



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 Asia¹



Extended plan benefits-24-hour Overseas Emergency Services² and Greater China Assistance Program



Cashless hospital arrangement with direct billing³



Guaranteed life time renewal with pool rating and coverage⁴

¹ 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.

² Not available for Insured Members aged 70 and above.

³ 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.

⁴ 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 ⁵
Outside Area of Coverage	Emergency treatment only

⁵ 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 ⁶
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 ⁶
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 ⁷ 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 ⁶
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

⁶ Must be taken in conjunction with outpatient benefits

⁷ 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 ⁶
For Insured Members aged below 18				
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 ⁶
For Insured Members aged below 18				
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
For Overseas Emergency Services				
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 ⁶ Hospital Services applicant
Overall Annual Limit	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 ⁸ Maximum per policy year	US\$1,500	US\$2,500	US\$3,000
Laboratory and X-ray Services ⁸	Fully covered	Fully covered	Fully covered
Prescribed Drugs ⁸	Fully covered	Fully covered	Fully covered
Hormone Replacement Therapy ⁸ 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 ⁶ 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

⁸ 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 ⁶ Hospital Services applicant
Overall Annual Limit	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 ⁶ Hospital Services applicant
Major Restorative Dental Treatment (12 months waiting period) <ul style="list-style-type: none"> a) Dentures, crowns and bridges b) Inlays c) Implants (surgical implant placement/ implant abutments) 	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 ⁶ 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 ⁹	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 ⁵	Area 1	Area 2	Area 3 ⁵	Area 1	Area 2	Area 3 ⁵	Area 1	Area 2	Area 3 ⁵
0	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
1	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
2	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
3	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
4	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
5	1,905	1,271	953	2,540	1,694	1,271	3,078	2,052	1,744	4,616	3,078	2,616
6	1,898	1,265	949	2,530	1,687	1,265	3,021	2,014	1,712	4,531	3,021	2,568
7	1,890	1,260	946	2,520	1,681	1,260	2,965	1,977	1,681	4,447	2,965	2,521
8	1,882	1,256	942	2,510	1,674	1,256	2,909	1,939	1,648	4,363	2,909	2,472
9	1,876	1,250	938	2,500	1,668	1,250	2,853	1,902	1,616	4,278	2,853	2,424
10	1,868	1,246	935	2,492	1,661	1,246	2,796	1,864	1,585	4,193	2,796	2,377
11	1,876	1,250	938	2,500	1,668	1,250	2,770	1,846	1,570	4,153	2,770	2,353
12	1,882	1,256	942	2,510	1,674	1,256	2,741	1,828	1,553	4,111	2,741	2,330
13	1,890	1,260	946	2,520	1,681	1,260	2,714	1,809	1,538	4,070	2,714	2,306
14	1,898	1,265	949	2,530	1,687	1,265	2,686	1,791	1,523	4,029	2,686	2,284
15	1,905	1,271	953	2,540	1,694	1,271	2,659	1,773	1,507	3,987	2,659	2,260
16	1,912	1,275	956	2,550	1,699	1,275	2,573	1,716	1,460	3,860	2,573	2,188
17	1,919	1,280	960	2,558	1,706	1,280	2,490	1,659	1,410	3,732	2,490	2,116
18	1,926	1,285	964	2,568	1,712	1,285	2,403	1,602	1,363	3,605	2,403	2,043
19	1,934	1,289	967	2,578	1,718	1,289	2,318	1,547	1,315	3,477	2,318	1,971
20	1,940	1,294	970	2,587	1,725	1,294	2,233	1,490	1,265	3,350	2,233	1,898
21	2,014	1,344	1,008	2,686	1,791	1,344	2,195	1,464	1,245	3,292	2,195	1,866
22	2,087	1,392	1,044	2,784	1,856	1,392	2,157	1,438	1,223	3,234	2,157	1,833
23	2,161	1,441	1,081	2,882	1,922	1,441	2,118	1,412	1,201	3,176	2,118	1,801
24	2,236	1,491	1,118	2,981	1,988	1,491	2,080	1,388	1,179	3,118	2,080	1,768
25	2,310	1,540	1,155	3,080	2,054	1,540	2,042	1,361	1,158	3,061	2,042	1,735
26	2,352	1,569	1,176	3,137	2,092	1,569	2,098	1,400	1,189	3,146	2,098	1,784
27	2,395	1,597	1,198	3,193	2,129	1,597	2,155	1,437	1,221	3,232	2,155	1,832
28	2,437	1,625	1,219	3,249	2,167	1,625	2,212	1,475	1,255	3,317	2,212	1,880
29	2,480	1,654	1,240	3,306	2,204	1,654	2,268	1,512	1,286	3,402	2,268	1,927
30	2,523	1,683	1,262	3,364	2,243	1,683	2,325	1,551	1,318	3,487	2,325	1,976
31	2,579	1,719	1,289	3,438	2,292	1,719	2,395	1,597	1,358	3,590	2,395	2,036
32	2,636	1,757	1,318	3,513	2,342	1,757	2,464	1,644	1,396	3,696	2,464	2,095
33	2,690	1,794	1,346	3,587	2,393	1,794	2,534	1,690	1,437	3,801	2,534	2,154

Annual Premiums including Premium Levy (US\$)

Age ⁹	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 ⁵	Area 1	Area 2	Area 3 ⁵	Area 1	Area 2	Area 3 ⁵	Area 1	Area 2	Area 3 ⁵
34	2,747	1,832	1,374	3,662	2,442	1,832	2,603	1,735	1,476	3,905	2,603	2,214
35	2,803	1,868	1,403	3,737	2,492	1,868	2,674	1,783	1,515	4,010	2,674	2,273
36	2,896	1,931	1,449	3,861	2,573	1,931	2,754	1,836	1,562	4,130	2,754	2,341
37	2,990	1,994	1,495	3,985	2,657	1,994	2,834	1,890	1,607	4,250	2,834	2,409
38	3,083	2,055	1,541	4,109	2,740	2,055	2,914	1,942	1,652	4,370	2,914	2,478
39	3,175	2,117	1,588	4,234	2,822	2,117	2,994	1,997	1,697	4,491	2,994	2,545
40	3,269	2,180	1,635	4,358	2,905	2,180	3,074	2,050	1,743	4,612	3,074	2,614
41	3,399	2,266	1,700	4,531	3,021	2,266	3,168	2,111	1,794	4,749	3,168	2,691
42	3,531	2,353	1,766	4,707	3,138	2,353	3,259	2,172	1,848	4,889	3,259	2,771
43	3,661	2,441	1,831	4,881	3,255	2,441	3,351	2,235	1,900	5,026	3,351	2,848
44	3,792	2,529	1,897	5,057	3,372	2,529	3,442	2,296	1,951	5,163	3,442	2,927
45	3,924	2,616	1,963	5,232	3,489	2,616	3,536	2,358	2,005	5,303	3,536	3,005
46	4,147	2,765	2,074	5,530	3,687	2,765	3,642	2,427	2,064	5,462	3,642	3,096
47	4,373	2,916	2,187	5,829	3,887	2,916	3,747	2,498	2,124	5,620	3,747	3,186
48	4,597	3,065	2,299	6,128	4,085	3,065	3,853	2,569	2,184	5,779	3,853	3,275
49	4,820	3,214	2,410	6,427	4,286	3,214	3,960	2,640	2,244	5,938	3,960	3,366
50	5,045	3,364	2,523	6,726	4,484	3,364	4,066	2,711	2,304	6,097	4,066	3,455
51	5,351	3,568	2,676	7,134	4,757	3,568	4,188	2,791	2,374	6,281	4,188	3,559
52	5,657	3,771	2,830	7,542	5,028	3,771	4,309	2,873	2,442	6,464	4,309	3,662
53	5,963	3,976	2,982	7,950	5,301	3,976	4,432	2,954	2,511	6,647	4,432	3,766
54	6,269	4,179	3,136	8,357	5,572	4,179	4,553	3,036	2,581	6,830	4,553	3,870
55	6,574	4,383	3,287	8,766	5,845	4,383	4,675	3,117	2,649	7,012	4,675	3,973
56	7,059	4,707	3,529	9,412	6,275	4,707	4,816	3,211	2,729	7,222	4,816	4,094
57	7,544	5,029	3,772	10,059	6,706	5,029	4,955	3,304	2,808	7,434	4,955	4,213
58	8,029	5,353	4,014	10,705	7,136	5,353	5,096	3,398	2,889	7,643	5,096	4,332
59	8,514	5,677	4,258	11,352	7,569	5,677	5,236	3,491	2,967	7,853	5,236	4,450
60	8,999	5,999	4,500	11,999	8,000	5,999	5,377	3,585	3,048	8,064	5,377	4,570
61	9,702	6,468	4,852	12,936	8,623	6,468	5,538	3,692	3,139	8,306	5,538	4,707
62	10,405	6,937	5,203	13,871	9,249	6,937	5,700	3,800	3,230	8,548	5,700	4,845
63	11,106	7,405	5,554	14,809	9,872	7,405	5,861	3,908	3,321	8,790	5,861	4,981
64	11,809	7,874	5,906	15,745	10,498	7,874	6,022	4,014	3,412	9,032	6,022	5,118
65	12,512	8,342	6,257	16,682	11,121	8,342	6,184	4,122	3,504	9,274	6,184	5,256
66	13,076	8,718	6,539	17,435	11,623	8,718	6,368	4,246	3,609	9,552	6,368	5,413
67	13,640	9,094	6,821	18,187	12,124	9,094	6,554	4,369	3,715	9,830	6,554	5,571

Annual Premiums including Premium Levy (US\$)

Age ⁹	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 ⁵	Area 1	Area 2	Area 3 ⁵	Area 1	Area 2	Area 3 ⁵	Area 1	Area 2	Area 3 ⁵
68	14,205	9,470	7,102	18,940	12,628	9,470	6,738	4,493	3,819	10,108	6,738	5,729
69	14,770	9,847	7,385	19,692	13,129	9,847	6,925	4,616	3,924	10,386	6,925	5,885
70	15,333	10,222	7,668	20,444	13,630	10,222	7,110	4,740	4,029	10,665	7,110	6,043
71	15,947	10,632	7,973	21,262	14,175	10,632	7,323	4,882	4,150	10,984	7,323	6,224
72	16,585	11,057	8,293	22,112	14,741	11,057	7,446	5,028	4,275	11,313	7,543	6,411
73	17,248	11,500	8,625	22,997	15,331	11,500	7,446	5,180	4,404	11,652	7,768	6,603
74	17,937	11,958	8,970	23,917	15,945	11,958	7,446	5,336	4,535	12,002	8,002	6,803
75	18,655	12,438	9,328	24,874	16,582	12,438	7,446	5,496	4,671	12,363	8,243	7,007
76	19,402	12,934	9,702	25,868	17,245	12,934	7,446	5,660	4,810	12,733	8,489	7,216
77	20,178	13,453	10,089	26,903	17,935	13,453	7,446	5,830	4,955	13,116	8,744	7,433
78	20,984	13,990	10,493	27,979	18,653	13,990	7,446	6,004	5,103	13,508	9,006	7,656
79	21,824	14,549	10,912	29,099	19,400	14,549	7,446	6,185	5,257	13,538	9,277	7,885
80	22,697	15,131	11,349	30,262	20,176	15,131	7,446	6,370	5,414	13,538	9,555	8,122
81	23,605	15,737	11,804	31,473	20,981	15,737	7,446	6,561	5,576	13,538	9,841	8,366
82	24,549	16,366	12,276	32,732	21,821	16,366	7,446	6,758	5,744	14,892	10,136	8,616
83	25,530	17,020	12,766	34,041	22,695	17,020	7,446	6,962	5,918	14,892	10,441	8,875
84	26,552	17,702	13,277	35,402	23,602	17,702	7,446	7,170	6,094	14,892	10,754	9,141
85	27,614	18,410	13,808	36,819	24,547	18,410	7,446	7,385	6,277	14,892	11,077	9,414
86	28,718	19,147	14,360	38,292	25,528	19,147	7,446	7,446	6,331	14,892	11,409	9,697
87	29,867	19,912	14,934	39,823	26,549	19,912	7,446	7,446	6,331	14,892	11,751	9,988
88	31,062	20,709	15,531	41,416	27,611	20,709	7,446	7,446	6,331	14,892	12,103	10,289
89	32,304	21,536	16,153	43,072	28,715	21,536	7,446	7,446	6,331	14,892	12,466	10,597
90	33,597	22,398	16,799	44,795	29,864	22,398	7,446	7,446	6,331	14,892	12,840	10,914
91	34,940	23,293	17,471	46,586	31,057	23,293	7,446	7,446	6,331	14,892	13,225	11,241
92	36,337	24,225	18,169	48,449	32,301	24,225	7,446	7,446	6,331	14,892	13,622	11,579
93	37,791	25,195	18,896	50,389	33,592	25,195	7,446	7,446	6,331	14,892	14,030	11,927
94	39,302	26,203	19,652	52,404	34,937	26,203	7,446	7,446	6,331	14,892	14,452	12,284
95	40,874	27,250	20,438	54,499	36,334	27,250	7,446	7,446	6,331	14,892	14,885	12,653
96	42,509	28,340	21,255	56,679	37,786	28,340	7,446	7,446	6,331	14,892	14,892	12,659
97	44,210	29,474	22,106	58,946	39,298	29,474	7,446	7,446	6,331	14,892	14,892	12,659
98	45,978	30,653	22,990	61,305	40,870	30,653	7,446	7,446	6,331	14,892	14,892	12,659
99	47,817	31,879	23,909	63,756	42,505	31,879	7,446	7,446	6,331	14,892	14,892	12,659

*Refer to last birthday

Annual Premiums including Premium Levy (US\$)

Age ⁹	Plan C - \$2,500,000 Coverage Basic Coverage – Hospital Services									Optional Outpatient Services		
	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia ⁵			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 ⁵
NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000				
0	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
1	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
2	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
3	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
4	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
5	4,231	2,540	2,116	2,821	1,694	1,410	2,116	1,271	1,058	6,154	4,103	3,487
6	4,216	2,530	2,109	2,810	1,687	1,406	2,109	1,265	1,055	6,042	4,028	3,424
7	4,200	2,520	2,100	2,800	1,681	1,401	2,100	1,260	1,051	5,929	3,953	3,360
8	4,185	2,510	2,093	2,789	1,674	1,395	2,093	1,256	1,047	5,817	3,878	3,296
9	4,168	2,500	2,084	2,778	1,668	1,390	2,084	1,250	1,042	5,704	3,803	3,233
10	4,153	2,492	2,078	2,769	1,661	1,385	2,078	1,246	1,039	5,591	3,728	3,169
11	4,168	2,500	2,084	2,778	1,668	1,390	2,084	1,250	1,042	5,537	3,691	3,138
12	4,185	2,510	2,093	2,789	1,674	1,395	2,093	1,256	1,047	5,482	3,655	3,107
13	4,200	2,520	2,100	2,800	1,681	1,401	2,100	1,260	1,051	5,426	3,618	3,075
14	4,216	2,530	2,109	2,810	1,687	1,406	2,109	1,265	1,055	5,370	3,582	3,044
15	4,231	2,540	2,116	2,821	1,694	1,410	2,116	1,271	1,058	5,317	3,545	3,013
16	4,248	2,550	2,124	2,832	1,699	1,417	2,124	1,275	1,063	5,146	3,431	2,917
17	4,263	2,558	2,132	2,843	1,706	1,421	2,132	1,280	1,067	4,977	3,318	2,820
18	4,279	2,568	2,141	2,853	1,712	1,427	2,141	1,285	1,070	4,806	3,205	2,724
19	4,295	2,578	2,147	2,863	1,718	1,432	2,147	1,289	1,074	4,637	3,090	2,627
20	4,310	2,587	2,156	2,874	1,725	1,438	2,156	1,294	1,079	4,466	2,978	2,531
21	4,476	2,686	2,239	2,983	1,791	1,492	2,239	1,344	1,121	4,389	2,926	2,488
22	4,639	2,784	2,320	3,093	1,856	1,548	2,320	1,392	1,160	4,313	2,875	2,445
23	4,804	2,882	2,402	3,202	1,922	1,601	2,402	1,441	1,201	4,235	2,823	2,401
24	4,967	2,981	2,484	3,313	1,988	1,657	2,484	1,491	1,243	4,158	2,773	2,358
25	5,132	3,080	2,567	3,422	2,054	1,711	2,567	1,540	1,284	4,082	2,721	2,314
26	5,227	3,137	2,614	3,485	2,092	1,743	2,614	1,569	1,307	4,195	2,798	2,377
27	5,321	3,193	2,661	3,548	2,129	1,775	2,661	1,597	1,331	4,309	2,873	2,442
28	5,415	3,249	2,708	3,611	2,167	1,806	2,708	1,625	1,354	4,422	2,948	2,507
29	5,510	3,306	2,756	3,673	2,204	1,837	2,756	1,654	1,378	4,535	3,024	2,570
30	5,605	3,364	2,803	3,737	2,243	1,868	2,803	1,683	1,403	4,649	3,100	2,636
31	5,730	3,438	2,866	3,820	2,292	1,911	2,866	1,719	1,433	4,858	3,239	2,753
32	5,853	3,513	2,927	3,903	2,342	1,952	2,927	1,757	1,464	5,067	3,378	2,872
33	5,979	3,587	2,990	3,986	2,393	1,994	2,990	1,794	1,495	5,277	3,519	2,991

Annual Premiums including Premium Levy (US\$)

Age ⁹	Plan C - \$2,500,000 Coverage Basic Coverage – Hospital Services									Optional Outpatient Services		
	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia ⁵			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 ⁵
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000			
34	6,103	3,662	3,052	4,069	2,442	2,035	3,052	1,832	1,526	5,485	3,657	3,109
35	6,228	3,737	3,114	4,153	2,492	2,078	3,114	1,868	1,558	5,694	3,796	3,227
36	6,434	3,861	3,218	4,290	2,573	2,145	3,218	1,931	1,610	5,980	3,986	3,389
37	6,641	3,985	3,321	4,428	2,657	2,215	3,321	1,994	1,661	6,264	4,176	3,550
38	6,848	4,109	3,425	4,566	2,740	2,284	3,425	2,055	1,713	6,548	4,365	3,711
39	7,054	4,234	3,527	4,703	2,822	2,352	3,527	2,117	1,764	6,833	4,556	3,873
40	7,262	4,358	3,631	4,841	2,905	2,421	3,631	2,180	1,816	7,118	4,746	4,034
41	7,553	4,531	3,777	5,036	3,021	2,519	3,777	2,266	1,889	7,473	4,982	4,236
42	7,845	4,707	3,923	5,230	3,138	2,615	3,923	2,353	1,962	7,831	5,220	4,437
43	8,135	4,881	4,068	5,424	3,255	2,713	4,068	2,441	2,035	8,186	5,457	4,639
44	8,427	5,057	4,214	5,618	3,372	2,809	4,214	2,529	2,108	8,541	5,694	4,840
45	8,719	5,232	4,360	5,812	3,489	2,907	4,360	2,616	2,181	8,897	5,932	5,042
46	9,217	5,530	4,610	6,144	3,687	3,073	4,610	2,765	2,305	9,290	6,193	5,265
47	9,715	5,829	4,858	6,477	3,887	3,239	4,858	2,916	2,430	9,682	6,456	5,487
48	10,212	6,128	5,108	6,808	4,085	3,405	5,108	3,065	2,554	10,077	6,719	5,712
49	10,710	6,427	5,355	7,142	4,286	3,571	5,355	3,214	2,678	10,471	6,980	5,934
50	11,208	6,726	5,605	7,473	4,484	3,737	5,605	3,364	2,803	10,864	7,243	6,156
51	11,889	7,134	5,945	7,926	4,757	3,964	5,945	3,568	2,972	11,407	7,604	6,465
52	12,569	7,542	6,285	8,380	5,028	4,190	6,285	3,771	3,142	11,949	7,967	6,772
53	13,249	7,950	6,625	8,833	5,301	4,418	6,625	3,976	3,314	12,492	8,329	7,080
54	13,929	8,357	6,965	9,287	5,572	4,643	6,965	4,179	3,483	13,035	8,691	7,387
55	14,608	8,766	7,305	9,739	5,845	4,870	7,305	4,383	3,654	13,578	9,054	7,694
56	15,686	9,412	7,845	10,457	6,275	5,230	7,845	4,707	3,923	14,257	9,505	8,080
57	16,764	10,059	8,382	11,176	6,706	5,588	8,382	5,029	4,191	14,937	9,958	8,465
58	17,841	10,705	8,922	11,895	7,136	5,948	8,922	5,353	4,461	15,615	10,411	8,850
59	18,919	11,352	9,460	12,613	7,569	6,307	9,460	5,677	4,731	16,294	10,864	9,233
60	19,996	11,999	9,999	13,331	8,000	6,665	9,999	5,999	5,000	16,973	11,315	9,618
61	21,557	12,936	10,779	14,372	8,623	7,186	10,779	6,468	5,390	17,823	11,882	10,100
62	23,120	13,871	11,561	15,414	9,249	7,707	11,561	6,937	5,780	18,670	12,447	10,580
63	24,681	14,809	12,341	16,455	9,872	8,228	12,341	7,405	6,172	19,519	13,014	11,061
64	26,242	15,745	13,121	17,495	10,498	8,748	13,121	7,874	6,561	20,368	13,578	11,542
65	27,803	16,682	13,902	18,535	11,121	9,268	13,902	8,342	6,952	21,216	14,145	12,024
66	29,057	17,435	14,530	19,371	11,623	9,687	14,530	8,718	7,265	22,786	15,191	12,912
67	30,311	18,187	15,155	20,208	12,124	10,104	15,155	9,094	7,578	24,356	16,238	13,802

Annual Premiums including Premium Levy (US\$)

Age ⁹	Plan C - \$2,500,000 Coverage Basic Coverage – Hospital Services									Optional Outpatient Services		
	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia ⁵			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 ⁵
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000			
68	31,565	18,940	15,783	21,045	12,628	10,523	15,783	9,470	7,893	25,926	17,284	14,692
69	32,819	19,692	16,410	21,880	13,129	10,940	16,410	9,847	8,206	27,495	18,331	15,582
70	34,073	20,444	17,037	22,716	13,630	11,358	17,037	10,222	8,518	29,066	19,377	16,471
71	35,436	21,262	17,719	23,625	14,175	11,812	17,719	10,632	8,861	30,229	20,153	17,130
72	36,853	22,112	18,428	24,569	14,741	12,284	18,428	11,057	9,215	31,438	20,959	17,815
73	38,328	22,997	19,164	25,552	15,331	12,777	19,164	11,500	9,583	32,695	21,797	18,528
74	39,860	23,917	19,931	26,573	15,945	13,287	19,931	11,958	9,966	34,003	22,669	19,269
75	41,455	24,874	20,727	27,637	16,582	13,819	20,727	12,438	10,365	35,363	23,576	20,039
76	43,113	25,868	21,557	28,742	17,245	14,372	21,557	12,934	10,779	36,778	24,518	20,841
77	44,838	26,903	22,419	29,892	17,935	14,946	22,419	13,453	11,210	38,248	25,498	21,674
78	46,630	27,979	23,316	31,088	18,653	15,544	23,316	13,990	11,659	39,778	26,520	22,541
79	48,496	29,099	24,248	32,332	19,400	16,166	24,248	14,549	12,124	41,369	27,580	23,444
80	50,435	30,262	25,218	33,623	20,176	16,812	25,218	15,131	12,609	43,023	28,683	24,380
81	52,453	31,473	26,228	34,969	20,981	17,486	26,228	15,737	13,115	44,745	29,830	25,357
82	54,551	32,732	27,276	36,368	21,821	18,184	27,276	16,366	13,638	46,534	31,024	26,369
83	56,733	34,041	28,367	37,823	22,695	18,913	28,367	17,020	14,184	48,395	32,264	27,424
84	59,003	35,402	29,502	39,336	23,602	19,668	29,502	17,702	14,752	50,332	33,555	28,522
85	61,364	36,819	30,682	40,910	24,547	20,456	30,682	18,410	15,342	52,345	34,896	29,662
86	63,817	38,292	31,910	42,546	25,528	21,274	31,910	19,147	15,955	54,439	36,293	30,849
87	66,370	39,823	33,186	44,246	26,549	22,124	33,186	19,912	16,593	56,616	37,743	32,083
88	69,024	41,416	34,513	46,018	27,611	23,009	34,513	20,709	17,257	58,881	39,254	33,366
89	71,785	43,072	35,894	47,858	28,715	23,930	35,894	21,536	17,947	61,236	40,825	34,701
90	74,657	44,795	37,329	49,772	29,864	24,887	37,329	22,398	18,665	63,684	42,458	36,089
91	77,643	46,586	38,823	51,762	31,057	25,881	38,823	23,293	19,412	66,232	44,155	37,532
92	80,748	48,449	40,375	53,833	32,301	26,918	40,375	24,225	20,188	68,883	45,922	39,033
93	83,978	50,389	41,990	55,986	33,592	27,993	41,990	25,195	20,996	71,637	47,758	40,595
94	87,338	52,404	43,670	58,226	34,937	29,114	43,670	26,203	21,835	74,502	49,669	42,219
95	90,831	54,499	45,416	60,555	36,334	30,278	45,416	27,250	22,709	77,483	51,655	43,907
96	94,465	56,679	47,233	62,977	37,786	31,489	47,233	28,340	23,617	80,583	53,722	45,663
97	98,243	58,946	49,122	65,495	39,298	32,748	49,122	29,474	24,562	83,806	55,870	47,490
98	102,173	61,305	51,087	68,115	40,870	34,058	51,087	30,653	25,544	87,156	58,105	49,390
99	106,260	63,756	53,130	70,840	42,505	35,421	53,130	31,879	26,565	90,643	60,430	51,365

*Refer to last birthday

Annual Premiums including Premium Levy (US\$)

Plan D ⁶ - \$5,500,000 Coverage Basic Coverage – Hospital Services									
Age ⁹	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia ⁵		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
0	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
1	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
2	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
3	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
4	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
5	11,442	9,327	8,797	7,629	6,218	5,865	6,131	5,074	4,809
6	11,310	9,203	8,675	7,541	6,135	5,785	6,058	5,005	4,742
7	11,177	9,078	8,553	7,452	6,053	5,703	5,984	4,936	4,673
8	11,045	8,953	8,430	7,364	5,969	5,620	5,911	4,865	4,603
9	10,913	8,829	8,308	7,276	5,886	5,539	5,837	4,795	4,535
10	10,780	8,705	8,186	7,187	5,803	5,458	5,763	4,726	4,466
11	10,745	8,661	8,141	7,163	5,775	5,427	5,742	4,700	4,440
12	10,709	8,619	8,097	7,141	5,746	5,398	5,720	4,675	4,413
13	10,674	8,575	8,051	7,117	5,717	5,367	5,700	4,649	4,388
14	10,638	8,531	8,005	7,093	5,689	5,337	5,678	4,625	4,361
15	10,605	8,489	7,960	7,070	5,659	5,307	5,657	4,600	4,335
16	10,454	8,331	7,799	6,969	5,555	5,200	5,571	4,509	4,243
17	10,304	8,173	7,640	6,869	5,449	5,094	5,484	4,419	4,153
18	10,153	8,015	7,480	6,769	5,344	4,987	5,398	4,328	4,060
19	10,003	7,856	7,319	6,670	5,237	4,880	5,310	4,237	3,969
20	9,853	7,699	7,159	6,569	5,132	4,773	5,225	4,146	3,878
21	9,981	7,744	7,185	6,654	5,163	4,791	5,284	4,166	3,885
22	10,109	7,790	7,210	6,739	5,194	4,807	5,343	4,183	3,893
23	10,238	7,837	7,237	6,826	5,225	4,824	5,402	4,201	3,901
24	10,367	7,883	7,263	6,912	5,256	4,843	5,462	4,219	3,909
25	10,496	7,930	7,289	6,997	5,288	4,859	5,521	4,237	3,917
26	10,727	8,114	7,460	7,151	5,410	4,974	5,644	4,337	4,010
27	10,959	8,298	7,633	7,306	5,532	5,089	5,766	4,437	4,104
28	11,190	8,483	7,807	7,460	5,656	5,205	5,890	4,537	4,199
29	11,422	8,667	7,979	7,615	5,778	5,319	6,014	4,637	4,292
30	11,653	8,852	8,151	7,770	5,902	5,435	6,138	4,736	4,385
31	12,018	9,155	8,439	8,013	6,103	5,627	6,334	4,902	4,543
32	12,383	9,457	8,724	8,257	6,305	5,817	6,530	5,067	4,701
33	12,749	9,760	9,012	8,499	6,507	6,009	6,726	5,232	4,859

Annual Premiums including Premium Levy (US\$)

Plan C - \$2,500,000 Coverage Basic Coverage – Hospital Services									
Age ⁹	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia ⁵		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
34	13,114	10,062	9,299	8,743	6,708	6,200	6,923	5,397	5,015
35	13,478	10,365	9,587	8,986	6,910	6,392	7,119	5,562	5,173
36	14,021	10,804	10,000	9,348	7,203	6,668	7,410	5,802	5,399
37	14,563	11,244	10,414	9,710	7,496	6,942	7,701	6,040	5,625
38	15,107	11,684	10,828	10,072	7,790	7,219	7,990	6,278	5,851
39	15,650	12,123	11,241	10,435	8,083	7,495	8,281	6,517	6,077
40	16,193	12,563	11,656	10,795	8,377	7,772	8,572	6,757	6,303
41	16,914	13,138	12,194	11,276	8,759	8,129	8,955	7,068	6,596
42	17,634	13,711	12,732	11,756	9,142	8,488	9,339	7,378	6,889
43	18,353	14,286	13,270	12,236	9,524	8,848	9,723	7,689	7,181
44	19,074	14,860	13,808	12,717	9,908	9,205	10,106	8,001	7,473
45	19,794	15,434	14,345	13,196	10,291	9,564	10,490	8,311	7,766
46	20,810	16,203	15,050	13,874	10,801	10,033	11,025	8,721	8,144
47	21,826	16,969	15,755	14,550	11,312	10,503	11,558	9,131	8,524
48	22,842	17,735	16,459	15,227	11,824	10,973	12,092	9,541	8,901
49	23,858	18,503	17,164	15,905	12,336	11,443	12,628	9,950	9,280
50	24,874	19,269	17,868	16,582	12,846	11,913	13,162	10,358	9,658
51	26,266	20,323	18,835	17,511	13,549	12,558	13,894	10,922	10,178
52	27,659	21,375	19,804	18,441	14,251	13,203	14,627	11,485	10,699
53	29,053	22,429	20,772	19,369	14,953	13,850	15,359	12,048	11,219
54	30,445	23,481	21,740	20,297	15,655	14,494	16,092	12,610	11,739
55	31,838	24,535	22,709	21,226	16,357	15,139	16,825	13,174	12,260
56	33,864	26,022	24,062	22,577	17,347	16,042	17,884	13,962	12,982
57	35,889	27,508	25,412	23,927	18,339	16,943	18,942	14,751	13,703
58	37,916	28,995	26,765	25,277	19,330	17,844	19,999	15,539	14,425
59	39,942	30,483	28,118	26,628	20,323	18,745	21,057	16,328	15,146
60	41,967	31,970	29,470	27,979	21,314	19,647	22,115	17,117	15,867
61	44,767	33,988	31,294	29,845	22,659	20,863	23,572	18,183	16,836
62	47,568	36,009	33,119	31,712	24,006	22,080	25,029	19,250	17,804
63	50,368	38,029	34,943	33,579	25,352	23,297	26,485	20,315	18,773
64	53,168	40,048	36,768	35,446	26,700	24,512	27,942	21,383	19,742
65	55,968	42,067	38,593	37,313	28,045	25,728	29,398	22,449	20,711
66	59,105	44,578	40,946	39,404	29,719	27,298	31,073	23,808	21,993
67	62,242	47,088	43,299	41,495	31,393	28,866	32,746	25,168	23,274

Annual Premiums including Premium Levy (US\$)

Plan C - \$2,500,000 Coverage Basic Coverage – Hospital Services									
Age ⁹	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia ⁵		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
68	65,381	49,598	45,654	43,588	33,066	30,436	34,420	26,528	24,556
69	68,518	52,110	48,007	45,680	34,739	32,005	36,092	27,889	25,836
70	71,656	54,619	50,361	47,771	36,414	33,574	37,766	29,248	27,118
71	74,522	56,804	52,376	49,682	37,870	34,917	39,277	30,419	28,203
72	77,502	59,076	54,469	51,669	39,385	36,313	40,847	31,634	29,332
73	80,602	61,440	56,648	53,735	40,960	37,766	42,481	32,899	30,504
74	83,826	63,897	58,915	55,884	42,598	39,277	44,181	34,216	31,724
75	87,179	66,452	61,271	58,120	44,302	40,848	45,948	35,585	32,994
76	90,667	69,110	63,722	60,445	46,074	42,482	47,786	37,008	34,313
77	94,293	71,876	66,271	62,862	47,917	44,181	49,697	38,488	35,687
78	98,065	74,750	68,922	65,377	49,834	45,948	51,686	40,028	37,113
79	101,987	77,741	71,678	67,992	51,826	47,786	53,752	41,628	38,597
80	106,068	80,850	74,545	70,712	53,899	49,697	55,902	43,294	40,141
81	110,310	84,084	77,527	73,540	56,057	51,686	58,138	45,025	41,748
82	114,723	87,446	80,628	76,482	58,298	53,752	60,463	46,826	43,417
83	119,311	90,945	83,854	79,542	60,630	55,902	62,882	48,699	45,153
84	124,083	94,583	87,208	82,722	63,055	58,138	65,398	50,647	46,960
85	129,046	98,366	90,696	86,032	65,578	60,463	68,013	52,673	48,837
86	134,208	102,301	94,323	89,473	68,200	62,883	70,733	54,780	50,792
87	139,577	106,393	98,097	93,051	70,930	65,398	73,564	56,971	52,822
88	145,160	110,648	102,021	96,773	73,766	68,013	76,506	59,250	54,936
89	150,966	115,075	106,101	100,644	76,716	70,733	79,567	61,620	57,133
90	157,005	119,677	110,345	104,671	79,785	73,564	82,748	64,085	59,418
91	163,285	124,464	114,758	108,857	82,976	76,506	86,059	66,648	61,795
92	169,817	129,442	119,348	113,211	86,295	79,567	89,501	69,314	64,267
93	176,608	134,620	124,124	117,740	89,746	82,750	93,081	72,086	66,838
94	183,673	140,005	129,088	122,450	93,337	86,059	96,804	74,969	69,510
95	191,020	145,604	134,251	127,347	97,070	89,501	100,676	77,969	72,291
96	198,661	151,429	139,621	132,442	100,954	93,082	104,703	81,087	75,184
97	206,607	157,486	145,205	137,739	104,991	96,804	108,891	84,330	78,190
98	214,872	163,786	151,014	143,248	109,191	100,677	113,247	87,705	81,318
99	223,466	170,336	157,055	148,978	113,558	104,703	117,777	91,212	84,571

*Refer to last birthday

Annual Premiums including Premium Levy (US\$)

Optional Dental Care	
For Plan A and B	US\$870
For Plan C and D	US\$955
Optional Maternity Care	
For Plan C and D	US\$3,472

Remarks

- Area of Coverage:
Area 1: Worldwide
Area 2: Worldwide excluding USA
Area 3: Asia⁵ (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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JUL 2024



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¹



延伸計劃保障 - 二十四小時海外緊急服務²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³



保證終身續保，以計劃整體作保障項目及保費調整⁴

¹ 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。

² 不適用於70歲或以上受保人。

³ 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。

⁴ 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 ⁵
涵蓋地區以外	僅限緊急治療

⁵ 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 ⁶
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 ⁶
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 ⁷ 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 ⁶
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

⁶ 需同時投保門診治療

⁷ 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 ⁶
18歲以下受保人額外醫療保障				
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 ⁶
18歲以下受保人額外醫療保障				
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
海外緊急服務				
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 ⁶ 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 ⁸ 每保單年度計	1,500美元	2,500美元	3,000美元
化驗及X光費 ⁸	全數賠償	全數賠償	全數賠償
處方藥物 ⁸	全數賠償	全數賠償	全數賠償
激素治療 ⁸ 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 ⁶ 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

⁸ 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 ⁶ 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 ⁶ 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 ⁶ 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 ⁹	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 ⁵	地區 1	地區 2	地區 3 ⁵	地區 1	地區 2	地區 3 ⁵	地區 1	地區 2	地區 3 ⁵
0	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
1	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
2	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
3	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
4	1,963	1,308	982	2,616	1,745	1,308	3,359	2,240	1,904	5,038	3,359	2,855
5	1,905	1,271	953	2,540	1,694	1,271	3,078	2,052	1,744	4,616	3,078	2,616
6	1,898	1,265	949	2,530	1,687	1,265	3,021	2,014	1,712	4,531	3,021	2,568
7	1,890	1,260	946	2,520	1,681	1,260	2,965	1,977	1,681	4,447	2,965	2,521
8	1,882	1,256	942	2,510	1,674	1,256	2,909	1,939	1,648	4,363	2,909	2,472
9	1,876	1,250	938	2,500	1,668	1,250	2,853	1,902	1,616	4,278	2,853	2,424
10	1,868	1,246	935	2,492	1,661	1,246	2,796	1,864	1,585	4,193	2,796	2,377
11	1,876	1,250	938	2,500	1,668	1,250	2,770	1,846	1,570	4,153	2,770	2,353
12	1,882	1,256	942	2,510	1,674	1,256	2,741	1,828	1,553	4,111	2,741	2,330
13	1,890	1,260	946	2,520	1,681	1,260	2,714	1,809	1,538	4,070	2,714	2,306
14	1,898	1,265	949	2,530	1,687	1,265	2,686	1,791	1,523	4,029	2,686	2,284
15	1,905	1,271	953	2,540	1,694	1,271	2,659	1,773	1,507	3,987	2,659	2,260
16	1,912	1,275	956	2,550	1,699	1,275	2,573	1,716	1,460	3,860	2,573	2,188
17	1,919	1,280	960	2,558	1,706	1,280	2,490	1,659	1,410	3,732	2,490	2,116
18	1,926	1,285	964	2,568	1,712	1,285	2,403	1,602	1,363	3,605	2,403	2,043
19	1,934	1,289	967	2,578	1,718	1,289	2,318	1,547	1,315	3,477	2,318	1,971
20	1,940	1,294	970	2,587	1,725	1,294	2,233	1,490	1,265	3,350	2,233	1,898
21	2,014	1,344	1,008	2,686	1,791	1,344	2,195	1,464	1,245	3,292	2,195	1,866
22	2,087	1,392	1,044	2,784	1,856	1,392	2,157	1,438	1,223	3,234	2,157	1,833
23	2,161	1,441	1,081	2,882	1,922	1,441	2,118	1,412	1,201	3,176	2,118	1,801
24	2,236	1,491	1,118	2,981	1,988	1,491	2,080	1,388	1,179	3,118	2,080	1,768
25	2,310	1,540	1,155	3,080	2,054	1,540	2,042	1,361	1,158	3,061	2,042	1,735
26	2,352	1,569	1,176	3,137	2,092	1,569	2,098	1,400	1,189	3,146	2,098	1,784
27	2,395	1,597	1,198	3,193	2,129	1,597	2,155	1,437	1,221	3,232	2,155	1,832
28	2,437	1,625	1,219	3,249	2,167	1,625	2,212	1,475	1,255	3,317	2,212	1,880
29	2,480	1,654	1,240	3,306	2,204	1,654	2,268	1,512	1,286	3,402	2,268	1,927
30	2,523	1,683	1,262	3,364	2,243	1,683	2,325	1,551	1,318	3,487	2,325	1,976
31	2,579	1,719	1,289	3,438	2,292	1,719	2,395	1,597	1,358	3,590	2,395	2,036
32	2,636	1,757	1,318	3,513	2,342	1,757	2,464	1,644	1,396	3,696	2,464	2,095
33	2,690	1,794	1,346	3,587	2,393	1,794	2,534	1,690	1,437	3,801	2,534	2,154

年度保費及保費徵費表 (美元)

年齡 ⁹	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 ⁵	地區 1	地區 2	地區 3 ⁵	地區 1	地區 2	地區 3 ⁵	地區 1	地區 2	地區 3 ⁵
34	2,747	1,832	1,374	3,662	2,442	1,832	2,603	1,735	1,476	3,905	2,603	2,214
35	2,803	1,868	1,403	3,737	2,492	1,868	2,674	1,783	1,515	4,010	2,674	2,273
36	2,896	1,931	1,449	3,861	2,573	1,931	2,754	1,836	1,562	4,130	2,754	2,341
37	2,990	1,994	1,495	3,985	2,657	1,994	2,834	1,890	1,607	4,250	2,834	2,409
38	3,083	2,055	1,541	4,109	2,740	2,055	2,914	1,942	1,652	4,370	2,914	2,478
39	3,175	2,117	1,588	4,234	2,822	2,117	2,994	1,997	1,697	4,491	2,994	2,545
40	3,269	2,180	1,635	4,358	2,905	2,180	3,074	2,050	1,743	4,612	3,074	2,614
41	3,399	2,266	1,700	4,531	3,021	2,266	3,168	2,111	1,794	4,749	3,168	2,691
42	3,531	2,353	1,766	4,707	3,138	2,353	3,259	2,172	1,848	4,889	3,259	2,771
43	3,661	2,441	1,831	4,881	3,255	2,441	3,351	2,235	1,900	5,026	3,351	2,848
44	3,792	2,529	1,897	5,057	3,372	2,529	3,442	2,296	1,951	5,163	3,442	2,927
45	3,924	2,616	1,963	5,232	3,489	2,616	3,536	2,358	2,005	5,303	3,536	3,005
46	4,147	2,765	2,074	5,530	3,687	2,765	3,642	2,427	2,064	5,462	3,642	3,096
47	4,373	2,916	2,187	5,829	3,887	2,916	3,747	2,498	2,124	5,620	3,747	3,186
48	4,597	3,065	2,299	6,128	4,085	3,065	3,853	2,569	2,184	5,779	3,853	3,275
49	4,820	3,214	2,410	6,427	4,286	3,214	3,960	2,640	2,244	5,938	3,960	3,366
50	5,045	3,364	2,523	6,726	4,484	3,364	4,066	2,711	2,304	6,097	4,066	3,455
51	5,351	3,568	2,676	7,134	4,757	3,568	4,188	2,791	2,374	6,281	4,188	3,559
52	5,657	3,771	2,830	7,542	5,028	3,771	4,309	2,873	2,442	6,464	4,309	3,662
53	5,963	3,976	2,982	7,950	5,301	3,976	4,432	2,954	2,511	6,647	4,432	3,766
54	6,269	4,179	3,136	8,357	5,572	4,179	4,553	3,036	2,581	6,830	4,553	3,870
55	6,574	4,383	3,287	8,766	5,845	4,383	4,675	3,117	2,649	7,012	4,675	3,973
56	7,059	4,707	3,529	9,412	6,275	4,707	4,816	3,211	2,729	7,222	4,816	4,094
57	7,544	5,029	3,772	10,059	6,706	5,029	4,955	3,304	2,808	7,434	4,955	4,213
58	8,029	5,353	4,014	10,705	7,136	5,353	5,096	3,398	2,889	7,643	5,096	4,332
59	8,514	5,677	4,258	11,352	7,569	5,677	5,236	3,491	2,967	7,853	5,236	4,450
60	8,999	5,999	4,500	11,999	8,000	5,999	5,377	3,585	3,048	8,064	5,377	4,570
61	9,702	6,468	4,852	12,936	8,623	6,468	5,538	3,692	3,139	8,306	5,538	4,707
62	10,405	6,937	5,203	13,871	9,249	6,937	5,700	3,800	3,230	8,548	5,700	4,845
63	11,106	7,405	5,554	14,809	9,872	7,405	5,861	3,908	3,321	8,790	5,861	4,981
64	11,809	7,874	5,906	15,745	10,498	7,874	6,022	4,014	3,412	9,032	6,022	5,118
65	12,512	8,342	6,257	16,682	11,121	8,342	6,184	4,122	3,504	9,274	6,184	5,256
66	13,076	8,718	6,539	17,435	11,623	8,718	6,368	4,246	3,609	9,552	6,368	5,413
67	13,640	9,094	6,821	18,187	12,124	9,094	6,554	4,369	3,715	9,830	6,554	5,571

年度保費及保費徵費表 (美元)

年齡 ⁹	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 ⁵	地區 1	地區 2	地區 3 ⁵	地區 1	地區 2	地區 3 ⁵	地區 1	地區 2	地區 3 ⁵
68	14,205	9,470	7,102	18,940	12,628	9,470	6,738	4,493	3,819	10,108	6,738	5,729
69	14,770	9,847	7,385	19,692	13,129	9,847	6,925	4,616	3,924	10,386	6,925	5,885
70	15,333	10,222	7,668	20,444	13,630	10,222	7,110	4,740	4,029	10,665	7,110	6,043
71	15,947	10,632	7,973	21,262	14,175	10,632	7,323	4,882	4,150	10,984	7,323	6,224
72	16,585	11,057	8,293	22,112	14,741	11,057	7,446	5,028	4,275	11,313	7,543	6,411
73	17,248	11,500	8,625	22,997	15,331	11,500	7,446	5,180	4,404	11,652	7,768	6,603
74	17,937	11,958	8,970	23,917	15,945	11,958	7,446	5,336	4,535	12,002	8,002	6,803
75	18,655	12,438	9,328	24,874	16,582	12,438	7,446	5,496	4,671	12,363	8,243	7,007
76	19,402	12,934	9,702	25,868	17,245	12,934	7,446	5,660	4,810	12,733	8,489	7,216
77	20,178	13,453	10,089	26,903	17,935	13,453	7,446	5,830	4,955	13,116	8,744	7,433
78	20,984	13,990	10,493	27,979	18,653	13,990	7,446	6,004	5,103	13,508	9,006	7,656
79	21,824	14,549	10,912	29,099	19,400	14,549	7,446	6,185	5,257	13,538	9,277	7,885
80	22,697	15,131	11,349	30,262	20,176	15,131	7,446	6,370	5,414	13,538	9,555	8,122
81	23,605	15,737	11,804	31,473	20,981	15,737	7,446	6,561	5,576	13,538	9,841	8,366
82	24,549	16,366	12,276	32,732	21,821	16,366	7,446	6,758	5,744	14,892	10,136	8,616
83	25,530	17,020	12,766	34,041	22,695	17,020	7,446	6,962	5,918	14,892	10,441	8,875
84	26,552	17,702	13,277	35,402	23,602	17,702	7,446	7,170	6,094	14,892	10,754	9,141
85	27,614	18,410	13,808	36,819	24,547	18,410	7,446	7,385	6,277	14,892	11,077	9,414
86	28,718	19,147	14,360	38,292	25,528	19,147	7,446	7,446	6,331	14,892	11,409	9,697
87	29,867	19,912	14,934	39,823	26,549	19,912	7,446	7,446	6,331	14,892	11,751	9,988
88	31,062	20,709	15,531	41,416	27,611	20,709	7,446	7,446	6,331	14,892	12,103	10,289
89	32,304	21,536	16,153	43,072	28,715	21,536	7,446	7,446	6,331	14,892	12,466	10,597
90	33,597	22,398	16,799	44,795	29,864	22,398	7,446	7,446	6,331	14,892	12,840	10,914
91	34,940	23,293	17,471	46,586	31,057	23,293	7,446	7,446	6,331	14,892	13,225	11,241
92	36,337	24,225	18,169	48,449	32,301	24,225	7,446	7,446	6,331	14,892	13,622	11,579
93	37,791	25,195	18,896	50,389	33,592	25,195	7,446	7,446	6,331	14,892	14,030	11,927
94	39,302	26,203	19,652	52,404	34,937	26,203	7,446	7,446	6,331	14,892	14,452	12,284
95	40,874	27,250	20,438	54,499	36,334	27,250	7,446	7,446	6,331	14,892	14,885	12,653
96	42,509	28,340	21,255	56,679	37,786	28,340	7,446	7,446	6,331	14,892	14,892	12,659
97	44,210	29,474	22,106	58,946	39,298	29,474	7,446	7,446	6,331	14,892	14,892	12,659
98	45,978	30,653	22,990	61,305	40,870	30,653	7,446	7,446	6,331	14,892	14,892	12,659
99	47,817	31,879	23,909	63,756	42,505	31,879	7,446	7,446	6,331	14,892	14,892	12,659

*根據足歲

年度保費及保費徵費表 (美元)

計劃 C - \$180,000 美元保障額										附加門診保障		
基本保障 – 住院福利												
年齡 ⁹	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 ⁵			基本保障保費外另付		
	墊底費									地區 1	地區 2	地區 3 ⁵
無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000				
0	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
1	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
2	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
3	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
4	4,360	2,616	2,181	2,907	1,745	1,454	2,181	1,308	1,091	6,718	4,479	3,806
5	4,231	2,540	2,116	2,821	1,694	1,410	2,116	1,271	1,058	6,154	4,103	3,487
6	4,216	2,530	2,109	2,810	1,687	1,406	2,109	1,265	1,055	6,042	4,028	3,424
7	4,200	2,520	2,100	2,800	1,681	1,401	2,100	1,260	1,051	5,929	3,953	3,360
8	4,185	2,510	2,093	2,789	1,674	1,395	2,093	1,256	1,047	5,817	3,878	3,296
9	4,168	2,500	2,084	2,778	1,668	1,390	2,084	1,250	1,042	5,704	3,803	3,233
10	4,153	2,492	2,078	2,769	1,661	1,385	2,078	1,246	1,039	5,591	3,728	3,169
11	4,168	2,500	2,084	2,778	1,668	1,390	2,084	1,250	1,042	5,537	3,691	3,138
12	4,185	2,510	2,093	2,789	1,674	1,395	2,093	1,256	1,047	5,482	3,655	3,107
13	4,200	2,520	2,100	2,800	1,681	1,401	2,100	1,260	1,051	5,426	3,618	3,075
14	4,216	2,530	2,109	2,810	1,687	1,406	2,109	1,265	1,055	5,370	3,582	3,044
15	4,231	2,540	2,116	2,821	1,694	1,410	2,116	1,271	1,058	5,317	3,545	3,013
16	4,248	2,550	2,124	2,832	1,699	1,417	2,124	1,275	1,063	5,146	3,431	2,917
17	4,263	2,558	2,132	2,843	1,706	1,421	2,132	1,280	1,067	4,977	3,318	2,820
18	4,279	2,568	2,141	2,853	1,712	1,427	2,141	1,285	1,070	4,806	3,205	2,724
19	4,295	2,578	2,147	2,863	1,718	1,432	2,147	1,289	1,074	4,637	3,090	2,627
20	4,310	2,587	2,156	2,874	1,725	1,438	2,156	1,294	1,079	4,466	2,978	2,531
21	4,476	2,686	2,239	2,983	1,791	1,492	2,239	1,344	1,121	4,389	2,926	2,488
22	4,639	2,784	2,320	3,093	1,856	1,548	2,320	1,392	1,160	4,313	2,875	2,445
23	4,804	2,882	2,402	3,202	1,922	1,601	2,402	1,441	1,201	4,235	2,823	2,401
24	4,967	2,981	2,484	3,313	1,988	1,657	2,484	1,491	1,243	4,158	2,773	2,358
25	5,132	3,080	2,567	3,422	2,054	1,711	2,567	1,540	1,284	4,082	2,721	2,314
26	5,227	3,137	2,614	3,485	2,092	1,743	2,614	1,569	1,307	4,195	2,798	2,377
27	5,321	3,193	2,661	3,548	2,129	1,775	2,661	1,597	1,331	4,309	2,873	2,442
28	5,415	3,249	2,708	3,611	2,167	1,806	2,708	1,625	1,354	4,422	2,948	2,507
29	5,510	3,306	2,756	3,673	2,204	1,837	2,756	1,654	1,378	4,535	3,024	2,570
30	5,605	3,364	2,803	3,737	2,243	1,868	2,803	1,683	1,403	4,649	3,100	2,636
31	5,730	3,438	2,866	3,820	2,292	1,911	2,866	1,719	1,433	4,858	3,239	2,753
32	5,853	3,513	2,927	3,903	2,342	1,952	2,927	1,757	1,464	5,067	3,378	2,872
33	5,979	3,587	2,990	3,986	2,393	1,994	2,990	1,794	1,495	5,277	3,519	2,991

年度保費及保費徵費表 (美元)

計劃 C - \$180,000 美元保障額										附加門診保障		
基本保障 – 住院福利												
年齡 ⁹	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 ⁵			地區 1 - 全球		
	墊底費											
	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	地區 2	地區 3 ⁵
34	6,103	3,662	3,052	4,069	2,442	2,035	3,052	1,832	1,526	5,485	3,657	3,109
35	6,228	3,737	3,114	4,153	2,492	2,078	3,114	1,868	1,558	5,694	3,796	3,227
36	6,434	3,861	3,218	4,290	2,573	2,145	3,218	1,931	1,610	5,980	3,986	3,389
37	6,641	3,985	3,321	4,428	2,657	2,215	3,321	1,994	1,661	6,264	4,176	3,550
38	6,848	4,109	3,425	4,566	2,740	2,284	3,425	2,055	1,713	6,548	4,365	3,711
39	7,054	4,234	3,527	4,703	2,822	2,352	3,527	2,117	1,764	6,833	4,556	3,873
40	7,262	4,358	3,631	4,841	2,905	2,421	3,631	2,180	1,816	7,118	4,746	4,034
41	7,553	4,531	3,777	5,036	3,021	2,519	3,777	2,266	1,889	7,473	4,982	4,236
42	7,845	4,707	3,923	5,230	3,138	2,615	3,923	2,353	1,962	7,831	5,220	4,437
43	8,135	4,881	4,068	5,424	3,255	2,713	4,068	2,441	2,035	8,186	5,457	4,639
44	8,427	5,057	4,214	5,618	3,372	2,809	4,214	2,529	2,108	8,541	5,694	4,840
45	8,719	5,232	4,360	5,812	3,489	2,907	4,360	2,616	2,181	8,897	5,932	5,042
46	9,217	5,530	4,610	6,144	3,687	3,073	4,610	2,765	2,305	9,290	6,193	5,265
47	9,715	5,829	4,858	6,477	3,887	3,239	4,858	2,916	2,430	9,682	6,456	5,487
48	10,212	6,128	5,108	6,808	4,085	3,405	5,108	3,065	2,554	10,077	6,719	5,712
49	10,710	6,427	5,355	7,142	4,286	3,571	5,355	3,214	2,678	10,471	6,980	5,934
50	11,208	6,726	5,605	7,473	4,484	3,737	5,605	3,364	2,803	10,864	7,243	6,156
51	11,889	7,134	5,945	7,926	4,757	3,964	5,945	3,568	2,972	11,407	7,604	6,465
52	12,569	7,542	6,285	8,380	5,028	4,190	6,285	3,771	3,142	11,949	7,967	6,772
53	13,249	7,950	6,625	8,833	5,301	4,418	6,625	3,976	3,314	12,492	8,329	7,080
54	13,929	8,357	6,965	9,287	5,572	4,643	6,965	4,179	3,483	13,035	8,691	7,387
55	14,608	8,766	7,305	9,739	5,845	4,870	7,305	4,383	3,654	13,578	9,054	7,694
56	15,686	9,412	7,845	10,457	6,275	5,230	7,845	4,707	3,923	14,257	9,505	8,080
57	16,764	10,059	8,382	11,176	6,706	5,588	8,382	5,029	4,191	14,937	9,958	8,465
58	17,841	10,705	8,922	11,895	7,136	5,948	8,922	5,353	4,461	15,615	10,411	8,850
59	18,919	11,352	9,460	12,613	7,569	6,307	9,460	5,677	4,731	16,294	10,864	9,233
60	19,996	11,999	9,999	13,331	8,000	6,665	9,999	5,999	5,000	16,973	11,315	9,618
61	21,557	12,936	10,779	14,372	8,623	7,186	10,779	6,468	5,390	17,823	11,882	10,100
62	23,120	13,871	11,561	15,414	9,249	7,707	11,561	6,937	5,780	18,670	12,447	10,580
63	24,681	14,809	12,341	16,455	9,872	8,228	12,341	7,405	6,172	19,519	13,014	11,061
64	26,242	15,745	13,121	17,495	10,498	8,748	13,121	7,874	6,561	20,368	13,578	11,542
65	27,803	16,682	13,902	18,535	11,121	9,268	13,902	8,342	6,952	21,216	14,145	12,024
66	29,057	17,435	14,530	19,371	11,623	9,687	14,530	8,718	7,265	22,786	15,191	12,912
67	30,311	18,187	15,155	20,208	12,124	10,104	15,155	9,094	7,578	24,356	16,238	13,802

年度保費及保費徵費表 (美元)

計劃 C - \$180,000 美元保障額										附加門診保障		
基本保障 – 住院福利												
年齡 ⁹	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 ⁵			地區 1 - 全球		
	墊底費											
	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	地區 2	地區 3 ⁵
68	31,565	18,940	15,783	21,045	12,628	10,523	15,783	9,470	7,893	25,926	17,284	14,692
69	32,819	19,692	16,410	21,880	13,129	10,940	16,410	9,847	8,206	27,495	18,331	15,582
70	34,073	20,444	17,037	22,716	13,630	11,358	17,037	10,222	8,518	29,066	19,377	16,471
71	35,436	21,262	17,719	23,625	14,175	11,812	17,719	10,632	8,861	30,229	20,153	17,130
72	36,853	22,112	18,428	24,569	14,741	12,284	18,428	11,057	9,215	31,438	20,959	17,815
73	38,328	22,997	19,164	25,552	15,331	12,777	19,164	11,500	9,583	32,695	21,797	18,528
74	39,860	23,917	19,931	26,573	15,945	13,287	19,931	11,958	9,966	34,003	22,669	19,269
75	41,455	24,874	20,727	27,637	16,582	13,819	20,727	12,438	10,365	35,363	23,576	20,039
76	43,113	25,868	21,557	28,742	17,245	14,372	21,557	12,934	10,779	36,778	24,518	20,841
77	44,838	26,903	22,419	29,892	17,935	14,946	22,419	13,453	11,210	38,248	25,498	21,674
78	46,630	27,979	23,316	31,088	18,653	15,544	23,316	13,990	11,659	39,778	26,520	22,541
79	48,496	29,099	24,248	32,332	19,400	16,166	24,248	14,549	12,124	41,369	27,580	23,444
80	50,435	30,262	25,218	33,623	20,176	16,812	25,218	15,131	12,609	43,023	28,683	24,380
81	52,453	31,473	26,228	34,969	20,981	17,486	26,228	15,737	13,115	44,745	29,830	25,357
82	54,551	32,732	27,276	36,368	21,821	18,184	27,276	16,366	13,638	46,534	31,024	26,369
83	56,733	34,041	28,367	37,823	22,695	18,913	28,367	17,020	14,184	48,395	32,264	27,424
84	59,003	35,402	29,502	39,336	23,602	19,668	29,502	17,702	14,752	50,332	33,555	28,522
85	61,364	36,819	30,682	40,910	24,547	20,456	30,682	18,410	15,342	52,345	34,896	29,662
86	63,817	38,292	31,910	42,546	25,528	21,274	31,910	19,147	15,955	54,439	36,293	30,849
87	66,370	39,823	33,186	44,246	26,549	22,124	33,186	19,912	16,593	56,616	37,743	32,083
88	69,024	41,416	34,513	46,018	27,611	23,009	34,513	20,709	17,257	58,881	39,254	33,366
89	71,785	43,072	35,894	47,858	28,715	23,930	35,894	21,536	17,947	61,236	40,825	34,701
90	74,657	44,795	37,329	49,772	29,864	24,887	37,329	22,398	18,665	63,684	42,458	36,089
91	77,643	46,586	38,823	51,762	31,057	25,881	38,823	23,293	19,412	66,232	44,155	37,532
92	80,748	48,449	40,375	53,833	32,301	26,918	40,375	24,225	20,188	68,883	45,922	39,033
93	83,978	50,389	41,990	55,986	33,592	27,993	41,990	25,195	20,996	71,637	47,758	40,595
94	87,338	52,404	43,670	58,226	34,937	29,114	43,670	26,203	21,835	74,502	49,669	42,219
95	90,831	54,499	45,416	60,555	36,334	30,278	45,416	27,250	22,709	77,483	51,655	43,907
96	94,465	56,679	47,233	62,977	37,786	31,489	47,233	28,340	23,617	80,583	53,722	45,663
97	98,243	58,946	49,122	65,495	39,298	32,748	49,122	29,474	24,562	83,806	55,870	47,490
98	102,173	61,305	51,087	68,115	40,870	34,058	51,087	30,653	25,544	87,156	58,105	49,390
99	106,260	63,756	53,130	70,840	42,505	35,421	53,130	31,879	26,565	90,643	60,430	51,365

*根據足歲

年度保費及保費徵費表 (美元)

計劃 D ⁶ - \$180,000 美元保障額									
基本保障 – 住院福利									
年齡 ⁹	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 ⁵		
	無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000	無墊底費	\$5,000	\$8,000
0	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
1	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
2	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
3	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
4	12,165	9,985	9,442	8,111	6,658	6,295	6,530	5,441	5,169
5	11,442	9,327	8,797	7,629	6,218	5,865	6,131	5,074	4,809
6	11,310	9,203	8,675	7,541	6,135	5,785	6,058	5,005	4,742
7	11,177	9,078	8,553	7,452	6,053	5,703	5,984	4,936	4,673
8	11,045	8,953	8,430	7,364	5,969	5,620	5,911	4,865	4,603
9	10,913	8,829	8,308	7,276	5,886	5,539	5,837	4,795	4,535
10	10,780	8,705	8,186	7,187	5,803	5,458	5,763	4,726	4,466
11	10,745	8,661	8,141	7,163	5,775	5,427	5,742	4,700	4,440
12	10,709	8,619	8,097	7,141	5,746	5,398	5,720	4,675	4,413
13	10,674	8,575	8,051	7,117	5,717	5,367	5,700	4,649	4,388
14	10,638	8,531	8,005	7,093	5,689	5,337	5,678	4,625	4,361
15	10,605	8,489	7,960	7,070	5,659	5,307	5,657	4,600	4,335
16	10,454	8,331	7,799	6,969	5,555	5,200	5,571	4,509	4,243
17	10,304	8,173	7,640	6,869	5,449	5,094	5,484	4,419	4,153
18	10,153	8,015	7,480	6,769	5,344	4,987	5,398	4,328	4,060
19	10,003	7,856	7,319	6,670	5,237	4,880	5,310	4,237	3,969
20	9,853	7,699	7,159	6,569	5,132	4,773	5,225	4,146	3,878
21	9,981	7,744	7,185	6,654	5,163	4,791	5,284	4,166	3,885
22	10,109	7,790	7,210	6,739	5,194	4,807	5,343	4,183	3,893
23	10,238	7,837	7,237	6,826	5,225	4,824	5,402	4,201	3,901
24	10,367	7,883	7,263	6,912	5,256	4,843	5,462	4,219	3,909
25	10,496	7,930	7,289	6,997	5,288	4,859	5,521	4,237	3,917
26	10,727	8,114	7,460	7,151	5,410	4,974	5,644	4,337	4,010
27	10,959	8,298	7,633	7,306	5,532	5,089	5,766	4,437	4,104
28	11,190	8,483	7,807	7,460	5,656	5,205	5,890	4,537	4,199
29	11,422	8,667	7,979	7,615	5,778	5,319	6,014	4,637	4,292
30	11,653	8,852	8,151	7,770	5,902	5,435	6,138	4,736	4,385
31	12,018	9,155	8,439	8,013	6,103	5,627	6,334	4,902	4,543
32	12,383	9,457	8,724	8,257	6,305	5,817	6,530	5,067	4,701
33	12,749	9,760	9,012	8,499	6,507	6,009	6,726	5,232	4,859

年度保費及保費徵費表 (美元)

計劃 D ⁶ - \$180,000 美元保障額									
基本保障 – 住院福利									
年齡 ⁹	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 ⁵		
	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	13,114	10,062	9,299	8,743	6,708	6,200	6,923	5,397	5,015
35	13,478	10,365	9,587	8,986	6,910	6,392	7,119	5,562	5,173
36	14,021	10,804	10,000	9,348	7,203	6,668	7,410	5,802	5,399
37	14,563	11,244	10,414	9,710	7,496	6,942	7,701	6,040	5,625
38	15,107	11,684	10,828	10,072	7,790	7,219	7,990	6,278	5,851
39	15,650	12,123	11,241	10,435	8,083	7,495	8,281	6,517	6,077
40	16,193	12,563	11,656	10,795	8,377	7,772	8,572	6,757	6,303
41	16,914	13,138	12,194	11,276	8,759	8,129	8,955	7,068	6,596
42	17,634	13,711	12,732	11,756	9,142	8,488	9,339	7,378	6,889
43	18,353	14,286	13,270	12,236	9,524	8,848	9,723	7,689	7,181
44	19,074	14,860	13,808	12,717	9,908	9,205	10,106	8,001	7,473
45	19,794	15,434	14,345	13,196	10,291	9,564	10,490	8,311	7,766
46	20,810	16,203	15,050	13,874	10,801	10,033	11,025	8,721	8,144
47	21,826	16,969	15,755	14,550	11,312	10,503	11,558	9,131	8,524
48	22,842	17,735	16,459	15,227	11,824	10,973	12,092	9,541	8,901
49	23,858	18,503	17,164	15,905	12,336	11,443	12,628	9,950	9,280
50	24,874	19,269	17,868	16,582	12,846	11,913	13,162	10,358	9,658
51	26,266	20,323	18,835	17,511	13,549	12,558	13,894	10,922	10,178
52	27,659	21,375	19,804	18,441	14,251	13,203	14,627	11,485	10,699
53	29,053	22,429	20,772	19,369	14,953	13,850	15,359	12,048	11,219
54	30,445	23,481	21,740	20,297	15,655	14,494	16,092	12,610	11,739
55	31,838	24,535	22,709	21,226	16,357	15,139	16,825	13,174	12,260
56	33,864	26,022	24,062	22,577	17,347	16,042	17,884	13,962	12,982
57	35,889	27,508	25,412	23,927	18,339	16,943	18,942	14,751	13,703
58	37,916	28,995	26,765	25,277	19,330	17,844	19,999	15,539	14,425
59	39,942	30,483	28,118	26,628	20,323	18,745	21,057	16,328	15,146
60	41,967	31,970	29,470	27,979	21,314	19,647	22,115	17,117	15,867
61	44,767	33,988	31,294	29,845	22,659	20,863	23,572	18,183	16,836
62	47,568	36,009	33,119	31,712	24,006	22,080	25,029	19,250	17,804
63	50,368	38,029	34,943	33,579	25,352	23,297	26,485	20,315	18,773
64	53,168	40,048	36,768	35,446	26,700	24,512	27,942	21,383	19,742
65	55,968	42,067	38,593	37,313	28,045	25,728	29,398	22,449	20,711
66	59,105	44,578	40,946	39,404	29,719	27,298	31,073	23,808	21,993
67	62,242	47,088	43,299	41,495	31,393	28,866	32,746	25,168	23,274

年度保費及保費徵費表 (美元)

計劃 D ⁶ - \$180,000 美元保障額									
基本保障 – 住院福利									
年齡 ⁹	地區 1 - 全球		地區 2 – 全球 (美國除外)				地區 3 – 亞洲 ⁵		
	無墊底費	\$5,000	無墊底費	NIL	墊底費 無墊底費	\$8,000	無墊底費	\$5,000	無墊底費
68	65,381	49,598	45,654	43,588	33,066	30,436	34,420	26,528	24,556
69	68,518	52,110	48,007	45,680	34,739	32,005	36,092	27,889	25,836
70	71,656	54,619	50,361	47,771	36,414	33,574	37,766	29,248	27,118
71	74,522	56,804	52,376	49,682	37,870	34,917	39,277	30,419	28,203
72	77,502	59,076	54,469	51,669	39,385	36,313	40,847	31,634	29,332
73	80,602	61,440	56,648	53,735	40,960	37,766	42,481	32,899	30,504
74	83,826	63,897	58,915	55,884	42,598	39,277	44,181	34,216	31,724
75	87,179	66,452	61,271	58,120	44,302	40,848	45,948	35,585	32,994
76	90,667	69,110	63,722	60,445	46,074	42,482	47,786	37,008	34,313
77	94,293	71,876	66,271	62,862	47,917	44,181	49,697	38,488	35,687
78	98,065	74,750	68,922	65,377	49,834	45,948	51,686	40,028	37,113
79	101,987	77,741	71,678	67,992	51,826	47,786	53,752	41,628	38,597
80	106,068	80,850	74,545	70,712	53,899	49,697	55,902	43,294	40,141
81	110,310	84,084	77,527	73,540	56,057	51,686	58,138	45,025	41,748
82	114,723	87,446	80,628	76,482	58,298	53,752	60,463	46,826	43,417
83	119,311	90,945	83,854	79,542	60,630	55,902	62,882	48,699	45,153
84	124,083	94,583	87,208	82,722	63,055	58,138	65,398	50,647	46,960
85	129,046	98,366	90,696	86,032	65,578	60,463	68,013	52,673	48,837
86	134,208	102,301	94,323	89,473	68,200	62,883	70,733	54,780	50,792
87	139,577	106,393	98,097	93,051	70,930	65,398	73,564	56,971	52,822
88	145,160	110,648	102,021	96,773	73,766	68,013	76,506	59,250	54,936
89	150,966	115,075	106,101	100,644	76,716	70,733	79,567	61,620	57,133
90	157,005	119,677	110,345	104,671	79,785	73,564	82,748	64,085	59,418
91	163,285	124,464	114,758	108,857	82,976	76,506	86,059	66,648	61,795
92	169,817	129,442	119,348	113,211	86,295	79,567	89,501	69,314	64,267
93	176,608	134,620	124,124	117,740	89,746	82,750	93,081	72,086	66,838
94	183,673	140,005	129,088	122,450	93,337	86,059	96,804	74,969	69,510
95	191,020	145,604	134,251	127,347	97,070	89,501	100,676	77,969	72,291
96	198,661	151,429	139,621	132,442	100,954	93,082	104,703	81,087	75,184
97	206,607	157,486	145,205	137,739	104,991	96,804	108,891	84,330	78,190
98	214,872	163,786	151,014	143,248	109,191	100,677	113,247	87,705	81,318
99	223,466	170,336	157,055	148,978	113,558	104,703	117,777	91,212	84,571

*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	870美元
適用於計劃C及D	955美元
附加分娩保障	
適用於計劃C及D	3,472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⁹：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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