



ZURICH[®]
蘇黎世

Zurich HealthMultiple Medical Insurance Plan

蘇黎世「智樂人生」自選醫療保險計劃



Customize your own medical plan for your own needs 因應您的需求，建立您的醫療保險計劃

Zurich HealthMultiple Medical Insurance Plan (“HealthMultiple”) emphasizes on its high degree of flexibility with wide range of optional benefits for you to tailor-make your medical insurance. In addition, we have three plan levels with different maximum benefits for your selection to match your needs.

蘇黎世「智樂人生」自選醫療保險計劃（「智樂人生」）強調其靈活性及一系列的自選保障，讓您度身訂造適合自己的醫療保險計劃。此外，我們設有三個不同最高保障額的計劃級別，以滿足您的需求。

Age of the insured person at the policy inception date 受保人在首個保單生效日時之年齡	15 days – 64 years old (both inclusive) 15日至64歲（包括15日及64歲）
Renewable period ⁽¹⁾ 可續保期 ⁽¹⁾	100 years old, except for Section 6 – Critical illness cover and the HealthMultiple Outpatient Medical Plan which can be renewed until the insured person is 75 years old 100歲，第6節 — 危疾保障及「智樂人生」門診醫療保險計劃則可續保至受保人75歲
Core benefits 基本保障	Section 1 – Room and board 第1節 — 房租及膳食費用 Section 2 – Surgical cover 第2節 — 手術費用保障 Section 3 – Pre-admission and post-hospitalization cover 第3節 — 入院前及出院後之保障 Complementary benefits 額外保障
Optional benefits ⁽²⁾ 自選保障 ⁽²⁾	Section 4a – Supplementary major medical cover 第4a節 — 附加醫療保障 Section 4b – Voluntary deductible 第4b節 — 自願性自負額 Section 5 – Hospital cash 第5節 — 住院現金保障 Section 6 – Critical illness cover 第6節 — 危疾保障 HealthMultiple Outpatient Medical Plan 「智樂人生」門診醫療保險計劃
Zurich emergency assistance 蘇黎世緊急支援	- Home nursing care referral (applicable in Hong Kong) 轉介家庭護士（適用於香港境內） - Telephone medical advice (applicable outside Hong Kong) 電話醫療顧問（適用於香港境外） - Medical service provider referral (applicable outside Hong Kong) 轉介醫療服務供應商（適用於香港境外） - Arrangement of hospital admission deposit (applicable outside Hong Kong) 海外入院保證金（適用於香港境外）
Area covered 地域限制	Worldwide ⁽³⁾ 全球 ⁽³⁾



<p>Choice of plan levels 計劃級別選擇</p>	<p>Zurich HealthMultiple Medical Insurance Plan: Essential Plan/Advanced Plan/Deluxe Plan 蘇黎世「智樂人生」自選醫療保險計劃：精選計劃 / 特級計劃 / 尊貴計劃</p> <p>HealthMultiple Outpatient Medical Plan: Standard Plan/Enhanced Plan/Platinum Plan 「智樂人生」門診醫療保險計劃：標準計劃 / 優越計劃 / 尊尚計劃</p>
<p>No claim discount 無索償折扣</p>	<p>Up to 15%⁽⁴⁾ 高達15%⁽⁴⁾</p>
<p>Family discount 家庭保障折扣</p>	<p>5% discount on the premium payable for joint enrollment with your spouse, domestic partner or dependent and unmarried child(ren) below 18 years old 與配偶、同居伴侶或18歲以下未就業及未婚的子女一同投保，可獲5%保費折扣</p>
<p>Payment mode 付款方法</p>	<p>Annual/Monthly 年繳 / 月繳</p>

Remarks:

- (1) Zurich reserves the right to renew at our discretion and to amend the premium, benefits, terms and conditions upon policy renewal.
- (2) HealthMultiple Outpatient Medical Plan can be a stand-alone plan. The insured person can enroll in this plan individually without enrolling in the Zurich HealthMultiple Medical Insurance Plan. The plan level selected for the optional benefits under sections 5 and 6 can be different from the one in respect of the core benefits.
- (3) If the hospital confinement is incurred in a place outside of Hong Kong, the hospital cash payable under Section 5 for each and every day of confinement shall be adjusted to a maximum of 30 days per disability.
- (4) If no claim has been made by the insured person within the policy year prior to the concurrent policy anniversary, 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%.

備註：

- (1) 於每年續訂保單時，蘇黎世保留酌情每年續保及在續保時調整保費、保障、條款及細則的權利。
- (2) 「智樂人生」門診醫療保險計劃是一份獨立的保險計劃，投保人可投保此計劃而無須同時投保蘇黎世「智樂人生」自選醫療保險計劃。第5節及第6節所選的計劃級別可與基本保障的計劃級別不同。
- (3) 若在香港以外地區住院，於第5節支付之每日住院現金之保障，每宗傷疾之最高賠償日數將調整為30日。
- (4) 如受保人於保單周年日前的一個保單年度並無任何索償紀錄，緊隨該保單周年日的保單年度的續保保費便可享有額外5%的無索償折扣，最高折扣可累積至15%。



Our premier features 計劃優勢

1 No minimum length of hospital stay

Nowadays patients may not be required to stay in the hospital overnight after certain treatments such as colonoscopy, chemotherapy or surgical sutures, etc. In view of that, no hospitalization benefit under HealthMultiple is subject to any minimum length of hospital stay requirement. The plan also covers the costs of day patient and outpatient surgeries.

不設留院時間的最低要求

現時很多患者接受某些治療如照腸鏡、化療或傷口縫針等，往往無須留院過夜。有見及此，「智樂人生」的住院保障並不設有留院時間的最低要求。計劃保障亦包括日症病人及門診手術的費用。

2 No waiting period for core benefits

You will enjoy the core benefits right from the policy inception date.

基本保障不設等候期

由保單生效日起，您將即時享有基本保障。

3 24-hour worldwide cover

You can rest assured that our core benefits and supplementary major medical cover are applicable worldwide.

24小時全球保障

我們的住院基本保障及附加醫療保障均全球適用，讓您加倍安心。

4 Renewal up to 100 years old⁽¹⁾

Renewal up to age of 100 years if enrollment starts before age of 65 years.

續保至100歲⁽¹⁾

65歲前投保，可續保至100歲。

5 Select the voluntary deductible option to save your budget and top up your group medical benefit

You can enjoy up to 45% premium discount by selecting our deductible option⁽²⁾. If your employer provides group medical insurance cover, you may use it to offset the deductible payment and hence, have more comprehensive medical cover at a lower cost.

選擇自願性自負額 節省您的預算並提升團體醫保

您可以選擇自願性自負額，盡享低至55折的保障折扣⁽²⁾。如果僱主有提供團體醫保，您更可以此支付所需的自負額，以更優惠的價錢享有更全面的醫療保障。

You can apply to reduce or remove the deductible once without providing health declaration upon policy anniversary immediately subsequent to your 50th, 55th, 60th or 65th birthday. You don't have to worry about the payment of deductible upon retirement or termination of employment.

在緊隨50歲、55歲、60歲或65歲生日後之保單周年日，您可以在無須提交健康申報表之情況下，提出減少或免除自負額一次。即使退休或離職亦不用顧慮自負額的開支。



6 Pre-admission and post-hospitalization cover to ease your burden during recovery

We can cover two pre-surgical outpatient visits, plus post-surgical outpatient treatments, psychology and psychiatry expenses, treatment provided by physiotherapist, occupational therapist, speech therapist, prosthetist-orthotist or podiatrist, as well as expenses for artificial prosthesis and rental costs of wheel chairs, providing full support for your recovery. We also offer additional cover for specialist treatment due to specified critical illnesses to help you through your difficult times.

入院前及出院後之保障 為您減輕康復期間的負擔

我們可保障兩次入院手術前的門診費用、出院後的門診覆診、心理科及精神科治療等，以及由物理治療師、職業治療師、語言治療師、義肢矯形師及足部治療師提供的復康治療服務，連人造義肢及輪椅租用的費用亦可照顧到，全力助您早日康復。一旦不幸遇上較嚴重的指定危疾，我們更可以提供額外的專科醫生治療費用，助您渡過難關。

7 No claim discount to reward your wellness

If no claim has been made within the policy year prior to the concurrent policy anniversary, the no claim discount on the renewal premium in respect of the relevant insured person of the policy year following such policy anniversary will be increased by 5%, up to a maximum of 15%. You can start to enjoy this reward after the first claim-free year. ⁽³⁾

無索償折扣 獎勵你的健康生活

如於保單周年日前的一個保單年度無任何索償紀錄，緊隨該保單周年日的續保保費便享有額外5%的無索償折扣，最高折扣累積可至15%。您可於首個無索償年度後開始享有此優惠。⁽³⁾

8 Free choice of hospital room type

You can choose the hospital accommodation level according to your own needs and preference allowing you more flexibility!

自由選擇病房種類

我們的計劃不設病房種類限制，您可以根據自己的需要選擇病房種類，更具彈性！

Remarks:

- (1) Zurich reserves the right to renew at our discretion and to amend the premium, benefits, terms and conditions upon policy renewal.
- (2) Applicable to HKD 80,000 deductible option. Please refer to the Table of Benefits for details.
- (3) If a claim has been made by the insured person within the policy year prior to the concurrent policy anniversary, the no claim discount on the renewal premium of the policy year following such policy anniversary will be decreased by 5%. The minimum no claim discount is 0%.

備註：

- (1) 於每年續訂保單時，蘇黎世保留酌情每年續保及在續保時調整保費、保障、條款及細則的權利。
- (2) 適用於80,000港元自負額選擇，詳情請參閱保障表。
- (3) 如受保人於保單周年日前的一個保單年度有任何索償紀錄，緊隨該保單周年日的保單年度的續保保費之無索償折扣會被扣減5%，或直至已沒有任何無索償折扣可被扣減。

Table of benefits 保障表

Coverage ⁽¹⁾ 保障項目 ⁽¹⁾	Maximum benefit per insured person per disability (HKD) 每名受保人每宗傷疾之最高賠償額 (港元)		
	Essential Plan 精選計劃	Advanced Plan 特級計劃	Deluxe Plan 尊貴計劃
Core benefits 基本保障			
Section 1 – Room and board 第1節 — 房租及膳食費用			
1.1 Room and board 房租及膳食費			
Maximum number of days 最高日數	182 days 日	182 days 日	182 days 日
Maximum limit per day 每日最高限額	750	1,580	3,100
1.2 Room and board for intensive care unit 深切治療部房租及膳食費			
Maximum number of days 最高日數	15 days 日	15 days 日	15 days 日
Maximum limit per day 每日最高限額	2,000	3,000	4,000
1.3 Accompanying bed benefit 陪伴床位保障			
Maximum number of days 最高日數	60 days 日	60 days 日	60 days 日
Maximum limit per day 每日最高限額	400	500	600
Section 2 – Surgical cover 第2節 — 手術費用保障			
2.1 In-hospital doctor's call fees 醫生巡房費			
Maximum number of days 最高日數	182 days 日	182 days 日	182 days 日
Maximum limit per day 每日最高限額	650	1,200	2,000
2.2 Hospital special services charges 醫院雜費	12,000	18,000	30,000
2.3 Surgical charges 手術費			
Complex 複雜	46,000	62,000	93,000
Major 大型	27,000	36,000	54,000
Intermediate 中型	11,250	15,000	22,500
Minor 小型	5,625	7,500	11,250
2.4 Anaesthetist's fee 麻醉科醫生費			
Complex 複雜	15,750	21,000	31,500
Major 大型	9,450	12,600	18,900
Intermediate 中型	3,938	5,250	7,875
Minor 小型	1,969	2,625	3,938
2.5 Operating theatre charges 手術室費			
Complex 複雜	15,750	21,000	31,500
Major 大型	9,450	12,600	18,900
Intermediate 中型	3,938	5,250	7,875
Minor 小型	1,969	2,625	3,938
2.6 In-hospital specialist consultation fees 住院專科醫生診症費	6,000	8,000	10,000

Coverage ⁽¹⁾ 保障項目 ⁽¹⁾	Maximum benefit per insured person per disability (HKD) 每名受保人每宗傷疾之最高賠償額 (港元)		
	Essential Plan 精選計劃	Advanced Plan 特級計劃	Deluxe Plan 尊貴計劃
Core benefits 基本保障			
2.7 Cancer treatment and kidney dialysis benefit⁽²⁾ (including chemotherapy, radiotherapy, cyberknife, gamma knife or targeted cancer therapy for cancer treatment or kidney dialysis upon recommendation by the medical practitioner) 癌症及腎透析治療保障 ⁽²⁾ (包括由醫生建議用於癌症治療的化療、電療、數碼導航刀、伽瑪刀或標靶治療；或腎透析)	To be covered under Section 2.2 – Hospital special services charges 包括在第 2.2 節 — 醫院雜費之內		
2.8 Day patient or outpatient surgery 日症病人或門診手術	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. 包括在下列所訂明的項目 第 2.2 節 — 醫院雜費 第 2.3 節 — 手術費用 第 2.4 節 — 麻醉科醫生費用 第 2.5 節 — 手術室費用		
2.9 Hospital cash (for confinement in general ward of public hospital in Hong Kong only) 住院現金 (在香港之公立醫院內之大房內住院)			
Maximum number of days 最高日數	90 days 日	90 days 日	90 days 日
Maximum limit per day 每日最高限額	300	450	600
2.10 Medical negligence benefit 醫療失誤保障	30,000	60,000	80,000
Section 3 – Pre-admission and post-hospitalization cover 第3節 — 入院前及出院後之保障			
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) 入院前及出院後之門診保障 (包括兩次入院前門診及所有出院後 45 日內之門診覆診)	1,500	2,500	4,500
3.2 Home nursing fees 家居看護費用			
Maximum number of days 最高日數	90 days 日	90 days 日	90 days 日
Maximum limit per day 每日最高限額	500	600	700
3.3 Specialist treatment due to specified critical illness⁽³⁾ 指定危疾 ⁽³⁾ 之專科醫生治療費用			
Maximum limit per visit 每次診症上限	1,500	2,000	3,000
Maximum limit per specified critical illness 每宗危疾之最高限額	20,000	30,000	50,000
3.4 Artificial prosthesis⁽⁴⁾ and rental of wheel chairs benefit (up to 30 consecutive days immediately after discharge from hospital) 人造義肢 ⁽⁴⁾ 及輪椅租用保障 (出院日起計連續 30 日內)	10,000	20,000	30,000
3.5 Psychology and psychiatry expenses (up to 180 consecutive days immediately after discharge from hospital) 心理科及精神科治療費用 (出院日起計連續 180 日內)	10,000	15,000	20,000
3.6 Rehabilitation and physical therapy expenses⁽⁵⁾ (up to 180 consecutive days immediately after discharge from hospital) 復康及物理治療費用 ⁽⁵⁾ (出院日起計連續 180 日內)	10,000	15,000	20,000

Coverage ⁽¹⁾ 保障項目 ⁽¹⁾	Maximum benefit per insured person per disability (HKD) 每名受保人每宗傷疾之最高賠償額 (港元)		
	Essential Plan 精選計劃	Advanced Plan 特級計劃	Deluxe Plan 尊貴計劃
Core benefits 基本保障			
Complementary benefits 額外保障			
a. Accidental death and disablement benefit 意外死亡及傷殘保障		100,000	
b. Compassionate accidental death cash benefit 意外身故恩恤保障		10,000	
c. Emergency outpatient benefit 緊急門診保障		3,000 per policy year 每保單年度最高限額 3,000	
Optional benefits 自選保障			
Section 4a – Supplementary major medical cover⁽⁶⁾ 第4a節 — 附加醫療保障 ⁽⁶⁾			
Maximum limit per disability 每宗傷疾最高限額	100,000	200,000	300,000
Reimbursement % of the remaining balance 餘下費用之賠償百分比	80%	80%	80%
Section 4b – Voluntary deductible⁽⁶⁾ 第4b節 — 自願性自負額 ⁽⁶⁾			
Deductible amount (HKD) per claim 每宗索償之自負額 (港元)	Discount on premium payable in respect of sections 1 to 3 第1節至第3節應繳保費之折扣		
30,000	25%	25%	25%
50,000	–	35%	35%
80,000	–	–	45%
Section 5 – Hospital cash⁽⁷⁾ 第5節 — 住院現金保障 ⁽⁷⁾			
Maximum number of days 最高日數	182 days 日	182 days 日	182 days 日
Maximum limit per day 每日最高限額	500	750	1,000
Section 6 – Critical illness cover⁽⁸⁾ 第6節 — 危疾保障 ⁽⁸⁾			
Maximum limit per disability 每宗傷疾最高限額	150,000	250,000	500,000
HealthMultiple Outpatient Medical Plan⁽⁹⁾ 「智樂人生」門診醫療保險計劃 ⁽⁹⁾			
	Maximum benefit per insured person per policy year (HKD) 每名受保人每保單年度之最高賠償額 (港元)		
	Standard Plan 標準計劃	Enhanced Plan 優越計劃	Platinum Plan 尊尚計劃
General practitioner consultation and basic medication⁽¹⁰⁾ 普通科醫生診症及處方藥物 ⁽¹⁰⁾			
Maximum number of visit per policy year 每保單年度之診症次數上限	Unlimited 不限次數	Unlimited 不限次數	Unlimited 不限次數
Co-payment per visit 每次診症需自負費用	50	35	0
Specialist consultation and basic medication⁽¹⁰⁾ 專科醫生診症及處方藥物 ⁽¹⁰⁾			
Maximum number of visit per policy year 每保單年度之診症次數上限	Unlimited 不限次數	Unlimited 不限次數	Unlimited 不限次數
Co-payment per visit 每次診症需自負費用	100	70	0
X-ray & laboratory examination⁽¹⁰⁾ X光及化驗測試 ⁽¹⁰⁾			
Maximum limit per policy year 每保單年度之最高上限	500	1,000	1,000

Coverage ⁽¹⁾ 保障項目 ⁽¹⁾	Maximum benefit per insured person per policy year (HKD) 每名受保人每保單年度之最高賠償額 (港元)		
	Standard Plan 標準計劃	Enhanced Plan 優越計劃	Platinum Plan 尊尚計劃
Optional benefits 自選保障			
Physiotherapy⁽¹⁰⁾ 物理治療 ⁽¹⁰⁾			
Maximum number of visit per policy year 每保單年度之診症次數上限	10 visits 次	15 visits 次	15 visits 次
Co-payment per visit 每次診症需自負費用	100	70	0
Chinese medicine practitioner consultation⁽¹⁰⁾ 中醫診症 ⁽¹⁰⁾			
Maximum number of visit per policy year 每保單年度之診症次數上限	10 visits 次	15 visits 次	Unlimited 不限次數
Co-payment per visit 每次診症需自負費用	50	35	0
Chinese medicine bone-setting⁽¹⁰⁾ 中醫跌打治療 ⁽¹⁰⁾			
Maximum number of visit per policy year 每保單年度之診症次數上限	10 visits 次	15 visits 次	Unlimited 不限次數
Co-payment per visit 每次診症需自負費用	50	35	0
Free medical check-up⁽¹¹⁾ 免費身體檢查 ⁽¹¹⁾			
Select one of the following: 從下列選擇一項：			
For insured person aged 13 – 75 years old 13至75歲之受保人：			
– Physical check-up 身體檢查	N/A 不適用	Either one of the free medical check-up programs per policy year 每保單年度可選擇其中一項免費身體檢查	Either one of the free medical check-up programs per policy year 每保單年度可選擇其中一項免費身體檢查
– Gynaecology check-up 婦科檢查			
– Flu vaccine 流感疫苗注射			
For insured person aged 15 days – 12 years old 15天至12歲之受保人：			
– Dietetic assessment 營養評估			
– Flu vaccine 流感疫苗注射			

Remarks:

- A 30-day waiting period is applicable to sections 1 to 5 (for upgrade or reinstate cases). A 90-day waiting period is applicable to section 6 and a 14-day waiting period is applicable to HealthMultiple Outpatient Medical Plan.
- 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 or registered occupational therapist or registered speech therapist or registered prosthetist-orthotist or registered podiatrist directly relating to and as a result of the surgical operation.
- Sections 4a and 4b are only available if the core benefits are shown to be operative. The plan level selected in respect of section 4a and section 4b must be the same as the one in respect of the core benefits.
- Section 5 is only available if the core benefits are shown to be operative. The plan level selected in respect of section 5 can be different from the one in respect of the core benefits.
- Section 6 is only available if the core benefits are shown to be operative. The plan level selected in respect of section 6 can be different from the one in respect of the core benefits. The benefit will be paid to the insured person if the insured person is diagnosed to be suffering from or undergoes a surgical operation in respect of any one of the critical illnesses specified in the policy document. The entitlement to the benefit under section 6 will cease once 100% of the maximum benefit is paid.
- The outpatient medical services under the HealthMultiple Outpatient Medical Plan will be provided by an independent medical service provider which is nominated by Zurich Insurance Company Ltd. The effective date of the HealthMultiple Outpatient Medical Plan must be either 1st or 15th day of the month following the date of receipt of the application by Zurich Insurance Company Ltd (whichever is the earlier).
- The benefits are limited to one visit per day only except for the following benefits where the insured person is only entitled to have one consultation per day for one of the following:
 - General practitioner consultation and basic medication;
 - Chinese medicine practitioner consultation; or
 - Chinese medicine bone-setting.
- Free medical check-up is not available to the insured person who selects the Standard Plan of the HealthMultiple Outpatient Medical Plan. If the insured person selects the Enhanced Plan or Platinum Plan of the HealthMultiple Outpatient Medical Plan, he/she will be entitled to the benefit of free medical check-up after the end of each policy year.

備註：

- 30日等候期適用於第1節至第5節(提升保障或復效的保單)。90日等候期適用於第6節及14日等候期適用於「智樂人生」門診醫療保險計劃。
- 若受保人在提升保障生效日或復效日(以較後者為準)90日內確診癌症,則受保人將不受本節保障。
- 保障包括有關首次確診指定危疾後連續90日內的專科醫生門診跟進治療,指定危疾包括符合保單內定義的腦部良性腫瘤、癌症、末期肝病、心臟病、腎衰竭及主要器官移植。
- 保障只包括就使用人造義肢或人造眼球導致的費用。
- 保障包括直接因有關手術導致的,就需接受註冊物理治療師、註冊職業治療師、註冊語言治療師、註冊義肢矯形師或註冊足部治療師所提供的門診復康治療之費用。
- 第4a節及第4b節只在當基本保障訂明為有效時才適用。第4a節及第4b節所選擇的計劃級別必須與基本保障的計劃級別相同。
- 第5節只在當基本保障訂明為有效時才適用。第5節所選擇的計劃級別可與基本保障的計劃級別不同。
- 第6節只在當基本保障訂明為有效時才適用。第6節所選擇的計劃級別可與基本保障的計劃級別不同。若受保人被確診患有符合保單定義之任何一項危疾或進行符合定義之手術,便可獲得保障。當獲取100%的最高保障額賠償後,第6節保障便會終止。
- 「智樂人生」門診醫療保險計劃的門診醫療服務是由蘇黎世保險有限公司所委任的獨立醫療服務機構提供。「智樂人生」門診醫療保險計劃之保障生效日期為蘇黎世保險有限公司收到申請表後之翌月之第一日或第15日(以較早者為準)。
- 保障只限每天接受診治一次。而對於下列之保障,受保人於同一天內只可接受其中一項診治:
 - 普通科醫生診症及處方藥物;
 - 中醫診症;或
 - 中醫跌打治療。
- 免費身體檢查並不適用於選擇「智樂人生」門診醫療保險計劃標準計劃的受保人。若受保人選擇「智樂人生」門診醫療保險計劃的優越計劃或尊尚計劃,他/她便可在每個保單年度結束後享有一次免費身體檢查。

List of critical illnesses covered under section 6 受保於第6節的危疾種類

Illnesses related to the heart 心臟疾病				
Coronary Artery By-pass Surgery 冠狀動脈手術	Heart Attack 心臟病	Heart Valve Surgery 心瓣手術	Primary Pulmonary Arterial Hypertension 原發性肺動脈高血壓	Surgery to Aorta 主動脈手術
Illnesses related to major organs and functions 有關主要器官及功能的疾病				
Chronic Relapsing Pancreatitis 復發性慢性胰臟炎	End Stage Liver Disease 末期肝病	Chronic / End Stage Lung Disease 慢性及末期肺病	Fulminant Viral Hepatitis 暴發性病毒性肝炎	Kidney Failure 腎衰竭
Major Organ Transplant 主要器官移植	Permanent Total Disablement 永久及完全傷殘			
Illnesses related to nervous system 神經系統疾病				
Alzheimer's Disease (For insured person aged 70 or below) 亞爾茲默氏病 (適用於70歲或以下之受保人)	Apallic Syndrome 植物人	Benign Brain Tumour 腦部良性腫瘤	Brain Damage 腦部受損	Brain Surgery 腦外科手術
Coma 昏迷	Encephalitis 腦炎	Major Head Trauma 嚴重頭部創傷	Multiple Sclerosis 多發性硬化	Muscular Dystrophy 肌營養不良症
Motor Neurone Disease 運動神經原疾病	Paralysis 癱瘓	Parkinson Disease (For insured person aged 70 or below) 柏金遜症 (適用於70歲或以下之受保人)	Poliomyelitis 脊髓灰質炎	Stroke 中風
Others 其他				
Aplastic Anaemia 再生障礙性貧血	Blindness 失明	Cancer 癌症	Deafness 失聰	Elephantiasis 象皮病
HIV due to Blood Transfusion 因輸血而感染人類免疫力缺乏病毒	Loss of Independent Existence (For insured person aged 18 or above and up to 70) 喪失獨立能力 (適用於18歲或以上及最高至70歲之受保人)	Loss of Limb 失肢	Loss of Speech 喪失說話能力	Major Burns 嚴重燒傷
Occupationally Acquired HIV 因職業而感染人類免疫力缺乏病毒	Severe Rheumatoid Arthritis 嚴重類風濕性關節炎	Systemic Lupus Erythematosus 有狼瘡性腎炎的系統性紅斑狼瘡症	Terminal Illness (For insured person aged 70 or below) 末期危疾 (適用於70歲或以下之受保人)	

Important notes

重要資料

- The policy shall remain in force for a period of 1 year from the policy effective date and this policy will be automatically renewed at our discretion. We reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any period of insurance by giving 30 days' written notice to you.
- We reserve the right to revise or adjust the premium under the following circumstances:
 - According to our 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.
- This policy shall automatically terminate on the earliest of:
 - the insured person is no longer eligible for the benefits under this policy in view of Clause 2 – Age Limit and Eligibility of Part 6 – General provisions of the policy document;
 - cover under this policy ceases pursuant to the Clause 9 – Misrepresentation, Non-disclosure or Fraud of Part 6 – General provisions of the policy document;
 - you fail to pay after expiry of the 31-day grace period in accordance with Clause 12 – Grace Period of Part 6 – General provisions of the policy document; or
 - either party cancel this policy by giving 30 days written advance notice pursuant to Clause 14 – Cancellation of Part 6 – General provisions of the policy document.
- We reserve the right to declare the policy void from the policy effective date and may refuse to refund any applicable premium paid and/or we may request you to return all monies paid by us for previous claims if 1) you have incorrectly stated the health information of the insured person, 2) omitted material information during enrollment or 3) provided fraudulent documentation or fraudulently represented information during enrollment or when making a claim.
- You must inform us if there are any changes in respect of the information provided in the enrollment form for this policy.
- We will cancel your policy if you do not pay the premium within 31 days from the due date. Also, we reserve the right to cancel this policy by giving 30 days' advance notice in writing to you. A pro-rata premium for the period starting at the time of cancellation to the last date of the period of insurance shall be refunded provided that no claim has been made during such period of insurance of the policy.
- You have the right to cancel the policy by returning the policy to us 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, we 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 us. 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 ("Policy Period").
- You must send us the completed claim form and required information within 30 days upon the completion of the treatment and within 90 days in case it is a critical illness claim.
- 從保單生效日起計，本保單會維持生效1年及由本公司酌情每年自動續保。惟本公司保留權利在任何保險期之續保前30日向您提供書面通知以更改保單條款，包括但不限於保費、保障、保障額或不承保事項。
- 本公司保留權利，在以下情況更改或調整保費：
 - 本公司會根據續保時的適用保費率調整保費（將基於多個因素，包括但不限於醫療通脹、預期未來醫療費用、理賠紀錄及您及/或這產品招致之費用，及保障之更改），並於調整保費前30天以書面通知您。
 - 於續保時，保費將按受保人之實際年齡自動調整。
- 本保單之保障將會在遇到下列較早發生的一項時自動終止：
 - 受保人根據保單第六部份（一般條款）的第2項 - 年齡及資格限制所述之情況，不再符合資格獲得本保單的保障；
 - 本保單的保障會根據保單第六部份（一般條款）的第9項 - 失實陳述，漏報或欺詐所述之情況終止；
 - 您未能根據保單第六部份（一般條款）的第12項 - 寬限期所述之情況，在31日寬限期內付款；
 - 任何一方根據保單第六部份（一般條款）的第14項 - 取消保單所述之情況，以30日內書面通知取消本保單。
- 若1) 您就受保人健康狀況作出了失實聲明，2) 在投保申請中遺漏重要資料，或3) 在投保申請或索償時提供了欺詐性的文件或有欺詐成分的申述，本公司有權宣告保單自保單生效日起無效，並可能拒絕退還已繳交的相關保費，及/或可能要求您退還過去索償中本公司支付的所有款項。
- 如申請表上所提供的資料有任何改變，您必須通知我們。
- 如您在保費到期日起31日內未有支付保費，我們將會取消您的保單。此外，我們保留權利於30日前預先以書面通知您取消此保單。保障取消時，若在有關取消保單生效日至該保險期最後一天的期間沒有任何索償，保費會按比例退還。
- 您有權在冷靜期內即緊接保單交付予閣下之日起計的21日內交還保單及附上您的簽署之書面通知書要求取消保單。若未曾獲賠償或沒有將獲發的賠償，本公司將會把您已付之保費無息全數退還。若您曾獲賠償或將獲得賠償，則不獲發還保費。在冷靜期過後，您可於30日前向本公司提出書面通知以取消此保單。如在該保單生效日至取消保單生效日（保障期）期間無索償紀錄，您已繳交之全年但未到期之保費將根據適用之比率計算扣減並退還。
- 您必須在完成治療後的30日內向我們提交已填妥的賠償申報表及所需資料，而危疾治療則必須在90日內遞交。

Product Limitation 產品限制

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

“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; and
- (ii) in accordance with standards of good and prudent medical practice; and
- (iii) not furnished primarily for the convenience of medical practitioner or any other medical service providers; and
- (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.

“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.

Major exclusions 主要不承保事項

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, sanitarium 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 8, including but not limited to hernias of all types (except when caused by a trauma after commencement of this policy), epilepsy,

我們只會根據醫療必需和合理及慣常的原則，為受保人所需支付的費用及 / 或開支作出賠償。

「醫療必需」是指以下列各項作為接受醫療服務的必要性：

- (i) 因應有關診斷及有關狀況的治療所需；及
- (ii) 符合良好及謹慎的行醫標準；及
- (iii) 非純為醫生或任何其他醫療服務供應商之方便；及
- (iv) 以最適合的程度有效地為受保人之傷疾作出安全及足夠的治療及以最經濟之設備進行治療受傷疾；及
- (v) 在住院的情況下，其主要的目的並非純為診斷檢查、診斷掃描、影像檢查、化驗檢查或物理治療。

「合理及慣常收費」是指就任何費用、收費或開支而言，符合以下規定的費用或開支：

- (i) 受傷或患病人士在醫生按照良好醫療守則的護理標準下所提供醫療必需的照顧、監管或指示而收取的治療、用品或醫療服務費用；
- (ii) 不超過當地同類治療、用品或醫療服務的正常收費水平；及
- (iii) 並不包括如非有投購保險便不會招致的費用。

本公司保留權利釐定個別醫院 / 醫療費用是否屬於合理及慣常收費，參考的基準包括但不限於任何可取得的相關刊物或資料，例如當地政府、相關部門及認可醫療協會公佈的收費表。如根據上述參考資料，任何醫院 / 醫療費用並非合理及慣常收費，本公司保留權利調整任何或所有應付賠償的金額。

本保單將不會承保因下列事故直接或間接引致之索償：

1. 任何投保前已存在之傷疾；
2. 任何在等候期內招致之治療或費用；
3. 任何因分娩、流產、墮胎、妊娠引致的狀況，包括但不限於妊娠測試、產前、產後護理及其他與妊娠、避孕、避孕儀器、不育或其他引致懷孕或絕育手術的方法有關之併發症；性病；
4. 以美容為目的之美容手術或整容手術，惟因意外導致而需要治療除外；選擇性的治療；所有目的為增加或減少體重之治療（無論是否病態或有並存病況）；
5. 任何性質之牙科療程或手術，惟因天然牙齒在保險期內因意外受損而需要治療則除外；保障只適用於緊急情況並用以減輕痛楚及必須在合法之牙科診所或醫院內進行治療，惟在任何情況下均不保障修復或補救程序、任何貴金屬的應用、矯齒治療、補牙、假牙及假體服務（例如齒橋及假齒冠及其條補及相關費用）；
6. 於醫院住院的目的為療養、監護、休養、舒緩護理、衛生護理或復康；或與引致該次住院之診斷或治療無關之任何醫療費用；
7. 獲取器官以作器官移植或由捐贈者（非受保人）招致之任何費用，亦包括任何以捐贈者身份招致之費用；
8. 在出生時已存在之先天性缺陷或在受保人八歲前出現之新生兒之不正常狀況，包括但不限於所有性質之疝氣（在本保單起保後因創傷引起則除外）、腦癱症、斜視、腦積水、睪丸發育不健全、尿道下裂及梅克爾憩室；

- 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 behavioral 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 5,000 meters above sea level or diving to a depth greater than 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. This exclusion shall not apply if the diagnosis is item 1– AIDS due to Blood Transfusion and/or item 31– Occupationally Acquired HIV of Section 6 – Critical Illness Cover of Part 3 – Benefits of this policy;
 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; and/or
 17. ionising 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.
 18. any cyber act that results in any accident, disability, sickness and/or injury.

Exclusions applicable to Section 6 – Critical Illness Cover only

This policy shall not cover any critical illness which is caused directly or indirectly by any one or more of the following:-

1. failure to seek or follow any medical advice of a medical practitioner.
2. any sickness or injury other than those defined as critical illness in Section 6.
3. any critical illness of which, the signs or symptoms first occurred within 90 days from the policy inception date, or upgrade effective date for this section (applicable to the upgraded portion only), or last reinstatement date, whichever is the later (this exclusion shall not apply if the critical illness is caused by an accident).
4. any critical illness from which the insured person dies within 30 days after the diagnosis (this exclusion shall not apply if the critical illness is caused by an accident).

Claims Procedure 索償程序

Step 1: Notify us in writing within 30 days upon the first treatment of any disability;

Step 2: Complete and submit a claim form and provide the original documents required for the corresponding claim to us within thirty (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.

9. 疫苗或預防接種、一般身體檢查、篩檢及預防性檢查；睡眠窒息症之睡眠測試之有關費用；例行眼部測試、眼部屈光不正或矯正視力措施；
10. 購置或使用器具或設備（除非訂明於本保單內），包括但不限於助聽器、支架、拐杖、眼鏡或其他類似項目；
11. 自殺、企圖自殺、蓄意自我傷害、精神失常或神經系統失調或精神疾病，包括但不限於精神病、神經官能症、任何類別抑鬱症、厭食症、暴食症、變性手術、精神分裂症及其他行為失常病症（受保於本保單第三部份 – 保障第3.5節 – 心理科及精神科治療費用的情況則除外）；受酒精或非由醫生處方之藥物之影響；
12. 參與任何違法行為，包括但不限於搶劫、濫用藥物或傷人；
13. 飛行，除非以付費乘客身份乘搭由持牌航空公司營運之正式持牌空中運載工具；以乘客或司機身份參與任形式的賽車，又或參加職業體育活動或受保人可能或可以賺取收入或報酬的體育活動；在海拔5,000米以上進行高山遠足，或在40米水深以下潛水；
14. 任何受法律、條例或受保於其他保險公司所簽發之保單所保障而獲得補償之傷疾索償，除非受保人並不能就該等法律、條例或其他保單獲得全數賠償；
15. 人類免疫力缺乏病毒及 / 或人類免疫力缺乏病毒有關疾病，包括愛滋病及 / 或其任何突變、衍生或變異所引致或因此而命名；此不承保事項不適用於本保單第三部份 – 保障第6節 – 危疾保障 第1項 – 因輸血而感染人類免疫力缺乏病毒及 / 或第 31項 – 因職業而感染人類免疫力缺乏病毒；
16. 戰爭、侵略、外敵入侵、敵對局面（不論正式宣戰與否）、內戰、叛亂、革命、暴亂、軍事政變或奪權行動、直接參與罷工、暴動或內亂或以任何形式參與恐怖活動；
17. 任何核子燃料、核子燃料燃燒後所產生的核子廢料或任何核子武器所產生的電離子輻射或放射性污染；及 / 或
18. 任何由網絡行為引致的意外、傷疾、疾病及 / 或損傷。

第6節 – 危疾保障之不保事項

本保單將不承保由下列任何一項或多項事故直接或間接引致之危疾：

1. 未能尋求或遵從醫生之醫學意見。
2. 並非第6節內所定義之危疾的任何疾病或損傷。
3. 在首個保單生效日或提升保障生效日（僅適用於提升保障的部份）或復效日（以較後者為準）起的90日內，首次出現病徵及徵狀之任何危疾（此項不保事項不包括由意外引致之危疾）。
4. 受保人在首次確診後30日內死亡之有關危疾（此項不保事項不包括由意外引致之危疾）。

步驟1：就任何傷疾於首次接受治療30日內書面通知本公司；

步驟2：在有關索償的治療完成及 / 或終止後30天內向本公司提交填妥之賠償申報表及所需正本之證明文件。

就有關不同索償所需的證明文件，請參閱保單條款及細則。

About Zurich Insurance 關於蘇黎世保險

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. 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.

蘇黎世保險（香港）是蘇黎世保險集團轄下之機構，竭誠為個人、商業及企業客戶提供全面又靈活的一般保險及人壽保險服務，照顧他們在保險、保障及投資上的需要。集團在香港的業務始於1961年，至今已於本港一般保險市場上成為五大保險公司之一¹。請瀏覽www.zurich.com.hk了解有關蘇黎世保險（香港）的更多資訊。

¹ 保險業監管局2021年1月至12月香港一般保險業務的年度統計數字，以毛保費計算。

This leaflet is only an illustration and does not constitute any part of the insurance contract. For full terms and conditions and exclusions, please refer to the policy document which shall prevail in case of inconsistency. Zurich Insurance Company Ltd reserves the right of final approval and decision. The English version shall prevail in case of inconsistency between the English and Chinese versions.

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