立安心自願醫保靈活計劃

Well Protect Voluntary Health Insurance Scheme (Flexi)

靈活選擇優質醫療保障

Flexible choice of quality medical care protection

立橋人壽保險有限公司
Well Link Life Insurance Company Limited
立橋保險集團控股有限公司成員 A member of Well Link Insurance Group Holdings Limited

立 橋 人 壽
Well Link Life

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立安心自願醫保靈活計劃
Well Protect Voluntary Health Insurance Scheme (Flexi)

如不幸患病需要住院治療，當然希望可以選用優質的醫療服務，或者選擇私營醫療機構進行治療。您需要一個靈活全面的醫療保障方案，涵蓋多種醫療費用，讓您安心選取最適合您的治療方案，早日回復健康。

立橋人壽的**立安心自願醫保靈活計劃（「本計劃」）**，提供三個病房級別以供選擇，以實報實銷方式賠償合資格的住院及手術相關的醫療費用，保證續保至受保人100歲。本計劃更額外延伸保障包括緊急意外門診治療、門診洗腎、住院後居家看護及日間手術現金等。本計劃屬香港政府認可的自願醫保靈活計劃(自願醫保認可產品編號：F00042-01-000-02、F00042-02-000-02及F00042-03-000-02)，已繳交的保費更可享有稅務扣除。

If you suffer from illness and need hospital treatment, you may wish to have high quality medical care or receive treatment in private hospitals. You need a flexible and comprehensive medical care solution covering various kinds of medical treatment expenses, so that you can choose your preferred medical treatment solution for a speedy recovery.

Well Link Life's Well Protect Voluntary Health Insurance Scheme (Flexi) (the 'Plan') offers three levels of Ward Class. The Plan reimburses medical expenses arising from eligible hospital and surgical treatments, and it guarantees renewal up to age 100. Additional extended benefits will be provided, including accident emergency outpatient treatment, outpatient kidney dialysis, post-confinement home nursing and cash benefit for day case procedure, etc. The Plan is a certified plan under the Hong Kong Government's Voluntary Health Insurance Scheme ('VHIS') (VHIS Certification Number: F00042-01-000-02, F00042-02-000-02 and F00042-03-000-02). You can enjoy tax deductions for the premiums paid for the Plan.

計劃特點 Key Features

保證續保至 100 歲
Guaranteed renewability up to age 100

本計劃為每年續保，並保證續保至受保人 100 歲。

The Plan is guaranteed yearly renewable, up to age 100 of the insured person.

不設「終身保障限額」
No lifetime benefit limit

本計劃涵蓋診斷成像檢測、住院及手術，非手術癌症治療、精神科住院治療、入院前 / 出院後護理及其他一系列醫療服務及保障，不設終身保障限額，每個保單年度重新計算保障限額。

The Plan covers medical expenses including diagnostic imaging tests, hospital treatments and surgeries, non-surgical cancer treatments, psychiatric inpatient treatments, pre- and post-confinement treatments and other medical treatments and benefits. There is no lifetime benefit limit and the limit will be restored every policy year.

三種病房級別以供選擇
Three ward classes available for your selection

本計劃提供三種不同病房級別，您可以因應需要及開支預算選擇適合自己的病房級別。

The Plan offers three Ward Classes for selection. You can choose the Ward Classes which best suits your needs and meets your budget.

保障投保時未知的已有疾病
Covers unknown pre-existing conditions

由投保時未知的已存在疾病引致的醫療費用，本計劃會按以下列表賠償，讓您倍添安心。

The Plan will reimburse the medical expenses arising from the unknown pre-existing conditions according to the schedule below.

保單年度 Policy Year	賠償比率 Reimbursement Arrangement
第一年 1st year	沒有保障 No coverage
第二年 2nd year	賠償保障限額百分之二十五 25% Reimbursement
第三年 3rd year	賠償保障限額百分之五十 50% Reimbursement
第四年起 4th year onwards	賠償保障限額全數 100% Full coverage

額外延伸醫療保障
Additional extended benefits

本計劃提供額外延伸醫療保障，擴闊您的安全網，包括緊急意外門診治療、住院後居家看護、門診洗腎、額外醫療附加保障及日間手術現金保障等。額外醫療附加保障將賠償超出相關合資格醫療費用限額的最多80%，即使需要接受長期治療，亦毋須擔心超出的醫療費用。

The Plan provides additional extended benefits to broaden your safety net, including emergency outpatient treatment (accident only), post-confinement home nursing, outpatient kidney dialysis, supplementary major medical and cash benefit for day case procedure, etc. Supplementary major medical will reimburse a maximum of 80% of the eligible expenses which exceed the respective benefit limits. You do not need to worry the excess medical expenses on long term treatment.

計劃特點 Key Features (續 Continued)

保費可享稅務扣除
Tax deduction for premiums paid

當您為自己及指明家庭成員 (包括納稅人配偶及子女、納稅人或其配偶的祖父母、外祖父母、父母和兄弟姐妹) 投保本計劃，您可就已繳付之保費向稅務局申請薪俸稅或個人入息稅之稅務扣除 *，每個課稅年度每名受保人的最高保費扣除額為 8,000 港元！

You can apply for annual tax deductions under the salaries tax and personal assessment with Inland Revenue Department for the premiums paid under the Plan by the policy holder for the coverage for himself/herself and his/her specified family members (including taxpayer's spouse and children, and the taxpayer's or his/her spouse's grandparents, parents and siblings). The tax deduction* is up to HKD8,000 per insured person in each assessment year.

* 已繳付至立安心自願醫保靈活計劃的保費，根據《稅務條例》(第 112 章) 可申請稅務扣除，如欲了解有關稅務扣除詳情，請向稅務局 www.ird.gov.hk 查詢或尋求獨立的稅務建議。
* The premiums paid for Well Protect Voluntary Health Insurance Scheme (Flexi) is eligible for the tax deduction under the Inland Revenue Ordinance (Cap.112). For more information, please contact the Inland Revenue Department www.ird.gov.hk or seek independent tax advice.

產品概覽 Product Summary

產品種類 Product Type	基本計劃 Basic Plan
投保年齡 Issue Age	0 歲 (15 日) 至 80 歲 (以上一個生日計算) Age 0 (15 days) to 80 (on last birthday)
保障年期 Benefit Term	保證每年續保至受保人 100 歲。 Yearly renewable, with guaranteed renewability up to age 100 of the insured person.
保費繳費模式 Premium Payment Mode	年繳 / 月繳 Annual / monthly
保單貨幣單位 Policy Currency	港元 HKD

立安心自願醫保靈活計劃 - 保障表
Well Protect Voluntary Health Insurance Scheme (Flexi) - Benefit Schedule

保障項目 (1) Benefit items (1)	賠償限額（港元） Benefit limit (in HKD)		
計劃級別 / 合資格病房級別 (2) Benefit level / Entitled Ward Class (2)	普通房 Ward	半私家房 Semi-private room	標準私家房 Standard private room
自願醫保認可產品編號 VHIS Certification Number	F00042-01-000-02	F00042-02-000-02	F00042-03-000-02
保障地區 Area Cover	全球 (3) Worldwide (3)		

第 I 部分 — 基本保障
Part I – Basic Benefits

(a) 病房及膳食 Room and board	每日 $1,000 per day	每日 $2,200 per day	每日 $4,000 per day
	每保單年度最多 180 日 Maximum 180 days per policy year		
(b) 雜項開支 Miscellaneous charges	每保單年度 $14,000 per policy year	每保單年度 $20,000 per policy year	每保單年度 $30,000 per policy year
(c) 主診醫生巡房費 Attending doctor's visit fee	每日 $800 per day	每日 $1,600 per day	每日 $4,000 per day
	每保單年度最多 180 日 Maximum 180 days per policy year		
(d) 專科醫生費 (4) Specialist's fee (4)	每保單年度 $4,300 per policy year	每保單年度 $6,000 per policy year	每保單年度 $12,000 per policy year
(e) 深切治療 Intensive care	每日 $3,500 per day	每日 $6,000 per day	每日 $10,000 per day
	每保單年度最多 25 日 Maximum 25 days per policy year		
(f) 外科醫生費 Surgeon's fee	每項手術，按手術表劃分的手術分類 – Per surgery, subject to surgical category for the surgery/ procedure in the schedule of surgical procedures -		
• 複雜 Complex	$50,000	$80,000	$120,000
• 大型 Major	$25,000	$40,000	$60,000
• 中型 Intermediate	$12,500	$20,000	$30,000
• 小型 Minor	$5,000	$10,000	$15,000

保障項目 [1] Benefit items [1]	賠償限額（港元） Benefit limit (in HKD)		
計劃級別 / 合資格病房級別 [2] Benefit level / Entitled Ward Class [2]	普通房 Ward	半私家房 Semi-private room	標準私家房 Standard private room
(g) 麻醉科醫生費 Anaesthetist's fee	外科醫生費的 35% [7] 35% of surgeon's fee payable [7]		
(h) 手術室費 Operating theatre charges	外科醫生費的 35% [7] 35% of surgeon's fee payable [7]		
(i) 訂明診斷成像檢測 [4][5] Prescribed diagnostic imaging tests [4][5]	每保單年度 $20,000 per policy year	每保單年度 $30,000 per policy year	每保單年度 $40,000 per policy year
	設 30% 共同保險 Subject to 30% Coinsurance		
(j) 訂明非手術癌症治療 [6] Prescribed non-surgical cancer treatments [6]	每保單年度 $80,000 per policy year	每保單年度 $120,000 per policy year	每保單年度 $150,000 per policy year
(k) 入院前或出院後 / 日間手術前後的門診護理 [4] Pre- and post-confinement / day case procedure outpatient care [4]	每次 $580， 每保單年度 $4,500 $580 per visit, up to $4,500 per policy year	每次 $800， 每保單年度 $6,000 $800 per visit, up to $6,000 per policy year	每次 $1,000， 每保單年度 $8,000 $1,000 per visit, up to $8,000 per policy year
	• 住院 / 日間手術前最多 1 次門診或急症診症 1 prior outpatient visit or emergency consultation per confinement / day case procedure • 出院 / 日間手術後 90 日內最多 3 次跟進門診 3 follow-up outpatient visits per confinement / day case procedure (within 90 days after discharge from hospital or completion of day case procedure)		
(l) 精神科治療 Psychiatric treatments	每保單年度 $30,000 per policy year	每保單年度 $40,000 per policy year	每保單年度 $50,000 per policy year

立安心自願醫保靈活計劃 - 保障表（續）
Well Protect Voluntary Health Insurance Scheme (Flexi) - Benefit Schedule (Continued)

保障項目 (1) Benefit items (1)	賠償限額（港元） Benefit limit (in HKD)		
計劃級別 / 合資格病房級別 (2) Benefit level / Entitled Ward Class (2)	普通房 Ward	半私家房 Semi-private room	標準私家房 Standard private room
第 II 部分 — 升級保障 Part II – Enhanced Benefits			
(1) 緊急意外門診治療 Emergency outpatient treatment (accident only)	每保單年度 $7,000 per policy year	每保單年度 $11,000 per policy year	每保單年度 $16,000 per policy year
(2) 住院後居家看護 (4) Post-confinement home nursing (4)	每次 $550 per visit	每次 $800 per visit	每次 $1,600 per visit
	• 每日 1 次，於出院後 90 日內 1 visit per day, within 90 days after discharge from hospital • 每保單年度最多 30 次 Maximum 30 visits per policy year		
(3) 門診洗腎 (4) Outpatient kidney dialysis (4)	每保單年度 $50,000 per policy year	每保單年度 $100,000 per policy year	每保單年度 $150,000 per policy year
(4) 額外醫療附加保障 Supplementary major medical			
• 每年總限額 Aggregate annual limit	每保單年度 $120,000 per policy year	每保單年度 $220,000 per policy year	每保單年度 $450,000 per policy year
• 賠償比率 Reimbursement percentage	80%（相等於 20% 共同保險） 80% (Equivalent to 20% Coinsurance)		
(i) 病房及膳食 Room and board	於基本保障 (a) 下，從每一個保單年度內住院的第 181 日開始的超額合資格費用 (8) x 賠償比率，限制於每日賠償限額 Excess eligible expenses (8) under Basic Benefit (a) starting from the 181st day of confinement in a policy year x reimbursement percentage, subject to the benefit limit per day		
(ii) 雜項開支 Miscellaneous charges	於基本保障 (b) 下，每一個保單年度內的超額合資格費用 (8) x 賠償比率 Excess eligible expenses (8) under Basic Benefit (b) in a policy year x reimbursement percentage		

保障項目 (1) Benefit items (1)	賠償限額（港元） Benefit limit (in HKD)		
計劃級別 / 合資格病房級別 (2) Benefit level / Entitled Ward Class (2)	普通房 Ward	半私家房 Semi-private room	標準私家房 Standard private room
(iii) 主診醫生巡房費 Attending doctor's visit fee	於基本保障 (c) 下，從每一個保單年度內住院的第 181 日開始的超額合資格費用 (8) x 賠償比率，限制於每日賠償限額 Excess eligible expenses (8) under Basic Benefit (c) starting from the 181st day of confinement in a policy year x reimbursement percentage, subject to the benefit limit per day		
(iv) 專科醫生費 (4) Specialist's fee (4)	於基本保障 (d) 下，每一個保單年度內的超額合資格費用 (8) x 賠償比率 Excess eligible expenses (8) under Basic Benefit (d) in a policy year x reimbursement percentage		
(v) 深切治療 Intensive care	於基本保障 (e) 下，從每一個保單年度內入住深切治療部的第 26 日開始的超額合資格費用 (8) x 賠償比率，限制於每日賠償限額 Excess eligible expenses (8) under Basic Benefit (e) starting from the 26th day of confinement in an intensive care unit in a policy year x reimbursement percentage, subject to the benefit limit per day		
(vi) 外科醫生費 Surgeon's fee	於基本保障 (f) 下，每一個保單年度內的超額合資格費用 (8) x 賠償比率 Excess eligible expenses (8) under Basic Benefit (f) in a policy year x reimbursement percentage		
(vii) 麻醉科醫生費 Anaesthetist's fee	於基本保障 (g) 下，每一個保單年度內的超額合資格費用 (8) x 賠償比率 Excess eligible expenses (8) under Basic Benefit (g) in a policy year x reimbursement percentage		
(viii) 手術室費 Operating theatre charges	於基本保障 (h) 下，每一個保單年度內的超額合資格費用 (8) x 賠償比率 Excess eligible expenses (8) under Basic Benefit (h) in a policy year x reimbursement percentage		
(ix) 訂明診斷成像檢測 (4)(5) Prescribed diagnostic imaging tests (4)(5)	於基本保障 (i) 下，每一個保單年度內於扣除共同保險後的超額合資格費用 (8) x 賠償比率 Excess eligible expenses (8) less Coinsurance under Basic Benefit (i) in a policy year x reimbursement percentage		

立安心自願醫保靈活計劃 - 保障表（續）
Well Protect Voluntary Health Insurance Scheme (Flexi) - Benefit Schedule (Continued)

保障項目 (1) Benefit items (1)	賠償限額（港元） Benefit limit (in HKD)		
計劃級別 / 合資格病房級別 (2) Benefit level / Entitled Ward Class (2)	普通房 Ward	半私家房 Semi-private room	標準私家房 Standard private room

第 II 部分 — 升級保障（續）
Part II – Enhanced Benefits (Continued)

(4) 額外醫療附加保障（續） Supplementary major medical (continued)	
(x) 入院前或出院後 / 日間手術前後的門診護理 (4) Pre- and post-confinement / day case procedure outpatient care (4)	於基本保障 (k) 下，出院 / 日間手術後 90 日內第 4 次至第 31 次跟進門診的超額合資格費用 (8) x 賠償比率，限制於每次賠償限額 Excess eligible expenses (8) under Basic Benefit (k) x reimbursement percentage (payable from the 4th follow-up outpatient visit to 31st visit within 90 days after discharge from hospital or completion of day case procedure), subject to the benefit limit per visit
(xi) 緊急意外門診治療 Emergency outpatient treatment (accident only)	於升級保障 (1) 下，每一個保單年度內的超額合資格費用 (8) x 賠償比率 Excess eligible expenses (8) under Enhanced Benefit (1) in a policy year x reimbursement percentage
(xii) 住院後居家看護 (4) Post-confinement home nursing (4)	於升級保障 (2) 下，從每一個保單年度內居家看護探訪第 31 次開始的超額合資格費用 (8) x 賠償比率，限制於出院後 90 日內作出的所有居家看護探訪，每日 1 次，限制於每次賠償限額 Excess eligible expenses (8) under Enhanced Benefit (2) starting from the 31st visit in a policy year x reimbursement percentage), subject to all visits being made within 90 days after discharge from hospital, 1 visit per day and the benefit limit per visit

保障項目 (1) Benefit items (1)	賠償限額（港元） Benefit limit (in HKD)		
計劃級別 / 合資格病房級別 (2) Benefit level / Entitled Ward Class (2)	普通房 Ward	半私家房 Semi-private room	標準私家房 Standard private room
第 III 部分 — 其他保障 **Part III – Other Benefits**			
(A) 日間手術現金保障 Cash benefit for day case procedure	每宗日間手術 $500 per day case procedure	每宗日間手術 $700 per day case procedure	每宗日間手術 $1,200 per day case procedure
(B) 恩恤身故賠償 Compassionate death benefit	每份保單 $15,000 per policy	每份保單 $20,000 per policy	每份保單 $30,000 per policy
(C) 醫療疏忽事故賠償 Medical negligence benefit	每份保單 $100,000 per policy	每份保單 $200,000 per policy	每份保單 $400,000 per policy
(D) 優化津貼賠償 (9) Top-up subsidy benefit (9)	每日 $600 per day	每日 $800 per day	每日 $1,300 per day
	每保單年度最多 90 日 Maximum 90 days per policy year		
第 IV 部分 — 其他限額 **Part IV – Other Limits**			
基本保障項目 (a) – (l) 的每年保障限額 Annual Benefit Limit for Basic Benefits (a) – (l)	每保單年度 $600,000 per policy year	每保單年度 $800,000 per policy year	每保單年度 $1,200,000 per policy year
以下項目的終身保障限額： Lifetime Benefit Limit for: • 基本保障項目 (a) – (l)、 Basic Benefits (a) – (l), • 升級保障項目 (1) – (4)、及 Enhanced Benefits (1) – (4), and • 其他保障項目 (A) – (D) Other Benefits (A) – (D)	無 Nil	無 Nil	無 Nil

立安心自願醫保靈活計劃 - 保障表（續）
Well Protect Voluntary Health Insurance Scheme (Flexi) - Benefit Schedule (Continued)

註釋：
Notes:

(1) 除非另有註明，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。
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.

(2) 如受保人入住高於保障表內所載明的合資格病房級別的病房類別，下列病房級別調整基數將應用於額外醫療附加保障（如適用）。詳情請參閱保單條款補充文件甲（「補充文件甲」）。
The following Ward Class adjustment factor shall apply (if applicable) to the supplementary major medical benefit if the insured person is confined in a type of room in a hospital higher than the entitled Ward Class as stated in the Benefit Schedule. Please refer to Supplement A of Policy Terms and Conditions ("Supplement A") for details.

於保障表內列明的 合資格病房級別 Entitled Ward Class in the Benefit Schedule	入住病房級別 Confined Ward Class	病房級別調整基數 Ward Class adjustment factor
普通房 Ward	半私家房 Semi-private room	50%
普通房 Ward	標準私家房或較標準私家房備有較多設施的任何房間 Standard private room or any room type that is higher than a standard private room	25%
半私家房 Semi-private room	標準私家房 Standard private room	50%
半私家房 Semi-private room	較標準私家房備有較多設施的任何房間 Any room type that is higher than a standard private room	25%
標準私家房 Standard private room	較標準私家房備有較多設施的任何房間 Any room type that is higher than a standard private room	50%

(3) 除精神科治療只適用於香港、住院後居家看護、門診洗腎及日間手術現金保障只適用於亞太區外，本保障表內的所有保障項目均全球適用。
Except for the psychiatric treatments that are applicable to Hong Kong only, post-confinement home nursing, outpatient kidney dialysis and cash benefit for day case procedure that are applicable to Asia Pacific only, all benefits described in this benefit table shall be applicable worldwide.

(4) 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。
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.

(5) 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。
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.

(6) 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。
Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

(7) 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。
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.

(8) 就條款及保障第六部分第 3(a) 至 (i) 及 (k) 節各項及補充文件甲第一部分第 (1) 及 (2) 節各項下的「超額合資格費用」是指超過保障表內該細分節或細分部分（視情況而定）就該保障項目列明的相關保障限額的合資格費用。如果是條款及保障第六部分第 3(i) 節下的合資格費用，須先扣除由保單持有人需承擔的共同保險金額以計算超額合資格費用。
"Excess eligible expenses" for each of the Section 3(a) to (i) and (k) of Part 6 of the Terms and Benefits and each of Part 1(1) and (2) of the Supplement A shall mean the eligible expenses of such sub-section or sub-part (as the case may be) that exceeds the respective benefit limit for such benefit item as specified in the Benefit Schedule. In case of the eligible expense under Section 3(i) of Part 6 of the Terms and Benefits, an amount of Coinsurance shall first be deducted for the excess eligible expenses, which shall be borne by policy holder.

(9) 據此條文下就有關住院或日間手術任何已付或應付的優化津貼賠償，須受以下限制：該優化津貼賠償的總金額及條款及保障下就住院或日間手術任何已付或應付的實報實銷賠償的總和不得超過原應支付總賠償。原應支付總賠償是指就未曾在補充文件甲第二部分 (D)(a) 節中定義的其他保險公司獲得實報實銷賠償的情況下，有關住院或日間手術於條款及保障第六部分及補充文件甲第一部分第 (2) 及 (4) 節下應付的實報實銷賠償總額。詳情請參閱補充文件甲。
Any top-up subsidy benefit paid or payable hereunder in respect of the relevant confinement or day case procedure is subject to the limitation that the total amount of such benefit and any reimbursement paid or payable under the Terms and Benefits in respect of the confinement or day case procedure does not exceed total benefits otherwise payable. Total benefits otherwise payable shall mean the total amount of benefits which would have been reimbursed under Part 6 of the Terms and Benefits and Part 1(2) and (4) of the Supplement A for the relevant confinement or day case procedure if no reimbursement had been made by other insurance company(ies) as defined in Section (D)(a) of Part 2 of Supplement A. Please refer to Supplement A for details.

立安心自願醫保靈活計劃
Well Protect Voluntary Health Insurance Scheme (Flexi)

男性 Male

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
0	4,031.00	354.73	6,066.00	533.81	10,091.00	888.01
1	4,031.00	354.73	6,066.00	533.81	10,091.00	888.01
2	4,031.00	354.73	6,066.00	533.81	10,091.00	888.01
3	4,031.00	354.73	6,066.00	533.81	10,091.00	888.01
4	4,031.00	354.73	6,066.00	533.81	10,091.00	888.01
5	2,914.00	256.43	4,521.00	397.85	7,568.00	665.98
6	2,886.00	253.97	4,350.00	382.80	7,459.00	656.39
7	2,858.00	251.50	4,263.00	375.14	7,351.00	646.89
8	2,831.00	249.13	4,186.00	368.37	7,242.00	637.30
9	2,803.00	246.66	4,111.00	361.77	7,134.00	627.79
10	2,775.00	244.20	4,037.00	355.26	7,025.00	618.20
11	2,747.00	241.74	3,964.00	348.83	6,917.00	608.70
12	2,720.00	239.36	3,893.00	342.58	6,808.00	599.10
13	2,692.00	236.90	3,823.00	336.42	6,699.00	589.51
14	2,664.00	234.43	3,754.00	330.35	6,590.00	579.92
15	2,636.00	231.97	3,754.00	330.35	6,481.00	570.33
16	2,609.00	229.59	3,754.00	330.35	6,373.00	560.82
17	2,581.00	227.13	3,754.00	330.35	6,265.00	551.32
18	2,553.00	224.66	3,754.00	330.35	6,156.00	541.73
19	2,599.00	228.71	3,825.00	336.60	6,362.00	559.86
20	2,645.00	232.76	3,949.00	347.51	6,569.00	578.07

立安心自願醫保靈活計劃（續）
Well Protect Voluntary Health Insurance Scheme (Flexi) (Continued)

男性 Male

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
21	2,693.00	236.98	4,051.00	356.49	6,740.00	593.12
22	2,741.00	241.21	4,154.00	365.55	6,910.00	608.08
23	2,790.00	245.52	4,256.00	374.53	7,080.00	623.04
24	2,841.00	250.01	4,359.00	383.59	7,250.00	638.00
25	2,892.00	254.50	4,460.00	392.48	7,421.00	653.05
26	2,944.00	259.07	4,562.00	401.46	7,591.00	668.01
27	2,997.00	263.74	4,744.00	417.47	7,762.00	683.06
28	3,051.00	268.49	4,934.00	434.19	7,931.00	697.93
29	3,106.00	273.33	5,132.00	451.62	8,102.00	712.98
30	3,168.00	278.78	5,337.00	469.66	8,272.00	727.94
31	3,263.00	287.14	5,550.00	488.40	8,520.00	749.76
32	3,377.00	297.18	5,772.00	507.94	8,861.00	779.77
33	3,500.00	308.00	6,003.00	528.26	9,330.00	821.04
34	3,654.00	321.55	6,243.00	549.38	9,824.00	864.51
35	3,814.00	335.63	6,568.00	577.98	10,344.00	910.27
36	3,982.00	350.42	6,780.00	596.64	10,891.00	958.41
37	4,158.00	365.90	7,000.00	616.00	11,490.00	1,011.12
38	4,353.00	383.06	7,221.00	635.45	12,179.00	1,071.75
39	4,571.00	402.25	7,453.00	655.86	12,983.00	1,142.50
40	4,799.00	422.31	7,855.00	691.24	13,860.00	1,219.68
41	5,021.00	441.85	8,195.00	721.16	14,315.00	1,259.72

男性 Male

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
42	5,279.00	464.55	8,520.00	749.76	15,048.00	1,324.22
43	5,474.00	481.71	8,860.00	779.68	15,605.00	1,373.24
44	5,616.00	494.21	9,260.00	814.88	16,176.00	1,423.49
45	5,762.00	507.06	9,598.00	844.62	16,766.00	1,475.41
46	5,912.00	520.26	9,929.00	873.75	17,344.00	1,526.27
47	6,076.00	534.69	10,275.00	904.20	17,949.00	1,579.51
48	6,282.00	552.82	10,621.00	934.65	18,553.00	1,632.66
49	6,494.00	571.47	10,979.00	966.15	19,177.00	1,687.58
50	6,711.00	590.57	11,348.00	998.62	19,823.00	1,744.42
51	6,943.00	610.98	11,741.00	1,033.21	20,508.00	1,804.70
52	7,260.00	638.88	12,085.00	1,063.48	21,249.00	1,869.91
53	7,588.00	667.74	12,640.00	1,112.32	22,057.00	1,941.02
54	7,936.00	698.37	13,233.00	1,164.50	22,946.00	2,019.25
55	8,310.00	731.28	13,862.00	1,219.86	23,891.00	2,102.41
56	8,899.00	783.11	14,572.00	1,282.34	24,966.00	2,197.01
57	9,404.00	827.55	15,332.00	1,349.22	26,339.00	2,317.83
58	9,899.00	871.11	16,143.00	1,420.58	27,919.00	2,456.87
59	10,425.00	917.40	17,006.00	1,496.53	29,734.00	2,616.59
60	11,049.00	972.31	18,212.00	1,602.66	31,667.00	2,786.70
61	11,512.00	1,013.06	19,469.00	1,713.27	33,567.00	2,953.90
62	12,285.00	1,081.08	20,637.00	1,816.06	35,413.00	3,116.34

立安心自願醫保靈活計劃（續）
Well Protect Voluntary Health Insurance Scheme (Flexi) (Continued)

男性 Male

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
63	12,927.00	1,137.58	21,875.00	1,925.00	37,361.00	3,287.77
64	13,635.00	1,199.88	23,188.00	2,040.54	39,596.00	3,484.45
65	14,284.00	1,256.99	24,579.00	2,162.95	41,474.00	3,649.71
66	15,141.00	1,332.41	26,054.00	2,292.75	43,261.00	3,806.97
67	16,125.00	1,419.00	27,617.00	2,430.30	45,189.00	3,976.63
68	17,286.00	1,521.17	29,274.00	2,576.11	47,448.00	4,175.42
69	18,496.00	1,627.65	31,031.00	2,730.73	50,058.00	4,405.10
70	19,791.00	1,741.61	32,892.00	2,894.50	53,061.00	4,669.37
71	20,814.00	1,831.63	34,961.00	3,076.57	56,510.00	4,972.88
72	21,589.00	1,899.83	37,103.00	3,265.06	60,466.00	5,321.01
73	22,363.00	1,967.94	38,552.00	3,392.58	64,396.00	5,666.85
74	23,138.00	2,036.14	40,072.00	3,526.34	68,347.00	6,014.54
75	23,912.00	2,104.26	41,592.00	3,660.10	70,634.00	6,215.79
76	24,814.00	2,183.63	43,112.00	3,793.86	72,922.00	6,417.14
77	26,054.00	2,292.75	44,632.00	3,927.62	75,411.00	6,636.17
78	27,357.00	2,407.42	46,153.00	4,061.46	78,770.00	6,931.76
79	28,724.00	2,527.71	47,673.00	4,195.22	82,160.00	7,230.08
80	29,443.00	2,590.98	49,192.00	4,328.90	85,963.00	7,564.74
81*	30,528.00	2,686.46	51,027.00	4,490.38	89,119.00	7,842.47
82*	31,651.00	2,785.29	52,905.00	4,655.64	92,387.00	8,130.06
83*	32,808.00	2,887.10	54,869.00	4,828.47	95,762.00	8,427.06

男性 Male

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
84*	34,018.00	2,993.58	56,876.00	5,005.09	99,262.00	8,735.06
85*	35,698.00	3,141.42	59,732.00	5,256.42	104,261.00	9,174.97
86*	36,571.00	3,218.25	61,207.00	5,386.22	106,761.00	9,394.97
87*	37,445.00	3,295.16	62,691.00	5,516.81	109,314.00	9,619.63
88*	38,304.00	3,370.75	64,174.00	5,647.31	111,904.00	9,847.55
89*	39,211.00	3,450.57	65,726.00	5,783.89	114,493.00	10,075.38
90*	40,085.00	3,527.48	67,210.00	5,914.48	117,046.00	10,300.05
91*	40,642.00	3,576.50	68,128.00	5,995.26	118,778.00	10,452.46
92*	41,194.00	3,625.07	69,088.00	6,079.74	120,367.00	10,592.30
93*	41,760.00	3,674.88	70,023.00	6,162.02	121,974.00	10,733.71
94*	42,312.00	3,723.46	71,018.00	6,249.58	123,581.00	10,875.13
95*	42,898.00	3,775.02	71,978.00	6,334.06	125,296.00	11,026.05
96*	43,450.00	3,823.60	72,922.00	6,417.14	126,956.00	11,172.13
97*	44,064.00	3,877.63	73,908.00	6,503.90	128,652.00	11,321.38
98*	44,635.00	3,927.88	74,877.00	6,589.18	130,331.00	11,469.13
99*	45,226.00	3,979.89	75,906.00	6,679.73	132,099.00	11,624.71

* 只適用於續保 For Renewal Only
^ 實際年齡指上一個生日時的年齡 Attained age means the age as at last birthday

立安心自願醫保靈活計劃（續）
Well Protect Voluntary Health Insurance Scheme (Flexi) (Continued)

女性 Female

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
0	3,507.00	308.62	5,136.00	451.97	8,780.00	772.64
1	3,507.00	308.62	5,136.00	451.97	8,780.00	772.64
2	3,507.00	308.62	5,136.00	451.97	8,780.00	772.64
3	3,507.00	308.62	5,136.00	451.97	8,780.00	772.64
4	3,507.00	308.62	5,136.00	451.97	8,780.00	772.64
5	2,796.00	246.05	3,989.00	351.03	6,653.00	585.46
6	2,796.00	246.05	3,970.00	349.36	6,623.00	582.82
7	2,796.00	246.05	3,950.00	347.60	6,595.00	580.36
8	2,796.00	246.05	3,915.00	344.52	6,566.00	577.81
9	2,796.00	246.05	3,879.00	341.35	6,537.00	575.26
10	2,796.00	246.05	3,844.00	338.27	6,508.00	572.70
11	2,796.00	246.05	3,810.00	335.28	6,479.00	570.15
12	2,796.00	246.05	3,776.00	332.29	6,450.00	567.60
13	2,796.00	246.05	3,742.00	329.30	6,421.00	565.05
14	2,796.00	246.05	3,708.00	326.30	6,392.00	562.50
15	2,796.00	246.05	3,708.00	326.30	6,364.00	560.03
16	2,796.00	246.05	3,708.00	326.30	6,335.00	557.48
17	2,796.00	246.05	3,708.00	326.30	6,305.00	554.84
18	2,796.00	246.05	3,708.00	326.30	6,277.00	552.38
19	2,796.00	246.05	3,816.00	335.81	6,526.00	574.29
20	2,796.00	246.05	3,962.00	348.66	6,775.00	596.20

女性 Female

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
21	2,880.00	253.44	4,139.00	364.23	7,079.00	622.95
22	2,966.00	261.01	4,317.00	379.90	7,381.00	649.53
23	3,055.00	268.84	4,494.00	395.47	7,685.00	676.28
24	3,153.00	277.46	4,671.00	411.05	7,987.00	702.86
25	3,263.00	287.14	4,849.00	426.71	8,291.00	729.61
26	3,381.00	297.53	5,025.00	442.20	8,594.00	756.27
27	3,509.00	308.79	5,251.00	462.09	8,897.00	782.94
28	3,643.00	320.58	5,493.00	483.38	9,200.00	809.60
29	3,781.00	332.73	5,800.00	510.40	9,503.00	836.26
30	3,925.00	345.40	6,125.00	539.00	9,807.00	863.02
31	4,074.00	358.51	6,468.00	569.18	10,297.00	906.14
32	4,229.00	372.15	6,830.00	601.04	10,915.00	960.52
33	4,457.00	392.22	7,213.00	634.74	11,624.00	1,022.91
34	4,683.00	412.10	7,617.00	670.30	12,380.00	1,089.44
35	4,899.00	431.11	8,060.00	709.28	13,185.00	1,160.28
36	5,104.00	449.15	8,527.00	750.38	14,042.00	1,235.70
37	5,303.00	466.66	8,861.00	779.77	14,955.00	1,316.04
38	5,484.00	482.59	9,162.00	806.26	15,852.00	1,394.98
39	5,679.00	499.75	9,488.00	834.94	16,645.00	1,464.76
40	6,128.00	539.26	9,982.00	878.42	17,508.00	1,540.70
41	6,465.00	568.92	10,568.00	929.98	18,383.00	1,617.70

立安心自願醫保靈活計劃（續）
Well Protect Voluntary Health Insurance Scheme (Flexi) (Continued)

女性 Female

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
42	6,827.00	600.78	11,169.00	982.87	19,302.00	1,698.58
43	6,960.00	612.48	11,580.00	1,019.04	19,885.00	1,749.88
44	7,108.00	625.50	11,876.00	1,045.09	20,305.00	1,786.84
45	7,257.00	638.62	12,125.00	1,067.00	20,733.00	1,824.50
46	7,414.00	652.43	12,388.00	1,090.14	21,181.00	1,863.93
47	7,588.00	667.74	12,678.00	1,115.66	21,677.00	1,907.58
48	7,739.00	681.03	12,928.00	1,137.66	22,105.00	1,945.24
49	7,871.00	692.65	13,150.00	1,157.20	22,485.00	1,978.68
50	8,007.00	704.62	13,377.00	1,177.18	22,871.00	2,012.65
51	8,167.00	718.70	13,645.00	1,200.76	23,328.00	2,052.86
52	8,330.00	733.04	13,917.00	1,224.70	23,795.00	2,093.96
53	8,497.00	747.74	14,265.00	1,255.32	24,271.00	2,135.85
54	8,667.00	762.70	14,622.00	1,286.74	24,756.00	2,178.53
55	8,840.00	777.92	15,061.00	1,325.37	25,251.00	2,222.09
56	9,150.00	805.20	15,512.00	1,365.06	26,009.00	2,288.79
57	9,470.00	833.36	16,055.00	1,412.84	27,049.00	2,380.31
58	9,801.00	862.49	16,778.00	1,476.46	28,401.00	2,499.29
59	10,201.00	897.69	17,667.00	1,554.70	30,105.00	2,649.24
60	10,813.00	951.54	18,515.00	1,629.32	31,911.00	2,808.17
61	11,462.00	1,008.66	19,412.00	1,708.26	33,826.00	2,976.69
62	12,149.00	1,069.11	20,348.00	1,790.62	35,856.00	3,155.33

女性 Female

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
63	12,757.00	1,122.62	21,569.00	1,898.07	38,007.00	3,344.62
64	13,331.00	1,173.13	22,863.00	2,011.94	39,907.00	3,511.82
65	13,831.00	1,217.13	24,235.00	2,132.68	41,902.00	3,687.38
66	14,384.00	1,265.79	25,689.00	2,260.63	43,962.00	3,868.66
67	15,103.00	1,329.06	27,230.00	2,396.24	45,720.00	4,023.36
68	16,010.00	1,408.88	28,864.00	2,540.03	47,777.00	4,204.38
69	16,970.00	1,493.36	30,596.00	2,692.45	50,166.00	4,414.61
70	17,988.00	1,582.94	32,431.00	2,853.93	53,176.00	4,679.49
71	19,068.00	1,677.98	34,222.00	3,011.54	56,632.00	4,983.62
72	20,212.00	1,778.66	36,022.00	3,169.94	60,356.00	5,311.33
73	21,222.00	1,867.54	38,170.00	3,358.96	63,319.00	5,572.07
74	22,284.00	1,960.99	39,675.00	3,491.40	65,823.00	5,792.42
75	23,398.00	2,059.02	41,180.00	3,623.84	68,512.00	6,029.06
76	24,568.00	2,161.98	42,685.00	3,756.28	71,364.00	6,280.03
77	25,796.00	2,270.05	44,190.00	3,888.72	74,664.00	6,570.43
78	27,086.00	2,383.57	45,696.00	4,021.25	77,990.00	6,863.12
79	28,440.00	2,502.72	47,201.00	4,153.69	81,347.00	7,158.54
80	29,129.00	2,563.35	48,706.00	4,286.13	85,112.00	7,489.86
81*	30,031.00	2,642.73	50,303.00	4,426.66	87,237.00	7,676.86
82*	30,928.00	2,721.66	51,821.00	4,560.25	89,900.00	7,911.20
83*	31,850.00	2,802.80	53,387.00	4,698.06	92,563.00	8,145.54

立安心自願醫保靈活計劃（續）
Well Protect Voluntary Health Insurance Scheme (Flexi) (Continued)

女性 Female

標準保費表（港元） Standard Premium Schedule (HKD)						
實際年齡 ^ Attained Age^	普通房 Ward		半私家房 Semi-private room		私家房 Standard private room	
	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium	年繳保費 Annual Premium	月繳保費 Monthly Premium
84*	32,815.00	2,887.72	54,973.00	4,837.62	95,342.00	8,390.10
85*	34,468.00	3,033.18	57,775.00	5,084.20	100,166.00	8,814.61
86*	35,319.00	3,108.07	59,195.00	5,209.16	102,500.00	9,020.00
87*	36,153.00	3,181.46	60,625.00	5,335.00	105,028.00	9,242.46
88*	37,034.00	3,258.99	62,133.00	5,467.70	107,537.00	9,463.26
89*	37,900.00	3,335.20	63,553.00	5,592.66	110,026.00	9,682.29
90*	38,771.00	3,411.85	65,071.00	5,726.25	112,554.00	9,904.75
91*	39,310.00	3,459.28	65,888.00	5,798.14	114,117.00	10,042.30
92*	39,844.00	3,506.27	66,890.00	5,886.32	115,680.00	10,179.84
93*	40,383.00	3,553.70	67,765.00	5,963.32	117,262.00	10,319.06
94*	40,943.00	3,602.98	68,689.00	6,044.63	118,883.00	10,461.70
95*	41,488.00	3,650.94	69,652.00	6,129.38	120,426.00	10,597.49
96*	42,032.00	3,698.82	70,547.00	6,208.14	122,105.00	10,745.24
97*	42,602.00	3,748.98	71,530.00	6,294.64	123,687.00	10,884.46
98*	43,146.00	3,796.85	72,503.00	6,380.26	125,347.00	11,030.54
99*	43,711.00	3,846.57	73,437.00	6,462.46	126,987.00	11,174.86

* 只適用於續保 For Renewal Only
^ 實際年齡指上一個生日時的年齡 Attained age means the age as at last birthday

1. 此標準保費表並未包括由保險業監管局徵收的保費徵費。
   This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.
2. 2020 年 2 月 6 日起生效。
   Effective from 6 February 2020.
3. 立橋人壽保險有限公司保留更改此保費表的權利。未來保費會受持續的醫療通脹及此產品整體理賠情況影響。如有需要，我們會每年作出覆核及相應調整。為免存疑，我們不會基於個人而調整保費。上列保費為根據您現時實際年齡為此保障應支付的首年保費，並不能視為實際未來所需支付的保費。續保保費及保費徵費將在本公司於續保日前發出的續保通知書中列明。
   Well Link Life Insurance Company Limited reserves the right to revise this premium schedule. Future premiums will be reviewed and adjusted annually, if necessary, to reflect continuous medical inflation and overall claim experience under this product. For the avoidance of doubt, we shall not adjust the premium on an individual basis. The premium stated above refers to the first year premium payable for this cover based on your current attained age, but cannot be regarded as the actual premiums payable by you in the future. The renewal premium and levy will be set out in the renewal notice to be issued by the Company prior to the renewal date.

重要資訊 Important Information

本產品簡介冊僅供參考，並非保單文件的一部分及不包含保單的完整條款。有關此計劃的完整條款及細則以及定義，請參閱保單文件。 本產品簡介冊應與其他相關文件一併閱讀，包括但不限於保單利益說明（如有）、其他市場推廣資料、保單條款及細則和其他保單文件（應要求提供）；並在需要時，諮詢獨立的專業意見。

This brochure is for reference only. It is not part of the policy and does not contain the full policy's terms. Please refer to the policy documents for the full terms and conditions of this plan as well as the complete definitions of the capitalized terms. You should read this brochure along with other relevant materials which cover additional information about this product, including but not limited to benefit illustration (if any), other marketing materials, policy terms and conditions and other policy documents, which are available upon request. You may seek independent professional advice if necessary.

產品性質 Nature of the Product

本產品乃無分紅保單，並不包含儲蓄成分，所繳付的保費都用作提供保險及相關開支的用途。本產品為個人償款住院保險計劃，旨在為希望獲得住院及手術等醫療保障、以及於需要醫療保障時有能力繳付保費的客戶而設。因此，本公司建議客戶需預留充足儲備應付未來的保費金額。

This product is a non-participating policy without any savings element. All premiums are paid for the insurance and related costs. The product is an individual indemnity hospital insurance plan and is of indemnity nature aiming at customers who want hospitalization and surgical benefits, and can pay the premium as long as they want the protection. As a result, customers are advised to save enough money to cover the premiums in the future.

核保因素 Underwriting Factors

本公司將根據客戶所披露的資料，包括但不限於職業、居住地及健康狀況等資料進行核保，而作出以標準條款承保、以非標準條款承保（可能收取附加保費及 / 或加入個別不保項目），或拒絕投保申請之核保決定。

The Company will assess the risk based on the information of the insured person including but not limited to occupation, place of residence and health conditions to decide to accept the application on standard terms, non-standard terms (may impose premium loading and / or exclusions) or reject the application.

終止 Termination Conditions

本計劃將在以下情況時自動終止，以最先者為準：

- 保單持有人在寬限期屆滿時仍未繳交保費；或
- 受保人身故翌日；或
- 本公司不再獲《保險業條例》授權承保或繼續承保本保單。

如您於保單生效期間終止保單，您有權於下一個到期繳付保費日期前 14 日以書面通知本公司終止保單，惟本公司需在下一個到期繳付保費日前收妥該通知方可終止有關保單。

The Plan shall be automatically terminated on the earliest of the following events:

- where this policy is terminated due to non-payment of premiums after the grace period; or
- the day immediately following the death of the insured person; or
- the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write this policy.

While the Policy is in force, you may terminate this policy before the next premium due date by sending written request to the Company provided that such notice is duly received by the Company 14 days before the next premium due date.

保單冷靜期 Cooling-off Period

如保單未能滿足您的要求，而您並未根據保單提出任何索償，您有權在冷靜期內向本公司發出書面通知要求取消保單並獲退還所有已繳保費。冷靜期為緊接本公司向您或您的指定代表交付 (1) 保單；或 (2) 《冷靜期通知書》之日起計 21 個曆日的期間，以較早者為準。《冷靜期通知書》是在交付保單時致予您或您的指定代表的一份通知書，以就冷靜期一事通知您。該取消保單的通知必須由您簽署及註明地址為「香港上環干諾道中168-200號信德中心招商局大廈11樓1116-1118室立橋人壽保險有限公司」，並由本公司在上述地址於冷靜期內直接收到。本公司在收妥書面要求後將取消保單，並向您全數退還所有已繳保費，但不包括任何利息。

If you are not satisfied with the policy and have not made any claim under the policy, you have the right to cancel it and obtain a refund of any premium(s) paid by giving a written notice of cancellation to us within the cooling-off period. The cooling-off period is the period of 21 calendar days immediately following the day of the delivery of (1) the policy; or (2) the Cooling-off Notice, to you or your nominated representative, whichever is the earlier. The Cooling-off Notice will be sent to you or your nominated representative to notify you of the cooling-off period around the time the policy is delivered. The notice of cancellation must be signed by you addressing to "Well Link Life Insurance Company Limited at Units 16-18, 11/F., China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Sheung Wan, Hong Kong." and received directly by us at the aforesaid address within the cooling-off period. Upon receipt of your written notice, the Company will cancel the policy and refund all the premiums you paid, without any interest.

重要資訊 Important Information (續 Continued)

保費調整 Premium Adjustment

不論本公司在續保時有否修訂本計劃條款及保障，本公司將有權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。如有需要，本公司將每年檢視並調整保費以反映持續的醫療通脹及此產品整體理賠情況。為免存疑，本公司不會就個別保單調整保費。若附加保費設定為標準保費的某個百分比（即附加保費率），應付的附加保費金額將會按標準保費的變動自動調整。
在每個保單年度內及續保時，本公司不得因受保人的健康狀況變化而增加附加保費率（或在附加保費是以定額而非設定為標準保費某個百分比的情況下，增加其附加保費的定額），或增加受保人的個別不保項目。

Irrespective of whether the Company revises the terms and benefits of the Plan upon renewal, the Company shall have the right to adjust the standard premium according to the prevailing standard premium schedule adopted by the Company on an overall portfolio basis. Future premiums will be reviewed and adjusted annually, if necessary, to reflect continuous medical inflation and overall claim experience under the Plan. For the avoidance of doubt, we shall not adjust the premium on an individual basis. If the premium loading is set as a percentage of the standard premium (i.e. rate of premium loading), the amount of premium loading payable shall be automatically adjusted according to the change in standard premium.

During each policy year and upon renewal, the Company shall not impose any additional rate of premium loading (or any additional amount of premium loading if the premium loading is set in monetary terms rather than as a percentage of the standard premium) or case-based exclusion(s) on the insured person by reason of any change in the insured person's health conditions.

續保 Renewal

不論本公司在續保時有否修訂本條款及保障，本公司應在續保日前不少於三十日向保單持有人發出書面通知。
該書面通知必須指明續保保費及續保日。若本公司在續保時，修訂了本條款及保障，本公司在發出書面通知書時，必須備妥已修訂的條款及保障，以供保單持有人參閱。經修訂的條款及保障及續保保費將由續保日起生效。
於續保本條款及保障時，本公司有權因受保人的居住地或職業之改變重新核保本條款及保障。本公司有責任要求保單持有人在續保時通知本公司，受保人的居住地或職業是否有別於上一個續保日（或保單生效日，如屬首次續保）。保單持有人在收到要求後，有責任通知本公司相關改變。

Irrespective of whether the Company revises the terms and benefits of the Plan upon renewal, the Company shall give the policy holder a written notice of the revised terms and benefits to the policy holder of not less than thirty days prior to the renewal date.

The written notice shall specify the premium for renewal and renewal date. If the Company revises the terms and benefits of the Plan upon renewal, the Company shall make available the revised terms and benefits to the policy holder together with the written notice. The revised terms and benefits and premium for renewal shall take effect on the renewal date.

At renewal, the Company shall have the right to re-underwrite the terms and benefits of the Plan due to a change in the place of residence or occupation of the insured person. The Company shall have the obligation to request the policy holder to inform the Company of any change in the place of residence or occupation of the insured person, which means that as at the renewal date his place of residence differs from that as at the last renewal date (or the policy effective date in the event of first renewal). After receiving the request, the policy holder shall have the obligation to inform the Company of such a change.

保費繳費年期及欠繳保費 Premium Payment Term and Non-payment of Premium

不論是按每個保單年度或經本公司同意下以分期方式繳交的保費，均需在保費到期日前繳交，本公司才會支付賠償。除非在保單中另有說明，保費一經繳交將不獲退還。
本公司將給予由每期保費到期日起計三十一 (31) 天的寬限期以繳交保費。保單於寬限期內仍然生效，惟在收到保費前，本公司於該期間內不會支付任何賠償，直至保費已獲繳清。若在寬限期屆滿後保單持有人仍未繳清保費，保單即於保費到期日起當日終止。

The premium, whether paid for a policy year or by instalment as agreed by the Company, shall be paid in advance when due before any benefits shall be paid. Premium once paid shall not be refundable, unless otherwise specified in the policy.

A grace period of thirty-one (31) days is allowed after the due date for payment of each premium. The policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If you fail to pay the premium in full at the expiration ofthe grace period, the policy shall be terminated immediately on the date on which the unpaid premium is first due.

主要不保事項 Key Exclusions

本公司不會賠償與下列項目相關或由其引致的費用：

1. 任何非醫療所需 # 治療、治療程序、藥物、檢測或服務的費用。
2. 若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。惟若該等程序或服務是在註冊醫生建議下因而進行醫療所需 # 的診斷，或無法以為日症病人提供醫療服務的方式下有效地進行的傷病治療，則不屬此項。
3. 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。不論保單持有人或受保人在遞交投保申請文件時是否知悉，若此傷病在保單生效日前已存在，本條款及保障則不會賠償此傷病。若無法證明初次感染或出現此傷病的時間，則此傷病於保單生效日起計五年內發病，將被推定為於保單生效日前已感染或出現；若在這五年後發病，將被推定為於保單生效日後感染或出現。
4. 因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的醫療服務費用。
5. 以下服務的收費 —
   (a) 以美容或整容為目的的服務，惟受保人因意外而受傷，並於意外後九十日內接受的必要醫療服務則不屬此項；或
   (b) 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，包括但不限於眼部屈光治療、角膜激光矯視手術 (LASIK)，以及任何相關的檢測、治療程序及服務。
6. 預防性治療及預防性護理的費用，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、或僅因受保人及 / 或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑，本第 6 節並不適用於 —
   (a) 為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序；
   (b) 移除癌前病變；及
   (c) 為預防過往傷病復發或其併發症的治療。
7. 牙科醫生進行的牙科治療及口腔頜面手術的費用，惟受保人因意外引致在住院期間接受的急症治療及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。
8. 下列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；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。
9. 購買屬耐用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。
10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。
11. 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。
12. 受保人年屆八歲前發病或確診的先天性疾病所招致的醫療服務費用。
13. 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 **。
14. 因戰爭（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所招致的治療費用。

\# 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；
   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，以最適當的水平向受保人安全及有效地提供。

** 未獲第三方賠償的費用，本公司僅賠償合理及慣常的合資格費用。合理及慣常是指就醫療服務的收費而言，對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。合理及慣常的收費水平由本公司合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

The Company shall not pay any benefits in relation to or arising from the following expenses:

1. Expenses incurred for treatments, procedures, medications, tests or services which are not medically necessary#.
2. Expenses incurred for the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a registered medical practitioner for medically necessary# investigation or treatment of a disability which cannot be effectively performed in a setting for providing medical services to a day patient.
3. Expenses arising from Human Immunodeficiency Virus (“HIV”) and its related disability, which is contracted or occurs before the policy effective date. Irrespective of whether it is known or unknown to the policy holder or the insured person at the time of submission of application, including any updates of and changes to such requisite information such disability shall be generally excluded from any coverage of these terms and benefits if it exists before the policy effective date. If evidence of proof as to the time at which such disability is first contracted or occurs is not available, manifestation of such disability within the first five years after the policy effective date shall be presumed to be contracted or occur before the policy effective date, while manifestation after such five years shall be presumed to be contracted or occur after the policy effective date.

重要資訊 Important Information (續 Continued)

4. Expenses incurred for medical services as a result of disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae.
5. Any charges in respect of services for –
   (a) beautification or cosmetic purposes, unless necessitated by injury caused by an accident and the insured person receives the medical services within ninety days of the accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the insured person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to –
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other medical services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident. Follow-up dental treatment or oral surgery after discharge from hospital shall not be covered.
8. Expenses incurred for medical services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during confinement or on the day of the day case procedure.
10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for medical services provided as a result of congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of eight years.
13. Eligible expenses** which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

\# Medically necessary shall mean the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must –
   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.

** For those expenses not reimbursed by third parties, the Company shall only reimburse the eligible expenses which are reasonable and customary. Reasonable and customary shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar age, for a similar disability, as reasonably determined by the Company in utmost good faith. The reasonable and customary charges shall not in any event exceed the actual charges incurred.

主要產品風險 Key Product Risks

保單持有人有以下的風險：
Policy holders are subject to the following risks:

信貸風險 Credit Risk

本產品為本公司繕發的保單，您會受本公司的信貸風險影響。您支付的保費將成為本公司資產的一部分，所以您會受到本公司的信貸風險影響。本公司的財務實力可能影響本公司履行本保單契約的能力。
The product is an insurance policy issued by the Company. You are subject to the credit risk of the Company. Any premiums you paid would become part of our assets and so you will be exposed to our credit risk. Our financial strength may affect our ability to meet the ongoing obligations under the insurance policy.

通脹風險 Inflation Risk

您應留意通脹會導致未來的生活成本增加。因此，您現時預備之保障有可能無法應付未來的需求。
Please note that the cost of living in the future is likely to be higher than it is today due to inflation. Hence, the insurance coverage planned today may not be sufficient to meet your future needs.

保費徵費 Premium Levy

保險業監管局將按照適用之徵費率透過本公司對保單收取徵費。保單持有人須支付徵費以避免任何法律後果。有關保費徵費詳情，請瀏覽本公司網頁 www.wli.com.hk。

Levy collected by the Insurance Authority through the Company will be imposed on the policy at the applicable rate. Policy holders must pay the levy in order to avoid any legal consequences. For details, please visit our website at www.wli.com.hk.

索償 Claims

受保人應在出院或進行及完成相關醫療服務當日起計 90 天內向本公司發出書面索償申請，索償申請必須包括本公司制定的索償表格、所有收據正本及相關資料。請致我們的理賠熱線 +852 2830 7600 索取索償表格。

All claims must be made in the Company's prescribed form together with all original receipts and relevant supporting materials must be given to the Company within 90 days after discharge from hospital or after the date on which the relevant medical service is performed and completed. You can call our Claims Hotline at +852 2830 7600 for the appropriate claim form.

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