

YFLife
萬通保險



| 僱員福利 Employee Benefits |

首選萬康保
僱員福利計劃
MassHealth *Plus*
Employee Benefits Plan



香港Q唛優質服務計劃證書

你的僱員福利專家 Your Employee Benefits Specialist

首選萬康保僱員福利計劃

MassHealth *Plus* Employee Benefits Plan

首選萬康保僱員福利計劃能配合僱主的不同預算，且極具成本效益，亦易於行政管理；計劃除了為你的僱員提供醫療費用保障外，還提供嶄新的醫療保健計劃及教育服務等，令僱員倍感安心。

本計劃更提供一系列免費增值服務，包括僱員福利網上查詢系統及電子賠償通知服務等，有效簡化僱主之行政工作，更有助控制福利成本。

MassHealth *Plus* Employee Benefits Plan allows maximum flexibility and is specially designed to meet employers' needs in terms of both cost effectiveness and easy administration. In addition to providing benefits covering medical treatment, the plan also covers the brand-new preventive health care and health-education programs – all to give your employees complete peace of mind.

The plan also provides a range of value-added services free of charge, including the Employee Benefits Online Enquiry System, E-Advice service, and much more. This not only meets employers' requirements in terms of easy administration, but also gives them better control over employee benefit costs.



首選萬康保僱員福利計劃提供最全面的醫療保障，包括四種基本住院醫療保障計劃、多種附加門診保障、牙科保障及醫療保健計劃，讓僱主可因應預算開支及需要自由組合，為僱員度身訂造最合適的計劃。

MassHealth Plus Employee Benefits Plan provides a broad range of benefits, including four basic hospital and surgical benefits plans, together with a variety of out-patient, dental and preventive health care plans. Employers are free to design the most appropriate plans for their employees according to their budget and needs.

住院及手術保障

計劃提供四種基本住院醫療保障計劃，為成員支付各項住院醫療費用。

自選額外醫療保障

為確保成員得到最佳保障，計劃附有自選「額外醫療保障」，讓你可以安心享有全面的住院醫療保障。相對於一般的額外醫療保障，計劃不設「自付額」，保障更勝一籌。

住院入息 — 共付賠償

計劃為成員提供額外的住院現金津貼，金額高達住院費用的50% – 如成員同時參加兩間保險公司的住院醫療保障計劃，並選擇先向另一間保險公司索償，餘額則由萬通保險支付，成員便可獲享額外的「住院入息 – 共付賠償」。

額外住院現金 — 政府醫院大房

如不幸因受傷或患病入住政府醫院普通病房超過24小時，計劃會即時為成員提供市場上少有的額外「住院現金」，保障更為全面。

自選門診保障

「門診賠償保障」計劃提供極全面之門診醫療保障，包括普通科和專科治療，中醫診症、物理治療、脊椎治療及因意外或疾病所需之各項檢查化驗費用。配合不同僱主的預算，計劃設有兩款賠償安排供選擇 – 「80% 門診賠償保障」或「100%門診賠償保障」。成員並可於超過600間診所使用醫療卡服務，享有更大方便。

此外，計劃亦設有「門診網絡保障」供僱主選擇，讓僱員於指定之門診網絡，獲享各項門診服務，包括普通科和專科治療、中醫診症、物理治療等。

Hospital & Surgical Benefits

The Plan offers four different Hospital and Surgical Benefits plans and provides reimbursement for hospital and medical costs arising from each illness or accident.

Optional Supplementary Major Medical Benefits (SMM)

To provide the best protection, the Plan offers members optional Supplementary Major Medical Benefits. You can enjoy peace of mind by having more comprehensive hospital and surgical benefits. The Plan's no deductible feature is unique in the market.

Hospital Income for Double Benefit

This provides additional hospital cash of up to 50% of the daily room-and-board charges in the event the member is enrolled in the hospital and surgical benefits plans of two different insurance companies, with YF Life being the second payer of hospital claims.

Hospital Cash – Government Hospital General Ward Benefit

This unique benefit of daily cash will be provided if the member is hospitalized for 24 hours or more in government hospital general ward.

Optional Out-patient Benefits

This provides comprehensive benefits ranging from general and specialist consultations, to Chinese Medicine practitioner consultations, physiotherapy and chiropractic treatment. The Plan also covers any laboratory tests required due to injury or sickness. Employers can opt for either the **80% Out-patient Reimbursement Plan** or **100% Out-patient Reimbursement Plan**. Employees may also enjoy the convenience by simply presenting their medical cards to receive treatments from over 600 designated network clinics.

In addition, employers may also choose the **Out-patient Network Plan**, which enables employees to receive a variety of treatments including general and specialist consultations, Chinese Medicine practitioner consultations and physiotherapy from a network of high-quality practitioners.

自選牙科保障計劃

僱主更可選擇牙科保障計劃，讓僱員可於指定之牙科診所接受口腔檢查、洗牙、補牙等不同的治療服務。

醫療保健服務

萬通保險深明預防疾病非常重要，提供多項健康檢查及疫苗注射計劃。

免費健康檢查

「門診保障」計劃的成員可享每年免費健康檢查一次。

健康教育講座

萬通保險會不時舉辦免費健康講座，邀請專業的醫學界人士主講，提高成員的健康知識。



全球緊急支援服務

若成員在外地受傷或染病，萬通保險所委托的救援機構將提供24小時全球緊急支援服務，包括醫療護送及遣返服務，確保以第一時間讓成員得到即時診治及支援。

住院前評估賠償服務

成員可於入院前，向萬通保險索取預計住院開支及賠償金額的評估，預早作最佳的財務預算。

網上工具

僱員福利網上查詢系統

萬通保險提供僱員福利網上查詢系統，讓僱主及僱員隨時登入，查閱最新及詳盡資料，包括保費及索償記錄、保障詳情、成員記錄及下載各式表格等。

電子賠償通知服務

成員可直接透過電郵獲悉索償申請結果，方便快捷；此服務亦可簡化僱主的行政程序，提高工作效率。

Optional Dental Benefits

Employers can have a choice to opt for Dental Benefits, including oral examination, scaling & polishing, filling and other dental services.

Preventive Health Care Programs

YF Life believes having a regular medical check-up is the best way of effectively preventing illness. For this reason, the Plan incorporates various preventive health check-up and immunization programs.

Free Health Check-up Service

Members with the Out-patient Benefits are entitled to free health check-up once a year.

Health Education Seminars

YF Life periodically invites medical professionals to speak at our health seminars. Not only do members enjoy these seminars free of charge, they also benefit considerably from the useful health knowledge provided.

Worldwide Emergency Assistance Services

If a member suffers serious injury or sudden sickness while overseas, YF Life will provide 24-hour Worldwide Emergency Assistance Services including emergency evacuation and repatriation services via our appointed service provider to ensure the member obtains immediate medical treatment and assistance.

Hospital Pre-admission Assessment

Members can also better estimate their medical expenses by obtaining a professional pre-hospitalization assessment of their likely hospital expenses and claims amount from YF Life.

Online Tools

Employee Benefits Online Enquiry System

YF Life provides Employee Benefits Online Enquiry System enabling both employers and employees to access the most updated and detailed information including premium amount, claims status, details of employee benefit plans, members' personal details and to download application forms anytime, anywhere.

E-Advice

Members enjoy maximum convenience from direct notification of their claims result via email. E-Advice also minimizes administration procedures and thus improves work efficiency for employers.

住院醫療保障 Hospital & Surgical Benefits

港元 HK\$

		計劃 1 Plan 1	計劃 2 Plan 2	計劃 3 Plan 3	計劃 4 Plan 4
人壽保障 (只適用於僱員)	Life Benefits (for employees only)	1,000	1,000	1,000	1,000
住院醫療保障	Hospital & Surgical Benefits	(每症最高保障額 per disability limit)			
每日住院食宿費 (最長90天)	Room & Board (per day limit for max. 90 days)	450	740	1,400	2,250
特別住院費	Hospital Special Services	9,400	11,600	17,700	22,500
每日醫生費 (最長90天)	In-Hospital Doctors' Call (per day limit for max. 90 days)	450	740	1,400	2,250
手術費	Surgical Benefits				
複雜大手術	Complex Operation	33,000	42,000	60,000	90,000
大型手術	Major Operation	16,500	21,000	30,000	45,000
中型手術	Intermediate Operation	8,250	10,500	15,000	22,500
小型手術	Minor Operation	4,125	5,250	7,500	11,250
麻醉師費	Anesthetists' Fee				
複雜大手術	Complex Operation	9,800	12,600	17,200	26,600
大型手術	Major Operation	4,900	6,300	8,600	13,300
中型手術	Intermediate Operation	2,450	3,150	4,300	6,650
小型手術	Minor Operation	1,230	1,580	2,150	3,320
手術室費	Operating Theatre Fee				
複雜大手術	Complex Operation	9,800	12,600	17,200	26,600
大型手術	Major Operation	4,900	6,300	8,600	13,300
中型手術	Intermediate Operation	2,450	3,150	4,300	6,650
小型手術	Minor Operation	1,230	1,580	2,150	3,320
其他保障	Other Benefits				
住院專科醫生費	In-Hospital Specialists' Consultation	590	1,700	5,900	9,200
每日深切治療 (最長20天)	Intensive Care (per day limit for max. 20 days)	590	930	1,900	2,860
額外意外保障	Additional Benefits for Accidents	590	590	1,200	1,200
每日家中看護津貼 (最長20天)	Home Nursing Benefits (per day limit for max. 20 days)	170	170	170	170
住院現金—政府醫院大房 (最長45天)	Hospital Cash - Government Hospital General Ward Benefit (per day limit for max. 45 days)	145	290	600	900
住院入息—共付賠償 (最長45天)	Hospital Income for Double Benefit (per day limit for max. 45 days)	145	290	600	900
全球緊急支援服務	Worldwide Emergency Assistance Services	不設上限 Unlimited			

自選額外醫療保障 Optional Supplementary Major Medical Benefits (SMM)¹

港元 HK\$

		計劃 1 Plan 1	計劃 2 Plan 2	計劃 3 Plan 3	計劃 4 Plan 4
每症最高保障/賠償額	Maximum Benefit per Disability	55,000	66,000	88,000	165,000
自付額	Deductible	沒有 Nil	沒有 Nil	沒有 Nil	沒有 Nil
賠償比率	Reimbursement Percentage	80%	80%	80%	80%

¹ 如同時投保額外醫療保障，該計劃級別必須與住院醫療保障計劃相同。

Supplementary Major Medical Benefits must be taken in conjunction with the corresponding Hospital and Surgical Benefits.



自選門診保障 Optional Out-patient Benefits

選擇一：80% 門診賠償保障 (OP1) Option 1: 80% Out-patient Reimbursement (OP1)

選擇二：100% 門診賠償保障 (OP2) Option 2: 100% Out-patient Reimbursement (OP2)

港元 HK\$

		計劃 1 Plan 1	計劃 2 Plan 2	計劃 3 Plan 3	計劃 4 Plan 4
普通科診症費 General Consultation					
每日一次	Per visit per day limit	150	190	250	400
每年診症次數上限	Maximum number of visits per year	30 次 visits	30 次 visits	30 次 visits	30 次 visits
自付費 - OP1 (80%)	Co-payment per visit - OP1 (80%)	45	30	20	0
自付費 - OP2 (100%)	Co-payment per visit - OP2 (100%)	30	10	0	0
專科診症費² Specialist Consultation ²					
每日一次	Per visit per day limit	300	380	500	800
每年診症次數上限	Maximum number of visits per year	10 次 visits	10 次 visits	10 次 visits	10 次 visits
自付費 - OP1 (80%)	Co-payment per visit - OP1 (80%)	90	60	40	0
自付費 - OP2 (100%)	Co-payment per visit - OP2 (100%)	60	20	0	0
中醫 / 跌打診症治療費 Chinese Medicine Practitioners / Bonesetter Treatment					
每日一次	Per visit per day limit	100	150	200	300
每年診症次數上限	Maximum number of visits per year	5 次 visits	5 次 visits	5 次 visits	5 次 visits
物理或脊椎治療費² Physiotherapist or Chiropractor Treatment ²					
每日一次	Per visit per day limit	100	150	200	300
每年治療次數上限	Maximum number of visits per year	5 次 visits	5 次 visits	5 次 visits	5 次 visits
以上項目每年診症/治療 次數總上限		30 次 visits	30 次 visits	30 次 visits	30 次 visits
X光及化驗費² X-Ray & Laboratory Tests ²					
每年限額	Per year limit	800	1,500	2,000	3,000
「健康人生」驗身計劃³ Healthy-Life Check-up Program ³					
基本檢驗包括： 全血計數及血小板量、 小便顯微鏡檢查、膽固醇、 三酸甘油酯、血糖、化驗報告	Basic Profile includes: Complete Blood Count, Urine Microscopy, Cholesterol, Triglycerides, Fasting Blood Glucose, Laboratory Report			每年一次 Once a year	

² 須出示普通科主診醫生之轉介信。Written referral from general practitioners required.

³ 只適用於指定之醫療診所。Only applicable for designated medical centers.

選擇三：門診網絡 (OPN) Option 3: Out-patient Network (OPN)

港元 HK\$

		計劃 1 Plan 1	計劃 2 Plan 2	計劃 3 Plan 3	計劃 4 Plan 4
普通科診症費 General Consultation					
成員每次診症自付費	Members' Co-payment per visit	45	40	沒有 Nil	沒有 Nil
每年診症次數上限 (包括三天基本藥物)	Maximum number of visits per year (3-day common medication included)	30 次 visits	50 次 visits	無限次 Unlimited	無限次 Unlimited
專科診症 / 物理治療⁴ Specialist Consultation / Physiotherapist Treatment ⁴					
成員每次診症自付費	Members' Co-payment per visit	不適用 Not Applicable	60	沒有 Nil	沒有 Nil
每年診症次數上限 (包括三至五天基本藥物)	Maximum number of visits per year (3-5 days common medication included)	不適用 Not Applicable	15 次 visits	15 次 visits	15 次 visits
中醫 / 跌打診症治療 Chinese Medicine Practitioners / Bonesetter Treatment					
成員每次診症自付費	Members' Co-payment per visit	不適用 Not Applicable	不適用 Not Applicable	不適用 Not Applicable	沒有 Nil
每年診症次數上限	Maximum number of visits per year	不適用 Not Applicable	不適用 Not Applicable	不適用 Not Applicable	10 次 visits
基本身體檢查⁵ Basic Medical Check-up Benefit ⁵					
基本檢驗包括： 小便常規、全血計數及血小板量、 血糖、膽固醇、三酸甘油酯、化驗報告	Basic Profile includes: Urine Routine, Complete Blood Count, Glucose, Cholesterol, Triglycerides and Laboratory Report	不適用 Not Applicable	每年一次 Once a year	每年一次 Once a year	每年一次 Once a year
乙型肝炎表面抗原及抗體 Hepatitis B Vaccine Profile (HBsAg & HBsAb)					
每年次數上限	Maximum number per year	不適用 Not Applicable	每年一次 Once a year	每年一次 Once a year	每年一次 Once a year

⁴ 成員必須出示網絡主診醫生之轉介信。Members should obtain written referrals from network general practitioners.

⁵ 只適用於指定之網絡醫療診所。Only applicable for designated network medical centers.

註 Remarks:

- 成員可於香港超過 600 間指定的醫務所接受醫療服務。Members are provided with access to over 600 out-patient medical providers in Hong Kong.
- 若普通科及/或專科的診症次數超過每年上限，成員亦可以優惠價享用門診服務。萬通保險擁有本額外優惠的最終闡釋權。Preferential rates on consultation fees will be offered to members if their general consultation or specialist consultation benefits are exhausted. YF Life reserves the right of final decision for such offer.

自選牙科保障 Optional Dental Benefits

選擇一：每年1次洗牙 Option 1: Scaling & polishing once a year

選擇二：每年2次洗牙 Option 2: Scaling & polishing twice a year

保障項目	Benefits	診症次數 Number of visits
洗牙石/漬	Scaling & polishing	選擇一：每年1次 / 選擇二：每年2次 Option 1 - Once a year/ Option 2 - Twice a year
口腔檢查及口腔衛生指導	Oral exam including oral hygiene instruction	無限次 Unlimited
口腔小X-光片檢查	Intra-oral small film radiograph as necessary	
銀粉補牙(大小臼齒蛀牙適用)	Amalgam filling for posterior teeth due to decay	
瓷粉補牙(前牙蛀牙適用)	Composite filling for anterior teeth due to decay	
牙瘡治療(非手術性)	Drainage of abscesses without surgery	
辦公時間內緊急止痛服務	Emergency consultations & dressings for pain relief	
藥物(抗生素及止痛藥)	Medications (Anti-biotics & pain killers)	
普通脫牙(手術性及智慧齒除外)	Simple extraction due to decay (not requiring bone resection)	
網絡牙科診所 Clinic Locations		
香港 Hong Kong	中環 Central	
九龍 Kowloon	旺角 Mongkok	何文田 Ho Man Tin
新界 New Territories	葵芳 Kwai Fong	大埔 Tai Po 屯門 Tuen Mun 大圍 Tai Wai

註 Remarks:

- 成員更可以優惠價接受其他牙科治療服務。Members can enjoy preferential rates for other dental services.
- 診所資料如有更改，將不另行通知。Should any of the above clinic information be changed, notification will not be sent individually.
- 有關牙科保障之重要資料，詳情請參閱個別單張。For Important Information for Dental Benefits, please refer to separate leaflet for details.

每年保費 Annual Premium Rates

港元 HK\$

		計劃 1 Plan 1	計劃 2 Plan 2	計劃 3 Plan 3	計劃 4 Plan 4
基本保障	Basic Benefits				
只包括住院醫療保障	Hospital & Surgical Benefits only				
成員/配偶	Member/Spouse	1,132	1,698	3,206	4,999
子女	Child	849	1,274	2,404	3,749
自選額外醫療保障	Optional Supplementary Major Medical Benefits (SMM)				
成員/配偶	Member/Spouse	549	766	1,140	1,826
子女	Child	412	574	855	1,369
附加保障 - 自選門診保障⁶	Optional Benefits - Out-patient Benefits⁶				
選擇一：80% 門診賠償保障 (OP1)	Option 1: 80% Out-patient Reimbursement (OP1)				
成員/配偶	Member/Spouse	1,588	2,164	2,832	4,424
子女	Child	1,985	2,705	3,540	5,529
選擇二：100% 門診賠償保障 (OP2)	Option 2: 100% Out-patient Reimbursement (OP2)				
成員/配偶	Member/Spouse	1,961	2,595	3,253	5,098
子女	Child	2,451	3,244	4,067	6,372
選擇三：門診網絡保障 (OPN)	Option 3: Out-patient Network (OPN)				
成員/配偶	Member/Spouse	727	1,225	1,875	2,419
子女	Child	800	1,348	2,062	2,659
自選牙科保障	Dental Options				
選擇一	Option 1		558		
選擇二	Option 2		768		

⁶ 計劃級別可與住院醫療保障計劃不同。Plan level may be different from Hospital & Surgical Benefits Plan.

投保指引

- 最低保費要求為3,000港元；僱員參加人數最少3人。
- 所有65歲以下的全職僱員及其家屬均可參加本計劃。
- 受保僱員的子女必須未婚及年齡須介乎出生後15天至19歲以下。
- 僱主可按僱員的職級給予不同類別的保障。同職級的僱員必須享有相同福利。
- 凡參加本計劃的僱員及其家屬均須填寫「個人健康申報表」，受保僱員人數10位或以上可獲豁免。
- 若萬通保險於每月20號或以前接獲填妥的投保文件及應繳保費，保障將於下月的首日生效，否則保障會於隨後第二個月的首日生效。

Underwriting Guidelines

- The minimum requirements are HK\$3,000 premium and at least 3 enrolled employees for policy issuance.
- All full-time employees and their dependants, aged below 65, are eligible to join the plan.
- Child should be at least 15 days old and is under 19 years of age and unmarried.
- Definition of employee categories is allowed to determine different levels of benefits. Employees under the same classifications should enjoy the same benefits.
- Each employee and dependant is required to fill in an "Individual Health Form". Individual Health Form is waived for groups with 10 insured employees or above.
- If the duly completed application form and the required premium are received by YF Life on or before the 20th of the month, the benefits will come into effect on the first day of the following month, otherwise the benefits will come into effect on the first day of the month after the following month.

重要資料

產品性質

本產品是一份醫療保險計劃，並以實報實銷為彌償原則。

繳付保費年期及保障年期

第一次的保費應在保障生效日期或以前繳付，隨後的續期保費與 / 或調整保費應在續保日期或以前繳付，否則所有保障將會終止。

保障年期最長可至受保成員屆滿六十五歲後的保單週年為止。

終止

受保成員的保障將在下列日期終止 (以較早者為準)：

- 保單終止日期。
- 根據受保成員之保障，以其上次繳付之保費計算相應之保障屆滿日期。
- 保費寬限期屆滿之日。
- 受保成員終止其受保資格之日期。就僱員福利保單而言，若受保成員未能正常在職工作 (或在非僱員福利保單下失去有效會籍)，則當作受保資格終止；除非受保成員因病或受傷或在傷病原因以外保單持有人許可下而暫停工作，其受保資格將會繼續直至停止繳付保費為止，惟暫停工作期間不可多於 12 個月。
- 如保單屬毋須供款形式，而受保成員人數少於合資格成員人數；或保單屬須供款形式，而受保成員人數少於合資格成員人數的百分之七十五；萬通保險國際有限公司 (「萬通保險」) 將保留終止此保單的權利。

修訂條款及保障及調整保費

如獲萬通保險同意及接獲所需保費，保單會於每個保單年度屆滿時獲續期一年。為配合醫療科技的進步及確保能持續為你提供保障，在每次續期時，萬通保險保留隨時修訂條款及保障及調整保費之權利。保費會因應某些因素而作出調整，這些因素包括但不限於萬通保險過去的索償紀錄、開支、醫療通脹、醫療趨勢，以及 / 或因修訂保障架構 / 保障級別 (如有) 而影響預期未來的索賠成本。

計劃之持續性

若萬通保險決定不再向保單持有人提供續保，萬通保險會在保單週年日之前至少一個月作出書面通知。

通脹風險

當實際通脹率較預期為高，保費率及 / 或保障級別會不時作出調整，即使萬通保險按保單條款履行合約義務，保單持有人獲得的金額的實質價值可能較少。

信貸風險

本計劃由萬通保險承保及負責，保單權益會受其信貸風險所影響。

主要不保事項及限制

以下的服務、物品及情況將不會獲得保障：

1. 在此保障生效前 90 天內，所有早已存在或已接受治療、診斷或被建議接受藥物治療的傷病；除非在生效日或最近期之診治後 6 個月內 (以較後者為準)，受保成員並未因該傷病而再次接受任何治療或手術；
2. 因戰爭 (無論是宣佈或未宣佈) 而直接或間接受傷。參與非法活動，例如盜竊、販毒或毆鬥等；
3. 特別護理服務；非藥物之個人服務，例如收音機、電話等；購買或使用特別儀器或義肢；
4. 美容手術或整形治療；
5. 例行體格及健康檢查，並非因傷病而進行的健康檢查或測驗、或無醫療需要的診治；
6. 眼球的折射毛病或需以眼鏡幫助矯正視力、聽覺輔助、齒齦炎或其他有關牙齒或口腔護理 (由意外受傷引致生來的牙齒損毀除外)；
7. 因精神病或自殘身體而受傷、精神錯亂病、病後康復或療養、毒癮、酒癮或其所引起的疾病；
8. 先天性畸形；或有關控制生育、節育、不育的治療；
9. 愛滋病治療或有關愛滋病或經性接觸傳染的疾病治療；
10. 接受註冊醫生以外人士治療如中醫、跌打或針灸等；
11. 疫苗或其他預防針注射；
12. 物理治療或脊骨神經科治療 (除非由註冊醫生書面建議)。

受保成員每次住院必須不少於連續 24 小時方可獲得賠償；若由於進行手術而住院，則無此最少住院期間限制。

除非保單有附加文件或合約，否則凡有關懷孕、分娩、產前護理、小產、終止懷孕、節育或其他有關情況，將不包括在此保單的保障範圍內。凡所用費用超出於其他相似地方的服務供應者就相似的傷病提供的相似或可比較的治療、服務或用品一般收取的費用，均不獲賠償。

萬通保險會為受保成員醫療上必須的醫療開支作出賠償，醫療上必須的指符合以下所有情況：

1. 因應診斷結果而施行一般慣常使用的醫治方法。
2. 根據既定之良好醫療守則。
3. 並非就受保成員或醫生之方便而進行。

若受保成員同時享有僱員補償法例、任何政府或公眾醫療保障或其他團體或個人保險，則本公司將根據保單條款賠償扣除以上各項保障額後之餘額。

除了上述情況外，以下主要不保事項亦適用於**網絡門診保障**：

1. 所有預防性或美容性質而非病理需要之治療或檢查，例如防疫注射、身體健康檢查或測試及任何整容、美容性質或實驗性質之手術及治療等；
2. 任何牙科治療、視力矯正、助聽器、義肢、心臟起搏器、拐杖、輪椅、輸血或特別護理；
3. 所有與懷孕有關之治療或醫療服務包括但不限於流產、墮胎、不育、避孕或節育之治療；
4. 放射性治療或任何涉及放射性元素之治療及檢查；
5. 特別昂貴 (維健醫務有限公司 (「維健」) 保留最後決定之權利) 或長期藥物 (需連續服用十四日或以上之藥物)，及包括但不限於抗病毒、抗癌等類同之藥物；
6. 先天性之不健全或疾病；
7. 任何性病、愛滋病 (包括潛伏期) 及其併發症；
8. 所有精神病或休養性治療；
9. 參加此醫療計劃前所患上之疾病，除非參與者已受保於公司前保險計劃；
10. 任何戰爭及類似戰爭之行動所造成之損傷；
11. 慢性酒精中毒或濫用藥物；
12. 任何於指定網絡診所或醫療中心以外所接受之治療 (維健特別批核除外)；
13. 有關費用已從僱員補償條例或其他醫療保險計劃中獲得賠償；
14. 洗腎治療；
15. 結核病須被轉介到政府醫院接受治療；
16. 任何自殺或自殘所造成的損傷及其併發症；
17. 補藥、增肥或減肥治療 (由網絡醫生推薦除外)。

提供資料責任及未符合這要求的後果

在投保時，你 / 你們必須提供一切知悉或據常理知悉的資料，因萬通保險會按照所提供的資料評核接受投保及決定保險條款。提供資料的責任將會在投保申請書的簽署日期或任何補充文件的簽署日期 (以較後日期為準) 完成。你 / 你們若不清楚某一事項是否重要，請將該事項填寫於申請書內。若未符合以上要求，該保單可能因此而作廢。

索償程序

有關索償程序，請瀏覽本公司網頁：

<https://corp.yfife.com/tc/Hong-Kong/Corporate/Services>

取消保單

如保單持有人要求在保單週年日以外的其他日期取消保單，該保單年期的保費將不獲退還。

Important Information

Product Nature

This product is a medical insurance plan, with the principle of indemnity in the form of reimbursement.

Premium Payment Term and Benefit Term

The first premium shall be payable on or before the Benefits Effective Date and the subsequent renewal premiums and/or adjustment premiums shall be due and the coverage under the renewal of each of the Benefits Coverage Periods, otherwise all coverages under the policy will be terminated.

The benefit term is up to the policy anniversary on or following the Insured Member's 65th birthday.

Termination

The insurance of any Insured Member under the policy shall terminate on the earliest of the following dates:

- The date on which the policy is terminated.
- The date of the expiration of the period for which the last premium payment is made on account of the Insured Member's insurance.
- The date when any premium of the policy is overdue beyond the Grace Period
- The date on which the Insured Member shall cease to be a Member. In the case of an employee benefits policy, cessation of being Actively at Work (or cessation of membership in good standing in the case of a non-employee benefits policy) shall be deemed cessation of being a Member, except that while an Insured Member is absent from work on account of Sickness or Injury or on leave of absence granted by the policy owner for other reasons, the Insured Member's status as a Member shall be deemed to continue until premium payments for such Insured Member are discontinued, but not for a period longer than 12 months from the date of cessation of being Actively at Work.
- YF Life Insurance International Ltd. ("YF Life") reserves the right to terminate the policy on any Premium Due Date when fewer than the total number of Members then eligible for insurance are insured hereunder, if the insurance plan is non-contributory; or less than 75% of the total number of Members then eligible are insured hereunder, if the insurance plan is contributory.

Revision of Terms and Benefits and Premium Adjustment

The policy will be renewed on each policy anniversary subject to the consent of YF Life and upon receipt of the payment of the required premium. In order to keep pace with the medical advancement and to provide you with continuous protection, YF Life reserves the right to revise the terms and benefits and adjust the premium on each renewal at any time. The major factors to consider for premium adjustment include, but not limited to, the claim experience of YF Life, expenses, medical inflation, medical trend and / or revised benefit structure / level of benefits (if any) which might impact the expected claim costs in the future.

Continuity of the Plan

If YF Life decides to no longer offer renewal to the policy owner, a written notice will be made no less than one month before the policy anniversary date.

Inflation Risk

The medical costs in the future are likely to be higher than they are today due to inflation. As a result, the premium rates and / or the benefit levels may be reviewed from time to time, and the policy owner might receive less in real terms even if YF Life meets all of its contractual obligations.

Credit Risk

This plan is underwritten by YF Life. The insurance benefits are held solely responsible by the company and subject to its credit risk.

Key Exclusions and Limitations

No benefit shall be paid for the following services, products or conditions:

1. Pre-existing conditions for which the Insured Member received medical treatment, diagnosis, consultation or prescribed drugs in respect of Injuries or Sickness sustained during the 90 (Ninety) days preceding the effective date of his coverage, unless during any consecutive six months' period after such effective date or the date of his last consultation, whichever is the later, the Insured Member does not undergo any medical treatment or surgical care in respect of such Injuries or Sickness;
2. Injuries arising directly or indirectly from war, declared or undeclared; participation in illegal acts such as but not limited to robbery, drug abuse or assault;
3. Special nursing care; non-medical personal services such as radio, telephone and the like; procurement or use of special braces, appliances or equipment;
4. Cosmetic treatment or surgery for purposes of beautification or plastic surgery;
5. Routine physical examinations, health check-ups or tests not incidental to treatment or diagnosis of an actual Sickness or Injury or any treatment which is not Medically Necessary;
6. Eye refraction, fitting of glasses, contact lenses or hearing aids; gingivitis; any dental or oral care, treatment or surgery of any nature whatsoever except procedure necessitated by damage to sound natural teeth as a result of an accidental Injury occurring during the period of insurance;
7. Injuries due to insanity or self-infliction; conditions related to functional disorders of the mind; rest cure or sanatorium care; treatment of an optional nature; drug addiction or alcoholism;
8. Congenital anomalies; or treatment relating to birth control, sterilization of either sex, treatments pertaining to infertility;
9. Human Immunodeficiency Virus (HIV) and/or any HIV-related conditions including Acquired Immune Deficiency Syndrome (AIDS) and/or any mutations, derivation or variations, venereal disease and sexually transmitted disease;

10. Treatment by any person other than a Registered Medical Practitioner including, without limitation, a Chinese bonesetter, herbalist or acupuncturist;
11. Vaccination and immunization injections or preventive medication;
12. Physiotherapy or treatment by a chiropractor.

Each hospital confinement must be for a minimum period of 24 (Twenty-Four) consecutive hours before any benefits hereunder are payable, except that no minimum period of hospital confinement is required if such confinement is in connection with a surgical operation.

No benefit shall be payable, unless otherwise explicitly provided by an Endorsement or Supplementary Contract to this Policy, if the condition or treatment upon which the claim is based is due to pregnancy which term shall include resulting childbirth, pre-natal care, miscarriage, abortion, birth control or any complications arising from pregnancy; no benefit shall be paid for charges 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 a similar Sickness or Injury.

YF Life will cover the Medically Necessary expenses incurred by the Insured Member. Medically Necessary means all of the following conditions are met:

1. Consistent with the diagnosis and customary medical treatment for the condition.
2. In accordance with standards of good medical practice.
3. Not for the convenience of the Insured Member or the Doctor.

When an Insured Member is entitled to benefits payable under Employees' Compensation Law, any government or public programme of medical benefits, other group or individual insurance, the benefits payable under this Policy shall be limited to the balance of expenses not covered by benefits payable under the Law and other insurance and computed in accordance with the Policy Schedule of this Policy.

Besides the above conditions, the below Key Exclusions will also apply to the Panel Network Outpatient Benefit:

1. Any treatment or investigation for preventive and/or beautification purpose but not medically necessary such as immunization, health check-up or tests and any cosmetic treatments or any experimental treatment;
2. Any dental treatment or diagnosis, eye refraction, the supply of hearing aids, prosthesis, pacemakers, crutches, wheelchair, blood plasma or the provision of special nursing care;
3. Any medical services associated with pregnancy including but not limited to abortion, sterilization, fertility test and contraceptive technique;
4. Radiotherapy or investigation or treatment involving radioactive isotopes;
5. Any special expensive (Health Maintenance Medical Practice Limited ("HMMP") reserves the right of final decision) and long-term medication (required to be taken continually for 14 (Fourteen) days or more) or medication including but not limited to anti-cancer and anti viral medication;
6. Any condition arising out of congenital defect or disease;
7. Sexually transmitted or any venereal diseases, acquired immune deficiency syndrome, AIDS (including ARC) and their sequelae;
8. Any psychiatric disorder or rest cure;
9. Any pre-existing condition, except for those members who switch from the preceding medical plan;
10. Injuries arising directly or indirectly from war, declared or undeclared and any warlike operation;
11. Any condition caused by chronic alcoholism or drug addiction;
12. Any treatment outside the appointed network unless with special approval by HMMP;
13. Any treatment for which benefits are payable under any Employees' Compensation legislation or any other insurance plan covering the Employee or Dependant;
14. Any matters associated with kidney dialysis;
15. Tuberculosis associated treatment should be subject to the referral to government hospital;
16. Any suicide, attempted suicide, self-mutilation and the sequelae thereof;
17. Tonics, appetite stimulants, depressants if requested by patient and not by the panel doctor.

Duty of Disclosure and the Consequences of Not Making Full Disclosure

You are required to disclose in the application all information you know or could reasonably be expected to know because YF Life will rely on what you have disclosed in this application to accept the risk and the terms of insurance. Your duty of disclosure ends on the signing date of application or the supplementary form(s), whichever is later. If you are in doubt as to whether a fact is material, please disclose it in the application. Failure to comply with this requirement may render the policy issued voidable.

Claim Procedures

For details of the procedures for making claims, please refer to our website at: <https://corp.yflife.com/en/Hong-Kong/Corporate/Services>

Cancellation of Policy

If the Policy Owner requests to cancel the Policy on a date other than the Policy Anniversary, no refund of premium (if any) shall apply.

僱員福利計劃申請核對表 Checklist of Application

- 團體保險申請書 Group Insurance Application Form
- 參加員工資料表格 Member Addition Form
- 商業登記證副本 BR Copy
- 個人健康表格(受保僱員人數10位或以上可獲豁免遞交)
Individual Health Form (Individual Health Form is waived for groups with 10 insured employees or above)



1. 最少參與僱員人數為3位
Minimum three employees are required for application
2. 繳付保費 - 保費必須以年繳方式及公司支票繳付
Premium Payment - Annual payment mode, and payment by company cheque
3. 如參加自選牙科保障, 請遞交相關牙科申請表格
For Dental Benefits, please submit the relevant enrollment form and document



本冊子只提供計劃的一般資料, 只供參考之用, 並非保單的一部份, 亦未涵蓋保單的所有條款。有關保障範圍, 詳情及條款, 請參閱保單文件。如有垂詢, 請致電僱員福利熱線 (852) 2533 5511。

This brochure contains general information and is for reference only. It does not form part of the policy and does not contain the full terms of the policy. Please refer to the policy document for benefit coverage and exact terms and conditions. For enquiries, please call our Employee Benefits Hotline at (852) 2533 5511.

以上資料的中英文版本如有差異, 以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this brochure, the English version shall prevail.

萬通保險國際有限公司 YF Life Insurance International Ltd.

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