

Voluntary Medical Insurance Scheme

Zurich CareMultiple Medical Insurance Plan

Zurich CareMultiple Medical Insurance Plan caters for your medical needs. Coverage is extended to cancer treatment, kidney dialysis benefit and hospital cash benefit. On top of the basic cover, supplementary major medical cover and voluntary deductible are also available for your selection.



Extra offers upon successful enrollment:

- Enjoy extra 10% premium discount
- HKD 50 supermarket e-cash coupon

Core benefits

Section 1 – Room & board	and
Section 2 – Surgical cover	and
Section 3 – Pre-admission and post-hospitalization cover	

Optional benefits

Section 4 – Supplementary major medical cover	or
Section 5 – Voluntary deductible	

Enrollment hotline 2903 9372

**Mon to Fri: 9 a.m. to 5:30 p.m.
Closed on Saturdays, Sundays and public holidays**

Plan highlights

- ✓ Privileges and coverage continue after retirement or termination of employment upon successful enrollment
- ✓ Renewal up to age of 100 years if enrollment starts before age of 65 years¹
- ✓ No medical check-up required
- ✓ No claim discount up to 15%²
- ✓ Voluntary deductible option offers up to 45% extra premium discount
- ✓ No minimum period of stay required for hospitalization
- ✓ Voluntary deductible can be reduced or removed without providing health declaration upon specified policy anniversary³
- ✓ No waiting period for policy inception

Table of benefits

Coverage ⁴	Maximum benefit per insured person per disability (HKD)		
	Bronze Plan	Silver Plan	Gold Plan
Core benefits			
Section 1 – Room and board			
1.1 Room and board			
Maximum no. of days		182 days	
Maximum limit per day	750	1,580	3,100
1.2 Room and board for intensive care unit			
Maximum no. of days		15 days	
Maximum limit per day	2,000	3,000	4,000
1.3 Accompanying bed benefit			
Maximum no. of days		60 days	
Maximum limit per day	400	500	600
Section 2 – Surgical cover			
2.1 In-hospital doctor's call fees			
Maximum no. of days		182 days	
Maximum limit per day	650	1,200	2,000
2.2 Hospital special services charges			
	12,000	18,000	30,000
2.3 Surgical charges			
Complex	46,000	62,000	93,000
Major	27,000	36,000	54,000
Intermediate	11,250	15,000	22,500
Minor	5,625	7,500	11,250
2.4 Anaesthetist's fee			
Complex	15,750	21,000	31,500
Major	9,450	12,600	18,900
Intermediate	3,938	5,250	7,875
Minor	1,969	2,625	3,938
2.5 Operating theatre charges			
Complex	15,750	21,000	31,500
Major	9,450	12,600	18,900
Intermediate	3,938	5,250	7,875
Minor	1,969	2,625	3,938
2.6 In-hospital specialist consultation fees			
	6,000	8,000	10,000
2.7 Cancer treatment and kidney dialysis benefit⁵ (including chemotherapy, radiotherapy, cyberknife, gamma knife or targeted cancer therapy for cancer treatment or kidney dialysis upon recommendation by the medical practitioner)			
	To be covered under Section 2.2 - Hospital special services charges		
2.8 Day patient or outpatient surgery			
	Covered under: Section 2.2 - Hospital special services charges, and/or Section 2.3 - Surgical charges, and/or Section 2.4 - Anaesthetist's fee, and/or Section 2.5 - Operating theatre charges.		
2.9 Hospital cash (for confinement in general ward of public hospital in Hong Kong only)			
Maximum no. of days		90 days	
Maximum limit per day	300	450	600
2.10 Medical negligence benefit			
	30,000	60,000	80,000
Section 3 – Pre-admission and post-hospitalization cover			
3.1 Pre-admission and post-hospitalization outpatient benefit (including two pre-admission visits and all post-hospitalization follow-up visits on outpatient basis within 45 days after discharge from hospital)			
	1,500	2,500	4,500
3.2 Home nursing fees			
Maximum no. of days		90 days	
Maximum limit per day	500	600	700
3.3 Specialist treatment due to specified critical illness⁶			
Maximum limit per visit	1,500	2,000	3,000
Maximum limit per specified critical illness	20,000	30,000	50,000
3.4 Artificial prosthesis⁷ and rental of wheel chairs benefit (up to 30 consecutive days immediately after discharge from hospital)			
	10,000	20,000	30,000
3.5 Psychology and psychiatry expenses (up to 180 consecutive days immediately after discharge from hospital)			
	10,000	15,000	20,000
3.6 Rehabilitation and physical therapy expenses⁸ (up to 180 consecutive days immediately after discharge from hospital)			
	10,000	15,000	20,000

Coverage ⁴	Maximum benefit per insured person per disability (HKD)		
	Bronze Plan	Silver Plan	Gold Plan
Core benefits			
Complementary benefits			
a. Accidental death and disablement benefit		100,000	
b. Compassionate accidental death cash benefit		10,000	
c. Emergency outpatient benefit		3,000 per policy year	
Optional benefits			
Section 4 – Supplementary major medical cover ⁹			
Maximum limit per disability	100,000	200,000	300,000
Reimbursement % of the remaining balance ¹⁰		80%	
Section 5 – Voluntary deductible ^{3,9}			
Deductible amount (HKD) per claim	Discount on premium payable in respect of Sections 1 to 3		
30,000		25%	
50,000	--		35%
80,000	--	--	45%

Premium table¹¹

Current age ¹	Monthly premium per insured person (HKD)					
	Bronze Plan		Silver Plan		Gold Plan	
Core benefits (Section 1 - Section 3)	Male	Female	Male	Female	Male	Female
15 days - 5 years	227	226	355	372	610	625
6 - 17 years	189	186	293	314	523	549
18 - 24 years	175	177	311	357	599	673
25 - 29 years	200	216	355	411	646	740
30 - 34 years	233	270	389	520	752	914
35 - 39 years	274	311	476	560	882	1,097
40 - 44 years	320	384	561	630	1,036	1,228
45 - 49 years	398	446	678	726	1,216	1,345
50 - 54 years	506	551	886	997	1,636	1,703
55 - 59 years	614	618	1,046	1,103	1,938	1,779
60 - 64 years	771	773	1,400	1,386	2,410	2,475
65 - 69 years ¹²	933	997	1,553	1,692	3,057	2,963
70 - 75 years ¹²	1,166	1,207	2,103	2,178	3,871	3,978
76 years or above ¹²	1,202	1,341	2,570	2,469	4,370	4,645
Optional benefits (Section 4 – Supplementary major medical cover)						
30% of the premium payable in respect of Sections 1 to 3						

Remarks:

- Cover is available for age from 15 days to 64 years old and the policy is renewable up to age 100 years old. Zurich Insurance Company Ltd reserves the right to renew at our discretion and to amend the premium, benefits, terms and conditions upon policy renewal.
- If no claim has been made by the insured person within the prior policy year, the no claim discount on the renewal premium of the policy year following such policy anniversary will be increased by 5%, up to a maximum of 15%.
- Voluntary deductible can be reduced or removed once without providing health declaration upon policy anniversary immediately subsequent to the birthday of 50, 55, 60 or 65 years old.
- A 30-days waiting period is applicable to all the above sections (for upgrade or reinstate cases).
- The insured person will not be entitled to this benefit if the insured person suffers from cancer within 90 days from the upgrade effective date or the last reinstatement date, whichever is later.
- The benefit includes all follow-up outpatient specialist visits within 90 days from the first date of diagnosis of the specified critical illnesses, that is, benign brain tumor, cancer, end stage liver disease, heart attack, kidney failure and major organ transplant, as defined in the policy document.
- The benefit covers the charges incurred for artificial prosthesis for artificial limb(s) and eyeball(s) only.
- The benefit covers the costs of the rehabilitation and physical therapy treatments on outpatient basis rendered by registered physiotherapist, registered occupational therapist, registered speech therapist, registered prosthetist-orthotist or registered podiatrist directly relating to and as a result of the surgical operation.
- Sections 4 and 5 are only available if the core benefits are shown to be operative. The plan level selected in respect of Section 4 and Section 5 must be the same as the one in respect of the core benefits.
- In the event that the actual reasonable and customary charges incurred under Sections 2.2-2.7 exceed the limit of the selected plan, this Section 4 of the policy will pay up to 80% of the remaining balance.
- Zurich Insurance Company Ltd reserves the right to revise or adjust the premium under the following circumstances:
 - According to Zurich Insurance Company Ltd's applicable premium rate at the time of renewal (which will be based on several factors, including but not limited to medical price inflation, projected future medical costs, claims experience and expenses incurred by you and/or in relation to this product, and any changes in benefit) by giving 30 days' advance written notice to you.
 - The premium rate should be adjusted automatically according to the attained age of the insured person at the time of renewal.
- For renewal only.

Product Limitation:

We only cover the charges and/or expenses of the insured person on medically necessary and reasonable and customary basis.

1. "Medically necessary" means the necessity to have a medical service which is:
 - (i) consistent with the diagnosis and is the customary medical treatment for the condition;
 - (ii) in accordance with standards of good and prudent medical practice;
 - (iii) not furnished primarily for the convenience of medical practitioner or any other medical service providers;
 - (iv) furnished at the most appropriate level of sufficient to safely and adequately treat the insured person's disability and are performed in the least costly setting required for the treatment of a covered disability; and
 - (v) not rendered primarily for diagnostic tests, diagnostic scanning purpose, imaging examination, laboratory test or physiotherapy in the event of a confinement.
2. "Reasonable and Customary Charges" means in relation to a fee, a charge or an expense, any fee or expense which:
 - (i) is charged for treatment, supplies or medical services that are medically necessary and in accordance with standards of good medical practice for the care of an injured or ill person under the care, supervision or order of a medical practitioner;
 - (ii) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
 - (iii) does not include charges that would not have been made if no insurance existed.

We reserve the right to determine whether any particular hospital/medical charge is a reasonable and customary charge with reference including but not limited to any relevant publication or information made available, such as schedule of fees, by the government, relevant authorities and recognized medical association in the locality. We also reserve the right to adjust any or all benefits payable in relation to any hospital/medical charges which is not a reasonable and customary charge based on the above mentioned reference.

Important notes:

1. The policy shall remain in force for a maximum of 1 year from the policy effective date in consideration of the payment of the applicable premium and shall be renewed by Zurich Insurance Company Ltd (unless otherwise (i) terminated pursuant to Clause 15 – "Termination of Policy" of Part 6 of the policy document or (ii) we discontinue any sections specified in Part 2 of the policy document – Table of Benefits or any part of the sections) automatically on an annual basis subject to successful collection of the premium at such rate and on such terms as Zurich Insurance Company Ltd may determine and other terms and conditions in this policy. Yet Zurich Insurance Company Ltd reserves the right to alter the terms and conditions, including but not limited to the premiums or exclusions of this policy at the time of renewal of any period of insurance of this policy by giving 30 days' written notice to you, on the condition that the maximum benefit is not adjusted as permitted under this policy. Zurich Insurance Company Ltd will not be obligated to reveal our reasons for such amendments. After all, such renewal will not have to take place eventually if such amendments are not acceptable to you before the policy effective date of any period of insurance. Zurich Insurance Company Ltd guarantees that the claims experience or history of a particular insured individual would not result in his/her policy renewal rejected or not invited by us.
2. You have the right to cancel the policy by returning the policy to Zurich Insurance Company Ltd and attaching a notice signed by you requesting cancellation within the cooling-off period i.e., 21 days immediately following the day of delivery of this policy. In the event that no claim payment has been or is to be made, Zurich Insurance Company Ltd will refund to you all the premiums you have paid without interest. In the event that a benefit payment has been made or is to be made, no refund of premium shall be made. After the cooling-off period, you have the right to cancel this policy by giving 30 days' advance notice in writing to Zurich Insurance Company Ltd. In such event, we will refund the unearned premium actually paid by you provided that no claim has been made during the period starting from the policy effective date to the date on which the cancellation takes effect.
3. Zurich Insurance Company Ltd reserves the right to declare the policy void from the policy effective date and may refuse to refund any applicable premium paid and/or Zurich Insurance Company Ltd may request you to return all monies paid by Zurich Insurance Company Ltd for previous claims if (i) you have incorrectly stated the health information of the insured person, (ii) omitted material information during enrollment or (iii) provided fraudulent documentation or fraudulently represented information during enrollment or when making a claim.

Major exclusions

This policy will not cover any claim arising directly or indirectly from:

1. any pre-existing condition;
2. any treatment or expenses incurred within the waiting period;
3. any condition resulting from childbirth, miscarriage, abortion, pregnancy, including but not limited to pregnancy test, pre-natal care as well as post-natal care and other complications arising from pregnancy, contraceptive or contraceptive devices, infertility or any other method of inducing pregnancy, sterilization of either sex; venereal diseases;
4. cosmetic surgery or plastic surgery for purposes of beautification except as necessitated by an accident; elective treatment; treatment for the purpose of weight reduction or gain regardless of the existence of morbid or comorbid conditions;
5. any dental surgery of any nature whatsoever except for necessary procedure on the damage to sound and natural teeth as a result of an accident occurring during the period of insurance; benefit is payable purely for emergency condition and to alleviate the pain and in a legally registered dental clinic or hospital but in all circumstances shall not cover any restorative or remedial work, the use of any precious metals, orthodontic treatment of any kind, replacement of natural teeth, denture and prosthetic services such as bridges and crowns, their replacement and related expenses;
6. hospital confinement for the purpose of convalescence, custodial, rest care, palliative care, sanatoria care or rehabilitation; or medical expenses incurred not in accordance with the diagnosis and treatment of the condition for which the confinement is required;
7. acquisition of the organ to be used for organ transplantation and all expenses incurred by the donor, who is someone other than the insured person, including all costs related to organ donation as the donor;
8. congenital abnormalities existing at the time of birth or neo-natal abnormalities developing before the insured person attains the age of eight (8), including but not limited to hernias of all types (except when caused by a trauma after commencement of this policy), epilepsy, strabismus, hydrocephalus, undescended testicle, hypospadias and Meckel's diverticulum;
9. vaccination or inoculations, general check-up, screening and preventive care; expenses relating to sleep test for sleep apnoea; routine eye test, refractive errors of the eyes or their corrective measures;
10. procurement or use of appliances, equipment (unless specified otherwise in this policy), including but not limited to hearing aids, brace, crutch, spectacle or any other similar kind;

11. suicide, attempted suicide, intentional self-injury, insanity or any functional disorder or psychiatric condition of the mind, including but not limited to psychoses, neuroses, depression of any kind, anorexia nervosa, bulimia, gender reassignment, schizophrenia and other behavioural disorders (except under the circumstance covered by Section 3.5 – Psychology and Psychiatry Expenses of Part 3 – Benefits of this policy); or under the influence of alcohol or drugs other than as prescribed by medical practitioner;
12. participation in any illegal activity, including but not limited to robbery, drug abuse or assault;
13. air travel except as a fare-paying passenger in a properly licensed aircraft operated by a licensed commercial air carrier; riding or driving in any kind of motor racing, or engaging in a sport in a professional capacity or where the insured person would or could earn income or remuneration from engaging in such sport, trekking at an altitude greater than five thousand (5,000) meters above sea level or diving to a depth greater than forty (40) meters below sea level;
14. any disabilities for which compensation is payable under any law, regulation or for which benefits are payable under any other insurance policies underwritten by any other insurer(s) except to the extent that such claim is not fully reimbursed under or pursuant to such law, regulation or other policies;
15. HIV (Human Immunodeficiency Virus) and/or HIV-related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variations thereof however caused or however named;
16. war, invasion, act of foreign enemy, hostilities (whether war has been declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, direct participation in strike, riot or civil commotion or any kinds of participation in any act of terrorism;
17. ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or from any nuclear weapons material; and/or
18. any cyber act that results in accident, disability, sickness and/or injury.

Claims Procedure:

Step 1: Notify Zurich Insurance Company Ltd in writing within 30 days upon the first treatment of any disability;

Step 2: Complete and submit a claim form and provide the documents required for the corresponding claim to Zurich Insurance Company Ltd within 30 days from the completion and/or termination of the treatment for which the claim is being made.

For details of the required documents under different claims, please refer to the policy terms and conditions.

About Zurich Insurance

Zurich Insurance (Hong Kong) is part of the Zurich Insurance Group, with its presence in Hong Kong dating back to 1961. Since then, Zurich Insurance (Hong Kong) has been dedicated to serving the Hong Kong community with a full range of flexible investment, life insurance and general insurance solutions for individuals, as well as commercial and corporate customers — attending to their insurance, protection and investment needs. Zurich Insurance (Hong Kong) is currently top five in the general insurance market¹ and ranks fifth in the city's ILAS market². Please visit www.zurich.com.hk for more information of Zurich Insurance (Hong Kong).

¹ Annual statistics of the Insurance Authority on Hong Kong General Business from January to December 2021, based on gross premium

² Annual statistics of the Insurance Authority on Hong Kong long term insurance business from January to December 2021, based on the number of policies and premiums of in-force business of investment-linked life insurance.

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)

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