



# proMedico

Your high-end plan





## Uniquely designed medical plan for you

proMedico is a high-end medical plan that is uniquely designed to meet the needs of our customers. We will be there for you in sickness and in health to give you the peace of mind you deserve with our comprehensive medical insurance. Our premier proMedico product offers four different benefit plans, and each of our plans allows you to elect your desired option for geographic area of coverage.

### Benefits at a glance



Four different basic plan options with wide range of coverage



Three area of coverage selections including Worldwide, Worldwide excluding USA and Asia<sup>1</sup>



Extended plan benefits-24-hour Overseas Emergency Services<sup>2</sup> and Greater China Assistance Program



Cashless hospital arrangement with direct billing<sup>3</sup>



Guaranteed life time renewal with pool rating and coverage<sup>4</sup>

<sup>1</sup> If the Insured Member has remained in the USA for more than 185 days at the time of incurring the covered medical expenses, all benefits payable under the Policy which takes place in the USA shall be reduced by at least forty percent (40%) of relevant reimbursable charges, subject always to the Policy's terms and conditions, but in no event shall such reimbursement exceed the limits stated in the Schedule. Area of coverage: Asia – please refer to area of coverage, Asia under territorial scope of policy coverage.

<sup>2</sup> Not available for Insured Members aged 70 and above.

<sup>3</sup> Insured Member needs to follow the required procedures to enjoy the cashless hospitalisation arrangement. Please refer to the Policy and our website for more details on the requirements and arrangements. Insured Members need to reimburse Liberty for the deductible, if any, as well as the shortfall which includes medical expenses that are not eligible for claims.

<sup>4</sup> Upon application approval, we will guarantee Policy is renewable up to age 100 irrespective of your health condition or claims record. Policy renewal at each anniversary is guaranteed at the pool level when the benefits and premium rates are revised, subject to the payment of premium and the availability of the product and the chosen plan option at renewal. For details, please refer to the insurance consultant and the Policy.

# Territorial Scope of Policy Coverage

Area of Coverage	Area 1 - Worldwide Area 2 - Worldwide excluding USA Area 3 - Asia <sup>5</sup>
Outside Area of Coverage	Emergency treatment only

<sup>5</sup> cases within Hong Kong and Macau restricted to semi-private room for Plan A and B only

## Summary of Benefits

Hospital Services	Plan A	Plan B	Plan C	Plan D <sup>6</sup>
Annual Deductibles Options	NIL	NIL	NIL/ US\$5,000/ US\$8,000	NIL/ US\$5,000/ US\$8,000
Overall Annual Limit	US\$180,000	US\$380,000	US\$2,500,000	US\$5,000,000
Hospital Charges	Fully covered	Fully covered	Fully covered	Fully covered
Room and Board	US\$200 per day	US\$500 per day	Fully covered Up to Standard Private Room Level Charge	Fully covered Up to Standard Private Room Level Charge
Intensive Care Unit	US\$750 per day	US\$1,100 per day	Fully covered	Fully covered
Companion Bed Accompanied dependent child below age 20	Fully covered	Fully covered	Fully covered	Fully covered
Oncology Treatment	Fully covered	Fully covered	Fully covered	Fully covered
Day Case Treatment Maximum per policy year	US\$6,000	Fully covered	Fully covered	Fully covered
Renal Dialysis Maximum per policy year	US\$10,000	US\$20,000	Fully covered	Fully covered
Local Ambulance Services	Fully covered	Fully covered	Fully covered	Fully covered
Local Transport On the day of discharge from confinement Single trip following confinement of 7 days or more	Fully covered	Fully covered	Fully covered	Fully covered
Organ Transplant Maximum per policy year Excluding donor costs if chargeable to the Insured Member	US\$75,000	US\$100,000	Fully covered	Fully covered

# Summary of Benefits

Hospital Services	Plan A	Plan B	Plan C	Plan D <sup>6</sup>
Pre and Post-hospitalisation Treatment Outpatient expenses incurred within 30 days before admission and 90 days following hospital discharge	Fully covered	Fully covered	Fully covered	Fully covered
Advanced Diagnostic Scanning	Fully covered	Fully covered	Fully covered	Fully covered
Emergency Ward Treatment	Fully covered	Fully covered	Fully covered	Fully covered
Nursing at Home Incurred start date within 30 days from discharge up to 182 days per policy year	N.A.	US\$100 per day	Fully covered	Fully covered
Emergency Dental Treatment Maximum per policy year	US\$10,000	US\$20,000	Fully covered	Fully covered
Psychiatric Treatment Maximum per policy year	N.A.	Fully covered	Fully covered	Fully covered
Surgical Appliances <sup>7</sup> Maximum per policy year				
Specified items:	N.A.	US\$2,500 for both specified and non-specified items sharing the same limit	Fully covered	Fully covered
a) Pace maker				
b) Artificial cardiac valve				
c) Metallic or artificial joint for joint replacement				
d) Prosthetic ligaments for replacement or implantation between bones				
e) Prosthetic intervertebral disc				
Non-specified items	N.A.		US\$5,000	US\$5,000
Hospital Cash Maximum 120 days per policy year Hospital cash will be payable for the following:	US\$100 per day	US\$100 per day	US\$150 per day	US\$250 per day
a) Resident patient in the general ward of government hospital (Hong Kong & Macau only)				
b) Outpatient endoscopic procedures				
c) Co-ordination of benefits				
Complications of Pregnancy Maximum per policy year	N.A.	N.A.	Fully covered	Fully covered

# Summary of Benefits

Hospital Services	Plan A	Plan B	Plan C	Plan D <sup>6</sup>
Private Nursing Maximum 45 days per policy year	N.A.	N.A.	Fully covered	Fully covered
Rehabilitation Benefit Maximum per policy year Covers expenses in a rehabilitation centre within 90 days after discharge from hospital	N.A.	N.A.	Fully covered	Fully covered
Hospice or Palliative Care Benefit Covers confinement in a registered hospice for care and nursing service following a diagnosis of terminal illness confirmed	N.A.	N.A.	US\$50,000 Lifetime benefit limit	US\$100,000 Lifetime benefit limit
HIV/AIDS Treatment (3 years waiting period)	N.A.	N.A.	US\$75,000 Lifetime benefit limit	US\$150,000 Lifetime benefit limit
Congenital Conditions	N.A.	N.A.	US\$25,000 Lifetime benefit limit	US\$50,000 Lifetime benefit limit
Final Tribute Cost Maximum per Insured Member	US\$2,000	US\$2,000	US\$5,000	US\$5,000

<sup>6</sup> Must be taken in conjunction with outpatient benefits

<sup>7</sup> For the appliances of stents for percutaneous transluminal coronary angioplasty and intraocular lens for cataract surgery, such cost of appliances will be paid under Hospital charges

# Extended Plan Benefits

	Plan A	Plan B	Plan C	Plan D <sup>6</sup>
<b>For Insured Members aged below 18</b>				
Increased Overall Annual Limit Under Hospital Services, if Insured Member is diagnosed with one of the following diseases which is not a Pre-existing Condition or Congenital Condition: Bacterial Meningitis, Kawasaki Disease or Cancer	Increase by 50%	Increase by 50%	Increase by 50%	Increase by 50%
Increased Benefit Limit Emergency Dental Treatment under Hospital Services, where an Accident took place on school premises where the Insured Member is a full-time student	Increase by 100%	Increase by 100%	Increase by 100%	Increase by 100%

## Extended Plan Benefits

	Plan A	Plan B	Plan C	Plan D <sup>6</sup>
<b>For Insured Members aged below 18</b>				
Overseas Learning Program Maximum per policy year Expenses incurred for applicable treatments under Outpatient Services, during the time the Insured Member is engaged as a participant in an overseas learning program arranged by the school	US\$500	US\$500	US\$1,000	US\$2,000
Vaccination Maximum per policy year	US\$150	US\$150	US\$150	US\$150
<b>For Overseas Emergency Services</b>				
Includes Emergency Medical Evacuation and Repatriation, Repatriation of Mortal Remains, Compassionate Visit and Return of Dependent Child/Children Not available for Insured Members aged 70 or above	Fully covered	Fully covered	Fully covered	Fully covered

## Optional Coverage

Outpatient Services	Option 1 (Eligible for Plan A or Plan B Hospital Services applicant)	Option 2 (Eligible for Plan A or Plan B Hospital Services applicant)	Eligible for Plan C or Plan D <sup>6</sup> Hospital Services applicant
<b>Overall Annual Limit</b>	US\$5,000	US\$10,000	Subject to Hospital Services Overall Annual Limit
General Physician Services	Fully covered	Fully covered	Fully covered
Specialist Services	Fully covered	Fully covered	Fully covered
Chinese Physician Maximum per policy year	US\$500	US\$800	US\$1,000
Physiotherapy and Chiropractic Treatment <sup>8</sup> Maximum per policy year	US\$1,500	US\$2,500	US\$3,000
Laboratory and X-ray Services <sup>8</sup>	Fully covered	Fully covered	Fully covered
Prescribed Drugs <sup>8</sup>	Fully covered	Fully covered	Fully covered
Hormone Replacement Therapy <sup>8</sup> Maximum per policy year	US\$1,000	US\$2,000	US\$2,000

# Optional Coverage

Outpatient Services	Option 1 (Eligible for Plan A or Plan B Hospital Services applicant)	Option 2 (Eligible for Plan A or Plan B Hospital Services applicant)	Eligible for Plan C or Plan D <sup>6</sup> Hospital Services applicant
Medical Appliances	Fully covered	Fully covered	Fully covered
Hearing Aids Maximum per policy year	US\$750	US\$750	US\$750
Wellness and Optical Services Maximum per policy year Routine medical check-up Vaccination Hearing test Eye exam and corrective vision aids	US\$500	US\$750	US\$750
Complementary/Alternative Treatment Maximum per policy year	US\$1,000	US\$1,000	US\$1,000
Psychiatric Treatment Maximum per policy year	US\$2,500	US\$2,500	US\$2,500

<sup>8</sup> Referred by General Physician/Specialist in writing is required

Dental Care (Eligible for Optional Outpatient Services applicant only)	Eligible for Plan A or Plan B Hospital Services applicant	Eligible for Plan C or Plan D <sup>6</sup> Hospital Services applicant
<b>Overall Annual Limit</b>	US\$1,200	US\$2,000
Oral examination, scaling and polishing Twice per policy year	Fully covered	Fully covered
Dental Treatment (6 months waiting period) a) Intra oral x-ray b) Impaction c) Emergency treatment to relief dental pain (palliative) d) Fillings e) Medication/Drugs f) Root canal treatment g) Extraction (including wisdom tooth) h) Periodontal treatment	Fully covered	Fully covered

# Optional Coverage

Dental Care (Eligible for Optional Outpatient Services applicant only)	Eligible for Plan A or Plan B Hospital Services applicant	Eligible for Plan C or Plan D <sup>6</sup> Hospital Services applicant
Major Restorative Dental Treatment (12 months waiting period) <ul style="list-style-type: none"> <li>a) Dentures, crowns and bridges</li> <li>b) Inlays</li> <li>c) Implants (surgical implant placement/ implant abutments)</li> </ul>	80% reimbursement	Fully covered
Orthodontic Treatment (12 months waiting period) For dependent child aged below 18	50% reimbursement	50% reimbursement

Maternity Care (Eligible for Plan C or Plan D <sup>6</sup> Hospital Services applicant)	
First policy year overall annual limit	NIL
Second policy year overall annual limit	US\$5,000
Third policy year and thereafter overall annual limit	US\$10,000

The above annual benefit will be counted from the Commencement Date of Maternity Date



# Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	Basic Coverage - Hospital Services						On Top of Basic Coverage Premium					
	Plan A - \$180,000 Coverage			Plan B - \$380,000 Coverage			Optional Outpatient Services - \$5,000 Limit			Optional Outpatient Services - \$10,000 Limit		
	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>
0	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
1	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
2	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
3	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
4	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
5	1,618	1,079	809	2,157	1,438	1,079	2,614	1,743	1,481	3,921	2,614	2,222
6	1,612	1,075	806	2,149	1,433	1,075	2,566	1,711	1,454	3,849	2,566	2,181
7	1,605	1,070	803	2,140	1,427	1,070	2,518	1,679	1,427	3,777	2,518	2,141
8	1,599	1,066	800	2,132	1,422	1,066	2,471	1,647	1,400	3,706	2,471	2,100
9	1,593	1,062	797	2,124	1,416	1,062	2,423	1,615	1,373	3,634	2,423	2,059
10	1,587	1,058	794	2,116	1,411	1,058	2,375	1,583	1,346	3,562	2,375	2,019
11	1,593	1,062	797	2,124	1,416	1,062	2,352	1,568	1,333	3,527	2,352	1,999
12	1,599	1,066	800	2,132	1,422	1,066	2,328	1,552	1,319	3,492	2,328	1,979
13	1,605	1,070	803	2,140	1,427	1,070	2,305	1,537	1,306	3,457	2,305	1,959
14	1,612	1,075	806	2,149	1,433	1,075	2,281	1,521	1,293	3,422	2,281	1,939
15	1,618	1,079	809	2,157	1,438	1,079	2,258	1,506	1,280	3,387	2,258	1,919
16	1,624	1,083	812	2,165	1,443	1,083	2,186	1,457	1,239	3,278	2,186	1,858
17	1,630	1,087	815	2,173	1,449	1,087	2,114	1,409	1,198	3,170	2,114	1,797
18	1,636	1,091	818	2,181	1,454	1,091	2,041	1,361	1,157	3,062	2,041	1,735
19	1,642	1,095	821	2,189	1,459	1,095	1,969	1,313	1,116	2,953	1,969	1,674
20	1,648	1,099	824	2,197	1,465	1,099	1,897	1,265	1,075	2,845	1,897	1,612
21	1,711	1,141	856	2,281	1,521	1,141	1,864	1,243	1,057	2,796	1,864	1,585
22	1,773	1,182	887	2,364	1,576	1,182	1,832	1,221	1,038	2,747	1,832	1,557
23	1,836	1,224	918	2,448	1,632	1,224	1,799	1,199	1,020	2,698	1,799	1,529
24	1,899	1,266	950	2,532	1,688	1,266	1,766	1,178	1,001	2,649	1,766	1,501
25	1,962	1,308	981	2,616	1,744	1,308	1,734	1,156	983	2,600	1,734	1,474
26	1,998	1,332	999	2,664	1,776	1,332	1,782	1,188	1,010	2,672	1,782	1,515
27	2,034	1,356	1,017	2,712	1,808	1,356	1,830	1,220	1,037	2,745	1,830	1,556
28	2,070	1,380	1,035	2,760	1,840	1,380	1,878	1,252	1,065	2,817	1,878	1,597
29	2,106	1,404	1,053	2,808	1,872	1,404	1,926	1,284	1,092	2,889	1,926	1,637
30	2,143	1,429	1,072	2,857	1,905	1,429	1,975	1,317	1,119	2,962	1,975	1,678
31	2,190	1,460	1,095	2,920	1,947	1,460	2,034	1,356	1,153	3,050	2,034	1,729
32	2,238	1,492	1,119	2,984	1,989	1,492	2,093	1,396	1,186	3,139	2,093	1,779
33	2,285	1,524	1,143	3,047	2,032	1,524	2,152	1,435	1,220	3,228	2,152	1,829

# Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	Basic Coverage - Hospital Services						On Top of Basic Coverage Premium					
	Plan A - \$180,000 Coverage			Plan B - \$380,000 Coverage			Optional Outpatient Services - \$5,000 Limit			Optional Outpatient Services - \$10,000 Limit		
	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>
34	2,333	1,556	1,167	3,111	2,074	1,556	2,211	1,474	1,253	3,317	2,211	1,880
35	2,381	1,587	1,191	3,174	2,116	1,587	2,271	1,514	1,287	3,406	2,271	1,930
36	2,460	1,640	1,230	3,279	2,186	1,640	2,339	1,559	1,326	3,508	2,339	1,988
37	2,539	1,693	1,270	3,385	2,257	1,693	2,407	1,605	1,364	3,610	2,407	2,046
38	2,618	1,745	1,309	3,490	2,327	1,745	2,475	1,650	1,403	3,712	2,475	2,104
39	2,697	1,798	1,349	3,596	2,397	1,798	2,543	1,696	1,441	3,814	2,543	2,162
40	2,776	1,851	1,388	3,701	2,467	1,851	2,611	1,741	1,480	3,917	2,611	2,220
41	2,887	1,925	1,444	3,849	2,566	1,925	2,690	1,793	1,524	4,034	2,690	2,286
42	2,999	1,999	1,500	3,998	2,665	1,999	2,768	1,845	1,569	4,152	2,768	2,353
43	3,110	2,073	1,555	4,146	2,764	2,073	2,846	1,898	1,613	4,269	2,846	2,419
44	3,221	2,148	1,611	4,295	2,864	2,148	2,924	1,950	1,657	4,386	2,924	2,486
45	3,333	2,222	1,667	4,444	2,963	2,222	3,003	2,002	1,702	4,504	3,003	2,552
46	3,523	2,349	1,762	4,697	3,132	2,349	3,093	2,062	1,753	4,639	3,093	2,629
47	3,714	2,476	1,857	4,951	3,301	2,476	3,183	2,122	1,804	4,774	3,183	2,706
48	3,904	2,603	1,952	5,205	3,470	2,603	3,273	2,182	1,855	4,909	3,273	2,782
49	4,094	2,730	2,047	5,459	3,640	2,730	3,363	2,242	1,906	5,044	3,363	2,859
50	4,285	2,857	2,143	5,713	3,809	2,857	3,453	2,302	1,957	5,179	3,453	2,935
51	4,545	3,030	2,273	6,060	4,040	3,030	3,557	2,371	2,016	5,335	3,557	3,023
52	4,805	3,203	2,403	6,406	4,271	3,203	3,660	2,440	2,074	5,490	3,660	3,111
53	5,065	3,377	2,533	6,753	4,502	3,377	3,764	2,509	2,133	5,646	3,764	3,199
54	5,325	3,550	2,663	7,099	4,733	3,550	3,867	2,578	2,192	5,801	3,867	3,287
55	5,584	3,723	2,792	7,446	4,964	3,723	3,971	2,648	2,250	5,956	3,971	3,375
56	5,996	3,998	2,998	7,995	5,330	3,998	4,090	2,727	2,318	6,135	4,090	3,477
57	6,408	4,272	3,204	8,544	5,696	4,272	4,209	2,806	2,385	6,314	4,209	3,578
58	6,820	4,547	3,410	9,093	6,062	4,547	4,328	2,886	2,453	6,492	4,328	3,679
59	7,232	4,822	3,616	9,643	6,429	4,822	4,448	2,965	2,520	6,671	4,448	3,780
60	7,644	5,096	3,822	10,192	6,795	5,096	4,567	3,045	2,588	6,850	4,567	3,882
61	8,241	5,494	4,121	10,988	7,325	5,494	4,704	3,136	2,666	7,055	4,704	3,998
62	8,838	5,892	4,419	11,783	7,856	5,892	4,841	3,227	2,743	7,261	4,841	4,115
63	9,434	6,290	4,717	12,579	8,386	6,290	4,978	3,319	2,821	7,466	4,978	4,231
64	10,031	6,688	5,016	13,375	8,917	6,688	5,115	3,410	2,898	7,672	5,115	4,347
65	10,628	7,086	5,314	14,171	9,447	7,086	5,252	3,501	2,976	7,877	5,252	4,464
66	11,107	7,405	5,554	14,810	9,873	7,405	5,409	3,606	3,065	8,113	5,409	4,598
67	11,587	7,725	5,794	15,449	10,299	7,725	5,567	3,711	3,155	8,350	5,567	4,732

# Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	Basic Coverage - Hospital Services						On Top of Basic Coverage Premium					
	Plan A - \$180,000 Coverage			Plan B - \$380,000 Coverage			Optional Outpatient Services - \$5,000 Limit			Optional Outpatient Services - \$10,000 Limit		
	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>
68	12,066	8,044	6,033	16,088	10,726	8,044	5,724	3,816	3,244	8,586	5,724	4,866
69	12,546	8,364	6,273	16,727	11,152	8,364	5,882	3,921	3,333	8,822	5,882	4,999
70	13,025	8,683	6,513	17,366	11,578	8,683	6,039	4,026	3,422	9,059	6,039	5,133
71	13,546	9,031	6,773	18,061	12,041	9,031	6,220	4,147	3,525	9,330	6,220	5,287
72	14,088	9,392	7,044	18,783	12,522	9,392	6,325	4,271	3,631	9,610	6,407	5,446
73	14,651	9,768	7,326	19,535	13,023	9,768	6,325	4,400	3,740	9,898	6,599	5,609
74	15,237	10,158	7,619	20,316	13,544	10,158	6,325	4,532	3,852	10,195	6,797	5,778
75	15,847	10,565	7,924	21,129	14,086	10,565	6,325	4,668	3,967	10,501	7,001	5,951
76	16,481	10,987	8,241	21,974	14,649	10,987	6,325	4,808	4,086	10,816	7,211	6,129
77	17,140	11,427	8,570	22,853	15,235	11,427	6,325	4,952	4,209	11,141	7,427	6,313
78	17,825	11,884	8,913	23,767	15,845	11,884	6,325	5,100	4,335	11,475	7,650	6,503
79	18,538	12,359	9,269	24,718	16,479	12,359	6,325	5,253	4,465	11,500	7,880	6,698
80	19,280	12,853	9,640	25,706	17,138	12,853	6,325	5,411	4,599	11,500	8,116	6,899
81	20,051	13,368	10,026	26,735	17,823	13,368	6,325	5,573	4,737	11,500	8,359	7,106
82	20,853	13,902	10,427	27,804	18,536	13,902	6,325	5,740	4,879	12,650	8,610	7,319
83	21,687	14,458	10,844	28,916	19,278	14,458	6,325	5,913	5,026	12,650	8,869	7,538
84	22,555	15,037	11,278	30,073	20,049	15,037	6,325	6,090	5,176	12,650	9,135	7,764
85	23,457	15,638	11,729	31,276	20,851	15,638	6,325	6,273	5,332	12,650	9,409	7,997
86	24,395	16,264	12,198	32,527	21,685	16,264	6,325	6,325	5,377	12,650	9,691	8,237
87	25,371	16,914	12,686	33,828	22,552	16,914	6,325	6,325	5,377	12,650	9,982	8,484
88	26,386	17,591	13,193	35,181	23,454	17,591	6,325	6,325	5,377	12,650	10,281	8,739
89	27,441	18,294	13,721	36,588	24,392	18,294	6,325	6,325	5,377	12,650	10,589	9,001
90	28,539	19,026	14,270	38,051	25,368	19,026	6,325	6,325	5,377	12,650	10,907	9,271
91	29,680	19,787	14,840	39,573	26,382	19,787	6,325	6,325	5,377	12,650	11,234	9,549
92	30,867	20,578	15,434	41,156	27,438	20,578	6,325	6,325	5,377	12,650	11,571	9,836
93	32,102	21,402	16,051	42,803	28,535	21,402	6,325	6,325	5,377	12,650	11,918	10,131
94	33,386	22,258	16,693	44,515	29,677	22,258	6,325	6,325	5,377	12,650	12,276	10,435
95	34,721	23,148	17,361	46,295	30,864	23,148	6,325	6,325	5,377	12,650	12,644	10,748
96	36,110	24,074	18,055	48,147	32,098	24,074	6,325	6,325	5,377	12,650	12,650	10,753
97	37,555	25,037	18,778	50,073	33,382	25,037	6,325	6,325	5,377	12,650	12,650	10,753
98	39,057	26,038	19,529	52,076	34,717	26,038	6,325	6,325	5,377	12,650	12,650	10,753
99	40,619	27,080	20,310	54,159	36,106	27,080	6,325	6,325	5,377	12,650	12,650	10,753

<sup>9</sup> Refer to last birthday

# Annual Premiums including Premium Levy (US\$)

Plan C - \$2,500,000 Coverage Basic Coverage - Hospital Services										Optional Outpatient Services		
Age <sup>9</sup>	Area 1 - Worldwide			Area 2 - Worldwide excluding USA			Area 3 - Asia <sup>5</sup>			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 <sup>5</sup>
NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000				
0	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
1	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
2	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
3	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
4	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
5	3,594	2,157	1,797	2,396	1,438	1,198	1,797	1,079	899	5,227	3,485	2,962
6	3,581	2,149	1,791	2,387	1,433	1,194	1,791	1,075	896	5,132	3,421	2,908
7	3,567	2,140	1,784	2,378	1,427	1,189	1,784	1,070	892	5,036	3,358	2,854
8	3,554	2,132	1,777	2,369	1,422	1,185	1,777	1,066	889	4,941	3,294	2,800
9	3,540	2,124	1,770	2,360	1,416	1,180	1,770	1,062	885	4,845	3,230	2,746
10	3,527	2,116	1,764	2,351	1,411	1,176	1,764	1,058	882	4,749	3,166	2,691
11	3,540	2,124	1,770	2,360	1,416	1,180	1,770	1,062	885	4,703	3,135	2,665
12	3,554	2,132	1,777	2,369	1,422	1,185	1,777	1,066	889	4,656	3,104	2,638
13	3,567	2,140	1,784	2,378	1,427	1,189	1,784	1,070	892	4,609	3,073	2,612
14	3,581	2,149	1,791	2,387	1,433	1,194	1,791	1,075	896	4,562	3,042	2,586
15	3,594	2,157	1,797	2,396	1,438	1,198	1,797	1,079	899	4,516	3,011	2,559
16	3,608	2,165	1,804	2,405	1,443	1,203	1,804	1,083	902	4,371	2,914	2,477
17	3,621	2,173	1,811	2,414	1,449	1,207	1,811	1,087	906	4,227	2,818	2,395
18	3,635	2,181	1,818	2,423	1,454	1,212	1,818	1,091	909	4,082	2,722	2,313
19	3,648	2,189	1,824	2,432	1,459	1,216	1,824	1,095	912	3,938	2,625	2,231
20	3,661	2,197	1,831	2,441	1,465	1,221	1,831	1,099	916	3,793	2,529	2,150
21	3,801	2,281	1,901	2,534	1,521	1,267	1,901	1,141	951	3,728	2,485	2,113
22	3,940	2,364	1,970	2,627	1,576	1,314	1,970	1,182	985	3,663	2,442	2,076
23	4,080	2,448	2,040	2,720	1,632	1,360	2,040	1,224	1,020	3,597	2,398	2,039
24	4,219	2,532	2,110	2,813	1,688	1,407	2,110	1,266	1,055	3,532	2,355	2,002
25	4,359	2,616	2,180	2,906	1,744	1,453	2,180	1,308	1,090	3,467	2,311	1,965
26	4,439	2,664	2,220	2,960	1,776	1,480	2,220	1,332	1,110	3,563	2,376	2,019
27	4,520	2,712	2,260	3,013	1,808	1,507	2,260	1,356	1,130	3,660	2,440	2,074
28	4,600	2,760	2,300	3,067	1,840	1,534	2,300	1,380	1,150	3,756	2,504	2,129
29	4,680	2,808	2,340	3,120	1,872	1,560	2,340	1,404	1,170	3,852	2,568	2,183
30	4,761	2,857	2,381	3,174	1,905	1,587	2,381	1,429	1,191	3,949	2,633	2,238
31	4,867	2,920	2,434	3,245	1,947	1,623	2,434	1,460	1,217	4,126	2,751	2,338
32	4,972	2,984	2,486	3,315	1,989	1,658	2,486	1,492	1,243	4,304	2,869	2,439
33	5,078	3,047	2,539	3,386	2,032	1,693	2,539	1,524	1,270	4,482	2,988	2,540

# Annual Premiums including Premium Levy (US\$)

Plan C - \$2,500,000 Coverage Basic Coverage - Hospital Services										Optional Outpatient Services		
Age <sup>9</sup>	Area 1 - Worldwide			Area 2 - Worldwide excluding USA			Area 3 - Asia <sup>5</sup>			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 <sup>5</sup>
NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000				
34	5,184	3,111	2,592	3,456	2,074	1,728	2,592	1,556	1,296	4,659	3,106	2,640
35	5,290	3,174	2,645	3,527	2,116	1,764	2,645	1,587	1,323	4,837	3,225	2,741
36	5,465	3,279	2,733	3,644	2,186	1,822	2,733	1,640	1,367	5,079	3,386	2,878
37	5,641	3,385	2,821	3,761	2,257	1,881	2,821	1,693	1,411	5,321	3,547	3,015
38	5,817	3,490	2,909	3,878	2,327	1,939	2,909	1,745	1,455	5,562	3,708	3,152
39	5,992	3,596	2,996	3,995	2,397	1,998	2,996	1,798	1,498	5,804	3,870	3,289
40	6,168	3,701	3,084	4,112	2,467	2,056	3,084	1,851	1,542	6,046	4,031	3,426
41	6,415	3,849	3,208	4,277	2,566	2,139	3,208	1,925	1,604	6,348	4,232	3,598
42	6,663	3,998	3,332	4,442	2,665	2,221	3,332	1,999	1,666	6,651	4,434	3,769
43	6,910	4,146	3,455	4,607	2,764	2,304	3,455	2,073	1,728	6,953	4,635	3,940
44	7,158	4,295	3,579	4,772	2,864	2,386	3,579	2,148	1,790	7,255	4,837	4,111
45	7,406	4,444	3,703	4,937	2,963	2,469	3,703	2,222	1,852	7,557	5,038	4,283
46	7,829	4,697	3,915	5,219	3,132	2,610	3,915	2,349	1,958	7,891	5,261	4,472
47	8,252	4,951	4,126	5,501	3,301	2,751	4,126	2,476	2,063	8,225	5,484	4,661
48	8,675	5,205	4,338	5,783	3,470	2,892	4,338	2,603	2,169	8,560	5,707	4,851
49	9,098	5,459	4,549	6,066	3,640	3,033	4,549	2,730	2,275	8,894	5,929	5,040
50	9,521	5,713	4,761	6,348	3,809	3,174	4,761	2,857	2,381	9,228	6,152	5,229
51	10,099	6,060	5,050	6,733	4,040	3,367	5,050	3,030	2,525	9,689	6,459	5,491
52	10,676	6,406	5,338	7,118	4,271	3,559	5,338	3,203	2,669	10,150	6,767	5,752
53	11,254	6,753	5,627	7,503	4,502	3,752	5,627	3,377	2,814	10,612	7,075	6,013
54	11,832	7,099	5,916	7,888	4,733	3,944	5,916	3,550	2,958	11,073	7,382	6,275
55	12,409	7,446	6,205	8,273	4,964	4,137	6,205	3,723	3,103	11,534	7,690	6,536
56	13,325	7,995	6,663	8,883	5,330	4,442	6,663	3,998	3,332	12,111	8,074	6,863
57	14,240	8,544	7,120	9,493	5,696	4,747	7,120	4,272	3,560	12,688	8,459	7,190
58	15,155	9,093	7,578	10,104	6,062	5,052	7,578	4,547	3,789	13,264	8,843	7,517
59	16,071	9,643	8,036	10,714	6,429	5,357	8,036	4,822	4,018	13,841	9,228	7,843
60	16,986	10,192	8,493	11,324	6,795	5,662	8,493	5,096	4,247	14,418	9,612	8,170
61	18,312	10,988	9,156	12,208	7,325	6,104	9,156	5,494	4,578	15,139	10,093	8,579
62	19,639	11,783	9,820	13,093	7,856	6,547	9,820	5,892	4,910	15,859	10,573	8,987
63	20,965	12,579	10,483	13,977	8,386	6,989	10,483	6,290	5,242	16,580	11,054	9,396
64	22,291	13,375	11,146	14,861	8,917	7,431	11,146	6,688	5,573	17,301	11,534	9,804
65	23,617	14,171	11,809	15,745	9,447	7,873	11,809	7,086	5,905	18,022	12,015	10,213
66	24,683	14,810	12,342	16,455	9,873	8,228	12,342	7,405	6,171	19,356	12,904	10,968
67	25,748	15,449	12,874	17,165	10,299	8,583	12,874	7,725	6,437	20,689	13,793	11,724



# Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	Plan C - \$2,500,000 Coverage Basic Coverage - Hospital Services									Optional Outpatient Services		
	Area 1 - Worldwide			Area 2 - Worldwide excluding USA			Area 3 - Asia <sup>5</sup>			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 <sup>5</sup>
NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000				
68	26,813	16,088	13,407	17,876	10,726	8,938	13,407	8,044	6,704	22,023	14,682	12,480
69	27,878	16,727	13,939	18,586	11,152	9,293	13,939	8,364	6,970	23,356	15,571	13,236
70	28,944	17,366	14,472	19,296	11,578	9,648	14,472	8,683	7,236	24,690	16,460	13,991
71	30,101	18,061	15,051	20,068	12,041	10,034	15,051	9,031	7,526	25,678	17,119	14,551
72	31,305	18,783	15,653	20,870	12,522	10,435	15,653	9,392	7,827	26,705	17,803	15,133
73	32,558	19,535	16,279	21,705	13,023	10,853	16,279	9,768	8,140	27,773	18,515	15,738
74	33,860	20,316	16,930	22,573	13,544	11,287	16,930	10,158	8,465	28,884	19,256	16,368
75	35,214	21,129	17,607	23,476	14,086	11,738	17,607	10,565	8,804	30,039	20,026	17,022
76	36,623	21,974	18,312	24,415	14,649	12,208	18,312	10,987	9,156	31,241	20,827	17,703
77	38,088	22,853	19,044	25,392	15,235	12,696	19,044	11,427	9,522	32,490	21,660	18,411
78	39,611	23,767	19,806	26,408	15,845	13,204	19,806	11,884	9,903	33,790	22,527	19,148
79	41,196	24,718	20,598	27,464	16,479	13,732	20,598	12,359	10,299	35,141	23,428	19,914
80	42,843	25,706	21,422	28,562	17,138	14,281	21,422	12,853	10,711	36,547	24,365	20,710
81	44,557	26,735	22,279	29,705	17,823	14,853	22,279	13,368	11,140	38,009	25,339	21,539
82	46,339	27,804	23,170	30,893	18,536	15,447	23,170	13,902	11,585	39,529	26,353	22,400
83	48,193	28,916	24,097	32,129	19,278	16,065	24,097	14,458	12,049	41,110	27,407	23,296
84	50,121	30,073	25,061	33,414	20,049	16,707	25,061	15,037	12,531	42,755	28,503	24,228
85	52,126	31,276	26,063	34,751	20,851	17,376	26,063	15,638	13,032	44,465	29,643	25,197
86	54,211	32,527	27,106	36,141	21,685	18,071	27,106	16,264	13,553	46,244	30,829	26,205
87	56,379	33,828	28,190	37,586	22,552	18,793	28,190	16,914	14,095	48,093	32,062	27,253
88	58,634	35,181	29,317	39,090	23,454	19,545	29,317	17,591	14,659	50,017	33,345	28,343
89	60,979	36,588	30,490	40,653	24,392	20,327	30,490	18,294	15,245	52,018	34,679	29,477
90	63,419	38,051	31,710	42,279	25,368	21,140	31,710	19,026	15,855	54,098	36,066	30,656
91	65,955	39,573	32,978	43,970	26,382	21,985	32,978	19,787	16,489	56,262	37,508	31,882
92	68,593	41,156	34,297	45,729	27,438	22,865	34,297	20,578	17,149	58,513	39,009	33,157
93	71,337	42,803	35,669	47,558	28,535	23,779	35,669	21,402	17,835	60,853	40,569	34,484
94	74,191	44,515	37,096	49,461	29,677	24,731	37,096	22,258	18,548	63,287	42,192	35,863
95	77,158	46,295	38,579	51,439	30,864	25,720	38,579	23,148	19,290	65,819	43,879	37,298
96	80,245	48,147	40,123	53,497	32,098	26,749	40,123	24,074	20,062	68,452	45,635	38,789
97	83,454	50,073	41,727	55,636	33,382	27,818	41,727	25,037	20,864	71,190	47,460	40,341
98	86,793	52,076	43,397	57,862	34,717	28,931	43,397	26,038	21,699	74,037	49,358	41,955
99	90,264	54,159	45,132	60,176	36,106	30,088	45,132	27,080	22,566	76,999	51,333	43,633

<sup>9</sup> Refer to last birthday

# Annual Premiums including Premium Levy (US\$)

Plan D <sup>6</sup> - \$5,000,000 Coverage Basic Coverage - Hospital Services									
Age <sup>9</sup>	Area 1 - Worldwide			Area 2 - Worldwide excluding USA			Area 3 - Asia <sup>5</sup>		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
0	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
1	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
2	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
3	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
4	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
5	9,719	7,923	7,473	6,480	5,282	4,982	5,208	4,310	4,085
6	9,607	7,817	7,369	6,405	5,211	4,913	5,146	4,251	4,027
7	9,494	7,711	7,265	6,330	5,141	4,844	5,083	4,192	3,969
8	9,382	7,605	7,161	6,255	5,070	4,774	5,021	4,132	3,910
9	9,270	7,500	7,057	6,180	5,000	4,705	4,958	4,073	3,852
10	9,157	7,394	6,953	6,105	4,929	4,636	4,895	4,014	3,793
11	9,127	7,357	6,915	6,085	4,905	4,610	4,877	3,992	3,771
12	9,097	7,321	6,877	6,065	4,881	4,585	4,859	3,971	3,749
13	9,067	7,284	6,838	6,045	4,856	4,559	4,841	3,949	3,727
14	9,037	7,247	6,800	6,025	4,832	4,533	4,823	3,928	3,704
15	9,008	7,211	6,762	6,005	4,807	4,508	4,805	3,907	3,682
16	8,880	7,076	6,625	5,920	4,718	4,417	4,732	3,830	3,604
17	8,752	6,942	6,489	5,835	4,628	4,326	4,658	3,753	3,527
18	8,625	6,808	6,353	5,750	4,539	4,236	4,585	3,676	3,449
19	8,497	6,673	6,217	5,665	4,449	4,145	4,511	3,599	3,371
20	8,369	6,539	6,081	5,580	4,359	4,054	4,438	3,522	3,294
21	8,478	6,578	6,103	5,652	4,386	4,069	4,488	3,538	3,300
22	8,587	6,617	6,125	5,725	4,412	4,083	4,538	3,553	3,307
23	8,697	6,657	6,147	5,798	4,438	4,098	4,588	3,568	3,313
24	8,806	6,696	6,169	5,871	4,464	4,113	4,639	3,584	3,320
25	8,915	6,736	6,191	5,943	4,491	4,127	4,689	3,599	3,327
26	9,112	6,892	6,337	6,075	4,595	4,225	4,794	3,684	3,406
27	9,309	7,049	6,484	6,206	4,699	4,323	4,898	3,769	3,486
28	9,505	7,206	6,631	6,337	4,804	4,421	5,003	3,853	3,566
29	9,702	7,362	6,777	6,468	4,908	4,518	5,108	3,938	3,646
30	9,899	7,519	6,924	6,600	5,013	4,616	5,213	4,023	3,725
31	10,209	7,776	7,168	6,806	5,184	4,779	5,380	4,163	3,859
32	10,519	8,033	7,411	7,013	5,355	4,941	5,547	4,304	3,993
33	10,829	8,290	7,655	7,219	5,527	5,104	5,713	4,444	4,127

# Annual Premiums including Premium Levy (US\$)

Plan D <sup>6</sup> - \$5,000,000 Coverage Basic Coverage - Hospital Services									
Age <sup>9</sup>	Area 1 - Worldwide			Area 2 - Worldwide excluding USA			Area 3 - Asia <sup>5</sup>		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
34	11,139	8,547	7,899	7,426	5,698	5,266	5,880	4,584	4,260
35	11,449	8,804	8,143	7,633	5,869	5,429	6,047	4,725	4,394
36	11,910	9,177	8,494	7,940	6,118	5,663	6,294	4,928	4,586
37	12,371	9,551	8,846	8,248	6,367	5,897	6,541	5,130	4,778
38	12,833	9,925	9,198	8,555	6,617	6,132	6,787	5,333	4,970
39	13,294	10,298	9,549	8,863	6,866	6,366	7,034	5,536	5,162
40	13,755	10,672	9,901	9,170	7,115	6,601	7,281	5,739	5,354
41	14,367	11,160	10,358	9,578	7,440	6,905	7,607	6,003	5,602
42	14,979	11,647	10,815	9,986	7,765	7,210	7,933	6,267	5,851
43	15,590	12,135	11,272	10,394	8,090	7,515	8,259	6,531	6,100
44	16,202	12,623	11,729	10,802	8,416	7,819	8,585	6,796	6,348
45	16,814	13,111	12,186	11,209	8,741	8,124	8,911	7,060	6,597
46	17,677	13,763	12,784	11,785	9,175	8,523	9,365	7,408	6,918
47	18,540	14,414	13,383	12,360	9,609	8,922	9,818	7,756	7,240
48	19,403	15,065	13,981	12,935	10,044	9,321	10,272	8,104	7,561
49	20,266	15,717	14,580	13,511	10,478	9,720	10,726	8,451	7,883
50	21,129	16,368	15,178	14,086	10,912	10,119	11,180	8,799	8,204
51	22,312	17,263	16,000	14,875	11,509	10,667	11,802	9,277	8,646
52	23,495	18,157	16,823	15,664	12,105	11,215	12,425	9,756	9,088
53	24,679	19,052	17,645	16,453	12,701	11,764	13,047	10,234	9,530
54	25,862	19,946	18,467	17,241	13,298	12,312	13,669	10,712	9,972
55	27,045	20,841	19,290	18,030	13,894	12,860	14,292	11,190	10,414
56	28,766	22,104	20,439	19,178	14,736	13,626	15,191	11,860	11,027
57	30,487	23,367	21,587	20,325	15,578	14,392	16,090	12,530	11,640
58	32,208	24,630	22,736	21,472	16,420	15,158	16,988	13,200	12,253
59	33,929	25,894	23,885	22,619	17,263	15,923	17,887	13,870	12,865
60	35,650	27,157	25,034	23,767	18,105	16,689	18,786	14,540	13,478
61	38,028	28,872	26,583	25,352	19,248	17,722	20,024	15,446	14,301
62	40,407	30,588	28,133	26,938	20,392	18,756	21,261	16,352	15,124
63	42,786	32,304	29,683	28,524	21,536	19,789	22,498	17,257	15,947
64	45,164	34,019	31,233	30,110	22,680	20,822	23,736	18,163	16,770
65	47,543	35,735	32,783	31,696	23,823	21,855	24,973	19,069	17,593
66	50,208	37,867	34,782	33,472	25,245	23,188	26,395	20,224	18,682
67	52,873	40,000	36,781	35,249	26,667	24,521	27,816	21,379	19,770

# Annual Premiums including Premium Levy (US\$)

Plan D <sup>6</sup> - \$5,000,000 Coverage Basic Coverage - Hospital Services									
Age <sup>9</sup>	Area 1 - Worldwide			Area 2 - Worldwide excluding USA			Area 3 - Asia <sup>5</sup>		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
68	55,539	42,132	38,781	37,026	28,088	25,854	29,238	22,535	20,859
69	58,204	44,265	40,780	38,803	29,510	27,187	30,659	23,690	21,947
70	60,869	46,397	42,780	40,580	30,932	28,520	32,081	24,845	23,036
71	63,304	48,253	44,491	42,203	32,169	29,661	33,364	25,839	23,957
72	65,836	50,183	46,270	43,891	33,456	30,847	34,698	26,872	24,916
73	68,469	52,191	48,121	45,646	34,794	32,081	36,086	27,947	25,912
74	71,208	54,278	50,046	47,472	36,186	33,364	37,530	29,065	26,949
75	74,056	56,449	52,048	49,371	37,633	34,699	39,031	30,228	28,027
76	77,019	58,707	54,130	51,346	39,138	36,087	40,592	31,437	29,148
77	80,099	61,056	56,295	53,400	40,704	37,530	42,216	32,694	30,314
78	83,303	63,498	58,547	55,536	42,332	39,031	43,905	34,002	31,526
79	86,635	66,038	60,888	57,757	44,025	40,592	45,661	35,362	32,787
80	90,101	68,679	63,324	60,067	45,786	42,216	47,487	36,776	34,099
81	93,705	71,426	65,857	62,470	47,618	43,905	49,387	38,247	35,463
82	97,453	74,283	68,491	64,969	49,522	45,661	51,362	39,777	36,881
83	101,351	77,255	71,231	67,568	51,503	47,487	53,416	41,368	38,356
84	105,405	80,345	74,080	70,270	53,563	49,387	55,553	43,023	39,891
85	109,621	83,559	77,043	73,081	55,706	51,362	57,775	44,744	41,486
86	114,006	86,901	80,125	76,004	57,934	53,417	60,086	46,534	43,146
87	118,566	90,377	83,330	79,044	60,252	55,553	62,490	48,395	44,871
88	123,309	93,992	86,663	82,206	62,662	57,775	64,989	50,331	46,666
89	128,241	97,752	90,129	85,494	65,168	60,086	67,589	52,344	48,533
90	133,371	101,662	93,735	88,914	67,775	62,490	70,292	54,438	50,474
91	138,706	105,728	97,484	92,471	70,486	64,989	73,104	56,615	52,493
92	144,254	109,957	101,383	96,169	73,305	67,589	76,028	58,880	54,593
93	150,024	114,356	105,439	100,016	76,237	70,293	79,069	61,235	56,776
94	156,025	118,930	109,656	104,017	79,287	73,104	82,232	63,684	59,047
95	162,266	123,687	114,042	108,177	82,458	76,028	85,521	66,232	61,409
96	168,757	128,635	118,604	112,505	85,757	79,070	88,942	68,881	63,866
97	175,507	133,780	123,348	117,005	89,187	82,232	92,500	71,636	66,420
98	182,527	139,131	128,282	121,685	92,754	85,522	96,200	74,502	69,077
99	189,828	144,696	133,413	126,552	96,464	88,942	100,048	77,482	71,840

<sup>9</sup> Refer to last birthday

# Annual Premiums including Premium Levy (US\$)

Optional Dental Care	
For Plan A and B	US\$738
For Plan C and D	US\$811
Optional Maternity Care	
For Plan C and D	US\$2,949

## Remarks

- Area of Coverage:  
Area 1: Worldwide  
Area 2: Worldwide excluding USA  
Area 3: Asia<sup>5</sup> (Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam only)
- For plans with Asia as area of coverage restricted to semi-private room when admitted to a Hospital in Hong Kong or Macau, benefits may be reduced by at least fifty percent (50%) if the Insured Member elects to stay in a standard private room
- Currency: The base currency for this policy is US\$. Exchange rate of 1 US\$ to HK\$ is 7.8
- The premium tables with levy are subject to revision by Liberty Insurance from time to time
- Please refer to Renewal Invitation for renewal premium
- 5% discount will be offered if there are 3 or more family members insured together
- To be eligible for cover and continued coverage under the policy, an Insured Member must be age 15 days after date of birth or discharge from hospital where birth took place (whichever is later) to age sixty-nine (69) (inclusive) on the date of first application for coverage under the policy

## Important Information

### Requirement to make full disclosure

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Liberty. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact, this will raise questions about your entitlement to insurance benefits. Consequences may include, but not limited to, cancellation of your contract, premium adjustment based on correct information, rejection of claims application.

### Pre-existing condition and switching between products

Pre-existing condition in general are excluded unless there is a specific clause in the policy which provides cover for pre-existing condition. Please refer to the policy provisions for the definition of pre-existing conditions. Please be reminded that switching from one policy to another may affect what constitutes pre-existing condition under the new policy, for example the date used to determine whether a medical condition is the pre-existing condition.



# Important Information

## Renewal

Your policy is an annual contract. As long as the plan is available, your policy is guaranteed renewable till terminated, subject to the terms and conditions of your policy at the moment of renewal and payment of the premium. Liberty reserves the right to revise the benefits, terms and conditions from time to time upon renewal by giving a written notice.

## Premium Adjustment

The premium of your policy is primarily determined based on factors such as age, health conditions and choice of coverage of each insured person.

Premiums rates on this brochure are not guaranteed and may be changed as determined by the Company based on the plan's pool pricing and other considerations on the date of renewal. Factors causing premium adjustment on the date of renewal includes but not limited to the attained age of the insured person, medical trend and inflation, revision of benefits to cover increasing medical expenses and the overall claims and expenses incurred by and/or in relation to this plan.

## Termination of your contract

Your policy will automatically terminate upon the earliest occurrence of any of the following:

1. when the policyholder/insured person passed away
2. on the first due date following the insured's 100th birthday
3. when any premium remains unpaid within thirty-one (31) days of the premium due date
4. when the policy is cancelled by you by giving a thirty (30) days written notice to Liberty, provided no claims have been paid or outstanding; or
5. pursuant to any prohibition or restriction under any applicable law and/or regulations to provide any benefit

## Pre-authorisation

Unless otherwise specially required in the policy, you are recommended to do pre-authorisation for planned medical treatments, (including overseas planned medical treatments) so as to prepare yourself in case if the costs of treatment exceeds the overall annual benefit limit of your plan option and/or other limits as specified in the policy.

## Claims procedure

Any claim must be made following Liberty's claim procedures provided in your policy. A completed claim form with all required original supporting documents related to the claim must be submitted to the Insurer must be submitted within ninety (90) days after your clinical visit, clinical operation, day case or discharge from hospital. Otherwise, Liberty won't be able to process your claim and it may be rejected.

## Deductible

A deductible is the portion of expenses for which you or insured person is liable for a benefit to be payable under the Policy. The amount payable by you or insured person as deductible for a benefit is stated on the schedule. The deductible is on annual basis and will be re-applied for every policy year. Please refer to the policy for details.

## Usual, Reasonable and Customary

In relation to a charge, "usual, reasonable and customary" shall mean standard or most common charges for treatment, supplies or medical services medically necessary to treat the insured person's bodily injury or sickness, or serious medical condition which does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred and does not include charges that would not have been made if no insurance existed. No benefit shall be paid or payable for charges which are in excess of the general level of charges being made by other providers of similar standing in the locality where the charges are incurred, when providing like or comparable treatment, services or supplies for like or same bodily injury or sickness or serious medical condition.

Liberty may adjust any and all benefits payable in relation to any charges which is not a usual, reasonable and customary.

# Important Information

## Medically Necessary

Medically necessary shall mean such procedures, treatments, supplies or medical services which in the opinion of a physician:

1. are required for the direct treatment or diagnosis of the insured person's bodily injury or sickness
2. are appropriate and consistent with the symptoms and findings or the direct treatment or diagnosis of the insured person's bodily injury or sickness
3. are in accordance with generally accepted medical practice
4. are not associated with treatment, procedure, supplies or other medical services of an experimental or investigative nature; and
5. cannot have been omitted without adversely affecting the Insured person's bodily injury or sickness

## Major Exclusions

The following treatments, conditions, activities, items and their related expenses are excluded from the plan and the insurer shall not be liable for the items

listed below:

- Pre-existing conditions (refer to the General Provisions and Conditions)
- Birth defect and congenital illnesses unless otherwise explicitly provided and endorsed in the Schedule
- Infertility, contraception or sterilisation or inducing pregnancy unless otherwise explicitly provided and endorsed in the Policy or Schedule
- Treatment not undertaken by or on the recommendation of a physician
- Chinese herbs and/or tonic medicine such as but not limited to bird's nest, lingzhi, ginseng, cordyceps sinensis, agaricus blazei murill, sika deer antler, etc
- Drug purchased without physician's prescription
- Addictive conditions/disorders, like abuse of drug or alcohol
- Self-inflicted injury or suicide
- Treatment which is not medically necessary or treatment of an optional nature
- Elective cosmetic surgery
- Injuries resulting from war, invasion, acts of foreign enemies, hostilities or warlike operations, civil war, rebellion, revolution, insurrection, civil commotion, or participating in an illegal act including resultant imprisonment
- Racing of any form other than on foot, and all professional sports
- Treatment of sexually transmitted diseases
- Alternative treatment, such as aromatherapy and naturopathy unless otherwise explicitly provided and endorsed in the Schedule
- Treatment for bodily injury or sickness incurred while serving as a member of police or military forces

The plan is subject to the terms, conditions and exclusions of the relevant policy contract. Liberty Insurance reserves the final right to approve any application. This product brochure contains general information only and the information shown is for information purposes only. Please refer to the Policy and Policy Schedule for details of coverage, terms and conditions. If there is any inconsistency or ambiguity between the English version and the translated version, the English version shall prevail.



Underwritten by **Liberty International Insurance Limited**  
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AUG 2022



# proMedico

高端醫療保障計劃





## 為您設計的醫療保障計劃

proMedico為高品質定位的醫療保障計劃，按我們客戶需要作獨特設計。當您不幸遇上疾病來襲時，我們的醫療保險計劃給您全面的健康保障，使您安心無憂。proMedico提供四款不同的保障額計劃，每個計劃可按您所需選擇的保障地域，為您提供最切合您所需的保障計劃。

### 保障特點



四款不同的保障額計劃均提供廣泛的保障範圍



三個保障地區選擇包括全球、全球（美國除外）及亞洲<sup>1</sup>



延伸計劃保障 - 二十四小時海外緊急服務<sup>2</sup>及大中華支援計劃



住院免繳費服務，直接為您支付住院帳單<sup>3</sup>



保證終身續保，以計劃整體作保障項目及保費調整<sup>4</sup>

<sup>1</sup> 如果受保人在發生承保醫療費用時在美國逗留超過 185 天，則在美國發生的保單項下的所有應付利益將至少減少 40% 相關的可報銷費用，受保單條款和條件的約束，但在任何情況下，此類費用報銷均不得超過保障表中規定的限額。  
保障地區選項：亞洲-請參閱保單涵蓋地區範圍部分中「亞洲」的涵蓋地區定義。

<sup>2</sup> 不適用於70歲或以上受保人。

<sup>3</sup> 受保人需跟據指定程序以享用住院免繳費服務。服務要求及安排詳情請參閱保單及公司網頁。受保人需要補償利實其墊底費(如有揀選墊底費計劃)以及任何差額，包括不符合索償條款的醫療費用。

<sup>4</sup> 一旦成功投保，不論您的健康狀況或索償紀錄，我們保證您的保單可續保至100歲。此計劃保證每年續保，產品之整體保障內容及保費或會被修訂。續保時需因應當時情況作調整，如保費付款方式、產品供應狀況及已投保計劃內的選項。詳情請向您的保險顧問查詢或參閱保單條款。

## 保單涵蓋地區範圍

涵蓋地區	地區1 - 全球 地區2 - 全球 (美國除外) 地區3 - 亞洲 <sup>5</sup>
涵蓋地區以外	僅限緊急治療

<sup>5</sup> 計劃A及B - 於香港及澳門發生的個案僅限半私家房級別

## 保障表

住院福利	計劃A	計劃B	計劃C	計劃D <sup>6</sup>
每年墊底費選擇	無墊底費	無墊底費	無墊底費/ 5,000美元/ 8,000美元	無墊底費/ 5,000美元/ 8,000美元
年度總限額	180,000美元	380,000美元	2,500,000美元	5,000,000美元
醫院費用	全數賠償	全數賠償	全數賠償	全數賠償
住宿及膳食費	每日200美元	每日500美元	全數賠償 涵蓋至標準 私人病房 費用	全數賠償 涵蓋至標準 私人病房 費用
深切治療	每日750美元	每日1,100美元	全數賠償	全數賠償
陪床費 父母照顧20歲以下受養子女之陪床費	全數賠償	全數賠償	全數賠償	全數賠償
腫瘤治療	全數賠償	全數賠償	全數賠償	全數賠償
日間手術 每保單年度計	6,000美元	全數賠償	全數賠償	全數賠償
腎透析治療 每保單年度計	10,000美元	20,000美元	全數賠償	全數賠償
本地救護車服務	全數賠償	全數賠償	全數賠償	全數賠償
本地出院交通費用 只限出院當天 住院7天或以上的單程費用	全數賠償	全數賠償	全數賠償	全數賠償
器官移植 每保單年度計 不包括捐助方的費用	75,000 美元	100,000 美元	全數賠償	全數賠償



# 保障表

住院福利	計劃A	計劃B	計劃C	計劃D <sup>6</sup>
住院前後之門診治療 入院前30天及 出院後90天內與該次住院有關之門診開支	全數賠償	全數賠償	全數賠償	全數賠償
先進診斷掃描	全數賠償	全數賠償	全數賠償	全數賠償
急症病房治療	全數賠償	全數賠償	全數賠償	全數賠償
家中護士服務 出院後30天內開始使用服務；每保單年 度最多182日	不適用	每日100美元	全數賠償	全數賠償
緊急牙齒治療 每保單年度計	10,000美元	20,000美元	全數賠償	全數賠償
精神科治療 每保單年度計	不適用	全數賠償	全數賠償	全數賠償
手術植入儀器 <sup>7</sup> 每保單年度計				
指定項目：	不適用	2,500美元 指定及非指 定項目共享限額	全數賠償	全數賠償
a) 心臟起搏器				
b) 人工心臟瓣膜				
c) 金屬或人工關節，用於人工關節置換術				
d) 用於在骨頭之間進行置換或植入的人工 韌帶				
e) 人工椎間盤				
非指定項目	不適用		5,000美元	5,000美元
住院現金 每保單年度最多120日 住院現金適用於以下情況：	每日100美元	每日100美元	每日150美元	每日250美元
a) 政府醫院普通病房的住院（限於香港及澳門）				
b) 門診內窺鏡檢查程序				
c) 共付賠償協調				
妊娠併發症 每保單年度計	不適用	不適用	全數賠償	全數賠償

## 保障表

住院福利	計劃A	計劃B	計劃C	計劃D <sup>6</sup>
私家看護服務 每保單年度最多45日	不適用	不適用	全數賠償	全數賠償
康復保障 每保單年度計 出院後90天內於康復中心與該次住院有關之開支	不適用	不適用	全數賠償	全數賠償
臨終關懷/安寧護理保障 提供一旦確診為末期疾病時，在註冊 的臨終安老院的護理服務	不適用	不適用	50,000美元 終身保障額	100,000美元 終身保障額
人類免疫力缺乏病毒/愛滋病治療 (3年等待期)	不適用	不適用	75,000美元 終身保障額	150,000美元 終身保障額
先天性疾病	不適用	不適用	25,000美元 終身保障額	50,000美元 終身保障額
恩恤金 每受保成員的最高限額	2,000美元	2,000美元	5,000美元	5,000美元

<sup>6</sup> 需同時投保門診治療

<sup>7</sup> 經皮冠狀動脈腔內成形術的支架及白內障手術的人工晶狀體的器材的費用將在醫院費用項目中償付

## 延伸計劃保障

	計劃A	計劃B	計劃C	計劃D <sup>6</sup>
<b>18歲以下受保人額外醫療保障</b>				
提升年度總限額 住院福利保障下，如受保人被確診 以下其中一項疾病，及非既存疾病 或先天性疾病：細菌性腦膜炎、川 崎病或癌症	增加百分 之五十	增加百分 之五十	增加百分 之五十	增加百分 之五十
提升保障項目最高賠償額 若受保人為全日制學生，於校內發 生意外並屬於住院福利緊急牙齒治 療項目之中	增加一倍	增加一倍	增加一倍	增加一倍

## 延伸計劃保障

	計劃A	計劃B	計劃C	計劃D <sup>6</sup>
<b>18歲以下受保人額外醫療保障</b>				
海外遊學團 每保單年度計 受保人參加由學校安排的海外遊學團 引致門診治療項目下的相關治療費用	500美元	500美元	1,000美元	2,000美元
疫苗接種 每保單年度計	150美元	150美元	150美元	150美元
<b>海外緊急服務</b>				
包括：緊急醫療撤離、緊急醫療運送、 遺體運送服務、家屬探望及將小童送 回原居地 不適用於70歲或以上受保人	全數賠償	全數賠償	全數賠償	全數賠償

## 附加保障

門診治療	選項1 (只適用於計 劃A或B住院福 利投保人)	選項2 (只適用於計 劃A或B住院福利 投保人)	只適用於 計劃C或D <sup>6</sup> 住院福 利投保人
年度總限額	5,000美元	10,000美元	以住院福利 年度總限額為上限
普通科醫生服務	全數賠償	全數賠償	全數賠償
專科醫生服務	全數賠償	全數賠償	全數賠償
中醫 每保單年度計	500美元	800美元	1,000美元
物理治療及脊骨治療 <sup>8</sup> 每保單年度計	1,500美元	2,500美元	3,000美元
化驗及X光費 <sup>8</sup>	全數賠償	全數賠償	全數賠償
處方藥物 <sup>8</sup>	全數賠償	全數賠償	全數賠償
激素治療 <sup>8</sup> 每保單年度計	1,000美元	2,000美元	2,000美元

## 附加保障

門診治療	選項1 (只適用於計劃A或B住院福利投保人)	選項2 (只適用於計劃A或B住院福利投保人)	只適用於計劃C或D <sup>6</sup> 住院福利投保人
醫療器材	全數賠償	全數賠償	全數賠償
助聽器 每保單年度計	750美元	750美元	750美元
保健及視光組合 每保單年度計 年度體檢 疫苗接種 聽力測試 視力檢查和視力輔助工具	500美元	750美元	750美元
輔助或另類治療 每保單年度計	1,000美元	1,000美元	1,000美元
精神科治療 每保單年度計	2,500美元	2,500美元	2,500美元

<sup>8</sup> 必須由普通科醫生/專科醫生轉介

牙齒護理保障 (必須與門診治療同時投保)	只適用於計劃A或B住院福利投保人	只適用於計劃C或D <sup>6</sup> 住院福利投保人
年度總限額	1,200美元	2,000美元
例行牙科檢查及洗牙 每保單年度兩次	全數賠償	全數賠償
牙科治療 (6個月等待期)	全數賠償	全數賠償
a) 口腔X光		
b) 牙齒阻生		
c) 緊急牙科治療以減輕牙痛 (緩和)		
d) 補牙		
e) 藥物		
f) 牙髓治療		
g) 脫牙 (包括智慧齒)		
h) 牙周病治療		

## 附加保障

牙齒護理保障 (必須與門診治療同時投保)	只適用於計劃A或B住院福利投保人	只適用於計劃C或D <sup>6</sup> 住院福利投保人
重大牙齒修復治療 (12個月等待期) a) 假牙托、牙冠和牙橋  b) 嵌體  c) 植牙 (手術植入物/植入物基台)	索償額的80%	全數賠償
矯齒治療 (12個月等待期) 18歲以下的受養子女	索償額的50%	索償額的50%

分娩保障 (只適用於計劃C或D <sup>6</sup> 住院福利投保人)	
第一個保單年度總限額	不適用
第二個保單年度總限額	5,000美元
第三個保單年度及其後每保單年度總限額	10,000美元

以上年度計算均以分娩保障生效日期起計



# 年度保費及保費徵費表 (美元)

年齡 <sup>9</sup>	基本保障 - 住院福利						基本保障保費外另付					
	計劃A - \$180,000 美元保障額			計劃B - \$380,000 美元保障額			附加門診保障 - \$5,000 美元限額			附加門診保障 - \$10,000 美元限額		
	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>
0	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
1	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
2	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
3	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
4	1,667	1,111	834	2,222	1,482	1,111	2,853	1,902	1,617	4,279	2,853	2,425
5	1,618	1,079	809	2,157	1,438	1,079	2,614	1,743	1,481	3,921	2,614	2,222
6	1,612	1,075	806	2,149	1,433	1,075	2,566	1,711	1,454	3,849	2,566	2,181
7	1,605	1,070	803	2,140	1,427	1,070	2,518	1,679	1,427	3,777	2,518	2,141
8	1,599	1,066	800	2,132	1,422	1,066	2,471	1,647	1,400	3,706	2,471	2,100
9	1,593	1,062	797	2,124	1,416	1,062	2,423	1,615	1,373	3,634	2,423	2,059
10	1,587	1,058	794	2,116	1,411	1,058	2,375	1,583	1,346	3,562	2,375	2,019
11	1,593	1,062	797	2,124	1,416	1,062	2,352	1,568	1,333	3,527	2,352	1,999
12	1,599	1,066	800	2,132	1,422	1,066	2,328	1,552	1,319	3,492	2,328	1,979
13	1,605	1,070	803	2,140	1,427	1,070	2,305	1,537	1,306	3,457	2,305	1,959
14	1,612	1,075	806	2,149	1,433	1,075	2,281	1,521	1,293	3,422	2,281	1,939
15	1,618	1,079	809	2,157	1,438	1,079	2,258	1,506	1,280	3,387	2,258	1,919
16	1,624	1,083	812	2,165	1,443	1,083	2,186	1,457	1,239	3,278	2,186	1,858
17	1,630	1,087	815	2,173	1,449	1,087	2,114	1,409	1,198	3,170	2,114	1,797
18	1,636	1,091	818	2,181	1,454	1,091	2,041	1,361	1,157	3,062	2,041	1,735
19	1,642	1,095	821	2,189	1,459	1,095	1,969	1,313	1,116	2,953	1,969	1,674
20	1,648	1,099	824	2,197	1,465	1,099	1,897	1,265	1,075	2,845	1,897	1,612
21	1,711	1,141	856	2,281	1,521	1,141	1,864	1,243	1,057	2,796	1,864	1,585
22	1,773	1,182	887	2,364	1,576	1,182	1,832	1,221	1,038	2,747	1,832	1,557
23	1,836	1,224	918	2,448	1,632	1,224	1,799	1,199	1,020	2,698	1,799	1,529
24	1,899	1,266	950	2,532	1,688	1,266	1,766	1,178	1,001	2,649	1,766	1,501
25	1,962	1,308	981	2,616	1,744	1,308	1,734	1,156	983	2,600	1,734	1,474
26	1,998	1,332	999	2,664	1,776	1,332	1,782	1,188	1,010	2,672	1,782	1,515
27	2,034	1,356	1,017	2,712	1,808	1,356	1,830	1,220	1,037	2,745	1,830	1,556
28	2,070	1,380	1,035	2,760	1,840	1,380	1,878	1,252	1,065	2,817	1,878	1,597
29	2,106	1,404	1,053	2,808	1,872	1,404	1,926	1,284	1,092	2,889	1,926	1,637
30	2,143	1,429	1,072	2,857	1,905	1,429	1,975	1,317	1,119	2,962	1,975	1,678
31	2,190	1,460	1,095	2,920	1,947	1,460	2,034	1,356	1,153	3,050	2,034	1,729
32	2,238	1,492	1,119	2,984	1,989	1,492	2,093	1,396	1,186	3,139	2,093	1,779
33	2,285	1,524	1,143	3,047	2,032	1,524	2,152	1,435	1,220	3,228	2,152	1,829

# 年度保費及保費徵費表 (美元)

年齡 <sup>9</sup>	基本保障 - 住院福利						基本保障保費外另付					
	計劃A - \$180,000 美元保障額			計劃B - \$380,000 美元保障額			附加門診保障 - \$5,000 美元限額			附加門診保障 - \$10,000 美元限額		
	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>
34	2,333	1,556	1,167	3,111	2,074	1,556	2,211	1,474	1,253	3,317	2,211	1,880
35	2,381	1,587	1,191	3,174	2,116	1,587	2,271	1,514	1,287	3,406	2,271	1,930
36	2,460	1,640	1,230	3,279	2,186	1,640	2,339	1,559	1,326	3,508	2,339	1,988
37	2,539	1,693	1,270	3,385	2,257	1,693	2,407	1,605	1,364	3,610	2,407	2,046
38	2,618	1,745	1,309	3,490	2,327	1,745	2,475	1,650	1,403	3,712	2,475	2,104
39	2,697	1,798	1,349	3,596	2,397	1,798	2,543	1,696	1,441	3,814	2,543	2,162
40	2,776	1,851	1,388	3,701	2,467	1,851	2,611	1,741	1,480	3,917	2,611	2,220
41	2,887	1,925	1,444	3,849	2,566	1,925	2,690	1,793	1,524	4,034	2,690	2,286
42	2,999	1,999	1,500	3,998	2,665	1,999	2,768	1,845	1,569	4,152	2,768	2,353
43	3,110	2,073	1,555	4,146	2,764	2,073	2,846	1,898	1,613	4,269	2,846	2,419
44	3,221	2,148	1,611	4,295	2,864	2,148	2,924	1,950	1,657	4,386	2,924	2,486
45	3,333	2,222	1,667	4,444	2,963	2,222	3,003	2,002	1,702	4,504	3,003	2,552
46	3,523	2,349	1,762	4,697	3,132	2,349	3,093	2,062	1,753	4,639	3,093	2,629
47	3,714	2,476	1,857	4,951	3,301	2,476	3,183	2,122	1,804	4,774	3,183	2,706
48	3,904	2,603	1,952	5,205	3,470	2,603	3,273	2,182	1,855	4,909	3,273	2,782
49	4,094	2,730	2,047	5,459	3,640	2,730	3,363	2,242	1,906	5,044	3,363	2,859
50	4,285	2,857	2,143	5,713	3,809	2,857	3,453	2,302	1,957	5,179	3,453	2,935
51	4,545	3,030	2,273	6,060	4,040	3,030	3,557	2,371	2,016	5,335	3,557	3,023
52	4,805	3,203	2,403	6,406	4,271	3,203	3,660	2,440	2,074	5,490	3,660	3,111
53	5,065	3,377	2,533	6,753	4,502	3,377	3,764	2,509	2,133	5,646	3,764	3,199
54	5,325	3,550	2,663	7,099	4,733	3,550	3,867	2,578	2,192	5,801	3,867	3,287
55	5,584	3,723	2,792	7,446	4,964	3,723	3,971	2,648	2,250	5,956	3,971	3,375
56	5,996	3,998	2,998	7,995	5,330	3,998	4,090	2,727	2,318	6,135	4,090	3,477
57	6,408	4,272	3,204	8,544	5,696	4,272	4,209	2,806	2,385	6,314	4,209	3,578
58	6,820	4,547	3,410	9,093	6,062	4,547	4,328	2,886	2,453	6,492	4,328	3,679
59	7,232	4,822	3,616	9,643	6,429	4,822	4,448	2,965	2,520	6,671	4,448	3,780
60	7,644	5,096	3,822	10,192	6,795	5,096	4,567	3,045	2,588	6,850	4,567	3,882
61	8,241	5,494	4,121	10,988	7,325	5,494	4,704	3,136	2,666	7,055	4,704	3,998
62	8,838	5,892	4,419	11,783	7,856	5,892	4,841	3,227	2,743	7,261	4,841	4,115
63	9,434	6,290	4,717	12,579	8,386	6,290	4,978	3,319	2,821	7,466	4,978	4,231
64	10,031	6,688	5,016	13,375	8,917	6,688	5,115	3,410	2,898	7,672	5,115	4,347
65	10,628	7,086	5,314	14,171	9,447	7,086	5,252	3,501	2,976	7,877	5,252	4,464
66	11,107	7,405	5,554	14,810	9,873	7,405	5,409	3,606	3,065	8,113	5,409	4,598
67	11,587	7,725	5,794	15,449	10,299	7,725	5,567	3,711	3,155	8,350	5,567	4,732

## 年度保費及保費徵費表 (美元)

年齡 <sup>9</sup>	基本保障 - 住院福利						基本保障保費外另付					
	計劃A - \$180,000 美元保障額			計劃B - \$380,000 美元保障額			附加門診保障 - \$5,000 美元限額			附加門診保障 - \$10,000 美元限額		
	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>	地區1	地區2	地區3 <sup>5</sup>
68	12,066	8,044	6,033	16,088	10,726	8,044	5,724	3,816	3,244	8,586	5,724	4,866
69	12,546	8,364	6,273	16,727	11,152	8,364	5,882	3,921	3,333	8,822	5,882	4,999
70	13,025	8,683	6,513	17,366	11,578	8,683	6,039	4,026	3,422	9,059	6,039	5,133
71	13,546	9,031	6,773	18,061	12,041	9,031	6,220	4,147	3,525	9,330	6,220	5,287
72	14,088	9,392	7,044	18,783	12,522	9,392	6,325	4,271	3,631	9,610	6,407	5,446
73	14,651	9,768	7,326	19,535	13,023	9,768	6,325	4,400	3,740	9,898	6,599	5,609
74	15,237	10,158	7,619	20,316	13,544	10,158	6,325	4,532	3,852	10,195	6,797	5,778
75	15,847	10,565	7,924	21,129	14,086	10,565	6,325	4,668	3,967	10,501	7,001	5,951
76	16,481	10,987	8,241	21,974	14,649	10,987	6,325	4,808	4,086	10,816	7,211	6,129
77	17,140	11,427	8,570	22,853	15,235	11,427	6,325	4,952	4,209	11,141	7,427	6,313
78	17,825	11,884	8,913	23,767	15,845	11,884	6,325	5,100	4,335	11,475	7,650	6,503
79	18,538	12,359	9,269	24,718	16,479	12,359	6,325	5,253	4,465	11,500	7,880	6,698
80	19,280	12,853	9,640	25,706	17,138	12,853	6,325	5,411	4,599	11,500	8,116	6,899
81	20,051	13,368	10,026	26,735	17,823	13,368	6,325	5,573	4,737	11,500	8,359	7,106
82	20,853	13,902	10,427	27,804	18,536	13,902	6,325	5,740	4,879	12,650	8,610	7,319
83	21,687	14,458	10,844	28,916	19,278	14,458	6,325	5,913	5,026	12,650	8,869	7,538
84	22,555	15,037	11,278	30,073	20,049	15,037	6,325	6,090	5,176	12,650	9,135	7,764
85	23,457	15,638	11,729	31,276	20,851	15,638	6,325	6,273	5,332	12,650	9,409	7,997
86	24,395	16,264	12,198	32,527	21,685	16,264	6,325	6,325	5,377	12,650	9,691	8,237
87	25,371	16,914	12,686	33,828	22,552	16,914	6,325	6,325	5,377	12,650	9,982	8,484
88	26,386	17,591	13,193	35,181	23,454	17,591	6,325	6,325	5,377	12,650	10,281	8,739
89	27,441	18,294	13,721	36,588	24,392	18,294	6,325	6,325	5,377	12,650	10,589	9,001
90	28,539	19,026	14,270	38,051	25,368	19,026	6,325	6,325	5,377	12,650	10,907	9,271
91	29,680	19,787	14,840	39,573	26,382	19,787	6,325	6,325	5,377	12,650	11,234	9,549
92	30,867	20,578	15,434	41,156	27,438	20,578	6,325	6,325	5,377	12,650	11,571	9,836
93	32,102	21,402	16,051	42,803	28,535	21,402	6,325	6,325	5,377	12,650	11,918	10,131
94	33,386	22,258	16,693	44,515	29,677	22,258	6,325	6,325	5,377	12,650	12,276	10,435
95	34,721	23,148	17,361	46,295	30,864	23,148	6,325	6,325	5,377	12,650	12,644	10,748
96	36,110	24,074	18,055	48,147	32,098	24,074	6,325	6,325	5,377	12,650	12,650	10,753
97	37,555	25,037	18,778	50,073	33,382	25,037	6,325	6,325	5,377	12,650	12,650	10,753
98	39,057	26,038	19,529	52,076	34,717	26,038	6,325	6,325	5,377	12,650	12,650	10,753
99	40,619	27,080	20,310	54,159	36,106	27,080	6,325	6,325	5,377	12,650	12,650	10,753

<sup>9</sup> 跟據足歲

# 年度保費及保費徵費表 (美元)

計劃C - \$2,500,000美元保障額 基本保障 - 住院福利										附加門診保障		
年齡 <sup>9</sup>	地區1 - 全球			地區2 - 全球 (美國除外)			地區3 - 亞洲 <sup>5</sup>			基本保障保費外另付		
	墊底費									地區1	地區2	地區3 <sup>5</sup>
無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000	地區1			
0	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
1	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
2	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
3	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
4	3,703	2,222	1,852	2,469	1,482	1,235	1,852	1,111	926	5,706	3,804	3,233
5	3,594	2,157	1,797	2,396	1,438	1,198	1,797	1,079	899	5,227	3,485	2,962
6	3,581	2,149	1,791	2,387	1,433	1,194	1,791	1,075	896	5,132	3,421	2,908
7	3,567	2,140	1,784	2,378	1,427	1,189	1,784	1,070	892	5,036	3,358	2,854
8	3,554	2,132	1,777	2,369	1,422	1,185	1,777	1,066	889	4,941	3,294	2,800
9	3,540	2,124	1,770	2,360	1,416	1,180	1,770	1,062	885	4,845	3,230	2,746
10	3,527	2,116	1,764	2,351	1,411	1,176	1,764	1,058	882	4,749	3,166	2,691
11	3,540	2,124	1,770	2,360	1,416	1,180	1,770	1,062	885	4,703	3,135	2,665
12	3,554	2,132	1,777	2,369	1,422	1,185	1,777	1,066	889	4,656	3,104	2,638
13	3,567	2,140	1,784	2,378	1,427	1,189	1,784	1,070	892	4,609	3,073	2,612
14	3,581	2,149	1,791	2,387	1,433	1,194	1,791	1,075	896	4,562	3,042	2,586
15	3,594	2,157	1,797	2,396	1,438	1,198	1,797	1,079	899	4,516	3,011	2,559
16	3,608	2,165	1,804	2,405	1,443	1,203	1,804	1,083	902	4,371	2,914	2,477
17	3,621	2,173	1,811	2,414	1,449	1,207	1,811	1,087	906	4,227	2,818	2,395
18	3,635	2,181	1,818	2,423	1,454	1,212	1,818	1,091	909	4,082	2,722	2,313
19	3,648	2,189	1,824	2,432	1,459	1,216	1,824	1,095	912	3,938	2,625	2,231
20	3,661	2,197	1,831	2,441	1,465	1,221	1,831	1,099	916	3,793	2,529	2,150
21	3,801	2,281	1,901	2,534	1,521	1,267	1,901	1,141	951	3,728	2,485	2,113
22	3,940	2,364	1,970	2,627	1,576	1,314	1,970	1,182	985	3,663	2,442	2,076
23	4,080	2,448	2,040	2,720	1,632	1,360	2,040	1,224	1,020	3,597	2,398	2,039
24	4,219	2,532	2,110	2,813	1,688	1,407	2,110	1,266	1,055	3,532	2,355	2,002
25	4,359	2,616	2,180	2,906	1,744	1,453	2,180	1,308	1,090	3,467	2,311	1,965
26	4,439	2,664	2,220	2,960	1,776	1,480	2,220	1,332	1,110	3,563	2,376	2,019
27	4,520	2,712	2,260	3,013	1,808	1,507	2,260	1,356	1,130	3,660	2,440	2,074
28	4,600	2,760	2,300	3,067	1,840	1,534	2,300	1,380	1,150	3,756	2,504	2,129
29	4,680	2,808	2,340	3,120	1,872	1,560	2,340	1,404	1,170	3,852	2,568	2,183
30	4,761	2,857	2,381	3,174	1,905	1,587	2,381	1,429	1,191	3,949	2,633	2,238
31	4,867	2,920	2,434	3,245	1,947	1,623	2,434	1,460	1,217	4,126	2,751	2,338
32	4,972	2,984	2,486	3,315	1,989	1,658	2,486	1,492	1,243	4,304	2,869	2,439
33	5,078	3,047	2,539	3,386	2,032	1,693	2,539	1,524	1,270	4,482	2,988	2,540

# 年度保費及保費徵費表 (美元)

計劃C - \$2,500,000美元保障額 基本保障 - 住院福利										附加門診保障		
年齡 <sup>9</sup>	地區1 - 全球			地區2 - 全球 (美國除外)			地區3 - 亞洲 <sup>5</sup>			基本保障保費外另付		
	墊底費									地區1	地區2	地區3 <sup>5</sup>
無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000				
34	5,184	3,111	2,592	3,456	2,074	1,728	2,592	1,556	1,296	4,659	3,106	2,640
35	5,290	3,174	2,645	3,527	2,116	1,764	2,645	1,587	1,323	4,837	3,225	2,741
36	5,465	3,279	2,733	3,644	2,186	1,822	2,733	1,640	1,367	5,079	3,386	2,878
37	5,641	3,385	2,821	3,761	2,257	1,881	2,821	1,693	1,411	5,321	3,547	3,015
38	5,817	3,490	2,909	3,878	2,327	1,939	2,909	1,745	1,455	5,562	3,708	3,152
39	5,992	3,596	2,996	3,995	2,397	1,998	2,996	1,798	1,498	5,804	3,870	3,289
40	6,168	3,701	3,084	4,112	2,467	2,056	3,084	1,851	1,542	6,046	4,031	3,426
41	6,415	3,849	3,208	4,277	2,566	2,139	3,208	1,925	1,604	6,348	4,232	3,598
42	6,663	3,998	3,332	4,442	2,665	2,221	3,332	1,999	1,666	6,651	4,434	3,769
43	6,910	4,146	3,455	4,607	2,764	2,304	3,455	2,073	1,728	6,953	4,635	3,940
44	7,158	4,295	3,579	4,772	2,864	2,386	3,579	2,148	1,790	7,255	4,837	4,111
45	7,406	4,444	3,703	4,937	2,963	2,469	3,703	2,222	1,852	7,557	5,038	4,283
46	7,829	4,697	3,915	5,219	3,132	2,610	3,915	2,349	1,958	7,891	5,261	4,472
47	8,252	4,951	4,126	5,501	3,301	2,751	4,126	2,476	2,063	8,225	5,484	4,661
48	8,675	5,205	4,338	5,783	3,470	2,892	4,338	2,603	2,169	8,560	5,707	4,851
49	9,098	5,459	4,549	6,066	3,640	3,033	4,549	2,730	2,275	8,894	5,929	5,040
50	9,521	5,713	4,761	6,348	3,809	3,174	4,761	2,857	2,381	9,228	6,152	5,229
51	10,099	6,060	5,050	6,733	4,040	3,367	5,050	3,030	2,525	9,689	6,459	5,491
52	10,676	6,406	5,338	7,118	4,271	3,559	5,338	3,203	2,669	10,150	6,767	5,752
53	11,254	6,753	5,627	7,503	4,502	3,752	5,627	3,377	2,814	10,612	7,075	6,013
54	11,832	7,099	5,916	7,888	4,733	3,944	5,916	3,550	2,958	11,073	7,382	6,275
55	12,409	7,446	6,205	8,273	4,964	4,137	6,205	3,723	3,103	11,534	7,690	6,536
56	13,325	7,995	6,663	8,883	5,330	4,442	6,663	3,998	3,332	12,111	8,074	6,863
57	14,240	8,544	7,120	9,493	5,696	4,747	7,120	4,272	3,560	12,688	8,459	7,190
58	15,155	9,093	7,578	10,104	6,062	5,052	7,578	4,547	3,789	13,264	8,843	7,517
59	16,071	9,643	8,036	10,714	6,429	5,357	8,036	4,822	4,018	13,841	9,228	7,843
60	16,986	10,192	8,493	11,324	6,795	5,662	8,493	5,096	4,247	14,418	9,612	8,170
61	18,312	10,988	9,156	12,208	7,325	6,104	9,156	5,494	4,578	15,139	10,093	8,579
62	19,639	11,783	9,820	13,093	7,856	6,547	9,820	5,892	4,910	15,859	10,573	8,987
63	20,965	12,579	10,483	13,977	8,386	6,989	10,483	6,290	5,242	16,580	11,054	9,396
64	22,291	13,375	11,146	14,861	8,917	7,431	11,146	6,688	5,573	17,301	11,534	9,804
65	23,617	14,171	11,809	15,745	9,447	7,873	11,809	7,086	5,905	18,022	12,015	10,213
66	24,683	14,810	12,342	16,455	9,873	8,228	12,342	7,405	6,171	19,356	12,904	10,968
67	25,748	15,449	12,874	17,165	10,299	8,583	12,874	7,725	6,437	20,689	13,793	11,724

## 年度保費及保費徵費表 (美元)

計劃C - \$2,500,000美元保障額 基本保障 - 住院福利										附加門診保障		
年齡 <sup>9</sup>	地區1 - 全球			地區2 - 全球 (美國除外)			地區3 - 亞洲 <sup>5</sup>			基本保障保費外另付		
	墊底費									地區1	地區2	地區3 <sup>5</sup>
無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000				
68	26,813	16,088	13,407	17,876	10,726	8,938	13,407	8,044	6,704	22,023	14,682	12,480
69	27,878	16,727	13,939	18,586	11,152	9,293	13,939	8,364	6,970	23,356	15,571	13,236
70	28,944	17,366	14,472	19,296	11,578	9,648	14,472	8,683	7,236	24,690	16,460	13,991
71	30,101	18,061	15,051	20,068	12,041	10,034	15,051	9,031	7,526	25,678	17,119	14,551
72	31,305	18,783	15,653	20,870	12,522	10,435	15,653	9,392	7,827	26,705	17,803	15,133
73	32,558	19,535	16,279	21,705	13,023	10,853	16,279	9,768	8,140	27,773	18,515	15,738
74	33,860	20,316	16,930	22,573	13,544	11,287	16,930	10,158	8,465	28,884	19,256	16,368
75	35,214	21,129	17,607	23,476	14,086	11,738	17,607	10,565	8,804	30,039	20,026	17,022
76	36,623	21,974	18,312	24,415	14,649	12,208	18,312	10,987	9,156	31,241	20,827	17,703
77	38,088	22,853	19,044	25,392	15,235	12,696	19,044	11,427	9,522	32,490	21,660	18,411
78	39,611	23,767	19,806	26,408	15,845	13,204	19,806	11,884	9,903	33,790	22,527	19,148
79	41,196	24,718	20,598	27,464	16,479	13,732	20,598	12,359	10,299	35,141	23,428	19,914
80	42,843	25,706	21,422	28,562	17,138	14,281	21,422	12,853	10,711	36,547	24,365	20,710
81	44,557	26,735	22,279	29,705	17,823	14,853	22,279	13,368	11,140	38,009	25,339	21,539
82	46,339	27,804	23,170	30,893	18,536	15,447	23,170	13,902	11,585	39,529	26,353	22,400
83	48,193	28,916	24,097	32,129	19,278	16,065	24,097	14,458	12,049	41,110	27,407	23,296
84	50,121	30,073	25,061	33,414	20,049	16,707	25,061	15,037	12,531	42,755	28,503	24,228
85	52,126	31,276	26,063	34,751	20,851	17,376	26,063	15,638	13,032	44,465	29,643	25,197
86	54,211	32,527	27,106	36,141	21,685	18,071	27,106	16,264	13,553	46,244	30,829	26,205
87	56,379	33,828	28,190	37,586	22,552	18,793	28,190	16,914	14,095	48,093	32,062	27,253
88	58,634	35,181	29,317	39,090	23,454	19,545	29,317	17,591	14,659	50,017	33,345	28,343
89	60,979	36,588	30,490	40,653	24,392	20,327	30,490	18,294	15,245	52,018	34,679	29,477
90	63,419	38,051	31,710	42,279	25,368	21,140	31,710	19,026	15,855	54,098	36,066	30,656
91	65,955	39,573	32,978	43,970	26,382	21,985	32,978	19,787	16,489	56,262	37,508	31,882
92	68,593	41,156	34,297	45,729	27,438	22,865	34,297	20,578	17,149	58,513	39,009	33,157
93	71,337	42,803	35,669	47,558	28,535	23,779	35,669	21,402	17,835	60,853	40,569	34,484
94	74,191	44,515	37,096	49,461	29,677	24,731	37,096	22,258	18,548	63,287	42,192	35,863
95	77,158	46,295	38,579	51,439	30,864	25,720	38,579	23,148	19,290	65,819	43,879	37,298
96	80,245	48,147	40,123	53,497	32,098	26,749	40,123	24,074	20,062	68,452	45,635	38,789
97	83,454	50,073	41,727	55,636	33,382	27,818	41,727	25,037	20,864	71,190	47,460	40,341
98	86,793	52,076	43,397	57,862	34,717	28,931	43,397	26,038	21,699	74,037	49,358	41,955
99	90,264	54,159	45,132	60,176	36,106	30,088	45,132	27,080	22,566	76,999	51,333	43,633

<sup>9</sup> 跟據足歲

# 年度保費及保費徵費表 (美元)

計劃D<sup>6</sup> - \$5,000,000美元保障額  
基本保障 - 住院福利

年齡 <sup>9</sup>	地區1 - 全球			地區2 - 全球 (美國除外)			地區3 - 亞洲 <sup>5</sup>		
	無墊底費	\$5,000	\$8,000	無墊底費	墊底費 \$5,000	\$8,000	無墊底費	\$5,000	\$8,000
0	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
1	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
2	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
3	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
4	10,334	8,482	8,020	6,889	5,655	5,347	5,547	4,622	4,390
5	9,719	7,923	7,473	6,480	5,282	4,982	5,208	4,310	4,085
6	9,607	7,817	7,369	6,405	5,211	4,913	5,146	4,251	4,027
7	9,494	7,711	7,265	6,330	5,141	4,844	5,083	4,192	3,969
8	9,382	7,605	7,161	6,255	5,070	4,774	5,021	4,132	3,910
9	9,270	7,500	7,057	6,180	5,000	4,705	4,958	4,073	3,852
10	9,157	7,394	6,953	6,105	4,929	4,636	4,895	4,014	3,793
11	9,127	7,357	6,915	6,085	4,905	4,610	4,877	3,992	3,771
12	9,097	7,321	6,877	6,065	4,881	4,585	4,859	3,971	3,749
13	9,067	7,284	6,838	6,045	4,856	4,559	4,841	3,949	3,727
14	9,037	7,247	6,800	6,025	4,832	4,533	4,823	3,928	3,704
15	9,008	7,211	6,762	6,005	4,807	4,508	4,805	3,907	3,682
16	8,880	7,076	6,625	5,920	4,718	4,417	4,732	3,830	3,604
17	8,752	6,942	6,489	5,835	4,628	4,326	4,658	3,753	3,527
18	8,625	6,808	6,353	5,750	4,539	4,236	4,585	3,676	3,449
19	8,497	6,673	6,217	5,665	4,449	4,145	4,511	3,599	3,371
20	8,369	6,539	6,081	5,580	4,359	4,054	4,438	3,522	3,294
21	8,478	6,578	6,103	5,652	4,386	4,069	4,488	3,538	3,300
22	8,587	6,617	6,125	5,725	4,412	4,083	4,538	3,553	3,307
23	8,697	6,657	6,147	5,798	4,438	4,098	4,588	3,568	3,313
24	8,806	6,696	6,169	5,871	4,464	4,113	4,639	3,584	3,320
25	8,915	6,736	6,191	5,943	4,491	4,127	4,689	3,599	3,327
26	9,112	6,892	6,337	6,075	4,595	4,225	4,794	3,684	3,406
27	9,309	7,049	6,484	6,206	4,699	4,323	4,898	3,769	3,486
28	9,505	7,206	6,631	6,337	4,804	4,421	5,003	3,853	3,566
29	9,702	7,362	6,777	6,468	4,908	4,518	5,108	3,938	3,646
30	9,899	7,519	6,924	6,600	5,013	4,616	5,213	4,023	3,725
31	10,209	7,776	7,168	6,806	5,184	4,779	5,380	4,163	3,859
32	10,519	8,033	7,411	7,013	5,355	4,941	5,547	4,304	3,993
33	10,829	8,290	7,655	7,219	5,527	5,104	5,713	4,444	4,127



# 年度保費及保費徵費表 (美元)

計劃D<sup>6</sup> - \$5,000,000美元保障額  
基本保障 - 住院福利

年齡 <sup>9</sup>	地區1 - 全球			地區2 - 全球 (美國除外)			地區3 - 亞洲 <sup>5</sup>		
	無墊底費	\$5,000	\$8,000	無墊底費	墊底費 \$5,000	\$8,000	無墊底費	\$5,000	\$8,000
34	11,139	8,547	7,899	7,426	5,698	5,266	5,880	4,584	4,260
35	11,449	8,804	8,143	7,633	5,869	5,429	6,047	4,725	4,394
36	11,910	9,177	8,494	7,940	6,118	5,663	6,294	4,928	4,586
37	12,371	9,551	8,846	8,248	6,367	5,897	6,541	5,130	4,778
38	12,833	9,925	9,198	8,555	6,617	6,132	6,787	5,333	4,970
39	13,294	10,298	9,549	8,863	6,866	6,366	7,034	5,536	5,162
40	13,755	10,672	9,901	9,170	7,115	6,601	7,281	5,739	5,354
41	14,367	11,160	10,358	9,578	7,440	6,905	7,607	6,003	5,602
42	14,979	11,647	10,815	9,986	7,765	7,210	7,933	6,267	5,851
43	15,590	12,135	11,272	10,394	8,090	7,515	8,259	6,531	6,100
44	16,202	12,623	11,729	10,802	8,416	7,819	8,585	6,796	6,348
45	16,814	13,111	12,186	11,209	8,741	8,124	8,911	7,060	6,597
46	17,677	13,763	12,784	11,785	9,175	8,523	9,365	7,408	6,918
47	18,540	14,414	13,383	12,360	9,609	8,922	9,818	7,756	7,240
48	19,403	15,065	13,981	12,935	10,044	9,321	10,272	8,104	7,561
49	20,266	15,717	14,580	13,511	10,478	9,720	10,726	8,451	7,883
50	21,129	16,368	15,178	14,086	10,912	10,119	11,180	8,799	8,204
51	22,312	17,263	16,000	14,875	11,509	10,667	11,802	9,277	8,646
52	23,495	18,157	16,823	15,664	12,105	11,215	12,425	9,756	9,088
53	24,679	19,052	17,645	16,453	12,701	11,764	13,047	10,234	9,530
54	25,862	19,946	18,467	17,241	13,298	12,312	13,669	10,712	9,972
55	27,045	20,841	19,290	18,030	13,894	12,860	14,292	11,190	10,414
56	28,766	22,104	20,439	19,178	14,736	13,626	15,191	11,860	11,027
57	30,487	23,367	21,587	20,325	15,578	14,392	16,090	12,530	11,640
58	32,208	24,630	22,736	21,472	16,420	15,158	16,988	13,200	12,253
59	33,929	25,894	23,885	22,619	17,263	15,923	17,887	13,870	12,865
60	35,650	27,157	25,034	23,767	18,105	16,689	18,786	14,540	13,478
61	38,028	28,872	26,583	25,352	19,248	17,722	20,024	15,446	14,301
62	40,407	30,588	28,133	26,938	20,392	18,756	21,261	16,352	15,124
63	42,786	32,304	29,683	28,524	21,536	19,789	22,498	17,257	15,947
64	45,164	34,019	31,233	30,110	22,680	20,822	23,736	18,163	16,770
65	47,543	35,735	32,783	31,696	23,823	21,855	24,973	19,069	17,593
66	50,208	37,867	34,782	33,472	25,245	23,188	26,395	20,224	18,682
67	52,873	40,000	36,781	35,249	26,667	24,521	27,816	21,379	19,770

## 年度保費及保費徵費表 (美元)

計劃D<sup>6</sup> - \$5,000,000美元保障額  
基本保障 - 住院福利

年齡 <sup>9</sup>	地區1 - 全球			地區2 - 全球 (美國除外)			地區3 - 亞洲 <sup>5</sup>		
	無墊底費	\$5,000	\$8,000	無墊底費	墊底費 \$5,000	\$8,000	無墊底費	\$5,000	\$8,000
68	55,539	42,132	38,781	37,026	28,088	25,854	29,238	22,535	20,859
69	58,204	44,265	40,780	38,803	29,510	27,187	30,659	23,690	21,947
70	60,869	46,397	42,780	40,580	30,932	28,520	32,081	24,845	23,036
71	63,304	48,253	44,491	42,203	32,169	29,661	33,364	25,839	23,957
72	65,836	50,183	46,270	43,891	33,456	30,847	34,698	26,872	24,916
73	68,469	52,191	48,121	45,646	34,794	32,081	36,086	27,947	25,912
74	71,208	54,278	50,046	47,472	36,186	33,364	37,530	29,065	26,949
75	74,056	56,449	52,048	49,371	37,633	34,699	39,031	30,228	28,027
76	77,019	58,707	54,130	51,346	39,138	36,087	40,592	31,437	29,148
77	80,099	61,056	56,295	53,400	40,704	37,530	42,216	32,694	30,314
78	83,303	63,498	58,547	55,536	42,332	39,031	43,905	34,002	31,526
79	86,635	66,038	60,888	57,757	44,025	40,592	45,661	35,362	32,787
80	90,101	68,679	63,324	60,067	45,786	42,216	47,487	36,776	34,099
81	93,705	71,426	65,857	62,470	47,618	43,905	49,387	38,247	35,463
82	97,453	74,283	68,491	64,969	49,522	45,661	51,362	39,777	36,881
83	101,351	77,255	71,231	67,568	51,503	47,487	53,416	41,368	38,356
84	105,405	80,345	74,080	70,270	53,563	49,387	55,553	43,023	39,891
85	109,621	83,559	77,043	73,081	55,706	51,362	57,775	44,744	41,486
86	114,006	86,901	80,125	76,004	57,934	53,417	60,086	46,534	43,146
87	118,566	90,377	83,330	79,044	60,252	55,553	62,490	48,395	44,871
88	123,309	93,992	86,663	82,206	62,662	57,775	64,989	50,331	46,666
89	128,241	97,752	90,129	85,494	65,168	60,086	67,589	52,344	48,533
90	133,371	101,662	93,735	88,914	67,775	62,490	70,292	54,438	50,474
91	138,706	105,728	97,484	92,471	70,486	64,989	73,104	56,615	52,493
92	144,254	109,957	101,383	96,169	73,305	67,589	76,028	58,880	54,593
93	150,024	114,356	105,439	100,016	76,237	70,293	79,069	61,235	56,776
94	156,025	118,930	109,656	104,017	79,287	73,104	82,232	63,684	59,047
95	162,266	123,687	114,042	108,177	82,458	76,028	85,521	66,232	61,409
96	168,757	128,635	118,604	112,505	85,757	79,070	88,942	68,881	63,866
97	175,507	133,780	123,348	117,005	89,187	82,232	92,500	71,636	66,420
98	182,527	139,131	128,282	121,685	92,754	85,522	96,200	74,502	69,077
99	189,828	144,696	133,413	126,552	96,464	88,942	100,048	77,482	71,840

<sup>9</sup> 跟據足歲

# 年度保費及保費徵費表（美元）

附加牙齒護理保障	
適用於計劃A及B	738美元
適用於計劃C及D	811美元
附加分娩保障	
適用於計劃C及D	2,949美元

## 備註

- 涵蓋地區：  
地區1 - 全球  
地區2 - 全球（美國除外）  
地區3 - 亞洲<sup>5</sup>：阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國內地、香港、印度、印尼、日本、哈薩克斯坦、吉爾吉斯斯坦、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、新加坡、韓國、斯里蘭卡、台灣、塔吉克斯坦、泰國、東帝汶、土庫曼斯坦、烏茲別克及越南
- 亞洲涵蓋地區計劃於香港或澳門病房的預設病房級別為半私家病房，若受保人選擇的病房類型為標準私人病房，調整因素50%將可能應用於保障下的應付索賠金額
- 此保單的投保貨幣是美金，1美元兌港元的匯率為7.8
- 利寶保險保留不時對保費及保費徵費表作出修訂的權利
- 續保保費請參閱續保通知書
- 如3名或以上家庭成員同時成功投保，即可享有家庭優惠折扣九五折
- 在首次申請保險日，準受保人必須介乎出生日起計滿15天或已從分娩的醫院出院(以較晚者為準)至69歲之間以符合本保險的受保及續保資格

## 重要資料

### 有關核保之資料披露

在投保申請期間，您應以最高誠信向利寶披露所有重要事實。如果您不確定某個事實是否重要，則應將其披露。若您未有披露或披露失實資料，將會影響您的保障權益，後果包括但不限於合約被取消、根據正確的資料調整保費、或索賠申請被拒絕。

### 投保前已存在的病症與產品之間的切換

一般而言，除非在保單中有特定條款為投保前已有病症提供保障，否則投保前已有病症條件不會受到保障。有關投保前已存在的病症之釋義請參閱保單條款。請注意，從一項保單轉換為另一項保單可能會影響新保單中原有疾病的構成，例如，確定醫療條件是否為先前疾病的日期。

### 續保

您的保單是一份年度合約。只要此計劃仍然存在，您的保單保證每年可續保，直到您的保單終止為止，須受合約條款及細則約束和支付保費。利寶保留不時於續保以書面通知更改保障、合約條款及細則。

# 重要資料

## 保費調整

您的保單的首期保費會根據每名受保人的年齡、健康狀況、保障選擇等因素而定。

本產品說明書上的保費並非保證不變，利寶可根據計劃整體定價及其他考慮在任一個續保日更改保費。引致續保日保費調整的因素包括但不限於受保人的已屆年齡，醫療趨勢及通脹，因應醫療開支增加而作出的保障改動，以及因此計劃引起和/或與此計劃相關的整體索償和開支。

## 終止保單

當發生下列任何一項情況（以最早者為準），您的保單將自動終止：

1. 當保單持有人或受保人身故
2. 在緊接受保人100歲生日的保單到期日
3. 於保費到期日31日內仍未繳交保費
4. 當您給予利寶30天書面通知以終止保單，若未曾於有關保單獲得賠償或有未清帳款；或
5. 根據任何適用法律及/或法規而禁止或限制提供任何保障

## 預先批核

除於保單中另有明確要求，建議您為已計劃的醫療治療（包括已計劃的海外醫療治療）作預先批核申請。假若治療費用超過計劃項目的每年保障總限額及/或其他列明於保單內限制時，您便可儘早作更好準備。

## 索償程序

任何索償須按照利寶所訂的索償程序進行。填妥的索償申請表連同所有有關該索償的所須文件正本須於求診、診所手術、日症或出院後九十(90)天內遞交，否則利寶將不能處理您的賠償，或會導致索償被拒。

## 墊底費

墊底費是您或受保人作為根據保單支付保障而要負責的部分費用。您或受保人就每保障要負責的墊底費會在保障表中列出。墊底費是按年度計算的，並將在每個保單年度重新計算。有關詳細信息，請參閱該政策。

## 通常，合理和慣常

就收費而言，「通常，合理和慣常」是指治療受保人的身體傷害、疾病或嚴重醫療狀況醫療所需的治療、用品或醫療服務的標準或最常見的費用，惟不超過在發生費用當地就類似治療的正常水平、物料或醫療服務收取的費用，當中不包括假如沒有保險就不會招致的費用。當收費超過在發生費用當地的其他類似等級的提供者就類似或相同的身體傷害、疾病或嚴重醫療狀況，提供類似或相近的治療，服務或物料而收取的一般費用水平，將不會獲支付保障。

若任何收費並非「通常，合理和慣常」，利寶有權調整任何或所有就該等收費應支付的保障。

## 醫療必需

醫療必需指註冊醫生認為治療、物料或醫療服務：

1. 需要直接治療或診斷受保人的身體傷害或疾病
2. 與受保人的身體傷害或疾病的症狀和發現、直接治療或診斷相符並且恰當
3. 符合公認的醫學慣例
4. 與實驗，研究性質的治療，程序，物料或其他醫療服務無關；和
5. 在不影響受保人身體傷害或疾病的情況下不能缺少

# 主要不保事項

本計劃不涵蓋以下治療、狀況、活動、項目及其相關費用，恕本公司不會對下列項目承擔責任：

- 受保前已存在的傷病（請參閱一般規定和細則）
- 先天性缺陷，除有明確提供並已被認可及註明於受保條款內
- 不育、避孕或絕育或引產，除有明確提供並已被認可及註明於保單或受保條款內
- 未經醫生允諾或建議的治療
- 中草藥及/或補品，例如但不限於燕窩、靈芝、人參、冬蟲夏草、松茸、鹿茸等
- 未經醫生處方購買的藥物
- 上癮的狀態或疾病，例如濫用毒品或酒精
- 因自己蓄意引起之損傷、自殺
- 非醫學上必要治療或非強制性治療
- 選擇性美容手術
- 因戰爭、侵略、外國敵意入侵、敵對行動或軍事行動、內戰、叛亂、革命、暴動、內亂或參與任何非法行為(包括監禁)而造成的受傷
- 步行以外的任何競賽以及所有專業運動
- 性傳播疾病的治療
- 另類療法，例如香薰療法及自然醫學，除有明確提供並已被認可及註明於受保條款內
- 擔任警察或軍隊成員時發生的人身傷害或疾病治療

請參閱保單條款及細則以了解所有不保事項。

此計劃受相關保單合約的條款、細則及不保事項所約束。利寶保險保留接受任何申請的最終權利。本產品說明書僅提供一般資料，僅供參考。有關詳細條款、細則及不保事項，請參閱有關產品保單內容。如英文版本與翻譯版本之間存在任何歧義或不相符之處，則以英文版本為準。



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