

# Chubb VHIS - Standard Plan

(VHIS Certification No.: S00015-01-000-01)

A government-certified medical reimbursement plan that provides essential cover, with guaranteed renewal and tax deduction

**CHUBB®**  
安達人壽



## **Why do you need an individual medical plan?**

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No matter how wealthy you are, wealth is nothing without health. However, disability (such as in the event of sickness, disease and injury) can strike anytime without warning, and unexpected medical expenses can pose a great threat to your finances.

Medical insurance is important because if disability does occur, your cover can help you focus on recovery, with medical bills being the least to worry.

Increasingly more employers are providing group medical insurance for their employees, but many such plans offer only limited protection. Worse still, their benefits are often not portable - employees will lose the cover when they change job or retire.

An individual medical plan, however, can be your safety net which provides you financial assistance during recovery.

## **What is a VHIS-certified plan?**

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The Voluntary Health Insurance Scheme (“VHIS”) is a policy initiative by the Hong Kong Government to regulate indemnity hospital insurance plans offered to individuals while insurance companies and consumers can choose to participate. A VHIS-certified plan provides an additional option to consumers of using private healthcare services through individual indemnity hospital insurance plan. Policy holders of VHIS-certified plans can also enjoy tax deduction.

# Chubb VHIS - Standard Plan

Having the right cover makes all the difference if disability strikes. Chubb VHIS - Standard Plan is an essential government-certified medical plan with well-defined benefit terms covering expenses incurred for medically necessary care and services arising from disability, assuring peace of mind financially in times of need.

Details of the protection provided by Chubb VHIS - Standard Plan, including the full list of benefit terms and benefit schedule, are listed out in the corresponding sections below in this product brochure. Please also refer to the terms and conditions with supplement(s) of this product for other details such as the definition of the various benefit items.

## How Chubb VHIS - Standard Plan can help

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**Cover for hospital confinement and day case procedures**



**Cover for prescribed diagnostic imaging tests and prescribed non-surgical cancer treatments**



**Cover for unknown pre-existing conditions and congenital conditions**



**Cover for psychiatric treatments**



**No lifetime benefit limit**



**Guaranteed renewal up to age 100**



## Cover for hospital confinement and day case procedures

Chubb VHIS - Standard Plan provides comprehensive cover of expenses incurred by the following care and services arising from disability, including not just those provided during hospital confinement but also procedures performed on a day-case basis:

Benefit item	Hospital confinement	Day case procedures
Room and board	✓	✓
Miscellaneous charges	✓	✓
Attending doctor's visit fee	✓	
Specialist's fee	✓	
Intensive care	✓	
Surgeon's fee	✓	✓
Anaesthetist's fee	✓	✓
Operating theatre charges	✓	✓
Prescribed diagnostic imaging tests (e.g. Computed tomography ("CT" scan))	✓	✓
Prescribed non-surgical cancer treatments	✓	✓
Psychiatric treatments	✓	



## Cover for prescribed diagnostic imaging tests and prescribed non-surgical cancer treatments

In addition to providing essential medical coverage, Chubb VHIS - Standard Plan covers the following prescribed diagnostic imaging tests and prescribed non-surgical cancer treatments to help reduce your financial burden in times of need:

Prescribed diagnostic imaging tests (Policy holder is liable for 30% of the medical expenses incurred)	
• Computed tomography ("CT" scan)	• PET-CT combined
• Magnetic resonance imaging ("MRI" scan)	• PET-MRI combined
• Positron emission tomography ("PET" scan)	

Prescribed non-surgical cancer treatments	
• Chemotherapy	• Immunotherapy
• Radiotherapy	• Hormonal therapy
• Targeted therapy	



## Cover for unknown pre-existing conditions and congenital conditions

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Unknown pre-existing conditions and congenital conditions are usually excluded from medical insurance coverage. But Chubb VHIS - Standard Plan provides protection for:

- Unknown pre-existing conditions that neither the policy holder nor the insured person were aware of at policy application; and
- Congenital conditions, that neither the policy holder nor the insured person were aware of at policy application, manifested or diagnosed after the insured person attained age 8

with a partial incremental cover during a 3-year waiting period and full cover according to the benefit schedule from the 4th policy year onwards:

Policy year	Reimbursement arrangement
1st	No coverage
2nd	25%
3rd	50%
4th onwards	100%



## Cover for psychiatric treatments

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Mental health is just as important as a person's physical condition when it comes to general well-being, so Chubb VHIS - Standard Plan will reimburse expenses from psychiatric treatments during a hospital stay in Hong Kong.



## No lifetime benefit limit

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Chubb VHIS - Standard Plan imposes no lifetime benefit limit. In other words, the insured person has access to the care and services covered by Chubb VHIS - Standard Plan without needing to worry about the total cover over the entire policy term (i.e. up to age 100 of the insured person).



## Guaranteed renewal up to age 100

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Chubb VHIS - Standard Plan offers guaranteed renewal up to age 100 of the insured person without re-underwriting, regardless of the insured person's health status and claims history.

## Other good reasons for buying Chubb VHIS - Standard Plan



- **Pre-hospitalisation Claim Assessment**

The Chubb VHIS - Standard Plan facilitates an easier approach to financial planning, thanks to the clearly-defined benefit items and no sharing of costs (except for prescribed diagnostic imaging tests). In the case of non-emergency surgical procedures, a policy holder simply needs to contact our customer service in order to undergo a pre-confinement claim assessment. The process has been designed to estimate the sum claimable and explore whether any out-of-pocket expenses are likely to be incurred prior to surgery.



- **Tax Deduction**

A policy holder can claim tax deduction amounting to as much as HK\$8,000 per insured person against premiums paid. And purchasing the plan for family members\* produces even bigger savings, with no limit placed on the number of policies that can be taken out.

\*Include spouse, children, siblings, parents and grandparents

(Please note qualification for tax deduction in respect of premiums paid into a VHIS-certified plan is subject to the requirements stipulated by the Hong Kong Inland Revenue Department.)

## Benefit Schedule

For item(s) that are subject to coinsurance, it refers to a percentage of incurred expenses payable by you. Upon claims for such item(s), we will apply the coinsurance percentage to the incurred expenses to calculate the amount to be borne by you, and then reimburse the balance to you subject to the benefit limit set out in the benefit schedule.

Benefit items <sup>(1)</sup>	Benefit limit (in HK\$)								
<b>(a) Room and board</b>	\$ 750 per day Maximum 180 days per policy year								
<b>(b) Miscellaneous charges</b>	\$ 14,000 per policy year								
<b>(c) Attending doctor's visit fee</b>	\$ 750 per day Maximum 180 days per policy year								
<b>(d) Specialist's fee <sup>(2)</sup></b>	\$ 4,300 per policy year								
<b>(e) Intensive care</b>	\$ 3,500 per day Maximum 25 days per policy year								
<b>(f) Surgeon's fee</b>	Per surgery, subject to surgical category for the surgery / procedure in the schedule of surgical procedures - <table border="1" data-bbox="523 884 1374 1041"> <thead> <tr> <th>Complex</th> <th>Major</th> <th>Intermediate</th> <th>Minor</th> </tr> </thead> <tbody> <tr> <td>\$ 50,000</td> <td>\$ 25,000</td> <td>\$ 12,500</td> <td>\$ 5,000</td> </tr> </tbody> </table>	Complex	Major	Intermediate	Minor	\$ 50,000	\$ 25,000	\$ 12,500	\$ 5,000
Complex	Major	Intermediate	Minor						
\$ 50,000	\$ 25,000	\$ 12,500	\$ 5,000						
<b>(g) Anaesthetist's fee</b>	35% of surgeon's fee payable <sup>(5)</sup>								
<b>(h) Operating theatre charges</b>	35% of surgeon's fee payable <sup>(5)</sup>								
<b>(i) Prescribed diagnostic imaging tests <sup>(2) (3)</sup></b>	\$ 20,000 per policy year Subject to 30% coinsurance								
<b>(j) Prescribed non-surgical cancer treatments <sup>(4)</sup></b>	\$ 80,000 per policy year								
<b>(k) Pre- and post-confinement / day case procedure outpatient care <sup>(2)</sup></b>	\$ 580 per visit, up to \$ 3,000 per policy year <ul style="list-style-type: none"> <li>• 1 prior outpatient visit or emergency consultation per confinement / day case procedure</li> <li>• 3 follow-up outpatient visits per confinement / day case procedure (within 90 days after discharge from hospital or completion of day case procedure)</li> </ul>								
<b>(l) Psychiatric treatments</b>	\$ 30,000 per policy year								
<b>Other limits</b>									
<b>Annual benefit limit for benefit items (a) - (l)</b>	\$ 420,000 per policy year								
<b>Lifetime benefit limit for benefit items (a) - (l)</b>	Nil								
<b>Other benefits</b>									
<b>Death benefit</b>	\$ 10,000								

Notes :

1. Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
2. The Company 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.
3. 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.
4. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
5. 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.

## Case: Free yourself from financial worries during recovery

Keith, aged 38, is a self-employed photographer. He realises an individual medical plan is crucially important to him, so he signs up to the Chubb VHIS - Standard Plan.

### What happens to Keith

One day, he spots red blood in a stool and suffers acute anal pain. He rushes to the doctor, and he is diagnosed with a burst external haemorrhoid which requires an immediate haemorrhoidectomy.

An ultrasound scan also suspects the presence of colonic polyps. Keith's family has a history of colorectal cancer, so he is advised to undergo colonoscopy and polypectomy (if necessary) while he is in hospital. Polyps are found and sent for pathological analysis and confirmed to be benign.

Keith stays in hospital for a total of 3 days and makes 2 follow-up outpatient visits.

### Keith's medical bill (HK\$)

Please refer to the chart below for the calculation of total medical expenses incurred and the claimable amount by each benefit item under the policy:

	Care and services received	Total expenses incurred	Expenses covered by Chubb Life	Expenses paid by Keith
Pre-confinement	Ultrasound scan	\$ 800	\$ 580	\$ 220
Confinement and surgery	Room and board	\$ 850 x 3 days = \$ 2,550	\$ 750 x 3 days = \$ 2,250	\$ 300
	Miscellaneous expenses	\$ 6,000	\$ 6,000	
	Attending doctor's visit fee	\$ 1,000 x 3 days = \$ 3,000	\$ 750 x 3 days = \$ 2,250	\$ 750
	Surgeon's fee - haemorrhoidectomy (intermediate)	\$ 18,000	\$ 12,500	\$ 5,500
	Surgeon's fee - colonoscopy with polypectomy (minor)	\$ 6,000	\$ 5,000	\$ 1,000
	Anaesthetist's fee	\$ 8,500	\$ (12,500 + 5,000) x 35% = \$ 6,125	\$ 2,375
	Operating theatre charges	\$ 4,500	\$ 4,500	
Post-confinement	Follow-up outpatient visits	\$ 1,500 x 2 = \$ 3,000	\$ 580 x 2 = \$ 1,160	\$ 1,840
		\$ 52,350	\$ 40,365 (approx <b>77%</b> of total expenses)	\$ 11,985 (approx <b>23%</b> of total expenses)

### Looking for more protection with higher benefit limits?

Our Chubb VHIS - Flexi Plan offers higher benefit limits while expanding the list of benefit items to provide enhanced cover and more flexibility to suit your needs. Please refer to relevant product brochure for more details.

### Tax deduction

For each tax assessment year, Keith can claim tax deduction for up to HK\$ 8,000 premium paid to his Chubb VHIS - Standard Plan policy.

## More about Chubb VHIS - Standard Plan

Basic Information	
<b>Product Type</b>	Basic plan
<b>Policy Term and Premium Payment Term</b>	Up to age 100 of the insured person
<b>Renewability</b>	<p>Chubb VHIS - Standard Plan offers guaranteed renewal up to age 100 of the insured person without re-underwriting, regardless of the insured person's health status and claims history, provided that:</p> <ol style="list-style-type: none"> <li>i. the Company continues to have the requisite authorisation under the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) to write or continue to write Chubb VHIS - Standard Plan;</li> <li>ii. the Company continues to maintain its registration with the Hong Kong Government as a VHIS provider; and</li> <li>iii. you continue to pay the premium.</li> </ol> <p>We reserve the right to revise the premium rates, benefit schedule and terms and conditions at the time of such renewal by giving you a notice not less than 30 days prior to the renewal date. The benefit schedule and terms and conditions shall be renewed no less favourable than the minimum requirements which are from time to time published and subject to regular review by the Hong Kong Government (<a href="https://www.vhis.gov.hk/doc/en/information_centre/e_standard_plan_template.pdf">https://www.vhis.gov.hk/doc/en/information_centre/e_standard_plan_template.pdf</a>).</p>
<b>Issue Age of the Insured Person</b>	Age 0 (15 days) - 80
<b>Premium Payment Mode</b>	Monthly / quarterly / semi-annual / annual
<b>Premium Structure</b>	<p>Premium will be adjusted every year based on the premium rate (which generally will increase as the age of the insured person increases) applicable to the insured person at that time.</p> <p>Note: Premium rates are not guaranteed. You should refer to the benefit illustration for the premium calculated based on the current scale of premium rates. Please also refer to the "Key Product Risks - Premium Adjustment" under the "Important Information" section in this product brochure for premium rate adjustment factors. The Company reserves the right to review and adjust the premium rates from time to time upon prior written notice to the policy holders.</p>
<b>Currency</b>	HK Dollar (HK\$)
<b>Geographical Coverage</b>	Worldwide (except for psychiatric treatment which is applicable to hospitals in Hong Kong only)

Remarks:

1. We will deduct any unpaid premiums before making any benefit payment under Chubb VHIS - Standard Plan.
2. In this product brochure, "age" refers to the attained age of the insured person, except for premium of Chubb VHIS - Standard Plan where "age" refers to age at the nearest birthday.
3. For the case in this product brochure,
  - (a) It is fictional and is for illustrative purposes and reference only. Any relation to or reference to any actual person, party or event is purely coincidental. The nature of the case herein (if any) should not be interpreted as any comment on, or confirmation or extension of, insurance coverage for any past, present or future case. Furthermore, this case should not be relied upon to predict the outcome of any actual case as all cases are evaluated on their own individual merits and subject to the actual terms and conditions of the relevant policy. It is important to note that each actual case is unique.
  - (b) Figures listed take reference to market information on medical expenses as of 20 March 2019.
  - (c) The case involves some assumptions, including the following:
    - The requirements of a claim to be successful are fulfilled, including the definition of the respective covered benefit items; and
    - The annual benefit limit of HK\$ 420,000 of Keith's policy has not been reached even after the benefits to his claim have become payable.

# Important Information

**This product brochure is for general reference only and is not part of the policy. It provides an overview of the key features of this product and should be read along with other materials which cover additional information about this product. Such materials include but not limited to (i) terms and conditions with supplement(s), benefit schedule and premium schedule (which are all available on our company website); and (ii) benefit illustrations (if any), policy documents and other relevant marketing materials (which are all available upon request). You might also consider seeking independent professional advice if needed.**

Chubb VHIS - Standard Plan is designed for individuals looking for long-term financial planning to meet their needs for financial protection against adversities and preparation for health care needs.

## **Key Product Risks**

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The following information helps you better understand the key product risks associated with this product that you may need to pay attention before application.

- **Premium Payment Term**  
You should only apply for this product if you intend to pay the premium for the whole of the premium payment term. Should you cease paying premiums early, your policy may be terminated. You will lose your insurance coverage and even the premiums paid as a result.
- **Premium Adjustment**  
The Company reserves the right to review and adjust the premium rates of this product based on our expectation and experience of a series of factors including but not limited to investment returns, claims, policy surrenders and expenses.

The Company will give prior written notice of any adjustment in premium rates.

- **Credit Risk**  
This product is issued and underwritten by the Company. Your policy is therefore subject to the credit risk of the Company. If the Company is unable to satisfy the financial obligation of the policy, you may lose your insurance coverage and the premiums paid.
- **Inflation Risk**  
Please note that the medical costs in the future are likely to be higher than they are today due to inflation. Hence, the benefit amounts and the premium rates of this product may be adjusted in the future to reflect the inflation.

## **Termination**

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Chubb VHIS - Standard Plan and its coverage will be terminated automatically on the occurrence of the earliest of the following:

- Non-payment of premiums after the grace period;
- The date immediately following the death of the insured person;
- The Company has ceased to have the requisite authorisation under the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) to write or continue to write Chubb VHIS - Standard Plan; or
- With your 30 days' prior written notice to cancel your policy.

You may cancel the policy by submitting the form prescribed by us. You may contact your licensed insurance intermediary or contact our Customer Service Center at +852 2894 9833 to get a copy of the form.

## Key Exclusions

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- Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary.
  - 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.
  - 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 policy application, including any updates of and changes to such requisite information such disability shall be generally excluded from any coverage of the terms and benefits of the policy 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 shall not apply where HIV and its related disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of the terms and benefits of the policy shall apply.
- 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).
  - 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.
  - 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, immunisation or health supplements. For the avoidance of doubt, this exclusion 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.
  - 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.
  - 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.
  - 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.

- 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.
- 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.
- 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.
- Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
- 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.

### **Medically Necessary and Reasonable and Customary**

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The Company will only reimburse expenses which are medically necessary and reasonable and customary.

“Medically necessary” shall mean 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 -

- require the expertise of, or be referred by, a registered medical practitioner;
- be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- 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;
- 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
- 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.

“Reasonable and customary” shall mean, in relation 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 the Company 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, the Company shall make reference to the followings (if applicable) -

- treatment or service fee statistics and surveys in the insurance or medical industry;
- internal or industry claim statistics;
- gazette published by the Hong Kong Government; and/or
- other pertinent source of reference in the locality where the treatments, services or supplies are provided.

### **Claims**

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All claims incurred shall be submitted to the Company within 90 days after the date on which the insured person is discharged from the hospital, or the date on which the relevant medical service is performed and completed if there is no confinement. For this purpose, the following should be submitted to the Company:

- a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service; and

b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by the us for processing of such claim.

The policy holder shall notify us if claims cannot be submitted within the above timeframe, otherwise we shall have the right to reject claims submitted after the above timeframe. The policy holder shall at his/her own expenses provide all certificates, information and evidence that are reasonably required by the Company and which can be reasonably provided by the policy holder. The Company shall bear all expenses incurred in obtaining further certificates, information and evidence for the purposes of verification of the claim after the policy holder has submitted all required information pursuant to (a) and (b) above.

You may contact your licensed insurance intermediary or contact our Customer Service Center at +852 2894 9833 to get a copy of the claim form, or you can download it from our Company website at [life.chubb.com/hk](http://life.chubb.com/hk).

### **Disclosure**

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If the policy holder or the insured person fails to make the relevant disclosures in relation to the application of Chubb VHIS - Standard Plan and such failure has materially affected the underwriting decision of the Company, the Company shall have the right to adjust the premiums of the policy or void the policy and demand a refund of the benefits previously paid. In the event that the Company void the policy as a result of fraud, the Company shall have the right not to refund the premium received.

### **Cooling-off Period**

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If you are not satisfied with your policy, you have the right to cancel it by submitting a signed notice and return the policy document (if any) to Chubb Life Insurance Company Ltd. at 33/F Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong within a period of 21 calendar days immediately following either the day of delivery of the policy or a notice

informing you or your nominated representative about the availability of the policy and the expiry date of the cooling-off period, whichever is earlier. If the last day of the 21-calendar day period is not a working day, the cooling-off period shall include the next working day.

### **Collection of Premium Levy by Insurance Authority**

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The Insurance Authority started collecting levy on insurance premiums from policyowners for policies issued in Hong Kong since January 1, 2018. For details of the levy and its collection arrangement, please visit our Company website at [life.chubb.com/hk](http://life.chubb.com/hk) or contact our Customer Service Center at +852 2894 9833. In the event that we refund your premiums, whether in full or in part, e.g. upon cancellation of your policy during the cooling-off period, the proportionate levy paid by you will also be refunded accordingly.

安達自願醫保（標準）計劃 — 標準保費表 (HK\$)

Chubb VHIS - Standard Plan Standard Premium Schedule (HK\$)



年齡 Age*	男性 Male	女性 Female	年齡 Age*	男性 Male	女性 Female
0	2,900	2,217	57	6,051	6,135
1-5	2,479	1,998	58	6,319	6,338
6-15	1,916	1,674	59	6,526	6,528
16	1,839	1,757	60	6,746	6,724
17	1,884	1,828	61	7,049	6,781
18	1,922	1,906	62	7,272	6,986
19	1,945	1,970	63	7,522	7,203
20	1,975	2,055	64	7,813	7,421
21	1,998	2,126	65	8,103	7,626
22	2,029	2,219	66	8,407	7,863
23	2,051	2,304	67	8,717	8,106
24	2,089	2,396	68	9,048	8,356
25	2,127	2,481	69	9,460	8,811
26	2,180	2,581	70	9,899	9,291
27	2,211	2,666	71	10,338	9,977
28	2,241	2,765	72	10,817	10,354
29	2,302	2,865	73	11,310	10,905
30	2,347	2,964	74	11,729	11,379
31	2,400	3,033	75	12,168	11,879
32	2,446	3,101	76	12,634	12,391
33	2,499	3,205	77	13,093	12,916
34	2,575	3,303	78	13,579	13,473
35	2,610	3,386	79	14,038	13,999
36	2,644	3,491	80	14,484	14,511
37	2,679	3,581	81^	14,943	15,017
38	2,714	3,625	82^	15,396	15,536
39	2,749	3,670	83^	15,841	16,048
40	2,783	3,714	84^	16,274	16,535
41	2,904	3,838	85^	16,719	17,028
42	3,031	3,956	86^	17,172	17,547
43	3,178	4,087	87^	17,638	18,066
44	3,331	4,198	88^	18,124	18,610
45	3,492	4,336	89^	18,542	19,097
46	3,666	4,467	90^	18,995	19,596
47	3,833	4,604	91^	19,434	20,115
48	4,026	4,742	92^	19,913	20,634
49	4,214	4,866	93^	20,386	21,185
50	4,427	4,984	94^	20,818	21,671
51	4,641	5,121	95^	21,264	22,171
52	4,875	5,252	96^	21,716	22,677
53	5,116	5,389	97^	22,182	23,208
54	5,330	5,559	98^	22,655	23,740
55	5,570	5,749	99^	23,121	24,284
56	5,804	5,939	100^	23,587	24,829

\* 最接近生日之年齡 Age nearest birthday

^ 只供續保 For renewal only

生效日期：2019 年 4 月 1 日

Effective Date: 1 April 2019

備註：1. 保費率並非保證及會每年隨著受保人年齡增長而調整。本公司保留權利不時檢討保費率並在事先以書面通知保單持有人的情況下作出調整。2. 本標準保費表不包括保險業監管局所徵收的任何保費徵費。3. 以上所列保費為年繳保費。不同保費繳費方式的每期保費之保費繳交因素為：年繳 = 1.0000；半年繳 = 0.5125；季繳 = 0.2594；月繳 = 0.0872。保費繳費方式的計算方法為年繳保費乘以保費繳交因素，並調整至小數點後兩位。

Note: 1. Premium rates are not guaranteed and will adjust with the Insured Person's age. The Company reserves the right to review and adjust the premium rates from time to time upon prior written notice to Policy Holders. 2. This Standard Premium Schedule does not include any levy charged by Insurance Authority. 3. The above premium is shown in annual modal premium. The modal factor for each payment of different modal premium payment is: Annual = 1.0000 ; Semi-annual = 0.5125 ; Quarterly = 0.2594 ; Monthly = 0.0872. Modal premium is calculated by multiplying annual modal premium by modal factor and round to nearest 2 decimal places.

## Contact Us

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