

人壽保險－醫療保障

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滙豐自願醫保進階計劃

HSBC Voluntary Health Insurance One Plan

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简体



滙豐保險
HSBC Life

滙豐人壽保險（國際）有限公司（註冊成立於百慕達之有限公司）

HSBC Life (International) Limited (Incorporated in Bermuda with limited liability)

明智保障之選 滿足您的需要

人生變幻莫測，豈能盡如人意。優質醫療服務價格日益高漲，公共醫療體系不勝負荷，為您與摯愛安排醫療保障，防患未然，方為上策。滙豐自願醫保進階計劃（「滙豐進階醫保」、「進階計劃」、「本計劃」、「您的保單」）提供實惠及必要的醫療保障，涵蓋私營機構的醫療費用，從第\$1醫療開支¹為您提供即時保障。

產品特點概覽



這是在自願醫保計劃框架下，由政府認可的個人償款住院保險產品。

註冊自願醫保產品的提供者	滙豐人壽保險（國際）有限公司（「滙豐保險」、「本公司」、「我們」）
認可產品類別	靈活計劃
認可產品名稱	滙豐自願醫保進階計劃
合資格的稅務扣減金額	納稅人本人或其配偶為保單持有人，可就每課稅年度繳付的合資格保費作稅務扣減，每名受保人每年上限為港幣8,000元

本產品冊子僅提供基本資料，並不構成保險合約的部分。有關條款、細則及不保事項的詳情，請參閱本計劃的保單條款（「條款及保障」）。

計劃特點

多重支援助您面對醫療路上的難關



保障未知的已有病症而不設等候期³

我們會從保單生效日起為您提供即時保障，讓您毋須擔心突如其來的住院費用－

- 本計劃提供**即時醫療保障**，涵蓋**未知的已有病症³**的醫療開支。



為癌症治療提供廣泛保障

本計劃提供廣泛的住院保障，確保您可接受合適保護－

- 若您不幸確診癌症，本計劃將支付**手術或非手術癌症治療**的開支。



涵蓋指定重建手術以提升您的生活質素

我們希望您能得到最佳的治療，助您恢復健康和提升生活質素－

- 若受保人因意外受傷而導致身體部位受損或存在缺陷，或患上乳癌而需接受手術治療，本計劃將支付**指定重建手術**的多項費用。
- 與重建手術相關的合資格開支包括病房及膳食費用、雜項費用、主診醫生的診金、深切治療、外科醫生費、麻醉科醫生費、手術室費及醫生開立的診斷影像檢查費用。



周全保障涵蓋門診服務

我們全程照料您住院前後的康復之旅－

- 本計劃將支付**入院前和出院後的門診及／或急症治療**的多項費用，包括但不限於諮詢、處方藥物、敷料、物理治療、職業治療或言語治療。



多元醫療支援

門診洗腎和意外急症門診治療等其他保障為您提供堅實後盾，助您重拾健康。

計劃特點

時刻守護您與摯愛



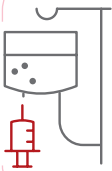
從「第\$1醫療開支」¹開始賠償

於保單條款及保障表所列限額的規限下，當您有住院需要時，本計劃會為您從第\$1醫療開支¹開始支付住院費用，不設墊底費用，讓您擺脫不必要的經濟憂慮。



環球保障不設病房級別限制

無論您身在何地，本計劃都能滿足您各種醫療需要，讓您可於任何病房級別或全球任何地點接受治療。我們致力為您提供可靠的醫療保障，讓您隨心而行，無憂享受人生每個精彩時刻。



續保承諾為您提供持續保障

我們承諾守護您的健康，保證續保至100歲²。



更強大的醫療後盾

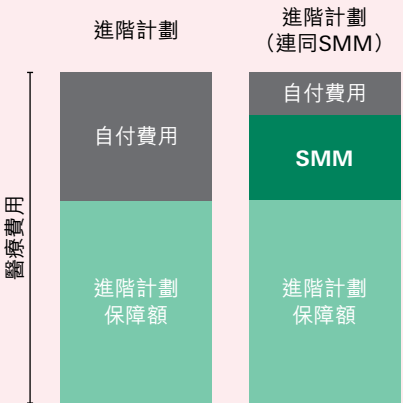
您可選購附加額外醫療保障 (SMM)，當超出進階計劃住院保障下的應付總額時，SMM可為您支付80%的超額指定醫療費用*。



甚麼是附加額外醫療保障 (SMM) ?

SMM是自選的附加項目，當住院費用超出進階計劃的保障限額時，為您支付部分的餘下醫療開支。

如需接受大型手術或長期住院，醫療費用可能甚為驚人。本計劃提供SMM選項，保額高達每年港幣120,000元，如進階計劃下的應付總額不敷應用，將為您支付80%的超額指定醫療費用*。



上述僅供參考。所顯示的任何資訊僅為一般參考，屬於假設性質，僅作為說明使用。

*跟據保單條款，賠償受限於本計劃中所述的合資格住院開支，即病房及膳食費用、雜項開支、主診醫生診金、專科醫生費、深切治療、外科醫生費、麻醉科醫生費及手術室費。

計劃特點

無論身處本地或海外亦能享用增值服務



住院保證免按金服務*及食道胃十二指腸內視鏡檢查（「胃鏡」）及／或大腸鏡檢查可額外享免找數服務^{4, 5}

接受所需的指定治療而毋須預繳費用－

- 入住指定中國內地或海外醫院可享高達7,000美元的住院保證免按金服務*；
- 於滙豐保險的全方位醫療網絡名單上的日間手術中心進行胃鏡及／或大腸鏡檢查可享免找數服務^{4, 5}。

只需於接受治療前獲得預先批核便可享用以上服務。



醫療禮賓服務⁸

如您所接受的治療屬醫療所需，您可致電醫療禮賓服務熱線，由醫療禮賓顧問代您預約診症服務、處理及遞交醫療費用索償相關的文件和表格。



第二醫療意見⁶

如您不幸患上列於保單及用戶指南第二醫療意見⁶的條款及細則中的任何嚴重疾病，包括但不限於癌症、中風和腎衰竭，我們可協助您向本公司選擇的全方位醫療網絡名單上的醫生⁴或其他專家尋求第二醫療意見⁶。



全球緊急支援⁷

如您在海外遇上緊急事故，只需聯絡由我們的合作夥伴Allianz Worldwide Partners (Hong Kong) Limited 提供的24小時全球緊急援助中心便可獲得協助。

計劃特點

時刻守護您與摯愛



家庭折扣優惠

您可獲享**10%家庭折扣優惠**，如合資格的家庭成員－

- 1. 為滙豐自願醫保進階計劃及／或靈活醫保的現有**受保人**或
- 2. 同時成功投保，成為另一份滙豐自願醫保進階計劃及／或靈活醫保的**受保人**

符合享有保費折扣的家庭成員包括：

- 保單持有人或其配偶或伴侶⁹或他們的：
- 子女(包括繼／合法領養子女)；
- 父母(包括繼／合法之無血緣關係的父母)；
- 兄弟姐妹(包括繼／合法之無血緣關係的兄弟姐妹)；
- 祖父母／外祖父母(包括繼／合法之無血緣關係的祖父母／外祖父母)；
- 孫子女／外孫子女(包括繼／合法之無血緣關係的孫子女／外孫子女)。

* 中國內地及海外醫院住院保證免收按金服務是由非本公司之代理的獨立承辦商（「獨立服務供應商」）作協辦機構提供的自選服務，並須受以下條款約束：

- a. 此服務的條款須受中國內地及海外醫院住院保證免收按金服務之條款及細則約束。本公司保留不時修訂有關條款及細則之權利而不作預先通知。
- b. 此為自選服務，客戶可透過書面通知本公司選擇退出。
- c. 受保人使用任何獨立服務供應商之服務，須受獨立服務供應商（可不時修訂）的條款及細則約束。
- d. 本公司毋須就該機構提供之服務作表述、保證及承諾。
- e. 本公司毋須就以下任何及全部情況向保單持有人或受保人承擔任何責任：(i)由任何指定中國內地及海外醫院提供的任何療程及服務，(ii)任何由協辦機構或獨立服務供應商提供的行動、活動、服務或回覆，或(iii)受保人及／或保單持有人因該協辦機構、獨立服務供應商或其代理提供之任何服務或建議或該等服務之供應而直接或間接蒙受或產生之任何損失、損害、費用、起訴、訴訟或法律程序。

參考John的個案

John明白人生無常，世事難料。他希望能未雨綢繆，假如不幸需要入院接受治療，亦能有一份安心保障。他為自己購買連同附加額外醫療保障 (SMM) 的滙豐自願醫保進階計劃，而他的姐弟Candy和Kelvin亦受其影響，分別選擇及投保了附加和沒有附加SMM的滙豐自願醫保進階計劃。

John為受保人的保單－

保單持有人及受保人	John	每年保障限額	無
投保年齡 ²	30	終身保障限額	無
保障級別	進階計劃（連同附加額外醫療保障）	連同附加額外醫療保障的每年總限額	港幣120,000元
		每年保費	港幣4,088元

索償事例－緊急與意外住院



及後，John遇上交通意外，導致：

- 膝蓋脫臼
- 關節和韌帶扭傷及拉傷

他透過滙豐自願醫保進階計劃（連同SMM）索償醫療開支，當中包括於香港私家醫院接受內側髕股韌帶重建手術的費用。

 醫療服務及治療項目	實際醫療開支	滙豐進階計劃（連同SMM） 的實際償付額
(a) 病房及膳食（4日）	港幣3,360元	港幣3,360元
(b) 雜項開支	港幣24,610元	港幣14,000元
(c) 主診醫生巡房費	港幣2,240元	港幣2,240元
(d) 專科醫生費	不適用（港幣0元）	不適用（港幣0元）
(e) 深切治療	不適用（港幣0元）	不適用（港幣0元）
(f) 外科醫生費	港幣30,000元	港幣25,000元
(g) 麻醉科醫生費	港幣10,000元	港幣8,750元
(h) 手術室費	港幣6,740元	港幣6,740元
(i) 訂明診斷成像檢測	港幣5,700元	港幣3,990元
(j) 訂明非手術癌症治療	不適用（港幣0元）	不適用（港幣0元）
(k) 入院前或出院後／日間手術前後的門診護理	港幣2,550元	港幣2,320元
合共	港幣85,200元	港幣66,400元
附加額外醫療保障（SMM）（只涵蓋住院費用）		
超出上文(a)至(h)項保障限額的住院費用可獲80%償付		港幣13,488元 [^]
實際總賠償金額 (港幣66,400元 + 港幣13,488元)		港幣79,888元

不幸中之大幸，John購買了滙豐自願醫保進階計劃（連同附加額外醫療保障），即使面對突如其來的醫療開支亦能獲得約90%*保障，讓他可以專心休養，免受財務問題困擾。

增值服務照顧醫療所需

此外，身為滙豐自願醫保進階計劃的保單持有人，John由預約診症⁸到遞交醫療費用索償表格和處理相關文件都得到醫療禮賓顧問⁸全力協助，輕鬆入住滙豐保險的全方位醫療網絡名單上的香港私家醫院及接受治療。

節省稅款

John，Candy和Kelvin分別身為納稅人及保單持有人，每年可就該課稅年度繳付的合資格保費獲享扣稅優惠¹⁰：

受保人 (年齡 ²)		已付保單年費 (視乎年齡 ² ／連同SMM選項)	扣稅金額 (每名受保人上限為港幣8,000元)	節省稅款 (假設稅率 ¹¹ 為15%)
本人	 John (30)	港幣4,088元	港幣4,088元	港幣613元
姐姐	 Candy (35)	港幣5,723元	港幣5,723元	港幣858元
弟弟	 Kelvin (25)	港幣2,192元	港幣2,192元	港幣329元



由於John、Candy和Kelvin均為投保滙豐進階醫保的合資格家庭成員（詳情請參閱本產品冊子第5頁），他們可進一步獲享已付年度總保費的**10%家庭折扣優惠**。

[^] 保障項目(a)至(h)的實際住院費用港幣76,950元 - 保障項目(a)至(h)的實際償付額港幣60,090元 = 港幣16,860元；
超出上文(a)至(h)項保障限額的住院費用可獲實際償付 = 港幣16,859元乘80% = 港幣13,488元

^{*} 賠償率是根據港幣79,888除以港幣85,200計算得出，為 93.7%，並基於2024年提交和批准的相關索償金額。

上述例子包括的賠償細節僅供參考，任何展示的保費或稅務計算僅供參考，並不包含折扣。所顯示的信息僅供一般參考，屬於假設性質，僅作為說明用途。並不旨在構成對任何人的建議或意見，也不應成為任何治療決策的依據。上述例子僅供參考，並不包含折扣。有關預先批核、醫療索償程序及增值服務的詳情，請參閱www.hsbc.com.hk/vhis上的「用戶指南」。

合資格的稅務扣減只適用於保單持有人或其配偶，並且為香港納稅人。實際節省的稅款視乎香港特別行政區稅務局對每個個案的審查及協議而定。上述例子僅供說明，並未包括任何折扣優惠。就自願醫保保單繳付的合資格保費（不包括保費徵費）可獲得之稅務扣減，將於每個課稅年度根據扣除保費折扣（如有）後之已繳保費計算。實際所節省的稅款可能低於例子所示款項。如有任何疑問，應向專業的稅務顧問諮詢。滙豐及滙豐保險不擬提供任何稅務、移民或專業建議，亦不會提供任何稅務或專業建議。以上賠償還視乎項目的保障範圍及限額，由本公司根據逐一個案而定。詳情請參閱「保障表」部分。

保障表

以下是保單的主要保障摘要。請參閱本計劃的條款及保障，以獲取完整的保障、條款、細則及不保事項清單。

備註 - 以下列出的任何項目的分項限額表示可根據實際開支申請的最高金額。

滙豐自願醫保進階計劃	
保障級別	
保障項目(a) – (I)及額外保障(II) – (III)的 每年保障限額	無
保障項目(a) – (I)及額外保障(II) – (III)的 終身保障限額	無
地域範圍限制	全球 ⁽ⁱ⁾
病房級別限制	無 (病房級別調整百分比並不適用)
保障項目 ⁽ⁱⁱⁱ⁾	
(a) 病房及膳食	每日港幣1,000元 每保單年度最多180日
(b) 雜項開支	每保單年度港幣14,000元
(c) 主診醫生巡房費	每日港幣1,000元 每保單年度最多180日
(d) 專科醫生費 ⁽ⁱⁱⁱ⁾	每保單年度港幣4,300元
(e) 深切治療	每日港幣4,000元 每保單年度最多90日
(f) 外科醫生費	按照外科手術表中的手術分類，每項手術： • 複雜：港幣50,000元 • 大型：港幣25,000元 • 中型：港幣12,500元 • 小型：港幣5,000元
(g) 麻醉科醫生費	應支付外科醫生費的35% ^(vi)
(h) 手術室費	應支付外科醫生費的35% ^(vi)
(i) 訂明診斷成像檢測 ^{(iii) (iv)}	每保單年度港幣20,000元 須支付30%的共同保險
(j) 訂明非手術癌症治療 ^(v)	每保單年度港幣80,000元
(k) 入院前或出院後／日間手術前後的門診護理 ⁽ⁱⁱⁱ⁾	每次港幣580元，每保單年度最高港幣3,000元： • 1次住院／日間手術前門診或急症診症 • 3次住院／日間手術後跟進門診（出院或日間手術完成後90日內）
(l) 精神科治療	每保單年度港幣30,000元

額外保障

(I) 門診洗腎	每保單年度港幣50,000元
(II) 意外急症門診治療	每保單年度港幣5,000元
(III) 指定重建手術保障 ⁽ⁱⁱⁱ⁾	與重建手術相關的合資格費用將根據保障項目(a) – (c)、(e) – (i)及其各自的限額賠償及支付

其他保障

(I) 醫療疏忽事故保障 ^(vii)	每份保單港幣60,000元
(II) 恩恤身故賠償	每份保單港幣10,000元

進階計劃下的附加額外醫療保障（自選項目）的保障表

附加額外醫療保障（只適用於住院情況）

超出根據以上保障項目(a)至(h)支付的賠償額的該部分留院開支之償付百分比，惟受限於以下限額	80%（相當於20%共同保險）
附加額外醫療保障的每年總限額	每保單年度港幣120,000元

附加額外醫療保障亦將受以下各保障項目的限額所限：

(1) 病房及膳食（由住院第181日起）	每日港幣1,000元
(2) 主診醫生巡房費（由住院第181日起）	每日港幣1,000元
(3) 深切治療（由住院第91日起）	每日港幣4,000元

註：

- (i) 無地域範圍限制，惟精神科治療只適用於香港及醫療疏忽賠償只適用於香港或澳門。
- (ii) 同一項目的合資格費用不可獲上表中多於一個保障項目的賠償（另有說明除外）。
- (iii) 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
- (iv) 檢測只包括電腦斷層掃描（"CT"掃描）、磁力共振掃描（"MRI"掃描）、正電子放射斷層掃描（"PET"掃描）、PET-CT組合及PET-MRI組合。
- (v) 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療。
- (vi) 百分比應用於實際支付的外科醫生費或根據手術分類劃分的外科醫生費保障限額，並以較低者為準。
- (vii) 根據本計劃的保單條款第6部分第3(a)節的病房及膳食或(e)節的深切治療支付住院保障時，若受保人在香港或澳門的註冊醫生或醫院因與其殘疾相關的醫療程序疏忽而死亡，並且該死亡發生在醫療疏忽後30天內，且該疏忽已由相關政府機構、法院或驗屍官調查公開承認並確認，則也將支付保障。

此保障表受限於本計劃的保單條款（「條款及保障」），並應與其一併閱讀。

標準保費表

滙豐自願醫保進階計劃

屆時年齡 [#]	男性		女性	
	年繳	月繳	年繳	月繳
0	3,324	277.20	2,893	241.30
1	3,324	277.20	2,893	241.30
2	3,324	277.20	2,893	241.30
3	3,324	277.20	2,893	241.30
4	3,324	277.20	2,893	241.30
5	2,011	167.70	2,201	183.60
6	2,011	167.70	2,201	183.60
7	2,011	167.70	2,201	183.60
8	2,011	167.70	2,201	183.60
9	1,953	162.90	2,102	175.30
10	1,953	162.90	2,102	175.30
11	1,953	162.90	2,102	175.30
12	1,953	162.90	2,102	175.30
13	1,953	162.90	2,102	175.30
14	1,953	162.90	2,102	175.30
15	1,953	162.90	2,114	176.30
16	1,953	162.90	2,137	178.20
17	1,953	162.90	2,182	182.00
18	1,953	162.90	2,233	186.20
19	1,980	165.10	2,283	190.40
20	2,013	167.90	2,344	195.50
21	2,045	170.60	2,408	200.80
22	2,078	173.30	2,469	205.90
23	2,109	175.90	2,531	211.10
24	2,141	178.60	2,595	216.40
25	2,192	182.80	2,666	222.30
26	2,236	186.50	2,750	229.40
27	2,281	190.20	2,842	237.00
28	2,339	195.10	2,935	244.80
29	2,409	200.90	3,044	253.90
30	2,473	206.20	3,172	264.50
31	2,530	211.00	3,318	276.70
32	2,588	215.80	3,433	286.30
33	2,647	220.80	3,558	296.70
34	2,711	226.10	3,683	307.20
35	2,776	231.50	3,814	318.10
36	2,846	237.40	3,938	328.40
37	2,929	244.30	4,066	339.10
38	3,020	251.90	4,233	353.00
39	3,150	262.70	4,420	368.60
40	3,290	274.40	4,574	381.50
41	3,418	285.10	4,744	395.60
42	3,560	296.90	4,882	407.20
43	3,722	310.40	5,014	418.20
44	3,887	324.20	5,154	429.80
45	4,054	338.10	5,301	442.10
46	4,220	351.90	5,446	454.20
47	4,388	366.00	5,592	466.40
48	4,572	381.30	5,740	478.70
49	4,768	397.70	5,888	491.10

屆時年齡 [#]	男性		女性	
	年繳	月繳	年繳	月繳
50	4,984	415.70	6,050	504.60
51	5,213	434.80	6,224	519.10
52	5,488	457.70	6,403	534.00
53	5,807	484.30	6,581	548.90
54	6,122	510.60	6,760	563.80
55	6,452	538.10	6,956	580.10
56	6,802	567.30	7,207	601.10
57	7,166	597.60	7,495	625.10
58	7,565	630.90	7,754	646.70
59	7,933	661.60	8,094	675.00
60	8,332	694.90	8,471	706.50
61	8,779	732.20	8,887	741.20
62	9,251	771.50	9,473	790.00
63	9,756	813.70	9,861	822.40
64	10,388	866.40	10,228	853.00
65	11,059	922.30	10,588	883.00
66	11,695	975.40	11,448	954.80
67	12,183	1,016.10	11,991	1,000.00
68	12,688	1,058.20	12,653	1,055.30
69	13,216	1,102.20	13,337	1,112.30
70	13,790	1,150.10	14,137	1,179.00
71	14,369	1,198.40	14,944	1,246.30
72	14,954	1,247.20	15,770	1,315.20
73	15,617	1,302.50	16,407	1,368.30
74	15,937	1,329.10	16,909	1,410.20
75	16,207	1,351.70	17,308	1,443.50
76	16,397	1,367.50	17,570	1,465.30
77	16,530	1,378.60	17,719	1,477.80
78	16,608	1,385.10	17,819	1,486.10
79	16,675	1,390.70	17,911	1,493.80
80	16,749	1,396.90	18,007	1,501.80
81	16,821	1,402.90	18,096	1,509.20
82	16,895	1,409.00	18,173	1,515.60
83	16,971	1,415.40	18,228	1,520.20
84	17,034	1,420.60	18,290	1,525.40
85	17,103	1,426.40	18,362	1,531.40
86	17,172	1,432.10	18,434	1,537.40
87	17,240	1,437.80	18,508	1,543.60
88	17,310	1,443.70	18,580	1,549.60
89	17,377	1,449.20	18,655	1,555.80
90	17,462	1,456.30	18,747	1,563.50
91	17,550	1,463.70	18,842	1,571.40
92	17,637	1,470.90	18,935	1,579.20
93	17,725	1,478.30	19,028	1,586.90
94	17,813	1,485.60	19,120	1,594.60
95	17,903	1,493.10	19,217	1,602.70
96	17,992	1,500.50	19,312	1,610.60
97	18,081	1,508.00	19,405	1,618.40
98	18,168	1,515.20	19,503	1,626.60
99	18,256	1,522.60	19,599	1,634.60

[#] 年齡指受保人上次生日時的年齡。

* 此保費只適用於續保。

此標準保費表並未包括由保險業監管局徵收的保費徵費及折扣優惠。

根據滙豐自願醫保進階計劃的保單條款（「條款及保障」）第四部分第2節所述，本公司將有權在續保時按當時採用的標準保費表向所有同一類別保單調整標準保費。以上列明保費為根據屆時年齡應支付的首年保費，而實際未來保單年度所需支付的保費有可能會作出調整。

標準保費表

滙豐自願醫保進階計劃（連同附加額外醫療保障）

屆時年齡 [#]	男性		女性	
	年繳	月繳	年繳	月繳
0	4,538	378.50	3,974	331.40
1	4,538	378.50	3,974	331.40
2	4,538	378.50	3,974	331.40
3	4,538	378.50	3,974	331.40
4	4,538	378.50	3,974	331.40
5	3,150	262.70	3,368	280.90
6	3,150	262.70	3,368	280.90
7	3,150	262.70	3,368	280.90
8	3,150	262.70	3,247	270.80
9	3,089	257.60	3,117	260.00
10	3,086	257.40	3,086	257.40
11	3,148	262.50	3,061	255.30
12	3,154	263.00	3,037	253.30
13	3,159	263.50	3,028	252.50
14	3,164	263.90	3,051	254.50
15	3,170	264.40	3,084	257.20
16	3,175	264.80	3,139	261.80
17	3,181	265.30	3,206	267.40
18	3,186	265.70	3,282	273.70
19	3,218	268.40	3,365	280.60
20	3,289	274.30	3,487	290.80
21	3,354	279.70	3,633	303.00
22	3,418	285.10	3,751	312.80
23	3,484	290.60	3,884	323.90
24	3,549	296.00	4,006	334.10
25	3,615	301.50	4,118	343.40
26	3,676	306.60	4,256	355.00
27	3,743	312.20	4,396	366.60
28	3,845	320.70	4,552	379.60
29	3,976	331.60	4,726	394.10
30	4,088	340.90	4,905	409.10
31	4,178	348.40	5,103	425.60
32	4,267	355.90	5,263	438.90
33	4,348	362.60	5,414	451.50
34	4,442	370.50	5,564	464.00
35	4,548	379.30	5,723	477.30
36	4,655	388.20	5,880	490.40
37	4,788	399.30	6,039	503.70
38	4,954	413.20	6,253	521.50
39	5,162	430.50	6,502	542.30
40	5,377	448.40	6,723	560.70
41	5,558	463.50	6,961	580.50
42	5,745	479.10	7,164	597.50
43	5,971	498.00	7,355	613.40
44	6,220	518.70	7,543	629.10
45	6,486	540.90	7,760	647.20
46	6,752	563.10	7,993	666.60
47	7,029	586.20	8,250	688.10
48	7,337	611.90	8,517	710.30
49	7,669	639.60	8,789	733.00

屆時年齡 [#]	男性		女性	
	年繳	月繳	年繳	月繳
50	8,031	669.80	9,087	757.90
51	8,412	701.60	9,402	784.10
52	8,843	737.50	9,730	811.50
53	9,310	776.50	10,067	839.60
54	9,779	815.60	10,434	870.20
55	10,267	856.30	10,857	905.50
56	10,774	898.60	11,372	948.40
57	11,298	942.30	11,854	988.60
58	11,955	997.00	12,342	1,029.30
59	12,493	1,041.90	12,968	1,081.50
60	13,087	1,091.50	13,589	1,133.30
61	13,725	1,144.70	14,262	1,189.50
62	14,444	1,204.60	15,171	1,265.30
63	15,210	1,268.50	15,902	1,326.20
64	16,169	1,348.50	16,632	1,387.10
65	17,188	1,433.50	17,377	1,449.20
66	18,314	1,527.40	18,577	1,549.30
67	19,265	1,606.70	19,405	1,618.40
68	20,125	1,678.40	20,365	1,698.40
69	21,025	1,753.50	21,512	1,794.10
70	21,921	1,828.20	22,719	1,894.80
71	22,839	1,904.80	24,014	2,002.80
72	23,774	1,982.80	25,329	2,112.40
73	24,862	2,073.50	26,533	2,212.90
74	25,592	2,134.40	27,562	2,298.70
75	25,932	2,162.70	28,045	2,339.00
76	26,174	2,182.90	28,361	2,365.30
77	26,360	2,198.40	28,564	2,382.20
78	26,490	2,209.30	28,718	2,395.10
79	26,609	2,219.20	28,865	2,407.30
80	26,733	2,229.50	29,015	2,419.90
81	26,840	2,238.50	29,148	2,430.90
82	26,956	2,248.10	29,265	2,440.70
83	27,074	2,258.00	29,366	2,449.10
84	27,177	2,266.60	29,474	2,458.10
85	27,289	2,275.90	29,589	2,467.70
86	27,398	2,285.00	29,709	2,477.70
87	27,505	2,293.90	29,824	2,487.30
88	27,620	2,303.50	29,942	2,497.20
89	27,724	2,312.20	30,062	2,507.20
90	27,864	2,323.90	30,209	2,519.40
91	28,001	2,335.30	30,366	2,532.50
92	28,138	2,346.70	30,515	2,545.00
93	28,280	2,358.60	30,665	2,557.50
94	28,423	2,370.50	30,817	2,570.10
95	28,561	2,382.00	30,973	2,583.10
96	28,708	2,394.20	31,125	2,595.80
97	28,850	2,406.10	31,279	2,608.70
98	28,994	2,418.10	31,437	2,621.80
99	29,133	2,429.70	31,591	2,634.70

[#] 年齡指受保人上次生日時的年齡。

* 此保費只適用於續保。

此標準保費表並未包括由保險業監管局徵收的保費徵費及折扣優惠。

根據滙豐自願醫保進階計劃的保單條款（「條款及保障」）第四部分第2節所述，本公司將有權在續保時按當時採用的標準保費表向所有同一類別保單調整標準保費。以上列明保費為根據屆時年齡應支付的首年保費，而實際未來保單年度所需支付的保費有可能會作出調整。

計劃資料概要

認可產品編號

滙豐自願醫保進階計劃	F00079-01-000-01
滙豐自願醫保進階計劃（連同附加額外醫療保障）	F00079-02-000-01

保單年期	保證每年續保至受保人100歲 ²
投保年齡 ²	15天至80歲 ²

主要不保事項

按本保單條款（「條款及保障」），本公司不會賠償與下列項目相關或由其引致的費用：

- 非醫療所需治療、治療程序、藥物、檢測或服務。
- 純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院，該住院期間所招致的全部或部分費用。
- 在保單生效日前，因感染或出現人體免疫力缺乏病毒（"HIV"）及其相關的傷病所招致的費用，惟因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受HIV 感染所引致的傷病則除外。
- 倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症。
- 以美容或整容為目的的服務，惟因意外而受傷除外，或矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於角膜激光矯視手術。
- 預防性治療及預防性護理，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序。
- 牙科醫生進行的牙科治療及口腔領面手術，惟因意外引致在住院期間接受的急症治療及手術則除外。
- 醫療服務及輔導服務的費用 — 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育。
- 購買屬耐用品的醫療設備及儀器，包括但不限於輪椅、助聽器及非處方藥物等。
- 傳統中醫治療（適用於鑽級之中醫門診除外），包括但不限於中草藥治療、跌打、針灸以及另類治療，包括但不限於氣功、按摩治療、香薰治療。
- 實驗性或未經證實醫療成效的醫療技術或治療程序。
- 受保人年屆8歲²前發病或確診的先天性疾病。
- 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。
- 戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故。

上列項目只供參考，有關不保事項的完整清單，請參閱本計劃的保單條款（「條款及保障」）。

重要事項

核保的披露責任 您必須披露所有影響本公司作出核保決定的資料。本公司有權就失實陳述或欺詐的情況宣告保單無效。若在提交文件中，錯誤申報受保人的非健康資料（包括但不限於年齡²），本公司有權根據正確資料調整過去、現在及將來的保費或宣告保單無效。

冷靜期 滙豐自願醫保進階計劃是一份政府認可的醫療保險計劃，其並非等同於或類似任何類型的銀行存款。部分保費將付作保險及相關之費用，包括但不限於開立保單，售後服務及索償之費用。

如您對保單不滿意，或保單之保障跟您原有的保險計劃之保障重疊或高於您的需要，您有權於「冷靜期」內以書面通知要求滙豐人壽保險（國際）有限公司取消保單及取回所有已繳交的保費及保費徵費。如要取消，您要求取消保單的書面通知必須由您簽署並由滙豐人壽保險（國際）有限公司位於香港九龍深旺道1號滙豐中心1座18樓的辦事處於「冷靜期」內直接收到（即是為緊接本保單條款（「條款及保障」）和保單資料頁或冷靜期通知書交付予您或您的指定代表之日起計的21個曆日內（以較早者為準））。

若曾獲賠償或將獲得賠償，則不獲發還保費。上述取消的權利並不適用於續保。在此情況下，本保單條款（「條款及保障」）將被視為由保單生效日起無效，本公司亦無須承擔任何賠償責任。

取消保單 冷靜期過後，若您在該保單年度期間沒有獲得任何賠償，您可以在30日前以書面方式通知本公司要求取消保單。

保費調整 首次保費將根據受保人於保單簽發時的年齡²及其他因素（包括但不限於受保人的風險級別，以及保單之保障級別）計算。保費並非保證不變，本公司可在任何一個保單週年日更改保費。根據「滙豐自願醫保進階計劃」的保單條款（「條款及保障」）第四部分第2節所述，本公司將有權在續保時按當時採用的標準保費表向所有同一類別保單調整標準保費。我們考慮的因素包括但不限於(i)本公司的索償及保單續保率及(ii)預期未來的理賠支出（反映醫療趨勢、醫療成本通脹及計劃內容改動所帶來的影響）。

自殺條款 若受保人於保單生效日起計1年內自殺身故，無論自殺當時受保人的神志是否正常，將不獲支付本保單應付的恩恤身故賠償。

重要事項

保單終止條款	我們有權於以下任何情況之下終止您的保單： • 保單持有人在31天的寬限期屆滿時仍未繳交保費； • 受保人身故翌日； • 本公司不再獲《保險業條例》授權承保或繼續承保本保單；或 • 若本保單在適用於保單持有人或受保人的法律下已經或將會不合法 有關終止條款及細則的詳情請參閱本計劃的保單條款（「條款及保障」）。
醫療所需	「醫療所需」是指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件 • 需要註冊醫生的專業知識或轉介； • 符合該傷病的診斷及治療所需； • 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對受保人、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供； • 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及 • 按主診註冊醫生審慎的專業判斷，以最適當的水平向受保人安全及有效地提供
合理及慣常	本公司必須參照以下資料（如適用）以釐定合理及慣常收費： • 由保險或醫學業界進行的治療或服務費用統計及調查； • 公司內部或業界的賠償統計； • 政府憲報；及／或 • 提供治療、服務或物料當地的其他相關參考資料
適用法例	本保單必須在香港簽發並受香港法律管轄及闡釋。本公司及保單持有人均同意遵從香港法院的司法裁判權。

主要風險

信貸風險及無力償債風險	滙豐自願醫保進階計劃乃一份由我們簽發的保單。您須承受我們的信貸風險，因您支付的所有保費將成為我們資產的一部分，惟您對我們的任何資產均沒有任何權利或擁有權。在任何情況下，您只可向我們追討賠償。
延誤或漏繳到期保費的風險	如您在保費到期日起計的31日寬限期後仍未繳交保費，您的保單將自動終止。若您的保單被終止，您可能無法取回已繳付的保費。已終止的保單無法恢復。如欲繼續享有滙豐自願醫保進階計劃的保障，您需要重新投保及再次通過本公司的核保程序，這可能導致保費上升及加設個別不保事項。
通脹風險	您必須考慮通貨膨脹風險，因為這很可能導致未來的生活成本上升。由於通貨膨脹的緣故，您應預期即使我們已盡力履行保單責任，您或您的指定受益人將來收到的實質金額仍可能較低。

註

1. 根據本保單的保單條款（「條款及保障」）收取及應付的合資格費用及其他費用的實際金額受分項限額限制。
2. 除另有指明外，本產品冊子提及的年齡均指受保人上一次生日的年齡。
3. 投保前已有病症是指受保人於保單簽發日或保單生效日（以較早日期為準）前已存在的任何不適、疾病、受傷、生理、心理或醫療狀況或機能退化，包括先天性疾病。在以下情況發生時，一般審慎人士理應已可察覺到投保前已有病症 – (a)病症已被確診；(b)病症已出現清楚明顯的病徵或症狀；或(c)已尋求、獲得或接受病症的醫療建議或治療。本公司可對在投保申請文件及任何其後就相關申請提交予本公司的資料或文件中披露的投保前已有病症加設個別不保事項。未知的投保前已有病症是指保單持有人及／或受保人在投保時不察覺，及理應不察覺的投保前已有病症。有關詳細條款及細則，請參閱本計劃的保單條款（「條款及保障」）。
4. 在全方位醫療網絡下的網絡醫生及網絡醫療機構為獨立第三者，並非本公司的代理。本公司對網絡醫生及網絡醫療機構提供的醫療服務不承擔任何義務或責任，對這些網絡機構的任何行為或未履行行為不承擔任何責任。本公司保留不時修訂全方位醫療網絡醫生及醫療機構的權利，而無需提前通知。
5. 免找數服務乃付款保證服務，並非相關保單的產品特點之一。本公司可代表保單持有人直接向網絡機構支付免找數服務下的費用。這並不是承認索償資格；實際可獲得的合資格醫療費用的賠償權限受限於(a)保單條款下的適用保障限額及不保事項，以及(b)網絡醫生及網絡醫療機構接受免找數服務的情況。只有在預先批核限額內、為必要及指定的醫療服務所產生的合資格醫療費用，才會通過免找數服務涵蓋。如果本公司支付的醫療費用超過最高保障金額，本公司保留向保單持有人追索賠償的權利。此乃自選服務。客戶可致函本公司取消此服務。本公司保留不時修訂、暫停或終止該服務及其條款和條件的權利，而無需提前通知。
6. 第二醫療意見由外部醫療服務提供者提供，該機構為獨立承包商，並非本公司的代理，且不涵蓋任何診斷、治療及/或藥物。此服務並非且不應被視為保單持有人及被保人自己醫生的醫療建議的替代品。本公司不保證或聲明所提供的建議、意見及/或資訊的完整性及準確性。本公司對因第二醫療意見所產生的任何損失、損害、費用或其他支出不承擔責任。本條款不會排除或限制因疏忽造成的死亡或人身傷害的責任，或任何在適用法律下無法排除或限制的責任。本公司保留不時修訂、暫停或終止該服務及其條款和條件的權利，而無需提前通知。此乃自選服務。客戶可致函本公司取消此服務。
7. 全球緊急支援服務由外部第三方提供，該服務受全球緊急支援服務的條款和條件約束。本公司保留不時修訂、暫停或終止該服務及其條款的權利，而無需提前通知。
8. 醫療禮賓服務（「醫療禮賓服務」）並不屬於滙豐自願醫保計劃（「滙豐自願醫保」）保單的一部分。有關醫療禮賓服務的詳情，請參閱本公司的網站所列條款及細則：www.hsbc.com.hk/vhis。

有關醫療禮賓服務部分條款及細則的簡略摘要如下：

- a) 醫療禮賓服務專為滙豐自願醫保合資格客戶而設，並須受本文所有條款及細則約束。
- b) 對於醫療禮賓服務，「合資格客戶」僅指滙豐自願醫保有關保單的合資格受保人。
- c) 醫療禮賓服務只適用於關乎合資格客戶有關保單的情況，並受本文所有條款約束。
- d) 任何人士或保單持有人如非滙豐自願醫保受保人，均不可視為醫療禮賓服務合資格客戶。
- e) 在任何情況下，醫療禮賓服務須受滙豐保險所定條款及細則約束。
- f) 於任何及所有情況下，醫療禮賓服務須視乎供應情況而定。無論是否預約，均不保證可與醫生會面或接受醫生診治。
- g) 滙豐保險有權隨時及不時酌情更改及修訂醫療禮賓服務的條款及細則而不作預先通知，並可取消及／或終止醫療禮賓服務提供的任何服務。對於本條款及細則的任何更改，或滙豐保險就醫療禮賓服務行使任何酌情權而可能造成的任何直接或間接損失、損害、利益損失或支出，滙豐保險毋須承擔責任。
- h) 滙豐保險不對因滙豐保險在執行醫療禮賓服務下或與醫療禮賓服務相關的任何事項或服務時的任何過失、未能執行、取消、延誤或行使酌情權而造成的任何直接或間接損失、損害、利益損失或傷害承擔責任，有關事項或服務包括但不限於與下列各項有關的未能執行或延誤情況：
 - i) 超出滙豐保險或滙豐保險任何服務供應商合理控制範圍以外的任何事項；或
 - ii) 滙豐保險無法合理預期的任何事項；或
 - iii) 關乎任何服務供應商或獨立承辦商（包括但不限於任何汽車公司及醫療供應商）的任何事項、延誤、服務、服務水準、過失、遺漏、意外或事件；或
 - iv) 任何醫療禮賓服務或任何貴賓車安排服務的任何延誤或無法使用情況；或
 - v) 關乎任何醫療禮賓服務或任何貴賓車安排服務的任何服務質素。

- i) 滙豐保險並不提供亦不會提供以下任何服務：
 - a) 須具備有關醫療業務牌照的任何醫療服務；
 - b) 須具備有關汽車業務牌照的運輸服務。合資格客戶如有危急或嚴重事故，需要緊急救援服務，應直接聯絡救護車而非使用醫療禮賓服務。
- j) 此乃自選服務。客戶可致函本公司取消此服務。
- 9. 伴侶是指與保單持有人忠誠地保持持續以及唯一的關係的人士（不論同性或異性）。請注意雖然保單的保障延伸至伴侶，但基於香港現行法例，伴侶未能享有稅務扣減的優惠。
- 10. 合資格的稅務扣減只適用於保單持有人或其配偶，並且為香港納稅人。就自願醫保單繳付的合資格保費（不包括保費徵費）可獲得之稅務扣減，將於每個課稅年度根據扣除保費折扣（如有）後之已繳保費計算。實際所節省的稅款可能低於例子所示款項，而且視乎香港特別行政區稅務局對每個個案的審查及協議。如欲獲取更多資訊，請瀏覽www.ird.gov.hk或尋求獨立的稅務建議。滙豐及滙豐保險不擬提供任何稅務、移民或專業建議，亦不會提供任何稅務或專業建議。
- 11. 數字僅為假設及僅供說明之用，並假設滙豐自願醫保進階計劃保單的保費合資格獲得稅務扣減。就2024/25課稅年度而言，標準稅率為15%。如欲獲取更多資訊，請瀏覽www.ird.gov.hk或尋求獨立的稅務建議。滙豐及滙豐保險不擬提供任何稅務、移民或專業建議，亦不會提供任何稅務或專業建議。

更多資料

策劃未來的理財方案，是人生的重要一步。我們樂意助您評估目前及未來的需要，讓您進一步了解滙豐自願醫保進階計劃如何助您實現目標。歡迎您蒞臨任何一間滙豐分行，與我們預約會面。

瀏覽 www.hsbc.com.hk/insurance

滙豐自願醫保進階計劃

滙豐人壽保險（國際）有限公司

HSBC Life (International) Limited 滙豐人壽保險（國際）有限公司（「本公司」或「我們」）是於百慕達註冊成立之有限公司。本公司為滙豐集團旗下從事承保業務的附屬公司之一。

香港特別行政區辦事處

香港九龍深旺道1號滙豐中心1座18樓

本公司獲保險業監管局授權及受其監管，於香港特別行政區經營長期保險業務。

香港上海滙豐銀行有限公司（「滙豐」）乃根據保險業條例（香港法例第41章）註冊為本公司於香港特別行政區分銷人壽保險之保險代理機構。滙豐自願醫保進階計劃為本公司之產品而非滙豐之產品，由本公司所承保並只擬在香港特別行政區透過滙豐銷售。本公司將負責為您提供保險保障及保單之醫療網絡管理。本計劃並非銀行存款或銀行儲蓄計劃。這是在自願醫保計劃框架下，由政府認可的保險產品，您可選擇單獨投保本計劃，毋須同時購買其他類型的保險產品。

對於滙豐與您之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心的職權範圍），滙豐須與您進行金融糾紛調解計劃程序；此外，有關涉及您上述保單條款及細則的任何糾紛，將直接由本公司與您共同解決。

本公司對本產品冊子所刊載資料的準確性承擔全部責任，並確認在作出一切合理查詢後，盡其所知所信，本產品冊子並無遺漏足以令其任何聲明具誤導成份的其他事實。本產品冊子所刊載之資料乃一摘要。詳情請參閱您的保單和本計劃的保單條款（「條款及保障」）。

2025年6月

滙豐人壽保險（國際）有限公司榮獲以下獎項：



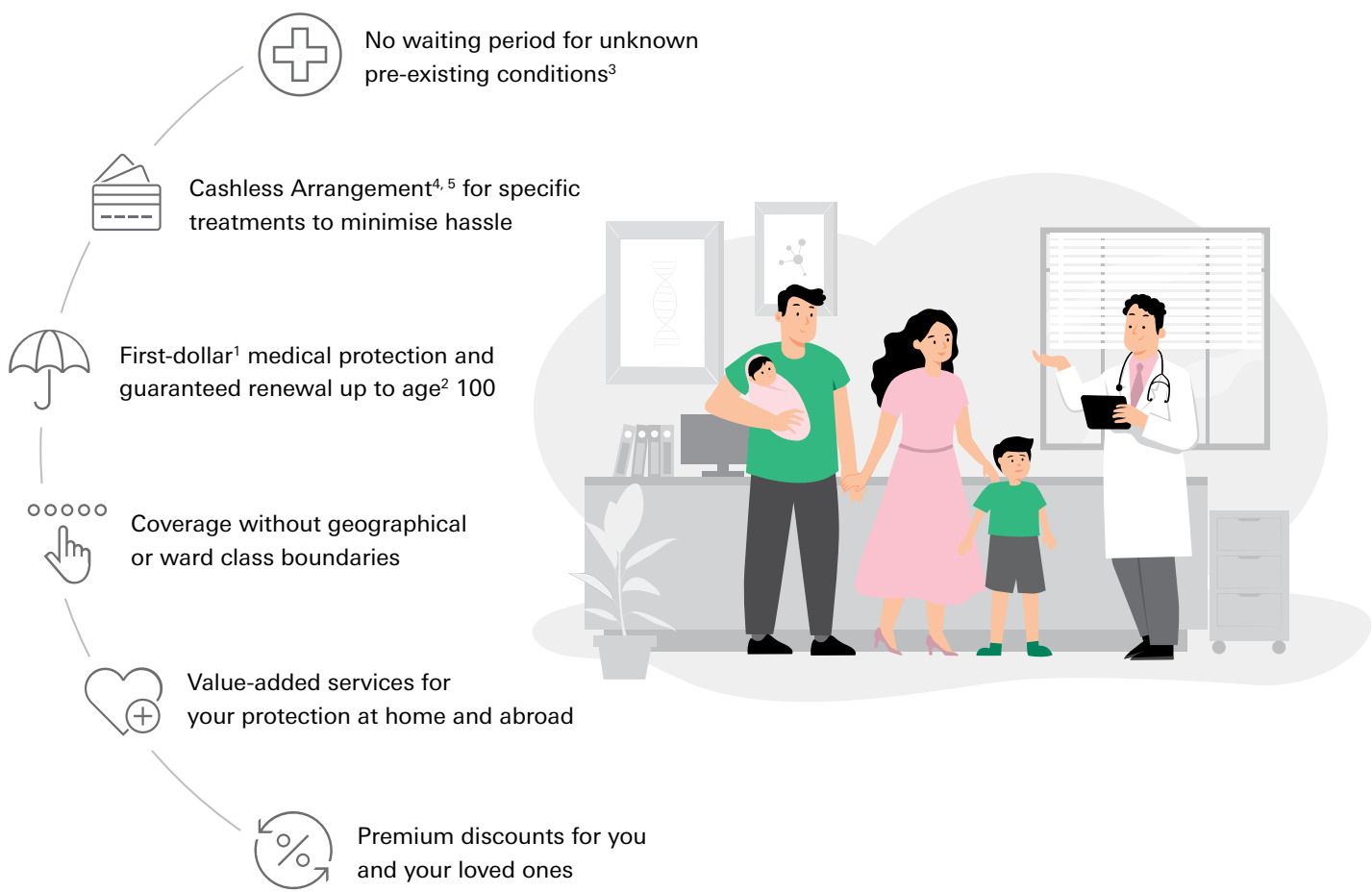




Worth-the-money coverage to meet your needs

Life can be surprising, but not always in desirable ways. With rising medical costs of quality medical services and overstretched public medical system, it is important to safeguard your future and that of your loved ones against unexpected injuries and illnesses. **HSBC Voluntary Health Insurance One Plan** ("HSBC VHIS One Plan", "One Plan", "the Plan", "your policy") is designed to provide **accessible and essential medical protection**, covering your doctor expenses in the private sector from the first dollar¹.

Product features at a glance



This is a standalone individual indemnity hospital insurance plan certified under Voluntary Health Insurance Scheme (VHIS).	
Registered VHIS provider	HSBC Life (International) Limited ("HSBC Life", "the Company", "we/us/our")
Type of certified plan	Flexi Plan
Name of certified plan	HSBC Voluntary Health Insurance One Plan
Eligible tax deduction amount	A taxpayer who or whose spouse is the policyholder is entitled to a maximum annual deduction of HKD8,000 in respect of qualifying premiums for each insured person paid in each year of assessment

This product brochure contains general information only. It does not form part of a contract of insurance. For detailed terms, conditions and exclusions, please refer to Policy Provisions ("Terms and Benefits") of the Plan.

Key features

Stay ready for life's challenges with our support in every stage of your medical journey



No waiting period for unknown pre-existing conditions³

We ensure you immediate protection along your health journey, allowing you to live worry-free from unexpected hospitalisation expenses -

- The Plan offers **immediate** medical coverage over **unknown pre-existing conditions³**.



Extensive coverage over cancer treatments

When hospitalisation is necessary, our plan provides extensive coverage to ensure you receive quality protections -

- If you are unfortunately diagnosed with cancer, the Plan will provide extensive coverage of both **surgical or non-surgical cancer treatment** expenses.



Enhanced quality of life with coverage on specified reconstructive surgeries

We strive to make sure you have protection over the best options to aid your recovery and improve your quality of life -

- Extensive coverage for **specified reconstructive surgeries** is covered if the insured person sustains an injury caused by accident with damage or defect to a body part, or undergoes surgical treatment for breast cancer.
- Covered eligible expenses in relation to the reconstructive surgery include room and board, miscellaneous charges, attending doctor's visit fee, intensive care, surgeon's fee, anaesthetist's fee, operating theatre charges, prescribed diagnostic imaging tests.



Comprehensive protection covering outpatient medical needs

Your recovery journey includes support both before and after your hospital stay -

- The Plan offers extensive coverage over **pre- and post-confinement outpatient visits and/or emergency consultations** including but not limited to consultation, western medication prescribed, dressings, physiotherapy, occupational therapy or speech therapy.



Diverse medical support

Aiding your return to wellness, the Plan offers other benefits such as **outpatient kidney dialysis** and **emergency outpatient treatment for accident**, the indispensable support you need to regain your strength and health.

Key features

Unparalleled protection for you and your loved ones



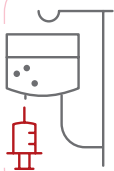
First-dollar¹ medical protection

Subject to the policy provisions and the limits itemized in Benefit Schedule, when hospitalisation is required, the Plan will cover your medical needs from the first dollar¹ without deductibles, freeing you from unnecessary uncertainties.



Global coverage without ward class limitations

The Plan ensures that your diverse medical needs are met wherever you go, allowing you to enjoy the flexibility of receiving care in any ward class or location worldwide. With our commitment to providing you with reliable healthcare coverage that adapts to your life, you have the freedom to focus on whatever and wherever life takes you.



Robust protection with renewal guaranteed

We secure your health with robust protection and **guaranteed renewal up to age² 100**.



Extra safety net

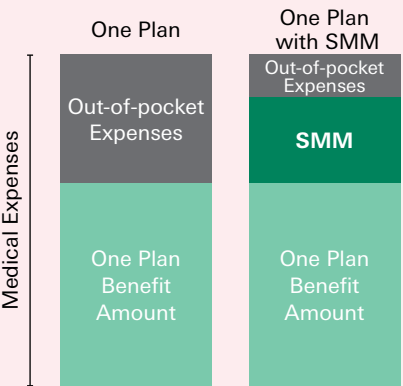
Supplementary Major Medical (SMM) is available for add-on to cover 80% of specified medical expenses* in excess of the aggregated amounts payable under One Plan in respect of a hospital confinement.



What is Supplementary Major Medical (SMM)?

SMM available as an optional top-up is an extra health and medical coverage providing partial reimbursement of hospital expenses incurred in excess of the payable One Plan coverage.

Think of it as a safety net for situations like major surgeries or extended hospital stays that can pile up bills quickly, the Plan offers optional SMM up to HKD120,000 per year to cover 80% of specified medical expenses* in excess of the aggregated amounts payable under One Plan.



The above is for illustrative purposes only. Any information shown is for general reference, is hypothetical and for illustration only.

*Subject to Policy Provisions, reimbursement should be limited to eligible hospital expenses as stated in the Plan i.e. room and board; miscellaneous charges; attending doctor’s visit fee; specialist’s fee; intensive care; surgeon’s fee; Anaesthetist’s fee; and operating theatre charges.

Key features

Value-added services for additional protection at home and abroad



Free hospital admission deposit guarantee service* and Cashless arrangement^{4, 5} for Oesophagogastroduodenoscopy (“OGD”) and/or Colonoscopy

Necessary and specified medical treatments could be received without the need for upfront payments via -

- Free hospital admission deposit guarantee service* of a waiver up to USD7,000 at designated mainland China or overseas hospitals
- Cashless Arrangement for OGD and/or colonoscopy performed at one of the day case procedure facilities within Care+ Medical Network by HSBC Life^{4, 5}.

Both subject to pre-approval prior to your treatment.



Medical Concierge Service⁸

You may receive one-stop support from our Medical Concierge Consultant for every medically-necessary admission via the Medical Concierge Service hotline. You will be assisted seamlessly from making medical appointments, handling insurance-related documentation for claim submission for reimbursement.



Second medical opinion⁶

If you are unfortunately diagnosed with any of the critical illnesses listed at the terms and conditions of second medical opinion⁶ from the User Guide and covered in your policy, including but not limited to cancer, stroke and kidney failure, we can help you obtain a second medical opinion⁶ upon request from a doctor from a Care+ Medical Network doctor⁴ or other experts as determined by the Company.



Worldwide emergency assistance⁷

In the event of an emergency during a trip, you can simply call the 24-hour worldwide emergency and medical hotline provided by our partner, Allianz Worldwide Partners (Hong Kong) Limited for assistance.

Key features

Premium discounts for you and your loved ones



Family discount

You can enjoy a **10% family discount** if **your eligible family member** -

- 1. is an existing **life insured** under a HSBC VHIS One and/or Flexi Plan or
- 2. applies successfully as a **life insured** of another HSBC VHIS One and/or Flexi Plan at the same time:

Eligible family members include,

- The policyholder or his/her spouse or partner⁹ or their:
- Children (including any step- / legally adopted children);
- Parents (including any step- / legally adoptive parents);
- Siblings (including any step- / legally adoptive siblings);
- Grandparents (including any step- / legally adoptive grandparents)
- Grandchildren (including any step- / legally adopted grandchildren).

* The free hospital admission deposit guarantee service (in designated mainland China and overseas hospital) is an optional service that may be provided by an Assistance Company, which is an independent contractor ("Independent Service Provider") that is not an agent of the Company, subject to all of the following terms:

- a. The provision of the service is subject to the terms and conditions applicable to the free hospital admission deposit guarantee service in designated mainland China and overseas hospital. HSBC Life (International) Limited ("the Company") reserves the right to amend such terms and conditions from time to time without prior notice.
- b. This is an optional service. Clients can opt out of the service by writing to the Company.
- c. The provision of the service shall be further subject to such terms and conditions as may be determined by the Independent Service Provider, from time to time, for any use of the Independent Service Provider's service by the insured person.
- d. The Company shall not make (and does not make) any representation, warranty or undertaking as to the availability of the services.
- e. The Company shall not be liable to the policyholder or the insured person in any respect of any and all of the following: (i) any medical treatment and services which may be provided by any of the designated hospitals in mainland China and overseas or any healthcare service provider anywhere, (ii) any action, activity, service or response in respect of any assistance company, or Independent Service Provider or (iii) any and all losses, damages, expenses, suits, actions or proceedings suffered or incurred (or which may be incurred or suffered) by the insured person, and/or the policyholder, whether directly or indirectly, arising from or in connection with any of the services provided or advice given by the assistance company, Independent Service Provider or its agents, or the availability of such services.

Let’s look at John's story

John acknowledges that life's curveballs don't come with warnings, and is seeking for peace of mind and solid protection over any potential, unfortunate medical confinement and treatments. He purchases a HSBC VHIS One Plan with Supplementary Major Medical (SMM) for himself, while his siblings Candy and Kelvin are also inspired to purchase and be insured under respectively a HSBC VHIS One Plan with SMM and a HSBC VHIS One Plan without SMM.

The Plan with John as the life insured -

Policyholder and insured person	John	Annual benefit limit	Nil
Attained age ²	30	Lifetime benefit limit	Nil
Benefit level	One Plan with Supplementary Major Medical	Aggregate annual limit for Supplementary Major Medical	HKD120,000
		Annual premium	HKD4,088

Claim case illustration – Accident and emergency



Some time later, John experienced a car accident and sustained:

- A knee dislocation
- Sprain and strain of joints and ligaments

He subsequently made a reimbursement claim under his HSBC VHIS One Plan with SMM coverage for medical therapies and treatments including medial patellofemoral ligament reconstruction in a private hospital in Hong Kong.

 Medical services and treatment items	Actual medical expenses	Actual reimbursement of HSBC VHIS One Plan with SMM
(a) Room and board (4 days)	HKD3,360	HKD3,360
(b) Miscellaneous charges	HKD24,610	HKD14,000
(c) Attending doctor's visit fee	HKD2,240	HKD2,240
(d) Specialist's fee	Not applicable (HKD0)	Not applicable (HKD0)
(e) Intensive care	Not applicable (HKD0)	Not applicable (HKD0)
(f) Surgeon's fee	HKD30,000	HKD25,000
(g) Anaesthetist's fee	HKD10,000	HKD8,750
(h) Operating theatre charge	HKD6,740	HKD6,740
(i) Prescribed diagnostic imaging tests	HKD5,700	HKD3,990
(j) Prescribed non-surgical cancer treatments	Not applicable (HKD0)	Not applicable (HKD0)
(k) Pre- and post-confinement/ Day case procedure outpatient care	HKD2,550	HKD2,320
Total	HKD85,200	HKD66,400
Supplementary Major Medical (SMM) (Applicable to confinement only)		
80% Reimbursement of hospital expenses in excess of benefit paid under benefit items (a) to (h) above		HKD13,488 [^]
Total claimable amount (HKD66,400 + HKD13,488)		<u>HKD79,888</u>

Fortunately, John is protected by the HSBC VHIS One Plan with SMM, where he is well covered over the unfortunate, sudden medical expenses by about 90%*. This coverage allows him to concentrate on his recovery without the burden of financial concerns.

Peace of mind with value-added service

What's more, as an HSBC VHIS One Plan policyholder, John's medical journey has been assisted seamlessly by Medical Concierge Consultant⁸ for confinement and treatment as he is admitted to a private hospital in Hong Kong under the Care+ Medical Network by HSBC Life from medical appointment booking⁸ to claims forms filling and documents handling.

Tax efficiency

John, Candy and Kelvin respectively as a taxpayer and the policyholder, are entitled to tax deduction¹⁰ on qualifying premiums paid in each year of assessment:

Life insured (Age ²)		Annual premium paid (Depending on age ² /SMM option)	Tax-deductible amount (Capped at HKD8,000 per insured person)	Amount of tax saved (Assuming 15% tax rate ¹¹)
Self	 John (30)	HKD4,088	HKD4,088	HKD613
Sister	 Candy (35)	HKD5,723	HKD5,723	HKD858
Brother	 Kelvin (25)	HKD2,192	HKD2,192	HKD329



As John, Candy and Kelvin are eligible family members (please refer to page 5 of this brochure for details) insured under another HSBC VHIS One Plan, they may further enjoy **10% family discount on the total annual premium paid.**

[^] Actual hospital expenses of benefit item (a) to (h) of HKD76,950 - Actual reimbursement of benefit item (a) to (h) of HKD60,090 = HKD16,860.
Actual Reimbursement of hospital expenses in excess of benefit items (a) to (h) above = HKD16,859 times 80% = HKD13,488

^{*} The reimbursement rate is calculated by HKD79,888 divided by HKD85,200 = 93.7% and is based on the submitted and approved claims amounts for related claims in 2024.

The above example inclusive of the reimbursement details illustrated is for illustrative purposes only while any premium or tax calculations showcased is for illustrative purposes only without discounts. The information shown is for general reference, is hypothetical and for illustration only. It is not intended to constitute a recommendation or advice to any person or to be the basis for any treatment decision. The above example is for illustrative purposes only without discounts. For more details of the pre-authorisation, medical claim procedures and value-added services, please refer to the User Guide on www.hsbc.com.hk/vhis.

Tax deduction eligibility is only applicable to policyholders or his/her spouse who are Hong Kong taxpayers. The actual tax saving is subject to review and agreement by the Inland Revenue Department of the Hong Kong SAR on a case by case basis. The above example is for illustrative purposes only without discounts. Tax deduction for the qualifying premiums paid under VHIS policy (not including levy) will be based on the premiums paid after deducting the premium discount (if any) for each year of assessment. The actual tax saving may be lower than the illustrated amount. You should always consult with a professional tax advisor if in doubt. HSBC and HSBC Life does not intend to give any tax, immigration, or professional advice, and will not give any tax, or professional advice. The above is also subject to plan coverage and item sub-limit, which will be determined by the Company at the discretion on a case by case basis. Please refer to the section of Benefit Schedule for details.

Benefit schedule

Below is a summary of the key benefits of the policy. Please refer to your Terms and Benefits of the Plan for the full list of benefits, terms, conditions and exclusions.

Remarks - The sub-limits for any items listed below represent the maximum amount that can be claimed against the actual expenses.

HSBC Voluntary Health Insurance One Plan	
Benefit level	
Annual Benefit Limit for benefit items (a) – (I) and Enhanced Benefits (I) - (III)	Nil
Lifetime Benefit Limit for benefit items (a) – (I) and Enhanced Benefits (I) - (III)	Nil
Geographic limitation	Worldwide ⁽ⁱ⁾
Ward class limitation	Nil (ward class adjustment factor does not apply for confinement at any ward class)
Benefit items ⁽ⁱⁱⁱ⁾	
(a) Room and board	HKD1,000 per day Maximum 180 days per policy year
(b) Miscellaneous charges	HKD14,000 per policy year
(c) Attending doctor’s visit fee	HKD1,000 per day Maximum 180 days per policy year
(d) Specialist’s fee ⁽ⁱⁱⁱ⁾	HKD4,300 per policy year
(e) Intensive care	HKD4,000 per day Maximum 90 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: HKD50,000 - Major: HKD25,000 - Intermediate: HKD12,500 - Minor: HKD5,000
(g) Anaesthetist’s fee	35% of surgeon’s fee payable ^(vi)
(h) Operating theatre charges	35% of surgeon’s fee payable ^(vi)
(i) Prescribed diagnostic imaging tests ^{(iii) (iv)}	HKD20,000 per policy year Subject to 30% coinsurance
(j) Prescribed non-surgical cancer treatments ^(v)	HKD80,000 per policy year
(k) Pre- and post-Confinement/ Day case procedure outpatient care ⁽ⁱⁱⁱ⁾	HKD580 per visit, up to HKD3,000 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	HKD30,000 per policy year

Enhanced benefits

(I) Outpatient kidney dialysis	HKD50,000 per policy year
(II) Emergency outpatient treatment for accident	HKD5,000 per policy year
(III) Specified reconstructive surgery benefit ⁽ⁱⁱⁱ⁾	Charges of eligible expenses in relation to the reconstructive surgery shall be covered and payable under the respective benefit items (a) – (c), (e) – (i) and their limits

Other Benefits

(I) Medical negligence benefit ^(vii)	HKD60,000 per policy
(II) Compassionate death benefit	HKD10,000 per policy

Benefit schedule of Supplementary Major Medical (SMM) (optional) under One Plan

SMM (Applicable to confinement only)

Reimbursement percentage of hospital expenses (in excess of benefit paid under benefit items (a) to (h) above) subject to the following limits	80% (Equivalent to 20% coinsurance)
Aggregate annual limit for SMM	HKD120,000 per policy year

SMM will also be subject to the following limits for the respective benefit items:

(1) Room and board (Starting from the 181 st day of confinement)	HKD1,000 per day
(2) Attending doctor’s visit fee (Starting from the 181 st day of confinement)	HKD1,000 per day
(3) Intensive care (Starting from the 91 st day of confinement)	HKD4,000 per day

Notes:

(i) No geographical limitation. Except for psychiatric treatments which is applicable to Hong Kong only and medical negligence benefit which is applicable to Hong Kong or Macao only.

(ii) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, unless otherwise specified.

(iii) 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.

(iv) 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.

(v) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

(vi) 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.

(vii) If a benefit is payable under section 3(a) room and board or (e) intensive care of part 6 of Policy Provisions of the Plan for a confinement, a benefit will also be paid if the insured person dies due to the negligence of a registered medical practitioner or hospital in Hong Kong or Macao during a medical procedure related to the disability, provided the death occurs within 30 days of the negligence and the negligence is publicly admitted and confirmed by the relevant authority, court, or coroner’s inquest.

This benefit schedule is subject to and shall be read together with Policy Provisions ("Terms and Benefits") of the Plan.

Standard premium schedule

HSBC VHIS One Plan (HKD)

Attained age [#]	Male		Female	
	Annually	Monthly	Annually	Monthly
0	3,324	277.20	2,893	241.30
1	3,324	277.20	2,893	241.30
2	3,324	277.20	2,893	241.30
3	3,324	277.20	2,893	241.30
4	3,324	277.20	2,893	241.30
5	2,011	167.70	2,201	183.60
6	2,011	167.70	2,201	183.60
7	2,011	167.70	2,201	183.60
8	2,011	167.70	2,201	183.60
9	1,953	162.90	2,102	175.30
10	1,953	162.90	2,102	175.30
11	1,953	162.90	2,102	175.30
12	1,953	162.90	2,102	175.30
13	1,953	162.90	2,102	175.30
14	1,953	162.90	2,102	175.30
15	1,953	162.90	2,114	176.30
16	1,953	162.90	2,137	178.20
17	1,953	162.90	2,182	182.00
18	1,953	162.90	2,233	186.20
19	1,980	165.10	2,283	190.40
20	2,013	167.90	2,344	195.50
21	2,045	170.60	2,408	200.80
22	2,078	173.30	2,469	205.90
23	2,109	175.90	2,531	211.10
24	2,141	178.60	2,595	216.40
25	2,192	182.80	2,666	222.30
26	2,236	186.50	2,750	229.40
27	2,281	190.20	2,842	237.00
28	2,339	195.10	2,935	244.80
29	2,409	200.90	3,044	253.90
30	2,473	206.20	3,172	264.50
31	2,530	211.00	3,318	276.70
32	2,588	215.80	3,433	286.30
33	2,647	220.80	3,558	296.70
34	2,711	226.10	3,683	307.20
35	2,776	231.50	3,814	318.10
36	2,846	237.40	3,938	328.40
37	2,929	244.30	4,066	339.10
38	3,020	251.90	4,233	353.00
39	3,150	262.70	4,420	368.60
40	3,290	274.40	4,574	381.50
41	3,418	285.10	4,744	395.60
42	3,560	296.90	4,882	407.20
43	3,722	310.40	5,014	418.20
44	3,887	324.20	5,154	429.80
45	4,054	338.10	5,301	442.10
46	4,220	351.90	5,446	454.20
47	4,388	366.00	5,592	466.40
48	4,572	381.30	5,740	478.70
49	4,768	397.70	5,888	491.10
50	4,984	415.70	6,050	504.60
51	5,213	434.80	6,224	519.10
52	5,488	457.70	6,403	534.00
53	5,807	484.30	6,581	548.90
54	6,122	510.60	6,760	563.80
55	6,452	538.10	6,956	580.10
56	6,802	567.30	7,207	601.10
57	7,166	597.60	7,495	625.10
58	7,565	630.90	7,754	646.70
59	7,933	661.60	8,094	675.00
60	8,332	694.90	8,471	706.50
61	8,779	732.20	8,887	741.20
62	9,251	771.50	9,473	790.00
63	9,756	813.70	9,861	822.40
64	10,388	866.40	10,228	853.00
65	11,059	922.30	10,588	883.00
66	11,695	975.40	11,448	954.80
67	12,183	1,016.10	11,991	1,000.00
68	12,688	1,058.20	12,653	1,055.30
69	13,216	1,102.20	13,337	1,112.30
70	13,790	1,150.10	14,137	1,179.00
71	14,369	1,198.40	14,944	1,246.30
72	14,954	1,247.20	15,770	1,315.20
73	15,617	1,302.50	16,407	1,368.30
74	15,937	1,329.10	16,909	1,410.20
75	16,207	1,351.70	17,308	1,443.50
76	16,397	1,367.50	17,570	1,465.30
77	16,530	1,378.60	17,719	1,477.80
78	16,608	1,385.10	17,819	1,486.10
79	16,675	1,390.70	17,911	1,493.80
80	16,749	1,396.90	18,007	1,501.80
81	16,821	1,402.90	18,096	1,509.20
82	16,895	1,409.00	18,173	1,515.60
83	16,971	1,415.40	18,228	1,520.20
84	17,034	1,420.60	18,290	1,525.40
85	17,103	1,426.40	18,362	1,531.40
86	17,172	1,432.10	18,434	1,537.40
87	17,240	1,437.80	18,508	1,543.60
88	17,310	1,443.70	18,580	1,549.60
89	17,377	1,449.20	18,655	1,555.80
90	17,462	1,456.30	18,747	1,563.50
91	17,550	1,463.70	18,842	1,571.40
92	17,637	1,470.90	18,935	1,579.20
93	17,725	1,478.30	19,028	1,586.90
94	17,813	1,485.60	19,120	1,594.60
95	17,903	1,493.10	19,217	1,602.70
96	17,992	1,500.50	19,312	1,610.60
97	18,081	1,508.00	19,405	1,618.40
98	18,168	1,515.20	19,503	1,626.60
99	18,256	1,522.60	19,599	1,634.60

[#] Age refers to the age of the insured person on his or her last birthday.

^{*} The premiums shown are for renewal only.

This premium above does not include levy which is collected by the Insurance Authority and discount (if any).

In accordance with Section 2 of Part 4 of the Policy Provisions ("Terms and Benefits") of HSBC Voluntary Health Insurance One Plan, the Company shall have the right to adjust the standard premium at renewal according to the prevailing standard premium schedule adopted by the Company on an overall portfolio basis. First year premium is based on the premium above according to the attained age, but the actual premiums payable in the future policy years may be subject to adjustment.

Standard premium schedule

HSBC VHIS One Plan with Supplementary Major Medical (HKD)

Attained age [#]	Male		Female	
	Annually	Monthly	Annually	Monthly
0	4,538	378.50	3,974	331.40
1	4,538	378.50	3,974	331.40
2	4,538	378.50	3,974	331.40
3	4,538	378.50	3,974	331.40
4	4,538	378.50	3,974	331.40
5	3,150	262.70	3,368	280.90
6	3,150	262.70	3,368	280.90
7	3,150	262.70	3,368	280.90
8	3,150	262.70	3,247	270.80
9	3,089	257.60	3,117	260.00
10	3,086	257.40	3,086	257.40
11	3,148	262.50	3,061	255.30
12	3,154	263.00	3,037	253.30
13	3,159	263.50	3,028	252.50
14	3,164	263.90	3,051	254.50
15	3,170	264.40	3,084	257.20
16	3,175	264.80	3,139	261.80
17	3,181	265.30	3,206	267.40
18	3,186	265.70	3,282	273.70
19	3,218	268.40	3,365	280.60
20	3,289	274.30	3,487	290.80
21	3,354	279.70	3,633	303.00
22	3,418	285.10	3,751	312.80
23	3,484	290.60	3,884	323.90
24	3,549	296.00	4,006	334.10
25	3,615	301.50	4,118	343.40
26	3,676	306.60	4,256	355.00
27	3,743	312.20	4,396	366.60
28	3,845	320.70	4,552	379.60
29	3,976	331.60	4,726	394.10
30	4,088	340.90	4,905	409.10
31	4,178	348.40	5,103	425.60
32	4,267	355.90	5,263	438.90
33	4,348	362.60	5,414	451.50
34	4,442	370.50	5,564	464.00
35	4,548	379.30	5,723	477.30
36	4,655	388.20	5,880	490.40
37	4,788	399.30	6,039	503.70
38	4,954	413.20	6,253	521.50
39	5,162	430.50	6,502	542.30
40	5,377	448.40	6,723	560.70
41	5,558	463.50	6,961	580.50
42	5,745	479.10	7,164	597.50
43	5,971	498.00	7,355	613.40
44	6,220	518.70	7,543	629.10
45	6,486	540.90	7,760	647.20
46	6,752	563.10	7,993	666.60
47	7,029	586.20	8,250	688.10
48	7,337	611.90	8,517	710.30
49	7,669	639.60	8,789	733.00

Attained age [#]	Male		Female	
	Annually	Monthly	Annually	Monthly
50	8,031	669.80	9,087	757.90
51	8,412	701.60	9,402	784.10
52	8,843	737.50	9,730	811.50
53	9,310	776.50	10,067	839.60
54	9,779	815.60	10,434	870.20
55	10,267	856.30	10,857	905.50
56	10,774	898.60	11,372	948.40
57	11,298	942.30	11,854	988.60
58	11,955	997.00	12,342	1,029.30
59	12,493	1,041.90	12,968	1,081.50
60	13,087	1,091.50	13,589	1,133.30
61	13,725	1,144.70	14,262	1,189.50
62	14,444	1,204.60	15,171	1,265.30
63	15,210	1,268.50	15,902	1,326.20
64	16,169	1,348.50	16,632	1,387.10
65	17,188	1,433.50	17,377	1,449.20
66	18,314	1,527.40	18,577	1,549.30
67	19,265	1,606.70	19,405	1,618.40
68	20,125	1,678.40	20,365	1,698.40
69	21,025	1,753.50	21,512	1,794.10
70	21,921	1,828.20	22,719	1,894.80
71	22,839	1,904.80	24,014	2,002.80
72	23,774	1,982.80	25,329	2,112.40
73	24,862	2,073.50	26,533	2,212.90
74	25,592	2,134.40	27,562	2,298.70
75	25,932	2,162.70	28,045	2,339.00
76	26,174	2,182.90	28,361	2,365.30
77	26,360	2,198.40	28,564	2,382.20
78	26,490	2,209.30	28,718	2,395.10
79	26,609	2,219.20	28,865	2,407.30
80	26,733	2,229.50	29,015	2,419.90
81	26,840	2,238.50	29,148	2,430.90
82	26,956	2,248.10	29,265	2,440.70
83	27,074	2,258.00	29,366	2,449.10
84	27,177	2,266.60	29,474	2,458.10
85	27,289	2,275.90	29,589	2,467.70
86	27,398	2,285.00	29,709	2,477.70
87	27,505	2,293.90	29,824	2,487.30
88	27,620	2,303.50	29,942	2,497.20
89	27,724	2,312.20	30,062	2,507.20
90	27,864	2,323.90	30,209	2,519.40
91	28,001	2,335.30	30,366	2,532.50
92	28,138	2,346.70	30,515	2,545.00
93	28,280	2,358.60	30,665	2,557.50
94	28,423	2,370.50	30,817	2,570.10
95	28,561	2,382.00	30,973	2,583.10
96	28,708	2,394.20	31,125	2,595.80
97	28,850	2,406.10	31,279	2,608.70
98	28,994	2,418.10	31,437	2,621.80
99	29,133	2,429.70	31,591	2,634.70

[#] Age refers to the age of the insured person on his or her last birthday.

^{*} The premiums shown are for renewal only.

This premium above does not include levy which is collected by the Insurance Authority and discount (if any).

In accordance with Section 2 of Part 4 of the Policy Provisions ("Terms and Benefits") of HSBC Voluntary Health Insurance One Plan, the Company shall have the right to adjust the standard premium at renewal according to the prevailing standard premium schedule adopted by the Company on an overall portfolio basis. First year premium is based on the premium above according to the attained age, but the actual premiums payable in the future policy years may be subject to adjustment.

Product key facts

Certification numbers of the Plans

HSBC VHIS One Plan	F00079-01-000-01
HSBC VHIS One Plan with Supplementary Major Medical	F00079-02-000-01

Policy term Guaranteed renewable annually up to age² 100 of the insured person

Issue age² 15 days to age² 80

Key exclusions

Under these Policy Provisions ("Terms and Benefits"), the Company shall not pay any benefits in relation to or arising from the following expenses:

- Treatments, procedures, medications, tests or services which are not medically necessary.
- 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.
- HIV and its related disability, which is contracted or occurs before the policy effective date, except for sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth.
- 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.
- Services for beautification or cosmetic purposes, unless necessitated by injury caused by an accident, or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to LASIK.
- Prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions.
- Dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident.
- 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.
- Purchase of durable medical equipment or appliances including but not limited to wheelchairs, hearing aids and over-the-counter drugs etc.
- Traditional Chinese medicine treatment, except for the Chinese Medicine Practitioner outpatient care benefit payable under Diamond plan, including but not limited to herbal treatment, bone-setting, acupuncture, and other forms of alternative treatment including but not limited to qigong, massage therapy and aromatherapy.
- Experimental or unproven medical technology or procedure.
- Congenital condition(s) which have manifested or been diagnosed before the insured person attained the age² of 8 years.
- Eligible expenses which have been reimbursed under any law, or medical programme or insurance policy provided by any government, company or other third party.
- War (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

The above list is for reference only. Please refer to Policy Provisions ("Terms and Benefits") of the Plan for the full list of exclusions.

Important notes

Disclosure obligation for underwriting	You are required to declare all requisite information that would affect the underwriting decisions of the Company. The Company has the right to declare the policy void due to any misrepresentation or fraud. If the non-health related information of the insured person (including but not limited to age²) is misstated in the application, the Company may adjust the premium, for the past, current or future policy year, or declare the policy void on the basis of the correct information.
Cooling-off period	HSBC Voluntary Health Insurance One Plan is a government certified health insurance plan, which is not equivalent or similar to any kind of bank deposit. Part of the premium pays for the insurance and related costs including, but not limited to, policy acquisition, maintenance and claims costs. If you are not satisfied with your policy, or our plan’s coverage overlaps with your other existing protection plans coverage or exceed your needs, you have a right to cancel it within the cooling-off period and obtain a refund of any premiums and levies paid by giving a written notice to HSBC Life (International) Limited. Your request to cancel must be signed by you and received directly by the office of HSBC Life (International) Limited at 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong within the cooling-off period (that is, a period of 21 calendar days immediately following the day of the delivery to you or your nominated representative of these Policy Provisions ("Terms and Benefits") and the policy schedule or the cooling-off notice; whichever is the earlier). No refund can be made if a benefit payment has been made, is to be made or impending. The above cancellation right shall not apply at renewal. In such event, these Policy Provisions ("Terms and Benefits") shall be deemed to have been void from the policy effective date and the Company shall not be liable to pay any benefit.
Policy cancellation	You can request to cancel the policy after the cooling-off period by giving 30 days prior written notice to the Company, provided that there has been no benefit payment during the relevant policy year.
Premium adjustment	The initial premium is based on the age² of the insured person at the time of policy issuance and other factors including but not limited to risk class of the insured person and the benefit level of your policy. Premiums are not guaranteed and may be changed by the Company at any of the policy anniversaries. In accordance with Section 2 of Part 4 of the Policy Provisions ("Terms and Benefits") of HSBC Voluntary Health Insurance One Plan, the Company shall have the right to adjust the standard premium at renewal according to the prevailing standard premium schedule adopted by the Company on an overall portfolio basis. We consider factors including but not limited to (i) the Company’s claims and policy persistency experience and (ii) expected claim outgo in future (reflecting the impact of medical trend, medical cost inflation and product feature revisions).
Suicide	If the insured person commits suicide within 1 year from the policy effective date of the policy, whether sane or insane, no compassionate death benefit will be payable under this policy.

Important notes

Termination conditions	We have the right to terminate your policy under any of the following circumstances: • Non-payment of premiums after a grace period of 31 days after the premium due date; • The day immediately following the death of the insured person; • The Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the policy; or • If this policy is or becomes illegal under the law applicable to the policyholder or the insured person Please refer to the Policy Provisions ("Terms and Benefits") of the Plan for detailed terms and conditions on termination.
Medically necessary	It refers to the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must • 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	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 government; and/or • Other pertinent source of reference in the locality where the treatments, services or supplies are provided
Applicable laws	This policy is issued in Hong Kong and shall be governed by and construed in accordance with the laws of Hong Kong. The Company and policyholder agree to be subject to the exclusive jurisdiction of the Hong Kong courts.

Key risks

Credit and insolvency risks	HSBC VHIS One Plan is an insurance policy issued by us. You are subject to our credit risk because all your premiums paid become part of our assets. You do not have any rights or ownership over any of our assets. You can only claim against us under all circumstances.
Risk from the delay or missing the payment of premiums due	Your policy will be automatically terminated due to non-payment of premiums after a grace-period of 31 days after the premium due date. If your policy is terminated, you may not get back the premium you have paid . A terminated policy cannot be reinstated. You will need to purchase a new policy if you wish to enjoy any of the benefits under the HSBC VHIS One Plan and will be subject to a fresh underwriting process with the Company, which may result in higher premiums and imposition of case-based exclusions .
Inflation risk	You must take into account the risk of inflation, which will likely cause the future cost of living to rise . With inflation in place, you should expect that you or your assigned beneficiary(ies) will receive an amount that is less in real terms in the future , even if we have done our best to serve your policy.

Endnotes

1. The actual amount of eligible expenses and other expenses charged and payable in accordance to the Policy Provisions ("Terms and Benefits") of this policy are subject to item sub-limit.
2. Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured person on his or her last birthday.
3. Pre-existing condition(s) shall mean, in respect of the insured person, any sickness, disease, injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the policy issuance date or the policy effective date, whichever is earlier. An ordinary prudent person shall be reasonably aware of a pre-existing condition, where - (a) it has been diagnosed; (b) it has manifested clear and distinct signs or symptoms; or (c) medical advice or treatment has been sought, recommended or received. The Company may impose case-based exclusion(s) to the preexisting condition(s) notified to the Company in the application for the Plan and any subsequent information or document submitted to the Company for the purpose of the application. Unknown pre-existing condition(s) refers to any pre-existing condition(s) that the policyholder and/or insured person was not aware and would not reasonably have been aware of at the time of application. Please refer to Policy Provisions ("Terms and Benefits") of the Plan for the full and detailed terms and conditions.
4. Network doctors and network healthcare facilities under the Care+ Medical Network are independent third parties and are not agents of the Company. The Company shall not have any obligation or liability whatsoever in relation to the medical services provided by network doctors and network healthcare facilities, and shall not be responsible for any act or failure to act on the part of these network facilities. The Company reserves the right to revise the Care+ Medical Network doctors and healthcare facilities from time to time without prior notice.
5. Cashless Arrangement is a credit facility and is not one of the product features of the relevant policies. Payments under Cashless Arrangement could be made by the Company on behalf of the policyholder directly to network facilities in respect of the relevant policy. It is not an admission of claim eligibility and the actual entitlement to reimbursements for eligible medical expenses is subject to the (a) applicable benefit limits and exclusions under the Policy Provisions and (b) the acceptance of Cashless Arrangement by the network doctors and network healthcare facilities under the Care+ Medical Network. Only eligible medical expenses within the pre-authorisation limit for necessary and specified medical treatments will be covered through Cashless Arrangement. The Company reserves the right to seek reimbursement from the policyholder if the medical costs paid by us is higher than the maximum amount of benefit. This is an optional service. Clients can opt-out the services by writing to the Company. The Company reserves the right to amend, suspend, terminate the service or amend the terms and conditions thereof from time to time without prior notice.
6. The second medical opinion is provided by external medical service provider which is an independent contractor and is not an agent of the Company and will not cover any diagnosis, treatments and/or medications. It is not, and should not be used, as a substitute for medical advice from the policyholder and life insured's own medical doctors. The Company does not warrant or represent on the completeness and accuracy of the advice, opinion and/or information provided. The Company is not liable for loss, damage, costs or other expenses which you may incur as a result of the second medical opinion. Nothing in this clause will exclude or limit our liability for death or personal injury caused by negligence or for any liability which cannot be excluded or limited under applicable law. The Company reserves the right to amend, suspend, terminate the service or amend the terms and conditions thereof from time to time without prior notice. This is an optional service. Clients can opt-out the services by writing to the Company.
7. The worldwide emergency assistance is provided by external third party and the services are subject to the terms and conditions of the worldwide emergency assistance. The Company reserves the right to amend, suspend, terminate the service or amend the terms and conditions thereof from time to time without prior notice. This is an optional service. Clients can opt-out the services by writing to the Company.
8. Medical Concierge Service ("Medical Concierge Service") is not a part of the policy in respect of HSBC Voluntary Health Insurance Scheme ("HSBC VHIS"). For more details of the Medical Concierge Service, please refer to the detailed terms and conditions on our website: www.hsbc.com.hk/vhis.

A brief summary of some of the terms and conditions of Medical Concierge Service as follows:

- a) The Medical Concierge Service is applicable to Eligible Customers in respect of HSBC VHIS, subject to all the terms and conditions herein.
- b) Regarding Medical Concierge Service, "Eligible Customers" shall mean eligible insured person(s) in respect of the Relevant Policy issued in respect of HSBC VHIS.
- c) Medical Concierge Service shall only be applicable for matters concerning the Relevant Policy for Eligible Customers, subject to all the terms herein.
- d) Any policyholder or person who is not an insured person of HSBC VHIS shall not constitute an Eligible Customer for the Medical Concierge Service.
- e) The Medical Concierge Service, at all times, be subject to the terms and conditions as determined by HSBC Life.
- f) The Medical Concierge Service shall be subject to availability, under any and all circumstances. There is no guaranteed in respect of the availability of a doctor or accessibility to a doctor, regardless of whether an appointment has been arranged or not;
- g) HSBC Life shall have the right to change and revise these terms and conditions of Medical Concierge Service (at its discretion, without any prior notice) at any time and from time to time. Any offer for Medical Concierge Service may be withdrawn and/or terminated by HSBC Life at its discretion. HSBC Life shall not be liable for any loss, damages, costs or expenses which may arise (directly or indirectly) from any change of these terms and conditions, or any exercise of HSBC Life's discretion in respect of Medical Concierge Service.
- h) HSBC Life shall not be liable for any loss, damage, costs, or injury (which may arise directly or indirectly) from any fault, failure, cancelation, delay, or exercise of HSBC Life's discretion in or relating to the performance of any matters or services under or related to the Medical Concierge Service, including but not limited to circumstances where such failure or delay is relating to:

i) Any matters which are beyond the reasonable control of HSBC Life or any of HSBC Life's service provider(s), or

ii) Any matters which could not reasonably have been foreseen by HSBC Life, or

- iii) Any matter, delay, service, service standard, fault, omission, accident or incident relating to any service providers or independent contractors, including but not limited to any vehicle company and medical provider(s), or
 - iv) Any unavailability, or delay of any Medical Concierge Service or any Limousine Arrangement Service, or
 - v) Quality of any service relating to the any Medical Concierge Service or any Limousine Arrangement Service.
- i) HSBC Life does not and shall not provide any kind of the following services:
- a) Medical services or any kind of services which require licensing in the medical field;
 - b) Transportation services which require licensing relating to vehicles. Eligible Customers who need emergency service or are in critical or serious condition should directly arrange for an ambulance, and should not use our Medical Concierge Service.
- j) This is an optional service. Clients can opt-out the services by writing to the Company.
9. Partner shall mean a person (of the same or opposite gender) with whom an individual is committed in a continuous and exclusive relationship. Please note that even though the policy coverage extends to partner(s), partner policies will not be eligible for tax deduction under the current laws of Hong Kong.
10. Tax deduction eligibility is only applicable to policyholders or his/her spouse who are Hong Kong taxpayers. Tax deduction for the qualifying premiums paid under VHIS policy (not including levy) will be based on the premiums paid after deducting the premium discount (if any) for each year of assessment. The actual tax saving may be lower than the illustrated amount and is subject to review and agreement by the Inland Revenue Department of the Hong Kong SAR on a case by case basis. For more information, please refer to www.ird.gov.hk or seek independent tax advice. HSBC and HSBC Life does not intend to give any tax, immigration, or professional advice, and will not give any tax, or professional advice.
11. The figures are hypothetical and for illustrative purposes only, assuming the premiums of the HSBC VHIS One Plan policies are eligible for tax deduction with the standard tax rate of 15% for the year of assessment 2024/25. For more information, please refer to www.ird.gov.hk or seek independent tax advice. HSBC and HSBC Life does not intend to give any tax, immigration, or professional advice, and will not give any tax, or professional advice.

More information

Planning for your financial future is important. Let us review your current and future needs to help you decide if HSBC VHIS One Plan is the right product to help you fulfil your goals. You can visit any HSBC branches to make an appointment with us.

Browse www.hsbc.com.hk/insurance

HSBC Voluntary Health Insurance One Plan

HSBC Life (International) Limited

HSBC Life (International) Limited ("the Company", "we" or "us") is incorporated in Bermuda with limited liability, and is one of the HSBC Group's insurance underwriting subsidiaries.

Hong Kong Special Administrative Region office

18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong

The Company is authorised and regulated by the Insurance Authority to carry on long-term insurance business in the Hong Kong Special Administrative Region.

The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agency of the Company for the distribution of life insurance products in the Hong Kong Special Administrative Region. HSBC Voluntary Health Insurance One Plan is a product of the Company but not HSBC, underwritten by the Company and it is only intended for sale through HSBC in the Hong Kong Special Administrative Region. The Company will be responsible for providing your insurance coverage and handle the network management under your policy. The Plan is not a bank deposit or bank savings plan. You have an option to purchase the Plan as a standalone certified plan under the VHIS without bundling with other type(s) of insurance product.

In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between HSBC and you out of the selling process or processing of the related transaction, HSBC is required to enter into a Financial Dispute Resolution Scheme process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

The Company accepts full responsibility for the accuracy of the information contained in the product brochure and confirms, having made all reasonable enquiries, that to the best of its knowledge and belief there are no other facts the omission of which would make any statement misleading. The information shown therein is intended as a general summary. **Please refer to your insurance policy and Policy Provisions ("Terms and Benefits") of the Plan for details.**

June 2025

HSBC Life (International) Limited is the proud winner of the following awards:



明智保障之选 满足您的需要

人生变幻莫测，岂能尽如人意。优质医疗服务价格日益高涨，公共医疗体系不胜负荷，为您与挚爱安排医疗保障，防患未然，方为上策。汇丰自愿医保进阶计划（「汇丰进阶医保」、「进阶计划」、「本计划」、「您的保单」）提供**实惠及必要的医疗保障**，涵盖私营机构的医疗费用，从第\$1医疗开支¹为您提供即时保障。

产品特点概览



这是在自愿医保计划框架下，由政府认可的个人偿款住院保险产品。

注册自愿医保产品的提供者	汇丰人寿保险（国际）有限公司（「汇丰保险」、「本公司」、「我们」）
认可产品类别	灵活计划
认可产品名称	汇丰自愿医保进阶计划
合格的税务扣减金额	纳税人本人或其配偶为保单持有人，可就每课税年度缴付的合资格保费作税务扣减，每名受保人每年上限为港币8,000元

本产品册子仅提供基本资料，并不构成保险合同的部分。有关条款、细则及不保事项的详情，请参阅本计划的保单条款（「条款及保障」）。

计划特点

多重支援助您面对医疗路上的难关



保障未知的已有病症而不设等候期³

我们会从保单生效日起为您提供即时保障，让您毋须担心突如其来的住院费用－

- 本计划提供**即时**医疗保障，涵盖**未知的已有病症³**的医疗开支。



为癌症治疗提供广泛保障

本计划提供广泛的住院保障，确保您可接受合适保护－

- 若您不幸确诊癌症，本计划将支付**手术或非手术癌症治疗**的开支。



涵盖指定重建手术以提升您的生活质素

我们希望您能得到最佳的治疗，助您恢复健康和提升生活质素－

- 若受保人因意外受伤而导致身体部位受损或存在缺陷，或患上乳癌而需接受手术治疗，本计划将支付**指定重建手术**的多项费用。
- 与重建手术相关的合资格开支包括病房及膳食费用、杂项费用、主诊医生的诊金、深切治疗、外科医生费、麻醉科医生费、手术室费及医生开立的诊断影像检查费用。



周全保障涵盖门诊服务

我们全程照料您住院前后的康复之旅－

- 本计划将支付**入院前和出院后的门诊及／或急症治疗**的多项费用，包括但不限于咨询、处方药物、敷料、物理治疗、职业治疗或言语治疗。



多元医疗支援

门诊洗肾和意外急症门诊治疗等其他保障为您提供坚实后盾，助您重拾健康。

计划特点

时刻守护您与挚爱



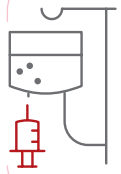
从「第\$1医疗开支」¹开始赔偿

于保单条款及保障表所列限额的规限下，当您有住院需要时，本计划会为您从第\$1医疗开支¹开始支付住院费用，不设垫底费用，让您摆脱不必要的经济忧虑。



环球保障不设病房级别限制

无论您身在何地，本计划都能满足您各种医疗需要，让您可于任何病房级别或全球任何地点接受治疗。我们致力为您提供可靠的医疗保障，让您随心而行，无忧享受人生每个精彩时刻。



续保承诺为您提供持续保障

我们承诺守护您的健康，**保证续保至100岁²**。



更强大的医疗后盾

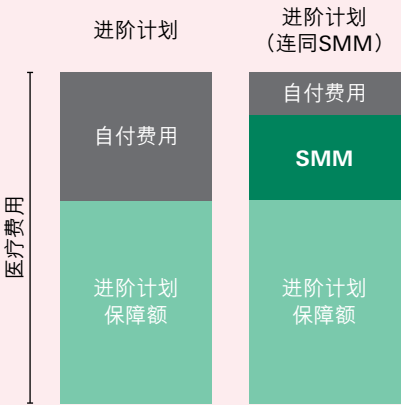
您可选购附加额外医疗保障 (SMM)，当超出进阶计划住院保障下的应付总额时，SMM可为您支付80%的超额指定医疗费用^{*}。



甚么是附加额外医疗保障 (SMM) ？

SMM是自选的附加项目，当住院费用超出进阶计划的保障限额时，为您支付部分的余下医疗开支。

如需接受大型手术或长期住院，医疗费用可能甚为惊人。本计划提供SMM选项，保额高达每年港币120,000元，如进阶计划下的应付总额不敷应用，将为您支付80%的超额指定医疗费用^{*}。



上述仅供参考。所显示的任何资讯仅为一般参考，属于假设性质，仅作为说明使用。
^{*}跟据保单条款，赔偿受限于本计划中所述的合资格住院开支，即病房及膳食费用、杂项开支、主诊医生诊金、专科医生费、深切治疗、外科医生费、麻醉科医生费及手术室费。

计划特点

无论身处本地或海外亦能享用增值服务



住院保证免按金服务*及食道胃十二指肠内视镜检查（「胃镜」）及／或大肠镜检查可额外享免找数服务^{4, 5}

接受所需的指定治疗而毋须预缴费用－

- 入住指定中国内地或海外医院可享高达7,000美元的住院保证免按金服务*；
- 于汇丰保险的全方位医疗网络名单上的日间手术中心进行胃镜及／或大肠镜检查可享免找数服务^{4, 5}。

只需于接受治疗前获得预先批核便可享用以上服务。



医疗礼宾服务⁸

如您所接受的治疗属医疗所需，您可致电医疗礼宾服务热线，由医疗礼宾顾问代您预约诊症服务、处理及递交医疗费用索偿相关的文件和表格。



第二医疗意见⁶

如您不幸患上列于保单及用户指南第二医疗意见⁶的条款及细则中的任何严重疾病，包括但不限于癌症、中风和肾衰竭，我们可协助您向本公司选择的全方位医疗网络名单上的医生⁴或其他专家寻求第二医疗意见⁶。



全球紧急支援⁷

如您在海外遇上紧急事故，只需联络由我们的合作伙伴Allianz Worldwide Partners (Hong Kong) Limited 提供的24小时全球紧急援助中心便可获得协助。

计划特点

时刻守护您与挚爱



家庭折扣优惠

您可获享**10%家庭折扣优惠**，如**合格的家庭成员**－

- 1. 为汇丰自愿医保进阶计划及／或灵活医保的**现有受保人**或
- 2. 同时成功投保，成为另一份汇丰自愿医保进阶计划及／或灵活医保的**受保人**

符合享有保费折扣的家庭成员包括：

- 保单持有人或其配偶或伴侣⁹或他们的：
- 子女(包括继／合法领养子女)；
- 父母(包括继／合法之无血缘关系的父母)；
- 兄弟姐妹(包括继／合法之无血缘关系的兄弟姐妹)；
- 祖父母／外祖父母(包括继／合法之无血缘关系的祖父母／外祖父母)；
- 孙子女／外孙子女(包括继／合法之无血缘关系的孙子女／外孙子女)。

* 中国内地及海外医院住院保证免收按金服务是由非本公司之代理的独立承办商（「独立服务供应商」）作协办机构提供的自选服务，并须受以下条款约束：

a. 此服务的条款须受中国内地及海外医院住院保证免收按金服务之条款及细则约束。本公司保留不时修订有关条款及细则之权利而不作预先通知。

b. 此为自选服务，客户可透过书面通知本公司选择退出。

c. 受保人使用任何独立服务供应商之服务，须受独立服务供应商（可不时修订）的条款及细则约束。

d. 本公司毋须就该机构提供之服务作表述、保证及承诺。

e. 本公司毋须就以下任何及全部情况向保单持有人或受保人承担任何责任：(i)由任何指定中国内地及海外医院提供的任何疗程及服务，(ii)任何由协办机构或独立服务供应商提供的行动、活动、服务或回复，或(iii)受保人及／或保单持有人因该协办机构、独立服务供应商或其代理提供之任何服务或建议或该等服务之供应而直接或间接蒙受或产生之任何损失、损害、费用、起诉、诉讼或法律程序。

参考John的个案

John明白人生无常，世事难料。他希望能未雨绸缪，假如不幸需要入院接受治疗，亦能有一份安心保障。他为自己购买连同附加额外医疗保障 (SMM) 的汇丰自愿医保进阶计划，而他的姐弟Candy和Kelvin亦受其影响，分别选择及投保了附加和没有附加SMM的汇丰自愿医保进阶计划。

John为受保人的保单－

保单持有人及受保人	John	每年保障限额	无
投保年龄 ²	30	终身保障限额	无
保障级别	进阶计划（连同SMM）	连同附加额外医疗保障的每年总限额	港币120,000元
		每年保费	港币4,088元

索偿事例－紧急与意外住院



及后，John遇上交通意外，导致：

- 膝盖脱臼
- 关节和韧带扭伤及拉伤

他透过汇丰自愿医保进阶计划（连同SMM）索偿医疗开支，当中包括于香港私家医院接受内侧髌股韧带重建手术的费用。

 医疗服务及治疗项目	实际医疗开支	汇丰进阶计划（连同SMM）的实际偿付额
(a) 病房及膳食（4日）	港币3,360元	港币3,360元
(b) 杂项开支	港币24,610元	港币14,000元
(c) 主诊医生巡房费	港币2,240元	港币2,240元
(d) 专科医生费	不适用（港币0元）	不适用（港币0元）
(e) 深切治疗	不适用（港币0元）	不适用（港币0元）
(f) 外科医生费	港币30,000元	港币25,000元
(g) 麻醉科医生费	港币10,000元	港币8,750元
(h) 手术室费	港币6,740元	港币6,740元
(i) 订明诊断成像检测	港币5,700元	港币3,990元
(j) 订明非手术癌症治疗	不适用（港币0元）	不适用（港币0元）
(k) 入院前或出院后／日间手术前后的门诊护理	港币2,550元	港币2,320元
合共	港币85,200元	港币66,400元
附加额外医疗保障（SMM）（只涵盖住院费用）		
超出上文(a)至(h)项保障限额的住院费用可获80%偿付		港币13,488元 [^]
实际总赔偿金额 (港币66,400元 + 港币13,488元)		港币79,888元

不幸中之大幸，John购买了汇丰自愿医保进阶计划（连同附加额外医疗保障），即使面对突如其来的医疗开支亦能获得约90%*保障，让他可以专心休养，免受财务问题困扰。

增值服务照顾医疗所需

此外，身为汇丰自愿医保进阶计划的保单持有人，John由预约诊症⁸到递交医疗费用索偿表格和处理相关文件都得到医疗礼宾顾问⁸全力协助，轻松入住汇丰保险的全方位医疗网络名单上的香港私家医院及接受治疗。

节省税款

John，Candy和Kelvin分别身为纳税人及保单持有人，每年可就该课税年度缴付的合资格保费获享扣税优惠¹⁰：

受保人 (年龄 ²)		已付保单年费 (视乎年龄 ² ／连同SMM选项)	扣税金额 (每名受保人上限为港币8,000元)	节省税款 (假设税率 ¹¹ 为15%)
本人	 John (30)	港币4,088元	港币4,088元	港币613元
姐姐	 Candy (35)	港币5,723元	港币5,723元	港币858元
弟弟	 Kelvin (25)	港币2,192元	港币2,192元	港币329元



由于John、Candy和Kelvin均为投保汇丰进阶医保的合资格家庭成员（详情请参阅本产品册子第5页），他们可进一步获享已付年度总保费的**10%家庭折扣优惠**。

[^] 保障项目(a)至(h)的实际住院费用港币76,950元 - 保障项目(a)至(h)的实际偿付额港币60,090元 = 港币16,860元；
超出上文(a)至(h)项保障限额的住院费用可获实际偿付 = 港币16,859元乘80% = 港币13,488元

^{*} 赔偿率是根据港币79,888除以港币85,200计算得出，为 93.7%，并基于2024年提交和批准的相关索偿金额。

上述例子包括的赔偿细节仅供参考，任何展示的保费或税务计算仅供参考，并不包含折扣。所显示的信息仅供一般参考，属于假设性质，仅作为说明用途。并不旨在构成对任何人的建议或意见，也不应成为任何治疗决策的依据。上述例子仅供参考，并不包含折扣。有关预先批核、医疗索偿程序及增值服务的详情，请参阅www.hsbc.com.hk/vhis上的「用户指南」。

合资格的税务扣减只适用于保单持有人或其配偶，并且为香港纳税人。实际节省的税款视乎香港特别行政区税务局对每个个案的审查及协议而定。上述例子仅供说明，并未包括任何折扣优惠。就自愿医保保单缴付的合资格保费（不包括保费征费）可获得之税务扣减，将于每个课税年度根据扣除保费折扣（如有）后之已缴保费计算。实际所节省的税款可能低于例子所示款项。如有任何疑问，应向专业的税务顾问咨询。汇丰及汇丰保险不拟提供任何税务、移民或专业建议，亦不会提供任何税务或专业建议。以上赔偿还视乎项目的保障范围及限额，由本公司根据逐一个案而定。详情请参阅「保障表」部分。

保障表

以下是保单的主要保障摘要。请参阅本计划的条款及保障，以获取完整的保障、条款、细则及不保事项清单。

备注 - 以下列出的任何项目的分项限额表示可根据实际开支申请的最高金额。

汇丰自愿医保进阶计划	
保障级别	
保障项目(a) – (I)及额外保障(II) – (III)的 每年保障限额	无
保障项目(a) – (I)及额外保障(II) – (III)的 终身保障限额	无
地域范围限制	全球 ⁽ⁱ⁾
病房级别限制	无 (病房级别调整百分比并不适用)
保障项目 ⁽ⁱⁱⁱ⁾	
(a) 病房及膳食	每日港币1,000元 每保单年度最多180日
(b) 杂项开支	每保单年度港币14,000元
(c) 主诊医生巡房费	每日港币1,000元 每保单年度最多180日
(d) 专科医生费 ⁽ⁱⁱⁱ⁾	每保单年度港币4,300元
(e) 深切治疗	每日港币4,000元 每保单年度最多90日
(f) 外科医生费	按照外科手术表中的手术分类，每项手术： - 复杂：港币50,000元 - 大型：港币25,000元 - 中型：港币12,500元 - 小型：港币5,000元
(g) 麻醉科医生费	应支付外科医生费的35% ^(vi)
(h) 手术室费	应支付外科医生费的35% ^(vi)
(i) 订明诊断成像检测 ^{(iii) (iv)}	每保单年度港币20,000元 须支付30%的共同保险
(j) 订明非手术癌症治疗 ^(v)	每保单年度港币80,000元
(k) 入院前或出院后／日间手术前后的门诊护理 ⁽ⁱⁱⁱ⁾	每次港币580元，每保单年度最高港币3,000元： 1次住院／日间手术前门诊或急症诊症 3次住院／日间手术后跟进门诊（出院或日间手术完成后90日内）
(l) 精神科治疗	每保单年度港币30,000元

额外保障

(I) 门诊洗肾	每保单年度港币50,000元
(II) 意外急症门诊治疗	每保单年度港币5,000元
(III) 指定重建手术保障 ⁽ⁱⁱⁱ⁾	与重建手术相关的合资格费用将根据保障项目(a) – (c)、(e) – (i)及其各自的限额赔偿及支付

其他保障

(I) 医疗疏忽事故保障 ^(vii)	每份保单港币60,000元
(II) 恩恤身故赔偿	每份保单港币10,000元

进阶计划下的附加额外医疗保障（自选项目）的保障表

附加额外医疗保障（只适用于住院情况）

超出根据以上保障项目(a)至(h)付的赔偿额的该部分留院开支之偿付百分比，惟受限于以下限额	80%（相当于20%共同保险）
附加额外医疗保障的每年总限额	每保单年度港币120,000元

附加额外医疗保障亦将受以下各保障项目的限额所限：

(1) 病房及膳食（由住院第181日起）	每日港币1,000元
(2) 主诊医生巡房费（由住院第181日起）	每日港币1,000元
(3) 深切治疗（由住院第91日起）	每日港币4,000元

注

- (i) 无地域范围限制，惟精神科治疗只适用于香港及医疗疏忽赔偿只适用于香港或澳门。
- (ii) 同一项目的合资格费用不可获上表中多于一个保障项目的赔偿（另有说明除外）。
- (iii) 本公司有权要求有关书面建议的证明，例如转介信或由主诊医生或注册医生在索偿申请表内提供的陈述。
- (iv) 检测只包括电脑断层扫描（“CT”扫描）、磁力共振扫描（“MRI”扫描）、正电子放射断层扫描（“PET”扫描）、PET-CT组合及PET-MRI组合。
- (v) 治疗只包括放射性治疗、化疗、标靶治疗、免疫治疗及荷尔蒙治疗。
- (vi) 百分比应用于实际支付的外科医生费或根据手术分类划分的外科医生费保障限额，并以较低者为准。
- (vii) 根据本计划的保单条款第6部分第3(a)节的病房及膳食或(e)节的深切治疗支付住院保障时，若受保人在香港或澳门的注册医生或医院因其残疾相关的医疗程序疏忽而死亡，并且该死亡发生在医疗疏忽后30天内，且该疏忽已由相关政府机构、法院或验尸官调查公开承认并确认，则也将支付保障。

此保障表受限于本计划的保单条款（「条款及保障」），并应与其一并阅读。

标准保费表

汇丰自愿医保进阶计划

届时年龄 [#]	男性		女性	
	年缴	月缴	年缴	月缴
0	3,324	277.20	2,893	241.30
1	3,324	277.20	2,893	241.30
2	3,324	277.20	2,893	241.30
3	3,324	277.20	2,893	241.30
4	3,324	277.20	2,893	241.30
5	2,011	167.70	2,201	183.60
6	2,011	167.70	2,201	183.60
7	2,011	167.70	2,201	183.60
8	2,011	167.70	2,201	183.60
9	1,953	162.90	2,102	175.30
10	1,953	162.90	2,102	175.30
11	1,953	162.90	2,102	175.30
12	1,953	162.90	2,102	175.30
13	1,953	162.90	2,102	175.30
14	1,953	162.90	2,102	175.30
15	1,953	162.90	2,114	176.30
16	1,953	162.90	2,137	178.20
17	1,953	162.90	2,182	182.00
18	1,953	162.90	2,233	186.20
19	1,980	165.10	2,283	190.40
20	2,013	167.90	2,344	195.50
21	2,045	170.60	2,408	200.80
22	2,078	173.30	2,469	205.90
23	2,109	175.90	2,531	211.10
24	2,141	178.60	2,595	216.40
25	2,192	182.80	2,666	222.30
26	2,236	186.50	2,750	229.40
27	2,281	190.20	2,842	237.00
28	2,339	195.10	2,935	244.80
29	2,409	200.90	3,044	253.90
30	2,473	206.20	3,172	264.50
31	2,530	211.00	3,318	276.70
32	2,588	215.80	3,433	286.30
33	2,647	220.80	3,558	296.70
34	2,711	226.10	3,683	307.20
35	2,776	231.50	3,814	318.10
36	2,846	237.40	3,938	328.40
37	2,929	244.30	4,066	339.10
38	3,020	251.90	4,233	353.00
39	3,150	262.70	4,420	368.60
40	3,290	274.40	4,574	381.50
41	3,418	285.10	4,744	395.60
42	3,560	296.90	4,882	407.20
43	3,722	310.40	5,014	418.20
44	3,887	324.20	5,154	429.80
45	4,054	338.10	5,301	442.10
46	4,220	351.90	5,446	454.20
47	4,388	366.00	5,592	466.40
48	4,572	381.30	5,740	478.70
49	4,768	397.70	5,888	491.10

届时年龄 [#]	男性		女性	
	年缴	月缴	年缴	月缴
50	4,984	415.70	6,050	504.60
51	5,213	434.80	6,224	519.10
52	5,488	457.70	6,403	534.00
53	5,807	484.30	6,581	548.90
54	6,122	510.60	6,760	563.80
55	6,452	538.10	6,956	580.10
56	6,802	567.30	7,207	601.10
57	7,166	597.60	7,495	625.10
58	7,565	630.90	7,754	646.70
59	7,933	661.60	8,094	675.00
60	8,332	694.90	8,471	706.50
61	8,779	732.20	8,887	741.20
62	9,251	771.50	9,473	790.00
63	9,756	813.70	9,861	822.40
64	10,388	866.40	10,228	853.00
65	11,059	922.30	10,588	883.00
66	11,695	975.40	11,448	954.80
67	12,183	1,016.10	11,991	1,000.00
68	12,688	1,058.20	12,653	1,055.30
69	13,216	1,102.20	13,337	1,112.30
70	13,790	1,150.10	14,137	1,179.00
71	14,369	1,198.40	14,944	1,246.30
72	14,954	1,247.20	15,770	1,315.20
73	15,617	1,302.50	16,407	1,368.30
74	15,937	1,329.10	16,909	1,410.20
75	16,207	1,351.70	17,308	1,443.50
76	16,397	1,367.50	17,570	1,465.30
77	16,530	1,378.60	17,719	1,477.80
78	16,608	1,385.10	17,819	1,486.10
79	16,675	1,390.70	17,911	1,493.80
80	16,749	1,396.90	18,007	1,501.80
81	16,821	1,402.90	18,096	1,509.20
82	16,895	1,409.00	18,173	1,515.60
83	16,971	1,415.40	18,228	1,520.20
84	17,034	1,420.60	18,290	1,525.40
85	17,103	1,426.40	18,362	1,531.40
86	17,172	1,432.10	18,434	1,537.40
87	17,240	1,437.80	18,508	1,543.60
88	17,310	1,443.70	18,580	1,549.60
89	17,377	1,449.20	18,655	1,555.80
90	17,462	1,456.30	18,747	1,563.50
91	17,550	1,463.70	18,842	1,571.40
92	17,637	1,470.90	18,935	1,579.20
93	17,725	1,478.30	19,028	1,586.90
94	17,813	1,485.60	19,120	1,594.60
95	17,903	1,493.10	19,217	1,602.70
96	17,992	1,500.50	19,312	1,610.60
97	18,081	1,508.00	19,405	1,618.40
98	18,168	1,515.20	19,503	1,626.60
99	18,256	1,522.60	19,599	1,634.60

[#] 年龄指受保人上次生日时的年龄。

* 此保费只适用于续保。

此标准保费表并未包括由保险业监管局征收的保费征费及折扣优惠。

根据汇丰自愿医保进阶计划的保单条款（「条款及保障」）第四部分第2节所述，本公司将有权在续保时按当时采用的标准保费表向所有同一类别保单调整标准保费。以上列明保费为根据届时年龄应支付的首年保费，而实际未来保单年度所需支付的保费有可能会作出调整。

标准保费表

汇丰自愿医保进阶计划（连同附加额外医疗保障）

届时年龄 [#]	男性		女性	
	年缴	月缴	年缴	月缴
0	4,538	378.50	3,974	331.40
1	4,538	378.50	3,974	331.40
2	4,538	378.50	3,974	331.40
3	4,538	378.50	3,974	331.40
4	4,538	378.50	3,974	331.40
5	3,150	262.70	3,368	280.90
6	3,150	262.70	3,368	280.90
7	3,150	262.70	3,368	280.90
8	3,150	262.70	3,247	270.80
9	3,089	257.60	3,117	260.00
10	3,086	257.40	3,086	257.40
11	3,148	262.50	3,061	255.30
12	3,154	263.00	3,037	253.30
13	3,159	263.50	3,028	252.50
14	3,164	263.90	3,051	254.50
15	3,170	264.40	3,084	257.20
16	3,175	264.80	3,139	261.80
17	3,181	265.30	3,206	267.40
18	3,186	265.70	3,282	273.70
19	3,218	268.40	3,365	280.60
20	3,289	274.30	3,487	290.80
21	3,354	279.70	3,633	303.00
22	3,418	285.10	3,751	312.80
23	3,484	290.60	3,884	323.90
24	3,549	296.00	4,006	334.10
25	3,615	301.50	4,118	343.40
26	3,676	306.60	4,256	355.00
27	3,743	312.20	4,396	366.60
28	3,845	320.70	4,552	379.60
29	3,976	331.60	4,726	394.10
30	4,088	340.90	4,905	409.10
31	4,178	348.40	5,103	425.60
32	4,267	355.90	5,263	438.90
33	4,348	362.60	5,414	451.50
34	4,442	370.50	5,564	464.00
35	4,548	379.30	5,723	477.30
36	4,655	388.20	5,880	490.40
37	4,788	399.30	6,039	503.70
38	4,954	413.20	6,253	521.50
39	5,162	430.50	6,502	542.30
40	5,377	448.40	6,723	560.70
41	5,558	463.50	6,961	580.50
42	5,745	479.10	7,164	597.50
43	5,971	498.00	7,355	613.40
44	6,220	518.70	7,543	629.10
45	6,486	540.90	7,760	647.20
46	6,752	563.10	7,993	666.60
47	7,029	586.20	8,250	688.10
48	7,337	611.90	8,517	710.30
49	7,669	639.60	8,789	733.00

届时年龄 [#]	男性		女性	
	年缴	月缴	年缴	月缴
50	8,031	669.80	9,087	757.90
51	8,412	701.60	9,402	784.10
52	8,843	737.50	9,730	811.50
53	9,310	776.50	10,067	839.60
54	9,779	815.60	10,434	870.20
55	10,267	856.30	10,857	905.50
56	10,774	898.60	11,372	948.40
57	11,298	942.30	11,854	988.60
58	11,955	997.00	12,342	1,029.30
59	12,493	1,041.90	12,968	1,081.50
60	13,087	1,091.50	13,589	1,133.30
61	13,725	1,144.70	14,262	1,189.50
62	14,444	1,204.60	15,171	1,265.30
63	15,210	1,268.50	15,902	1,326.20
64	16,169	1,348.50	16,632	1,387.10
65	17,188	1,433.50	17,377	1,449.20
66	18,314	1,527.40	18,577	1,549.30
67	19,265	1,606.70	19,405	1,618.40
68	20,125	1,678.40	20,365	1,698.40
69	21,025	1,753.50	21,512	1,794.10
70	21,921	1,828.20	22,719	1,894.80
71	22,839	1,904.80	24,014	2,002.80
72	23,774	1,982.80	25,329	2,112.40
73	24,862	2,073.50	26,533	2,212.90
74	25,592	2,134.40	27,562	2,298.70
75	25,932	2,162.70	28,045	2,339.00
76	26,174	2,182.90	28,361	2,365.30
77	26,360	2,198.40	28,564	2,382.20
78	26,490	2,209.30	28,718	2,395.10
79	26,609	2,219.20	28,865	2,407.30
80	26,733	2,229.50	29,015	2,419.90
81	26,840	2,238.50	29,148	2,430.90
82	26,956	2,248.10	29,265	2,440.70
83	27,074	2,258.00	29,366	2,449.10
84	27,177	2,266.60	29,474	2,458.10
85	27,289	2,275.90	29,589	2,467.70
86	27,398	2,285.00	29,709	2,477.70
87	27,505	2,293.90	29,824	2,487.30
88	27,620	2,303.50	29,942	2,497.20
89	27,724	2,312.20	30,062	2,507.20
90	27,864	2,323.90	30,209	2,519.40
91	28,001	2,335.30	30,366	2,532.50
92	28,138	2,346.70	30,515	2,545.00
93	28,280	2,358.60	30,665	2,557.50
94	28,423	2,370.50	30,817	2,570.10
95	28,561	2,382.00	30,973	2,583.10
96	28,708	2,394.20	31,125	2,595.80
97	28,850	2,406.10	31,279	2,608.70
98	28,994	2,418.10	31,437	2,621.80
99	29,133	2,429.70	31,591	2,634.70

[#] 年龄指受保人上次生日时的年龄。

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根据汇丰自愿医保进阶计划的保单条款（「条款及保障」）第四部分第2节所述，本公司将有权在续保时按当时采用的标准保费表向所有同一类别保单调整标准保费。以上列明保费为根据届时年龄应支付的首年保费，而实际未来保单年度所需支付的保费有可能会作出调整。

计划资料概要

认可产品编号

汇丰自愿医保进阶计划	F00079-01-000-01
汇丰自愿医保进阶计划（连同附加额外医疗保障）	F00079-02-000-01

保单年期	保证每年续保至受保人100岁 ²
投保年龄 ²	15天至80岁 ²

主要不保事项

按本保单条款（「条款及保障」），本公司不会赔偿与下列项目相关或由其引致的费用：

- 非医疗所需治疗、治疗程序、药物、检测或服务。
- 纯粹为接受诊断程序或专职医疗服务（包括但不限于物理治疗、职业治疗及言语治疗）而住院，该住院期间所招致的全部或部分费用。
- 在保单生效日前，因感染或出现人体免疫力缺乏病毒（"HIV"）及其相关的伤病所招致的费用，惟因性侵犯、医疗援助、器官移植、输血或捐血、或出生时受HIV 感染所引致的伤病则除外。
- 倚赖或过量服用药物、酒精、毒品或类似物质（或受其影响）、故意自残身体或企图自杀、参与非法活动、或性病及经由性接触传染的疾病或其后遗症。
- 以美容或整容为目的的服务，惟因意外而受伤除外，或矫正视力或屈光不正的服务，而该等视力问题可透过验配眼镜或隐形眼镜矫正，包括但不限于角膜激光矫视手术。
- 预防性治疗及预防性护理，包括但不限于并无症状下的一般身体检查、定期检测或筛查程序。
- 牙科医生进行的牙科治疗及口腔颌面手术，惟因意外引致在住院期间接受的急症治疗及手术则除外。
- 医疗服务及辅导服务的费用 — 产科状况及其并发症，包括但不限于怀孕、分娩、堕胎或流产的诊断检测；节育或恢复生育。
- 购买属耐用品的医疗设备及仪器，包括但不限于轮椅、助听器及非处方药物等。
- 传统中医治疗（适用于钻级之中医门诊除外），包括但不限于中草药治疗、跌打、针灸以及另类治疗，包括但不限于气功、按摩治疗、香熏治疗。
- 实验性或未经证实医疗成效的医疗技术或治疗程序。
- 受保人年届8岁²前发病或确诊的先天性疾病。
- 已获任何法律，或由任何政府、雇主或第三方提供的医疗或保险计划赔偿的合资格费用。
- 战争（不论宣战与否）、内战、侵略、外敌行动、敌对行动、叛乱、革命、起义、或军事政变或夺权事故。

上列项目只供参考，有关不保事项的完整清单，请参阅本计划的保单条款（「条款及保障」）。

重要事项

核保的披露责任

您必须披露所有影响本公司作出核保决定的资料。本公司有权就失实陈述或欺诈的情况宣告保单无效。若在提交文件中，错误申报投保人的非健康资料 (包括但不限于年龄²)，本公司有权根据正确资料调整过去、现在及将来的保费或宣告保单无效。

冷静期

汇丰自愿医保进阶计划是一份政府认可的医疗保险计划，其并非等同于或类似任何类型的银行存款。部分保费将付作保险及相关之费用，包括但不限于开立保单，售后服务及索偿之费用。

如您对保单不满意，或保单之保障跟您原有的保险计划之保障重迭或高于您的需要，您有权于「冷静期」内以书面通知要求汇丰人寿保险 (国际) 有限公司取消保单及取回所有已缴交的保费及保费征费。如要取消，您要求取消保单的书面通知必须由您签署并由汇丰人寿保险 (国际) 有限公司位于香港九龙深旺道1号汇丰中心1座18楼的办事处于「冷静期」内直接收到 (即是为紧接本保单条款 (「条款及保障」) 和保单资料页或冷静期通知书交付予您或您的指定代表之日起计的21个历日内 (以较早者为准))。

若曾获赔偿或将获得赔偿，则不获发还保费。上述取消的权利并不适用于续保。在此情况下，本保单条款 (「条款及保障」) 将被视为由保单生效日起无效，本公司亦无须承担任何赔偿责任。

取消保单

冷静期过后，若您在该保单年度期间没有获得任何赔偿，您可以在30日前以书面方式通知本公司要求取消保单。

保费调整

首次保费将根据投保人于保单签发时的年龄²及其他因素 (包括但不限于投保人的风险级别，以及保单之保障级别) 计算。保费并非保证不变，本公司可在任何一个保单周年日更改保费。根据「汇丰自愿医保进阶计划」的保单条款 (「条款及保障」) 第四部分第2节所述，本公司将有权在续保时按当时采用的标准保费表向所有同一类别保单调整标准保费。我们考虑的因素包括但不限于 (i) 本公司的索偿及保单续保率及 (ii) 预期未来的理赔支出 (反映医疗趋势、医疗成本通胀及计划内容改动所带来的影响)。

自杀条款

若投保人于保单生效日起计1年内自杀身故，无论自杀当时投保人的神志是否正常，将不获支付本保单应付的恩恤身故赔偿。

重要事项

保单终止条款	我们有权于以下任何情况之下终止您的保单： • 保单持有人在31天的宽限期届满时仍未缴交保费； • 受保人身故翌日 • 本公司不再获《保险业条例》授权承保或继续承保本保单；或 • 若本保单在适用于保单持有人或受保人的法律下已经或将会不合法 有关终止条款及细则的详情请参阅本计划的保单条款（「条款及保障」）。
医疗所需	「医疗所需」是指按照一般公认的医疗标准，就诊断或治疗相关伤病接受医疗服务的需要，而医疗服务必须符合下列条件 • 需要注册医生的专业知识或转介； • 符合该伤病的诊断及治疗所需； • 按良好而审慎的医学标准及主诊注册医生审慎的专业判断提供，而非主要为对受保人、其家庭成员、照顾人员或主诊注册医生带来方便或舒适而提供； • 在环境最适当及符合一般公认的医疗标准的设备下，提供医疗服务；及 • 按主诊注册医生审慎的专业判断，以最适当的水平向受保人安全及有效地提供
合理及惯常	本公司必须参照以下资料（如适用）以厘定合理及惯常收费： • 由保险或医学业界进行的治疗或服务费用统计及调查； • 公司内部或业界的赔偿统计； • 政府宪报；及／或 • 提供治疗、服务或物料当地的其他相关参考资料
适用法例	本保单必须在香港签发并受香港法律管辖及阐释。本公司及保单持有人均同意遵从香港法院的司法裁判权。

主要风险

信贷风险及无力 偿债风险	汇丰自愿医保进阶计划乃一份由我们签发的保单。 您须承受我们的信贷风险 ，因您支付的所有保费将成为我们资产的一部分，惟您对我们的任何资产均没有任何权利或拥有权。在任何情况下，您只可向我们追讨赔偿。
延误或漏缴到期 保费的风险	如您在保费到期日起计的31日宽限期后仍未缴交保费，您的保单将自动终止。若您的保单被终止， 您可能无法取回已缴付的保费 。已终止的保单无法恢复。如欲继续享有汇丰自愿医保进阶计划的保障，您需要重新投保及再次通过本公司的核保程序， 这可能导致保费上升及加设个别不保事项 。
通胀风险	您必须考虑 通货膨胀风险 ，因为这很可能导致未来的生活成本上升。由于通货膨胀的缘故，您应预期即使我们已尽力履行保单责任， 您或您的指定受益人将来收到的实质金额仍可能较低 。

注

- 1. 根据本保单的保单条款（「条款及保障」）收取及应付的合资格费用及其他费用的实际金额受分项限额限制。
- 2. 除另有指明外，本产品册子提及的年龄均指受保人上一次生日的年龄。
- 3. 投保前已有病症是指受保人于保单签发日或保单生效日（以较早日期为准）前已存在的任何不适、疾病、受伤、生理、心理或医疗状况或机能退化，包括先天性疾病。在以下情况发生时，一般审慎人士理应已可察觉到投保前已有病症 – (a)病症已被确诊；(b)病症已出现清楚明显的病征或症状；或(c)已寻求、获得或接受病症的医疗建议或治疗。本公司可对在投保申请文件及任何其后就相关申请提交予本公司的资料或文件中披露的投保前已有病症加设个别不保事项。未知的投保前已有病症是指保单持有人及／或受保人在投保时不察觉，及理应不察觉的投保前已有病症。有关详细条款及细则，请参阅本计划的保单条款（「条款及保障」）。
- 4. 在全方位医疗网络下的网络医生及网络医疗机构为独立第三者，并非本公司的代理。本公司对网络医生及网络医疗机构提供的医疗服务不承担任何义务或责任，对这些网络机构的任何行为或未履行行为不承担任何责任。本公司保留不时修订全方位医疗网络医生及医疗机构的权利，而无需提前通知。
- 5. 免找数服务乃付款保证服务，并非相关保单的产品特点之一。本公司可代表保单持有人直接向网络机构支付免找数服务下的费用。这并不是承认索偿资格；实际可获得的合资格医疗费用的赔偿权限受限于(a)保单条款下的适用保障限额及不保事项，以及(b)网络医生及网络医疗机构接受免找数服务的情况。只有在预先批核限额内、为必要及指定的医疗服务所产生的合资格医疗费用，才会通过免找数服务涵盖。如果本公司支付的医疗费用超过最高保障金额，本公司保留向保单持有人追索赔偿的权利。此乃自选服务。客户可致函本公司取消此服务。本公司保留不时修订、暂停或终止该服务及其条款和条件的权利，而无需提前通知。
- 6. 第二医疗意见由外部医疗服务提供者提供，该机构为独立承包商，并非本公司的代理，且不涵盖任何诊断、治疗及/或药物。此服务并非且不应被视为保单持有人及被保人自己医生的医疗建议的替代品。本公司不保证或声明所提供的建议、意见及/或资讯的完整性及准确性。本公司对因第二医疗意见所产生的任何损失、损害、费用或其他支出不承担责任。本条款不会排除或限制因疏忽造成的死亡或人身伤害的责任，或任何在适用法律下无法排除或限制的责任。本公司保留不时修订、暂停或终止该服务及其条款和条件的权利，而无需提前通知。此乃自选服务。客户可致函本公司取消此服务。
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2025年6月

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