Chubb VHIS - Standard Plan

(VHIS Certification No.: S00044-01-000-03)

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?

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?

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

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

The “Company”, “we”, “our”, or “us” herein refers to Chubb Life Insurance Hong Kong Limited.

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

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

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

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

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 [1]	Benefit limit (in HK$)
(a) Room and board	$ 750 per day Maximum 180 days per policy year
(b) Miscellaneous charges	$ 14,000 per policy year
(c) Attending doctor's visit fee	$ 750 per day Maximum 180 days per policy year
(d) Specialist's fee [2]	$ 4,300 per policy year
(e) Intensive care	$ 3,500 per day Maximum 25 days per policy year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery / procedure in the schedule of surgical procedures - Complex: $ 50,000 Major: $ 25,000 Intermediate: $ 12,500 Minor: $ 5,000
(g) Anaesthetist's fee	35% of surgeon's fee payable [5]
(h) Operating theatre charges	35% of surgeon's fee payable [5]
(i) Prescribed diagnostic imaging tests [2] [3]	$ 20,000 per policy year Subject to 30% coinsurance
(j) Prescribed non-surgical cancer treatments [4]	$ 80,000 per policy year
(k) Pre- and post-confinement / day case procedure outpatient care [2]	$ 580 per visit, up to $ 3,000 per policy year • 1 prior outpatient visit or emergency consultation per confinement / day case procedure • 3 follow-up outpatient visits per confinement / day case procedure (within 90 days after discharge from hospital or completion of day case procedure)
(l) Psychiatric treatments	$ 30,000 per policy year
Other limits	
Annual benefit limit for benefit items (a) - (l)	$ 420,000 per policy year
Lifetime benefit limit for benefit items (a) - (l)	Nil
Other benefits	
Death benefit	$ 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 - colonscopy 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 77% of total expenses)	$ 11,985 (approx 23% 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	
Product Type	Basic plan
Policy Term and Premium Payment Term	Up to age 100 of the insured person
Renewability	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: 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; ii. the Company continues to maintain its registration with the Hong Kong Government as a VHIS provider; and iii. you continue to pay the premium. 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 (https://www.vhis.gov.hk/doc/en/information_centre/e_standard_plan_template.pdf).
Issue Age of the Insured Person	Attained age 0 (15 days) - 80
Premium Payment Mode	Monthly / quarterly / semi-annual / annual
Premium Structure	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. 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.
Currency	HK Dollar (HK$)
Geographical Coverage	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

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

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

- 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, hydropathy, 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

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

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.

Disclosure

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

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 Hong Kong Limited. at 35/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

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

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（只適用於保單生效時年齡介乎 0 至 81 歲之受保人 For Insured Persons from Age 0 to 81 years at Policy commencement）

	年繳 Annual	
年齡 Age*	男性 Male	女性 Female
0	4,355	3,329
1 - 5	3,722	2,999
6 - 15	2,877	2,512
16	2,761	2,636
17	2,827	2,743
18	2,885	2,861
19	2,921	2,957
20	2,965	3,085
21	2,999	3,192
22	3,046	3,331
23	3,080	3,460
24	3,137	3,597
25	3,193	3,726
26	3,274	3,875
27	3,318	4,004
28	3,364	4,151
29	3,456	4,302
30	3,523	4,451
31	3,604	4,555
32	3,673	4,656
33	3,751	4,812
34	3,867	4,961
35	3,919	5,084
36	3,969	5,242
37	4,022	5,378
38	4,075	5,445
39	4,127	5,511
40	4,179	5,577
41	4,360	5,764
42	4,551	5,940
43	4,772	6,137
44	5,002	6,304
45	5,244	6,511
46	5,506	6,709
47	5,756	6,914
48	6,046	7,121
49	6,329	7,309
50	6,649	7,485
51	6,970	7,691
52	7,323	7,889
53	7,685	8,094
54	8,005	8,349
55	8,366	8,634
56	8,718	8,921

	年繳 Annual	
年齡 Age*	男性 Male	女性 Female
57	9,088	9,214
58	9,490	9,520
59	9,802	9,806
60	10,132	10,098
61	10,586	10,184
62	10,922	10,492
63	11,297	10,820
64	11,736	11,146
65	12,172	11,455
66	12,628	11,811
67	13,095	12,176
68	13,590	12,551
69	14,209	13,235
70	14,869	13,956
71	15,529	14,987
72	16,248	15,553
73	16,988	16,381
74	17,619	17,093
75	18,279	17,844
76	18,978	18,613
77	19,668	19,401
78	20,398	20,238
79	21,087	21,028
80	21,758	21,797
81	22,448	22,558
82^	23,127	23,338
83^	23,796	24,107
84^	24,446	24,838
85^	25,116	25,580
86^	25,795	26,359
87^	26,496	27,138
88^	27,225	27,955
89^	27,855	28,686
90^	28,534	29,437
91^	29,195	30,217
92^	29,914	30,995
93^	30,624	31,825
94^	31,273	32,555
95^	31,944	33,306
96^	32,623	34,067
97^	33,322	34,864
98^	34,033	35,663
99^	34,733	36,480
100^	35,432	37,300

* 最接近生日之年齡 Age nearest birthday

^ 只供續保 For renewal only

生效日期：2026 年 10 月 1 日

Effective Date: 1 October 2026

備註：1. 此標準保費表並未包括由保險業監管局徵收的保費徵費。請瀏覽 https://www.ia.org.hk/tc/infocenter/faqs/faqs_levy.html 了解詳情。2. 所需支付保費將於每次續保時根據受保人的年齡按當時生效的標準保費表調整。3. 本公司在有需要時會向所有同一類別保單調整標準保價表。以上列出的標準保費並不能視為實際未來所需支付的標準保費。本公司會在每個保單年度終結前以書面形式通知保單持有人來年實際所需支付的保費（包括附加保費（如適用））及保費徵費。4. 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。

Remarks: 1. This Standard Premium schedule does not include levy which is collected by the Insurance Authority. Please visit https://www.ia.org.hk/en/infocenter/faqs/faqs_levy.html for details. 2. The actual premiums payable will be adjusted at each Renewal based on the age of the Insured Person according to the prevailing Standard Premium schedule. 3.The Company may adjust the Standard Premium schedule on a Portfolio basis if necessary. The listed Standard Premiums above are not indicative of the future Standard Premiums. The Company will send out a written notice to the Policy Holders before each end of Policy Year regarding the actual premiums payable (including Premium Loading, if applicable) and levy of the coming year. 4. 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.

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