitalization)</p> <p><b>手術費用 Surgical Benefits</b> 包括外科醫生手術費、麻醉師費及手術室租金 Including the Surgeon's Fee, Anesthetist Fee and Operating Theatre Fee</p> <p><b>指定醫療裝置 Designated Medical Appliances</b> 例如冠狀動脈血管成形術 (通波仔) 的支架、眼內人造晶體及人工韌帶置換或植入 e.g. stents for percutaneous transluminal coronary angioplasty, intraocular lens and prosthetic ligaments for replacement or implantation between bones</p> <p><b>門診手術費用 Outpatient Surgery</b> 於醫院日症房或診所<sup>4</sup>進行承保的門診手術， 例如：白內障切除、腸鏡、胃鏡、內窺鏡清除膀胱結石等 Covering outpatient surgical procedures in the day-case unit of a hospital or in a clinic<sup>4</sup>, e.g. Cataract Removal, Colonoscopy, Gastrosocopy, Removal of stones in bladder by endoscopic means</p> <p><b>深切治療 Intensive Care</b></p> <p><b>私家看護<sup>5</sup> Private Nurse<sup>5</sup></b></p> <p><b>住院陪床<sup>6</sup> Hospital Companion Bed<sup>6</sup></b></p>	<p><b>其他醫療裝置 Other Medical Appliances</b></p> <p><b>在生捐贈者之移植手術費用 Living Donor Expenses for Transplantation Surgery</b></p> <p><b>門診手術現金保障 Outpatient Surgery Cash Benefit</b></p>
入院治療後 Post-Hospitalization	<p>門診治療<sup>7</sup> Outpatient Treatment<sup>7</sup></p> <p>手術後家中看護<sup>8</sup> Post-surgery Home Nursing<sup>8</sup></p>	<p><b>輔助服務<sup>9</sup> Ancillary Services<sup>9</sup></b> 包括物理治療、言語治療、職業治療、脊骨神經治療 Including physiotherapy, speech therapy, occupational therapy, chiropractic services</p> <p><b>中醫治療 Chinese Medicine Practitioner</b></p> <p><b>復康中心及其相關治療 Rehabilitation Centre &amp; Related Treatment</b></p>
延伸保障 Extended Benefits	<p><b>癌症治療 Cancer Treatment</b> 包括化療、電療、標靶治療、荷爾蒙治療、免疫治療及質子重離子療法 Including Chemotherapy, Radiotherapy, Target Therapy, Hormonal Therapy, Immunotherapy and Proton Beam Therapy</p> <p><b>洗腎 Renal Dialysis</b></p> <p><b>妊娠併發症保障<sup>10</sup> Pregnancy Complications Benefit<sup>10</sup></b></p> <p><b>全球緊急門診<sup>11</sup>及牙齒治療<sup>12</sup>保障 Worldwide Emergency Outpatient<sup>11</sup> and Dental Treatment<sup>12</sup> Benefits</b></p>	<p><b>精神疾病治療 Psychiatric Treatment</b></p> <p><b>善終院舍護理服務<sup>13</sup> Hospice Care<sup>13</sup></b></p> <p><b>人類免疫力缺乏病毒 / 愛滋病治療<sup>14</sup> HIV / AIDS Treatment<sup>14</sup></b></p> <p><b>矯形手術保障 Reconstructive Surgery Benefit</b></p>



## 2

## 設每年墊底費 保費更相宜

## Annual Deductible for Lower Premium



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，優裕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
- 100,000港元 / 澳門元

您更可於年滿50、55、60或65歲的保單週年日<sup>15</sup>，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, Prestige 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 100,000

You may change to a lower Annual Deductible before the policy anniversaries on or after your 50<sup>th</sup>, 55<sup>th</sup>, 60<sup>th</sup> or 65<sup>th</sup> birthday<sup>15</sup> 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<sup>16</sup>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 confined in a Hospital due to any designated critical illnesses<sup>16</sup>

## 3

## 保證每年續保至100歲

## Guaranteed Annual Renewal up to Age 100



無論您的健康狀況或索償紀錄如何，優裕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當時醫療費用通脹率、受保人實際年齡及同類保障級別的保費率計算。

Prestige 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 medical inflation, attained age of the Insured and at the premium rate in effect for the same level of benefit at the time of renewal.



## 4

## 無索償保費折扣

### 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，即可獲享無索償保費折扣優惠，優惠金額會按上一保單年的「每年保費」的百分比計算，最高可達15%。

Provided that the policy has been in force for three consecutive policy years and no claims were made under the 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 for the preceding year, up to a maximum of 15%.

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	5%
4	10%
≥5	15%

## 5

## 人壽保障

### Life Protection



若受保人不幸身故，計劃會支付80,000港元 / 澳門元的身故保障。

In the unfortunate event that the Insured passes away, a death benefit of HK\$ / MOP80,000 will be paid.

若因醫院的病房情況而未能安排入住受保級別的病房，可獲得的賠償如下：

If the confinement is not the same as the Covered Room level, the benefit payment will be as follows:

住院病房級別 Ward Type	香港、澳洲或 紐西蘭 HK, Australia or New Zealand	全球 <sup>17</sup> (亞洲除外) Worldwide <sup>17</sup> (excluding Asia)	亞洲 <sup>18</sup> (香港、澳洲及紐西蘭除外) Asia <sup>18</sup> (excluding HK, Australia and New Zealand)
半私家病房級別 (即與他人共用衛生間 / 浴室的單人房間或予二人共用的房間) <b>Semi-private Room</b> (i.e. a single-bed with a shared bath / shower room or a room shared by two people)	全數賠償 <b>Full reimbursement</b>		全數賠償 + 每日1,000港元 / 澳門元現金保障 (適用於入住私家醫院，每個保單年最多60日)
低於半私家病房級別 (例如三人或四人病房等) <b>Lower than Semi-private Room</b> (e.g. 3-bedded or 4-bedded room, etc.)	全數賠償 + 每日1,000港元 / 澳門元現金保障 (適用於入住私家醫院，每個保單年最多60日) <b>Full reimbursement + Cash benefit of HK\$ / MOP1,000 per day</b> (Applicable to private hospitals, max. 60 days per policy year)		<b>Full reimbursement + Cash benefit of HK\$ / MOP1,000 per day</b> (Applicable to private hospitals, max. 60 days per policy year)
標準私家病房級別 (即連浴室的標準單人房) <b>Standard Private Room</b> (i.e. a basic single occupancy room with adjoining bathroom)	賠償 50% <b>50% Reimbursement</b>		全數賠償 <b>Full reimbursement</b>
高於標準私家病房級別 (即較標準私家病房更佳及具備較多設施的房間) <b>Above Standard Private Room</b> (i.e. any room with upgraded amenities and is more superior than a Standard Private Room)	賠償 25% <b>25% Reimbursement</b>		

註：全球<sup>17</sup> (亞洲除外) 的保障只適用於急症或意外，並受相關條款所限。

Note: The benefit coverage for Worldwide<sup>17</sup> (excluding Asia) is only applicable to Emergent Condition or accident and subject to terms and conditions.

## 附註

1. 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。
2. 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。
3. 為有效控制計劃成本，使保費維持於可負擔水平，「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. 本公司保留決定合資格診所的權利。
5. 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，以每個保單年最多60日為限。
6. 以一張額外床位為限。
7. 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。
8. 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，以每個保單年最高60日為限。
9. 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。
10. 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。
11. 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。
12. 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。
13. 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，並以100,000港元 / 澳門元為限。
14. 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，並以800,000港元 / 澳門元為限。

## Notes

1. 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.
2. 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.
3. To keep the plan as economical and affordable as possible, "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. The Company reserves the right to determine the eligibility of a clinic.
5. 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. This benefit is subject to a maximum of 60 days per policy year.
6. Subject to one extra bed.
7. 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.
8. 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. This benefit is subject to a maximum of 60 days per policy year.
9. 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.
10. 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.
11. Applicable if the Insured sustains an Injury due to accident and receives outpatient treatment in the outpatient department of a Hospital within 24 hours.
12. 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.
13. 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 and the maximum amount payable is HK\$ / MOP100,000.
14. 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 and the maximum amount payable is HK\$ / MOP800,000.



15. 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。
16. 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。
17. 適用於受保人於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天內於該事發地點居住不超過60天。「急症」指非預料之內的狀況，而有關的症狀或病徵與其診症或治療不能相距超過二十四小時。
18. 適用的亞洲地區包括：香港、澳門、中國內地、澳洲、紐西蘭、台灣、日本、新加坡、泰國、馬來西亞、印尼、菲律賓、越南、南韓、北韓、印度、孟加拉、不丹、汶萊、柬埔寨、哈薩克、吉爾吉斯、老撾、馬爾代夫、蒙古、緬甸、尼泊爾、巴基斯坦、斯里蘭卡、塔吉克、東帝汶、土庫曼、烏茲別克及阿富汗。
15. Request for reduction of the Annual Deductible must be submitted in writing before the policy anniversary on or immediately following the 50<sup>th</sup>, 55<sup>th</sup>, 60<sup>th</sup> or 65<sup>th</sup> 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.
16. 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.
17. 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 no more than 60 days in the past 365 days from the date of incident. Emergent Condition means an unexpected condition that is acute in nature wherein the initial sign and symptom, and the consultation or treatment for this condition cannot be and are not separated by more than 24 hours.
18. Applicable to territories in Asia, including Hong Kong, Macau, mainland China, Australia, New Zealand, Taiwan, Japan, Singapore, Thailand, Malaysia, Indonesia, the Philippines, Vietnam, South Korea, North Korea, India, Bangladesh, Bhutan, Brunei, Cambodia, Kyrgyzstan, Kazakhstan, Laos, Maldives, Mongolia, Myanmar, Nepal, Pakistan, Sri Lanka, Tajikistan, Timor-Leste, Turkmenistan, Uzbekistan and Afghanistan.

## 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。如在保費到期日起計31天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 / 保障將會終止：

- 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

若任何遞交之索償帶有欺詐成份，萬通保險國際有限公司（「本公司」）有權即時終止本保單，而閣下將須向本公司賠償並償還就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，本公司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，本公司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本公司過去的索償紀錄、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。

## Important Information

### Premium Payment Term and Benefit Term

The premium payment term and the benefit term are up to age 100 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 / benefit 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

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



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.yflife.com/tc/Hong-Kong/Individual/Services/Useful-Information/Historical-Premium-Increase-Rates>



澳門：

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

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



Hong Kong:

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



Macau:

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

### 計劃之持續性

續保情況將根據本公司是否仍然為所有現有保單繼續提供該計劃而定。若本公司決定不再向所有已投保此計劃的保單持有人提供本計劃，本公司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，即使本公司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

本計劃由本公司承保及負責，保單持有人的保單權益會受其信貸風險所影響。

### 地域保障

1. 住院保障、手術保障、住院前及出院後之保障及延伸保障只就以下作出賠償：
  - i. 任何於亞洲之住院、入住註冊善終院舍、進行之手術、醫療程序 / 醫療及 / 或服務；及
  - ii. 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天內於該事發地點居住不超過60天。
2. 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。

### 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受保病房（不論自願與否），本公司會按照以下方式減低該等住院期間的合資格之醫療費用：

- i. 如於香港、澳洲、紐西蘭或亞洲以外任何地方住院而住院的房間級別高於半私家病房但不高於標準私家病房，該等住院期間的合資格之醫療費用將減低至百分之五十；或
- ii. 如住院的房間級別高於標準私家病房，該等住院期間的合資格之醫療費用將減低至百分之二十五。

### Continuity of the Plan

Policy renewal is based on the continuing availability of the plan to all existing policies. If the Company 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 the Company meets all of its contractual obligations.

### Credit Risk

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

### Geographical Restrictions

1. Benefits payable under Hospitalization Benefits, Surgical Benefits, Pre- and Post-Hospitalization Benefits and Extended Benefits are payable only for
  - i. any Confinement, stay in registered hospice, surgery, medical procedures / treatment and / or service which takes place or is performed in Asia; and
  - ii. 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 no more than 60 days in the past 365 days from the date of incident.
2. 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.

### Ward Type

If the insured's confinement is of a class above the covered room level, whether voluntarily or involuntarily, the Company shall reduce the eligible medical expenses during confinement as following:

- i. if the room of class for such confinement is upper than semi-private room but not upper than standard private room in Hong Kong, Australia, New Zealand, or anywhere else out of Asia, the eligible medical expenses incurred during such period of confinement shall be reduced to 50% of the benefit payable; or
- ii. if the room of class for such confinement is upper than standard private room, the eligible medical expenses incurred during such period of confinement shall be reduced to 25% of the benefit payable.

## 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	即時
扁桃腺、增殖腺、疝氣的治療或手術	120日
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

本公司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。

## 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。本公司可參考以下情況 (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；
- 受保障程度或水平；及 / 或
- 其他相關的參考資料。

如本公司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，本公司保留權利調整部份或全部賠償金額。

## 主要不保事項

受保人若在本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。

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：

- 保障生效日期前已存在傷病的情況或已存在傷病復發情況 (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、託管、療養或休養；
- 美容或整形外科手術 (矯形手術保障除外)；牙科護理或手術 (緊急牙齒治療保障除外)；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天)，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)；
- 因懷孕、墮胎、生育或小產、產前及產後護理及其他由上述情況引致的併發症 (妊娠併發症保障除外)；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；

## 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	Immediately
Treatment or surgery for tonsils, adenoids, hernia	120 days
Pregnancy Complications Benefit	300 days
Confinement for Circumcision	2 years (or on the Insured's 12 <sup>th</sup> birthday, whichever is earlier)
HIV/AIDS Treatment Benefit	5 years

## Medically Necessary

The Company 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.

## 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", the Company 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.

The Company reserves the right to adjust any or all benefits payable in relation to any hospital / medical charges which in the opinion of the Company'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.

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

- 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; dental care or surgery (except for Emergency Dental Benefit); refractive errors of the eyes; treatment 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);
- Any condition resulting from pregnancy, abortion, childbirth or miscarriage, pre-natal care as well as post-natal care, and other complications arising therefrom, except for Pregnancy Complications Benefit; congenital deformities or anomalies, 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;



- 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「人類免疫能力缺乏病毒 / 愛滋病治療保障」的情況；
- 受保人在12歲前及保單日期後2年內因接受包皮環切術而住院；
- 傳統中藥，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；
- 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天的治療而維持持續性意識障礙的狀態超過60天；
- 根據政府條例或其他保險計劃而獲得賠償的情況。

#### 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，因本公司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，為其於香港緒發之保單，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](http://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，你可將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。

- 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 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, 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;
- 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;
- Expenses for which compensation is payable under any government law or any other insurance policy.

#### Duty of Disclosure and the Consequences of Not Making Full Disclosure

You are required to disclose in application all information you know or could reasonably be expected to know because the Company 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](http://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.

# 「優裕醫療保」一覽表

## Prestige MediCare – at a glance

(港元HK\$ / 澳門元MOP)

保障 Benefits	保障限額 Benefit Limits
<b>每年保障總額</b> <b>Annual Limit</b>	10,000,000
<b>最高終身保障總額</b> <b>Maximum Lifetime Limit</b>	30,000,000
<b>每年墊底費<sup>15,16</sup></b> <b>Annual Deductible Amount<sup>15,16</sup></b>	0 / 15,000 / 30,000 / 100,000
<b>受保地區及住院病房級別</b> <b>Covered Territory &amp; Ward Type</b>	香港、澳洲或紐西蘭：半私家病房 HK, Australia or New Zealand: Semi-private room  亞洲 <sup>18</sup> （香港、澳洲及紐西蘭除外）：標準私家病房 Asia <sup>18</sup> (excluding HK, Australia and New Zealand) : Standard private room  全球 <sup>17</sup> （亞洲除外）：半私家病房（只適用於急症或意外，並受相關條款所限） Worldwide <sup>17</sup> (excluding Asia): Semi-private room (Only applicable to Emergent Condition or accident and subject to terms and conditions)
<b>入院治療前 Pre-Hospitalization</b>	
<b>住院前門診<sup>2</sup></b> <b>Pre-hospitalization Outpatient<sup>2</sup></b> – 藥物 Medication – 診斷測試 Diagnostic Tests	全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup> (每日1次 1 visit per day)
<b>入院治療中 In-Hospital</b>	
<b>1. 住院保障 Hospitalization Benefits</b>	
<b>住院、膳食及一般護理津貼</b> <b>Room, Board &amp; General Nursing</b>	全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup>
<b>住院醫生費</b> <b>In-Hospital Doctor's Call</b>	
<b>住院專科醫生費</b> <b>In-Hospital Specialist's Consultation</b>	
<b>特別住院費（住院雜費）</b> <b>Hospital Special Services (Miscellaneous Hospital Expenses)</b>	全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup>
<b>深切治療</b> <b>Intensive Care</b>	
<b>住院陪床<sup>6</sup></b> <b>Hospital Companion Bed<sup>6</sup></b>	
<b>私家看護費<sup>5</sup></b> <b>Private Nurse's Fee<sup>5</sup></b>	全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup> (每個保單年最多60日 Max. 60 days per policy year)
<b>住房級別下調現金保障</b> (適用於入住低於受保病房級別的私家醫院房間) <b>Room and Board Downgrade Cash Benefit</b> (Applicable if the room level is lower than the covered room level in a private hospital)	每日1,000 / day (每個保單年最多60日 Max. 60 days per policy year)
<b>政府住院現金保障</b> (適用於入住香港 / 澳門政府醫院大房級別的房間) <b>Government Hospital Cash Benefit</b> (Applicable to confinement in a general ward of a public hospital in Hong Kong / Macau)	



需由註冊醫生書面建議

Recommendation by a registered doctor in writing is required



## 2. 手術保障 Surgical Benefits

外科醫生手術收費 <b>Surgeon's Fee</b>	
麻醉師費 <b>Anaesthetist's Fee</b>	
手術室租金 <b>Operation Theatre Fee</b>	
門診手術 <sup>4</sup> (包括外科醫生手術費、麻醉師費、手術室租金、診症費及藥費) <b>Outpatient Surgery<sup>4</sup></b> (Including Surgeon's Fee, Anaesthetist's Fee, Operating Theatre Fee, Consultation and Medication)	
醫療裝置 <b>Medical Appliances</b> <ul style="list-style-type: none"> <li>- 起搏器 Pace maker</li> <li>- 冠狀動脈血管成形術 (通波仔) 的支架 Stents for percutaneous transluminal coronary angioplasty</li> <li>- 眼內人造晶體 Intraocular lens</li> <li>- 人工心瓣 Artificial cardiac valve</li> <li>- 金屬或人工關節置換 Metallic or artificial joints for joint replacement</li> <li>- 人工韌帶置換或植入 Prosthetic ligaments for replacement or implantation between bones</li> <li>- 人工椎間盤 Prosthetic intervertebral disc</li> </ul>	全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup>
其他醫療裝置 <b>Other Medical Appliances</b>	100,000 (每個保單年最高保障額 Max. limit per policy year)
在生捐贈者之移植手術費用 <b>Living Donor Expenses for Transplantation Surgery</b>	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 (每個保單年最高保障額 Max. limit per policy year)
門診手術現金保障 (當門診手術亦為同一手術作出賠償時適用) <b>Outpatient Surgery Cash Benefit</b> (Applicable when Outpatient Surgery Benefit is payable for the same procedure)	每項手術 1,600 per procedure (每個保單年1次 1 procedure per policy year)

## 入院治療後 Post-Hospitalization

出院後門診 <sup>7</sup> <b>Post-hospitalization Outpatient<sup>7</sup></b> <ul style="list-style-type: none"> <li>- 藥物 Medication</li> <li>- 傷口護理 Wound Care</li> <li>- 診斷測試 Diagnostic Tests</li> </ul>	全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup> (每日1次 1 visit per day)
手術後家中看護 <sup>8</sup> <b>Post-surgery Home Nursing<sup>8</sup></b>	全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup> (每個保單年最多60日 Max. 60 days per policy year)
輔助服務 <sup>9</sup> <b>Ancillary Services<sup>9</sup></b> <ul style="list-style-type: none"> <li>- 物理治療師 / 言語治療師 / 職業治療師 / 脊骨神經治療師 Physiotherapist / Speech Therapist / Occupational Therapist / Chiropractor</li> <li>- 中醫治療 Chinese Medicine Practitioner</li> </ul>	45,000 (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)  每次最高 Max. 1,500 per visit (每個保單年最多30次 Max. 30 visits per policy year)  每次最高 Max. 600 per visit (每個保單年最多15次 Max. 15 visits per policy year)

 需由註冊醫生書面建議  
Recommendation by a registered doctor in writing is required

<b>復康中心及其相關治療</b> <b>Rehabilitation Centre &amp; Related Treatment</b>	<div></div> 50,000 (每個保單年最高保障額，最多60日 Max. limit per policy year / Max. 60 days)
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## **延伸保障 Extended Benefits**

<b>癌症治療保障</b> <b>Cancer Treatment Benefit</b> <ul style="list-style-type: none"> <li>- 化療 Chemotherapy</li> <li>- 電療 Radiotherapy</li> <li>- 標靶治療 Target Therapy</li> <li>- 荷爾蒙治療 Hormonal Therapy</li> <li>- 免疫治療 Immunotherapy</li> <li>- 質子重離子療法 Proton Beam Therapy</li> </ul>	<div></div> 全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup>
<b>洗腎保障</b> <b>Renal Dialysis Benefit</b>	<div></div>
<b>精神疾病治療保障</b> <b>Psychiatric Treatment Benefit</b>	<div></div> 40,000 (每個保單年最多60日 Max. 60 days per policy year)
<b>善終院舍護理服務<sup>13</sup></b> <b>Hospice Care<sup>13</sup></b>	<div></div> 100,000 (個人最高保障額 Max. limit per Life)
<b>人類免疫力缺乏病毒 / 愛滋病治療保障<sup>14</sup></b> <b>HIV / AIDS Treatment Benefit<sup>14</sup></b>	<div></div> 800,000 (個人最高保障額 Max. limit per Life)
<b>矯形手術保障</b> <b>Reconstructive Surgery Benefit</b>	<div></div> 200,000 (每項受保疾病最高保障額 Max. limit per covered illness)
<b>妊娠併發症保障<sup>10</sup></b> <b>Pregnancy Complications Benefit<sup>10</sup></b>	<div></div> 全數賠償 <sup>1</sup> Full reimbursement <sup>1</sup>

需由註冊醫生書面建議  
Recommendation by a registered doctor in writing is required





## 全球緊急治療保障 Worldwide Emergency Treatment Benefit

緊急門診治療保障<sup>11</sup>

Emergency Outpatient Treatment Benefit<sup>11</sup>

全數賠償<sup>1</sup>

Full reimbursement<sup>1</sup>

緊急牙齒治療保障<sup>12</sup>

Emergency Dental Benefit<sup>12</sup>

## 壽險保障 Life Protection

身故保障

Death Benefit

80,000

## 保單資料 Policy Information

保單類別

Plan Type

基本計劃

Basic Plan

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 – 70

保障年期

Benefit Term

至100歲

To Age 100

繳付保費年期

Premium Payment Term

至100歲

To Age 100

有關保費詳情，請瀏覽本公司網頁 [www.yflife.com](http://www.yflife.com)。

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萬通保險國際有限公司  
YF Life Insurance International Ltd.  
www.yflife.com

客戶服務：  
香港尖沙咀廣東道9號港威大廈6座12樓1211室  
澳門蘇亞利斯博士大馬路320號澳門財富中心8樓A座  
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





優裕醫療保  
Prestige MediCare (PMC)

每年保費 (港元 / 澳門元) Annual Premium (HK\$ / MOP)

上次生日年齡 Age at Last Birthday	每年墊底費 Annual Deductible			
	0	15,000	30,000	100,000
0	14,667	8,071	6,331	4,551
1	14,384	7,916	6,209	4,463
2	14,116	7,769	6,093	4,379
3	13,729	7,556	5,927	4,262
4	13,343	7,344	5,759	4,140
5	12,953	7,130	5,593	4,022
6	12,566	6,917	5,426	3,900
7	12,180	6,704	5,258	3,782
8	12,071	6,645	5,213	3,749
9	11,964	6,587	5,165	3,713
10	11,838	6,515	5,109	3,672
11	11,733	6,458	5,063	3,641
12	11,625	6,399	5,017	3,607
13	11,518	6,340	4,971	3,572
14	11,414	6,281	4,926	3,543
15	11,306	6,224	4,878	3,507
16	11,113	6,117	4,797	3,447
17	10,923	6,014	4,713	3,388
18	10,732	5,906	4,633	3,330
19	10,539	5,801	4,550	3,271
20	10,435	5,753	4,515	3,249
21	10,326	5,699	4,481	3,229
22	10,129	5,593	4,398	3,167
23	10,838	5,982	4,704	3,388
24	11,546	6,372	5,011	3,608
25	12,255	6,763	5,317	3,830
26	12,964	7,152	5,622	4,052
27	13,669	7,545	5,930	4,273
28	14,378	7,935	6,241	4,494
29	14,844	8,193	6,442	4,639
30	15,244	8,397	6,594	4,747
31	15,705	8,651	6,795	4,893
32	16,175	8,908	6,999	5,036
33	16,638	9,164	7,198	5,181
34	16,788	9,247	7,262	5,227
35	16,936	9,329	7,328	5,274
36	17,087	9,411	7,392	5,321
37	17,235	9,493	7,457	5,366
38	17,386	9,574	7,521	5,414
39	18,297	10,076	7,915	5,697
40	19,092	10,516	8,256	5,930
41	19,997	11,018	8,647	6,213
42	20,905	11,517	9,039	6,493
43	21,813	12,018	9,430	6,774
44	22,809	12,566	9,860	7,086
45	23,809	13,116	10,293	7,393
46	24,808	13,667	10,723	7,704
47	25,805	14,216	11,155	8,015
48	26,802	14,766	11,588	8,324
49	28,073	15,467	12,136	8,717

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

# 優裕醫療保

## Prestige MediCare (PMC)

每年保費 (港元 / 澳門元) Annual Premium (HK\$ / MOP)

上次生日年齡 Age at Last Birthday	每年墊底費 Annual Deductible			
	0	15,000	30,000	100,000
50	29,617	16,353	12,857	9,257
51	30,899	17,061	13,413	9,660
52	32,181	17,769	13,970	10,060
53	33,462	18,476	14,526	10,458
54	35,419	19,556	15,375	11,072
55	37,375	20,636	16,222	11,685
56	39,332	21,715	17,070	12,294
57	41,287	22,795	17,921	12,908
58	43,244	23,875	18,771	13,517
59	46,473	25,658	20,171	14,526
60	49,409	27,184	21,369	15,379
61	52,618	28,948	22,755	16,379
62	55,827	30,716	24,145	17,378
63	59,040	32,481	25,531	18,376
64	62,804	34,551	27,159	19,550
65	66,609	36,643	28,806	20,731
66	70,373	38,714	30,435	21,902
67	74,175	40,808	32,079	23,089
68	77,942	42,878	33,708	24,260
69	80,667	44,378	34,886	25,108
70	83,202	45,731	35,824	25,785
71*	85,935	47,236	36,999	26,633
72*	88,657	48,729	38,172	27,476
73*	91,338	50,202	39,327	28,308
74*	94,526	51,956	40,697	29,294
75*	97,701	53,700	42,062	30,276
76*	100,877	55,446	43,432	31,261
77*	104,062	57,199	44,805	32,250
78*	107,239	58,943	46,172	33,234
79*	110,994	61,007	47,789	34,397
80*	112,163	61,651	48,293	34,759
81*	115,840	63,671	49,873	35,899
82*	119,475	65,668	51,439	37,024
83*	123,099	67,660	52,998	38,147
84*	127,420	70,036	54,860	39,485
85*	131,700	72,387	56,703	40,813
86*	135,984	74,742	58,548	42,143
87*	140,265	77,095	60,389	43,467
88*	144,547	79,447	62,232	44,794
89*	149,589	82,218	64,404	46,354
90*	151,820	83,448	65,367	47,049
91*	156,747	86,150	67,484	48,573
92*	161,697	88,873	69,618	50,108
93*	166,649	91,594	71,749	51,644
94*	171,051	94,012	73,645	53,007
95*	175,453	96,436	75,539	54,373
96*	179,846	98,849	77,432	55,732
97*	184,287	101,289	79,342	57,109
98*	188,688	103,710	81,239	58,474
99*	188,688	103,710	81,239	58,474

\* 只適用於續保 For Renewal Only

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