

醫療保險

Health Insurance

滙豐自願醫保標準計劃

HSBC Voluntary Health Insurance Standard Plan

您與摯愛所需的醫療保障

Essential medical protection for you and your loved ones

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HSBC Life
滙豐保險

滙豐人壽保險（國際）有限公司
HSBC Life (International) Limited

守護摯愛 實現承諾

醫療費用持續上升，加上人口老化，令原本已不勝負荷的公共醫療系統百上加斤。而當您在最需要醫療服務的時候，可能發現您現有的醫療保險未能提供足夠保障。因此，為您與摯愛的未來免受突如其來的疾病衝擊，未雨綢繆的保障更是必然。

滙豐自願醫保標準計劃（「滙豐標準醫保」或「您的保單」）專為您與摯愛提供所需的醫療保障而設，當中包括優質的私人醫療服務。如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¹，每名受保人每年上限為港幣 8,000 元。

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

認可產品類別

標準計劃

認可產品名稱

滙豐自願醫保標準計劃

合資格的稅務扣減¹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。

此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，請參閱有關保單條款。

計劃特點



保證續保至 100 歲²

「滙豐標準醫保」適用於任何年齡介乎 15 天至 80 歲的受保人士。保單持有人則必須年滿 18 歲。不論受保人的健康狀況如何，保證續保至 100 歲。



不設終身保障限額， 每年重設各保障項目之 賠償額

「滙豐標準醫保」不設終身保障限額，讓您就每年港幣 420,000 元的保障額上限索償所需的治療費用。這些保障額均會於每個保單年度重設。



保障未知的已有病症³

現時的保險計劃一般不承保未知的已有病症。然而，我們會為未知的已有病症提供保障，並以遞增比率為您的合資格費用開支作賠償。

保單年度	未知的已有病症賠償
第一年	無
第二年	25%
第三年	50%
第四年開始	100%



保障涵蓋入院前或 出院後及日間手術前後的 門診護理

我們會就您在住院或日間手術前所需的門診或急症診症的合資格費用作出賠償，賠償額以每次診症及每年保障額為上限。若出院或日間手術後的門診護理，是由主診註冊醫生提供或書面建議跟進，其合資格費用也可能包括在內。

當您有醫療所需以進行內窺鏡檢查，例如食道胃十二指腸內窺鏡檢查或結腸鏡檢查，您可選擇在日間手術中心進行，毋須住院，以便留在家中安心休養。



保障涵蓋本地精神科治療

您的心理健康和體魄同樣重要。如不幸患上精神疾病，在專科醫生建議下，我們會賠償您於香港境內住院接受精神科治療的合資格費用。

參考 Mark 的個案



Mark, 40 歲建築師, 日常生活頗具壓力。

他的太太今年 35 歲, 二人育有一名 6 歲的兒子。在努力工作的同時, Mark 也希望為自己及家人得到所需的醫療保障, 以面對突如其來的事情。有見及此, 他為自己、太太及兒子投保了「滙豐自願醫保標準計劃」, 在獲得保障的同時, 也可享扣稅優惠。

Mark 投保了「滙豐自願醫保標準計劃」, 以滿足他所需。

保單持有人及受保人	Mark	每年保障限額	港幣 420,000 元
投保年齡 ²	40	每年保費	港幣 2,995 元

情境：四年後, Mark 因呼吸不暢順及手臂麻痺, 不幸地發現有一條心臟血管閉塞。醫生建議他進行俗稱「通波仔」的球囊動脈成形術, 並需要住院三天。「滙豐標準醫保」的**賠償總額為港幣 66,830 元**, 減輕了 Mark 的財政重擔, 讓他在康復旅程中少一點擔憂。

醫院及手術項目	實際醫療開支	「滙豐標準醫保」的實際賠償
病房及膳食 (三天)	港幣 3,180 元	港幣 2,250 元
指定醫療裝置及雜項開支	港幣 52,100 元	港幣 14,000 元 (已達每年保障限額)
主診醫生巡房費	港幣 3,180 元	港幣 2,250 元
外科醫生費	港幣 55,000 元	港幣 25,000 元 (類別: 大型)
手術室費	港幣 25,000 元	港幣 8,750 元 (外科醫生費用的 35%)
"CT" 掃描	港幣 20,000 元	港幣 14,000 元 (30% 共同保險)
入院前或出院後/ 日間手術前後的門診護理	港幣 1,000 元	港幣 580 元
費用總額/ 賠償總額	港幣 159,460 元	港幣 66,830 元 (索償比率 41.9%)
自付總額		港幣 92,630 元

節省稅款

此外, Mark 每年更可透過自己、太太及兒子每課稅年度繳付的合資格保費獲享扣稅優惠¹:

受保人	已付保單年費 (視乎年齡/ 產品)	扣稅總額 (每名受保人上限為港幣 8,000 元)	節省的稅款總額 (假設稅率 ⁴ 為 15%)
 Mark (保單持有人)	港幣 2,995 元	港幣 2,995 元	港幣 449.25 元
 太太	港幣 2,490 元	港幣 2,490 元	港幣 373.50 元
 兒子	港幣 1,671 元	港幣 1,671 元	港幣 250.65 元
總額	港幣 7,156 元	港幣 7,156 元	港幣 1,073.40 元

上述例子僅供說明, 並未包括任何折扣優惠。實際所節省的稅款視乎稅務局對每個個案的檢查及協議。如有任何疑問, 應向專業的稅務顧問諮詢。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

以下是保單的保障重點摘要。請參閱保單條款，以獲取完整的條款、保障、相關細則及不保事項。

滙豐自願醫保標準計劃

計劃摘要

認可產品編號	S00042-01-000-01
保單年期	保證每年續保至受保人 100 歲
投保年齡 ²	15 天至 80 歲

保障級別

保障項目 (a) - (l) 的每年保障限額	每保單年度港幣 420,000 元
保障項目 (a) - (l) 的終身保障限額	無
地域範圍限制	全球 ⁽¹⁾

保障項目⁽²⁾

(a) 病房及膳食	每日港幣 750 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 750 元 每保單年度最多 180 日
(d) 專科醫生費 ⁽³⁾	每保單年度港幣 4,300 元
(e) 深切治療	每日港幣 3,500 元 每保單年度最多 25 日
(f) 外科醫生費	每項手術，按手術表劃分的手術分類： <ul style="list-style-type: none"> • 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	外科醫生費的 35% ⁽⁶⁾
(h) 手術室費	
(i) 訂明診斷成像檢測 ^{(3) (4)}	每保單年度港幣 20,000 元 設 30% 共同保險
(j) 訂明非手術癌症治療 ⁽⁵⁾	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 ⁽³⁾	每次港幣 580 元，每保單年度港幣 3,000 元： <ul style="list-style-type: none"> • 住院/日間手術前最多一次門診或急症診症 • 出院/日間手術後 90 日內最多三次跟進門診
(l) 精神科治療	每保單年度港幣 30,000 元

其他保障

恩恤身故賠償	港幣 10,000 元
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註：

- (1) 全球是指無地域限制範圍。只適用於香港的精神科治療除外。
- (2) 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償。
- (3) 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。
- (4) 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。
- (5) 治療只包括放射性治療 (包括質子治療)、化療、標靶治療、免疫治療及荷爾蒙治療。
- (6) 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額，以較低者為準。

此保障表受限於保單條款的條款和保障，並應與保單條款一併閱讀。

「滙豐標準醫保」- 年繳保費表 (港幣)

標準保費表

屆時年齡*	男	女	屆時年齡*	男	女
0	2,974	2,673	50	4,493	4,978
1	2,974	2,673	51	4,766	5,217
2	2,974	2,673	52	5,035	5,457
3	2,974	2,673	53	5,286	5,696
4	2,974	2,673	54	5,551	5,936
5	1,671	1,722	55	5,836	6,175
6	1,671	1,722	56	6,141	6,413
7	1,671	1,722	57	6,476	6,653
8	1,671	1,722	58	6,943	6,892
9	1,671	1,722	59	7,422	7,132
10	1,448	1,722	60	7,887	7,371
11	1,470	1,722	61	8,334	7,610
12	1,491	1,722	62	8,765	7,850
13	1,513	1,722	63	9,121	8,195
14	1,535	1,722	64	9,477	8,652
15	1,556	1,722	65	9,850	9,164
16	1,578	1,794	66	10,239	9,734
17	1,600	1,823	67	10,644	10,266
18	1,621	1,850	68	11,081	10,816
19	1,643	1,878	69	11,759	11,353
20	1,664	1,906	70	12,468	11,916
21	1,686	1,934	71	13,224	12,521
22	1,708	1,961	72	14,016	13,212
23	1,729	1,990	73	14,679	13,745
24	1,751	2,017	74	15,023	14,165
25	1,773	2,045	75	15,307	14,499
26	1,845	2,073	76	15,516	14,732
27	1,907	2,101	77	15,657	14,871
28	1,982	2,128	78	15,761	14,970
29	2,041	2,157	79	15,880	15,069
30	2,096	2,184	80	15,902	15,165
31	2,146	2,238	81*	15,923	15,262
32	2,202	2,302	82*	15,945	15,357
33	2,247	2,423	83*	16,010	15,449
34	2,309	2,454	84*	16,072	15,548
35	2,384	2,490	85*	16,135	15,660
36	2,470	2,532	86*	16,202	15,782
37	2,560	2,575	87*	16,265	15,916
38	2,705	2,725	88*	16,331	16,066
39	2,823	2,883	89*	16,413	16,231
40	2,995	3,046	90*	16,494	16,312
41	3,133	3,214	91*	16,578	16,394
42	3,269	3,387	92*	16,659	16,475
43	3,435	3,529	93*	16,741	16,555
44	3,598	3,691	94*	16,826	16,639
45	3,765	3,865	95*	16,909	16,722
46	3,865	4,054	96*	16,991	16,803
47	3,978	4,239	97*	17,077	16,888
48	4,128	4,499	98*	17,162	16,972
49	4,234	4,739	99*	17,248	17,056

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。

根據「滙豐自願醫保標準計劃」的條款及保障第四部分第二節所述，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。

2020年7月20日

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。若您在提交文件中，錯誤申報非健康資料（包括但不限於年齡或性別），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 「滙豐自願醫保標準計劃」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，您有權透過發出書面通知取消保單及取回所有已繳交的保費及保費徵費。如要取消，您必須於「冷靜期」內（即是為緊接人壽保險保單或冷靜期通知書交付予保單持有人或保單持有人的指定代表之日起計的 21 個曆日的期間（以較早者為準）），在該通知書上親筆簽署作實及退回保單（若已收取），並確保滙豐人壽保險（國際）有限公司設於香港九龍深旺道 1 號滙豐中心 1 座 18 樓的辦事處直接收到該通知書及本保單。

若曾獲賠償或將獲得賠償，則不獲發還保費。上述權利並不適用於續保。在「冷靜期」內取消保單的情況下，本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就本條款及保障獲得任何賠償，您可以在 30 日前以書面方式通知本公司要求取消本條款及保障。

保費調整 首次保費將根據您於保單簽發時的年齡及其他因素（包括但不限於您的性別、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「滙豐自願醫保標準計劃」的條款及保障第四部分第二節所述，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。

自殺條款 若受保人於本計劃的保單生效日起計一年內自殺身故，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。

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
- 有關終止條款的詳情請參閱保單條款。

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

- (a) 需要註冊醫生的專業知識或轉介；
- (b) 符合該傷病的診斷及治療所需；
- (c) 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，而非主要為對您、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；
- (d) 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
- (e) 按主診註冊醫生審慎的專業判斷，以最適當的水平向您安全及有效地提供

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。

主要風險及不保事項

信貸風險及無力償債風險

「滙豐標準醫保」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

如有任何延誤或漏繳到期保費，可能會導致保單終止。若您的保單失效，將不獲發還已繳保費。

通脹風險

您必須考慮通貨膨脹風險，因為這可能導致將來的生活費較今天的為高。由於通貨膨脹風險的緣故，您須預期即使我們已盡其所能履行保單責任，您或您所指定的受益人將來收到的實質金額仍可能較低。

主要不保事項

本公司將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，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頷面手術，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，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 8 歲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。

上述只供參考，有關全部及詳細不保事項，請參閱此計劃之保單條款。

註

1. 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款項，而且視乎稅務局對每個個案的檢查及協議。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。
2. 除文義另有所指外，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；或 (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項目。「未知的投保前已有病症」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。有關條款及細則詳情，請參閱保單條款。
4. 就 2020/21 課稅年度而言，標準稅率為 15%。

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「滙豐標準醫保」如何助您實現目標。歡迎蒞臨滙豐分行，以安排進行理財計劃評估。

瀏覽 www.hsbc.com.hk/insurance

親臨 任何一間滙豐分行



您可透過二維碼
瀏覽產品的相關網頁。

滙豐自願醫保標準計劃

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（「保監局」）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」）為本公司之保險代理商。「滙豐標準醫保」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，而我們的合作夥伴安盛保險有限公司則負責保單之醫療網絡管理。

就有關滙豐與您於銷售過程或處理有關交易時引起的金錢糾紛，滙豐將與您把個案提交至金融糾紛調解計劃；然而，有關產品合同條款之任何糾紛，應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。有關詳盡的條款及細則，請參閱您的保單。

2020 年 7 月

滙豐人壽保險（國際）有限公司榮獲以下獎項：



由滙豐人壽保險（國際）有限公司（註冊成立於百慕達之有限公司）刊發
Issued by HSBC Life (International) Limited (Incorporated in Bermuda with limited liability)

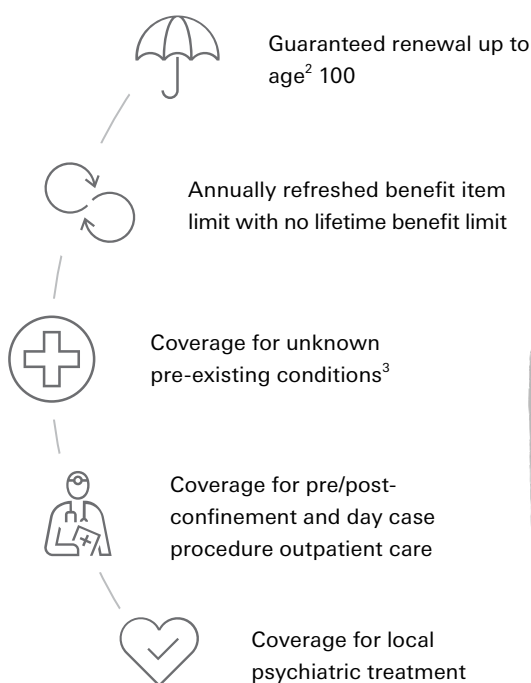


Protect your loved ones while fulfilling your promises

With medical costs constantly on the rise and an aging population putting increasing pressure on an already overstretched public medical system, your existing medical coverage may not be sufficient just when you need it most. It is thus important to safeguard your future and that of your loved ones against the consequences of unexpected illnesses.

HSBC Voluntary Health Insurance Standard Plan ("HSBC VHIS Standard Plan" or "your policy") is designed to give you and your loved ones essential medical coverage, including access to quality medical attention in the private sector. **Taxpayer who or whose spouse is the policyholder may claim up to HKD8,000 in tax deduction¹ on qualifying premiums paid per insured person per year.**

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

Type of certified plan

Standard Plan

Name of certified plan

HSBC Voluntary Health Insurance Standard Plan

Eligible tax deduction¹ 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 the relevant Policy Provisions.

Key features



Guaranteed renewal up to age² 100

HSBC VHIS Standard Plan is available to an insured person who is 15 days to 80 years old, whereas the policyholder must be at least 18 years of age. Renewal is guaranteed up to the age of 100 regardless of the insured person's health condition.



Annually refreshed benefit item limit with no lifetime benefit limit

There is no lifetime benefit limit under HSBC VHIS Standard Plan, which allows you to claim up to the annual benefit limit of HKD420,000 per policy year to get the treatments you need. These limits are refreshed at the start of each policy year.



Coverage for unknown pre-existing conditions³

At present, unknown pre-existing conditions are commonly excluded from insurance coverage. We offer coverage against unknown pre-existing conditions and will reimburse your eligible medical expenses on a sliding scale.

Policy year	Reimbursement for unknown pre-existing conditions
1 st	No coverage
2 nd	25%
3 rd	50%
4 th +	100%



Coverage for pre/post-confinement and day case procedure outpatient care

We will reimburse your eligible expenses for outpatient visits or emergency consultations resulting in confinement or day case procedures up to a per-visit limit and an annual limit. Eligible expenses for follow-up outpatient procedures conducted by the attending doctor or supported by written referral may also be covered after the confinement and day case procedure.

If an endoscopic examination, such as an oesophagogastroduodenoscopy (OGD) or colonoscopy, is considered medically necessary, you can opt for one performed in a day case procedure centre, avoiding hospital confinement so that you can recover in the comfort of your own home whenever possible.



Coverage for local psychiatric treatment

Your mental health deserves the same attention as your physical health. If you are afflicted with a mental condition, you will be covered for the eligible expenses incurred from the psychiatric treatments recommended by a specialist during confinement in Hong Kong.

Let's look at Mark's story



Mark is a 40-year-old architect, living a stressful life.

He has a 35-year-old wife and a 6-year-old son. While he is working hard for his career, he also wants to ensure essential medical protection for himself and his family against the unexpected. He has therefore purchased a HSBC Voluntary Health Insurance Standard Plan for himself, his wife and his son to enjoy the protection and tax benefits.

Mark chooses HSBC Voluntary Health Insurance Standard Plan to meet his needs

Policyholder and insured person	Mark	Annual benefit limit	HKD420,000
Issue age²	40	Annual premium	HKD2,995

Scenario: 4 years later, Mark is unfortunately found to have a blocked heart blood vessel after experiencing shortness of breath and arm paralysis. His doctor recommends Percutaneous Coronary Intervention surgery with stents and a 3-day hospital stay. With HSBC VHIS Standard Plan, **the total claimable amount is HKD66,830**, protecting Mark against the serious financial burden and giving him peace of mind during his recovery journey.

Hospital and surgical items	Actual medical expenses	Actual reimbursement of HSBC VHIS Standard Plan
Room and board (3 days)	HKD3,180	HKD2,250
Specified medical implants and miscellaneous charges	HKD52,100	HKD14,000 (Reached the annual limit)
Attending doctor's visit fee	HKD3,180	HKD2,250
Surgeon's fee	HKD55,000	HKD25,000 (Category: Major)
Operating theatre charges	HKD25,000	HKD8,750 (35% of Surgeon's fee payable)
CT scan	HKD20,000	HKD14,000 (30% coinsurance)
Pre- and post-confinement/ Day case procedure outpatient care	HKD1,000	HKD580
Total fees/claimable amount	HKD159,460	HKD66,830 (Claim ratio 41.9%)
Total non-claimable amount		HKD92,630

Tax efficiency

Moreover, Mark can also enjoy a tax deduction¹ on qualifying premiums for himself, his wife and his son paid in each year of assessment:

Insured person	Annual premium paid (Depending on age/product)	Tax-deductible amount (Capped at HKD8,000 per insured person)	Amount of tax saved (Assuming 15% tax rate ⁴)
Mark (Policyholder)	HKD2,995	HKD2,995	HKD449.25
Wife	HKD2,490	HKD2,490	HKD373.50
Son	HKD1,671	HKD1,671	HKD250.65
Total	HKD7,156	HKD7,156	HKD1,073.40

The above example is for illustrative purposes only without discounts. The actual tax saving is subject to review and agreement by the Inland Revenue Department on a case by case basis. You should always consult with a professional tax advisor if in doubt. The above is also subject to item sub-limit, which will be determined by the Company at the discretion on a case by case basis. Please refer to the "Benefit schedule" section for details.

Benefit schedule

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

HSBC Voluntary Health Insurance Standard Plan

Product summary

Certification number	S00042-01-000-01
Policy term	Guaranteed renewable annually up to age 100 of the insured person
Issue age²	15 days to age 80

Benefit level

Annual benefit limit for benefit items (a) - (l)	HKD420,000 per policy year
Lifetime benefit limit for benefit items (a) - (l)	Nil
Geographic limitation	Worldwide ⁽¹⁾

Benefit items⁽²⁾

(a) Room and board	HKD750 per day Max 180 days per policy year
(b) Miscellaneous charges	HKD14,000 per policy year
(c) Attending doctor's visit fee	HKD750 per day Max 180 days per policy year
(d) Specialist's fee ⁽³⁾	HKD4,300 per policy year
(e) Intensive care	HKD3,500 per day Max 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: <ul style="list-style-type: none"> • Complex: HKD50,000 • Major: HKD25,000 • Intermediate: HKD12,500 • Minor: HKD5,000
(g) Anaesthetist's fee	
(h) Operating theatre charges	35% of surgeon's fee payable ⁽⁶⁾
(i) Prescribed diagnostic imaging tests ^{(3) (4)}	HKD20,000 per policy year Subject to 30% coinsurance
(j) Prescribed non-surgical cancer treatments ⁽⁵⁾	HKD80,000 per policy year
(k) Pre- and post-confinement/Day case procedure outpatient care ⁽³⁾	HKD580 per visit, up to HKD3,000 per policy year: <ul style="list-style-type: none"> • 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

Other benefits

Compassionate death benefit	HKD10,000
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Notes:

- (1) Worldwide shall mean no geographical limitation. Except for psychiatric treatment is applicable to Hong Kong only.
- (2) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
- (3) 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.
- (4) 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.
- (5) Treatments covered here only include radiotherapy (including proton therapy), chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (6) 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 lower.

This benefit schedule is subject to and shall be read together with the terms and benefits of the Policy Provisions.

HSBC VHIS Standard Plan - Annual premium table (HKD)

Standard premium schedule

Attained age [#]	Male	Female	Attained age [#]	Male	Female
0	2,974	2,673	50	4,493	4,978
1	2,974	2,673	51	4,766	5,217
2	2,974	2,673	52	5,035	5,457
3	2,974	2,673	53	5,286	5,696
4	2,974	2,673	54	5,551	5,936
5	1,671	1,722	55	5,836	6,175
6	1,671	1,722	56	6,141	6,413
7	1,671	1,722	57	6,476	6,653
8	1,671	1,722	58	6,943	6,892
9	1,671	1,722	59	7,422	7,132
10	1,448	1,722	60	7,887	7,371
11	1,470	1,722	61	8,334	7,610
12	1,491	1,722	62	8,765	7,850
13	1,513	1,722	63	9,121	8,195
14	1,535	1,722	64	9,477	8,652
15	1,556	1,722	65	9,850	9,164
16	1,578	1,794	66	10,239	9,734
17	1,600	1,823	67	10,644	10,266
18	1,621	1,850	68	11,081	10,816
19	1,643	1,878	69	11,759	11,353
20	1,664	1,906	70	12,468	11,916
21	1,686	1,934	71	13,224	12,521
22	1,708	1,961	72	14,016	13,212
23	1,729	1,990	73	14,679	13,745
24	1,751	2,017	74	15,023	14,165
25	1,773	2,045	75	15,307	14,499
26	1,845	2,073	76	15,516	14,732
27	1,907	2,101	77	15,657	14,871
28	1,982	2,128	78	15,761	14,970
29	2,041	2,157	79	15,880	15,069
30	2,096	2,184	80	15,902	15,165
31	2,146	2,238	81*	15,923	15,262
32	2,202	2,302	82*	15,945	15,357
33	2,247	2,423	83*	16,010	15,449
34	2,309	2,454	84*	16,072	15,548
35	2,384	2,490	85*	16,135	15,660
36	2,470	2,532	86*	16,202	15,782
37	2,560	2,575	87*	16,265	15,916
38	2,705	2,725	88*	16,331	16,066
39	2,823	2,883	89*	16,413	16,231
40	2,995	3,046	90*	16,494	16,312
41	3,133	3,214	91*	16,578	16,394
42	3,269	3,387	92*	16,659	16,475
43	3,435	3,529	93*	16,741	16,555
44	3,598	3,691	94*	16,826	16,639
45	3,765	3,865	95*	16,909	16,722
46	3,865	4,054	96*	16,991	16,803
47	3,978	4,239	97*	17,077	16,888
48	4,128	4,499	98*	17,162	16,972
49	4,234	4,739	99*	17,248	17,056

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

* The premiums shown are for renewal only.

This standard premium schedule does not include levy which is collected by the Insurance Authority.

In accordance with Section 2 of Part 4 of the Terms and Benefits of HSBC Voluntary Health Insurance Standard 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 premiums stated above according to the attained age, but the actual premiums payable in the future policy years may be subject to adjustment.

20 Jul 2020

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 age or sex) 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 Standard 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. A written notice signed by you together with your policy (if received) should be received 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 date of the delivery to the policyholder or the nominated representative of the policyholder of the life insurance policy 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 right shall not apply at renewal. In the event of cancellation within the cooling-off period, the policy 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 age of the insured person at the time of policy issuance and other factors including but not limited to gender and 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 Terms and Benefits of HSBC Voluntary Health Insurance Standard 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.

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.

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 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

- (a) require the expertise of, or be referred by, a registered medical practitioner;
- (b) be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- (c) 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;
- (d) 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
- (e) 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 and exclusions

Credit and insolvency risks

HSBC VHIS Standard 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

Delayed or missed payments **may lead to a discontinuation of your policy**. If your policy is lapsed, you will not get back the premium you have paid.

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.

Key exclusions

Under these 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, 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 age 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 your Policy Provisions for the full list of exclusions.

Endnotes

1. 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). The actual tax saving may be lower than the illustrated amount and is subject to review and agreement by the Inland Revenue Department on a case by case basis. For more information, please refer to www.ird.gov.hk or seek independent tax advice.
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 the 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 pre-existing 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 the Policy Provisions for the full terms and conditions.
4. For the year of assessment 2020/21, the standard tax rate is 15%.

More information

Planning for your financial future is important. Let us review your current and future needs to help you decide if HSBC VHIS Standard Plan is the right product to help you fulfil your goals. You can visit any HSBC branch and arrange for a financial planning review with us.

Click www.hsbc.com.hk/insurance

Visit any HSBC branch



You can find more information about the product on HSBC's website by scanning the QR code.

HSBC Voluntary Health Insurance Standard 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

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

The Hongkong and Shanghai Banking Corporation Limited (referred to as “HSBC”) is an insurance agent of the Company. HSBC VHIS Standard Plan is 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, while our partner, AXA General Insurance Hong Kong Limited will handle network management under your policy.

For monetary disputes arising between HSBC and you out of the selling process or processing of the related transaction, HSBC will enter into a Financial Dispute Resolution Scheme process with you; however any dispute over the contractual terms of the 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 for the detailed terms and conditions.

July 2020

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