



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	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
1	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
2	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
3	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
4	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
5	1,748	1,166	874	2,330	1,554	1,166	2,824	1,883	1,600	4,235	2,824	2,400
6	1,741	1,161	871	2,321	1,548	1,161	2,772	1,848	1,571	4,157	2,772	2,356
7	1,734	1,156	868	2,312	1,542	1,156	2,720	1,814	1,542	4,080	2,720	2,313
8	1,727	1,152	864	2,303	1,536	1,152	2,669	1,779	1,512	4,003	2,669	2,268
9	1,721	1,147	861	2,294	1,530	1,147	2,617	1,745	1,483	3,925	2,617	2,224
10	1,714	1,143	858	2,286	1,524	1,143	2,565	1,710	1,454	3,847	2,565	2,181
11	1,721	1,147	861	2,294	1,530	1,147	2,541	1,694	1,440	3,810	2,541	2,159
12	1,727	1,152	864	2,303	1,536	1,152	2,515	1,677	1,425	3,772	2,515	2,138
13	1,734	1,156	868	2,312	1,542	1,156	2,490	1,660	1,411	3,734	2,490	2,116
14	1,741	1,161	871	2,321	1,548	1,161	2,464	1,643	1,397	3,696	2,464	2,095
15	1,748	1,166	874	2,330	1,554	1,166	2,439	1,627	1,383	3,658	2,439	2,073
16	1,754	1,170	877	2,339	1,559	1,170	2,361	1,574	1,339	3,541	2,361	2,007
17	1,761	1,174	881	2,347	1,565	1,174	2,284	1,522	1,294	3,424	2,284	1,941
18	1,767	1,179	884	2,356	1,571	1,179	2,205	1,470	1,250	3,307	2,205	1,874
19	1,774	1,183	887	2,365	1,576	1,183	2,127	1,419	1,206	3,190	2,127	1,808
20	1,780	1,187	890	2,373	1,583	1,187	2,049	1,367	1,161	3,073	2,049	1,741
21	1,848	1,233	925	2,464	1,643	1,233	2,014	1,343	1,142	3,020	2,014	1,712
22	1,915	1,277	958	2,554	1,703	1,277	1,979	1,319	1,122	2,967	1,979	1,682
23	1,983	1,322	992	2,644	1,763	1,322	1,943	1,295	1,102	2,914	1,943	1,652
24	2,051	1,368	1,026	2,735	1,824	1,368	1,908	1,273	1,082	2,861	1,908	1,622
25	2,119	1,413	1,060	2,826	1,884	1,413	1,873	1,249	1,062	2,808	1,873	1,592
26	2,158	1,439	1,079	2,878	1,919	1,439	1,925	1,284	1,091	2,886	1,925	1,637
27	2,197	1,465	1,099	2,929	1,953	1,465	1,977	1,318	1,120	2,965	1,977	1,681
28	2,236	1,491	1,118	2,981	1,988	1,491	2,029	1,353	1,151	3,043	2,029	1,725
29	2,275	1,517	1,138	3,033	2,022	1,517	2,081	1,387	1,180	3,121	2,081	1,768
30	2,315	1,544	1,158	3,086	2,058	1,544	2,133	1,423	1,209	3,199	2,133	1,813
31	2,366	1,577	1,183	3,154	2,103	1,577	2,197	1,465	1,246	3,294	2,197	1,868
32	2,418	1,612	1,209	3,223	2,149	1,612	2,261	1,508	1,281	3,391	2,261	1,922
33	2,468	1,646	1,235	3,291	2,195	1,646	2,325	1,550	1,318	3,487	2,325	1,976

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	2,520	1,681	1,261	3,360	2,240	1,681	2,388	1,592	1,354	3,583	2,388	2,031
35	2,572	1,714	1,287	3,428	2,286	1,714	2,453	1,636	1,390	3,679	2,453	2,085
36	2,657	1,772	1,329	3,542	2,361	1,772	2,527	1,684	1,433	3,789	2,527	2,148
37	2,743	1,829	1,372	3,656	2,438	1,829	2,600	1,734	1,474	3,899	2,600	2,210
38	2,828	1,885	1,414	3,770	2,514	1,885	2,673	1,782	1,516	4,009	2,673	2,273
39	2,913	1,942	1,457	3,884	2,589	1,942	2,747	1,832	1,557	4,120	2,747	2,335
40	2,999	2,000	1,500	3,998	2,665	2,000	2,820	1,881	1,599	4,231	2,820	2,398
41	3,118	2,079	1,560	4,157	2,772	2,079	2,906	1,937	1,646	4,357	2,906	2,469
42	3,239	2,159	1,620	4,318	2,879	2,159	2,990	1,993	1,695	4,485	2,990	2,542
43	3,359	2,239	1,680	4,478	2,986	2,239	3,074	2,050	1,743	4,611	3,074	2,613
44	3,479	2,320	1,740	4,639	3,094	2,320	3,158	2,106	1,790	4,737	3,158	2,685
45	3,600	2,400	1,801	4,800	3,201	2,400	3,244	2,163	1,839	4,865	3,244	2,757
46	3,805	2,537	1,903	5,073	3,383	2,537	3,341	2,227	1,894	5,011	3,341	2,840
47	4,012	2,675	2,006	5,348	3,566	2,675	3,438	2,292	1,949	5,156	3,438	2,923
48	4,217	2,812	2,109	5,622	3,748	2,812	3,535	2,357	2,004	5,302	3,535	3,005
49	4,422	2,949	2,211	5,896	3,932	2,949	3,633	2,422	2,059	5,448	3,633	3,088
50	4,628	3,086	2,315	6,171	4,114	3,086	3,730	2,487	2,114	5,594	3,730	3,170
51	4,909	3,273	2,455	6,545	4,364	3,273	3,842	2,561	2,178	5,762	3,842	3,265
52	5,190	3,460	2,596	6,919	4,613	3,460	3,953	2,636	2,240	5,930	3,953	3,360
53	5,471	3,648	2,736	7,294	4,863	3,648	4,066	2,710	2,304	6,098	4,066	3,455
54	5,751	3,834	2,877	7,667	5,112	3,834	4,177	2,785	2,368	6,266	4,177	3,550
55	6,031	4,021	3,016	8,042	5,362	4,021	4,289	2,860	2,430	6,433	4,289	3,645
56	6,476	4,318	3,238	8,635	5,757	4,318	4,418	2,946	2,504	6,626	4,418	3,756
57	6,921	4,614	3,461	9,228	6,152	4,614	4,546	3,031	2,576	6,820	4,546	3,865
58	7,366	4,911	3,683	9,821	6,547	4,911	4,675	3,117	2,650	7,012	4,675	3,974
59	7,811	5,208	3,906	10,415	6,944	5,208	4,804	3,203	2,722	7,205	4,804	4,083
60	8,256	5,504	4,128	11,008	7,339	5,504	4,933	3,289	2,796	7,398	4,933	4,193
61	8,901	5,934	4,451	11,868	7,911	5,934	5,081	3,387	2,880	7,620	5,081	4,318
62	9,546	6,364	4,773	12,726	8,485	6,364	5,229	3,486	2,963	7,842	5,229	4,445
63	10,189	6,794	5,095	13,586	9,057	6,794	5,377	3,585	3,047	8,064	5,377	4,570
64	10,834	7,224	5,418	14,445	9,631	7,224	5,525	3,683	3,130	8,286	5,525	4,695
65	11,479	7,653	5,740	15,305	10,203	7,653	5,673	3,782	3,215	8,508	5,673	4,822
66	11,996	7,998	5,999	15,995	10,663	7,998	5,842	3,895	3,311	8,763	5,842	4,966
67	12,514	8,343	6,258	16,685	11,123	8,343	6,013	4,008	3,408	9,018	6,013	5,111

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	13,032	8,688	6,516	17,376	11,585	8,688	6,182	4,122	3,504	9,273	6,182	5,256
69	13,550	9,034	6,775	18,066	12,045	9,034	6,353	4,235	3,600	9,528	6,353	5,399
70	14,067	9,378	7,035	18,756	12,505	9,378	6,523	4,349	3,696	9,784	6,523	5,544
71	14,630	9,754	7,315	19,506	13,005	9,754	6,718	4,479	3,807	10,077	6,718	5,710
72	15,216	10,144	7,608	20,286	13,524	10,144	6,831	4,613	3,922	10,379	6,920	5,882
73	15,824	10,550	7,913	21,098	14,065	10,550	6,831	4,752	4,040	10,690	7,127	6,058
74	16,456	10,971	8,229	21,942	14,628	10,971	6,831	4,895	4,161	11,011	7,341	6,241
75	17,115	11,411	8,558	22,820	15,213	11,411	6,831	5,042	4,285	11,342	7,562	6,428
76	17,800	11,866	8,901	23,732	15,821	11,866	6,831	5,193	4,413	11,682	7,788	6,620
77	18,512	12,342	9,256	24,682	16,454	12,342	6,831	5,349	4,546	12,033	8,022	6,819
78	19,251	12,835	9,627	25,669	17,113	12,835	6,831	5,508	4,682	12,393	8,262	7,024
79	20,022	13,348	10,011	26,696	17,798	13,348	6,831	5,674	4,823	12,420	8,511	7,234
80	20,823	13,882	10,412	27,763	18,510	13,882	6,831	5,844	4,967	12,420	8,766	7,451
81	21,656	14,438	10,829	28,874	19,249	14,438	6,831	6,019	5,116	12,420	9,028	7,675
82	22,522	15,015	11,262	30,029	20,019	15,015	6,831	6,200	5,270	13,662	9,299	7,905
83	23,422	15,615	11,712	31,230	20,821	15,615	6,831	6,387	5,429	13,662	9,579	8,142
84	24,360	16,240	12,181	32,479	21,653	16,240	6,831	6,578	5,591	13,662	9,866	8,386
85	25,334	16,890	12,668	33,779	22,520	16,890	6,831	6,775	5,759	13,662	10,162	8,637
86	26,347	17,566	13,174	35,130	23,420	17,566	6,831	6,831	5,808	13,662	10,467	8,896
87	27,401	18,268	13,701	36,535	24,357	18,268	6,831	6,831	5,808	13,662	10,781	9,163
88	28,497	18,999	14,249	37,996	25,331	18,999	6,831	6,831	5,808	13,662	11,104	9,439
89	29,637	19,758	14,819	39,516	26,344	19,758	6,831	6,831	5,808	13,662	11,437	9,722
90	30,823	20,549	15,412	41,096	27,398	20,549	6,831	6,831	5,808	13,662	11,780	10,013
91	32,055	21,370	16,028	42,739	28,493	21,370	6,831	6,831	5,808	13,662	12,133	10,313
92	33,337	22,225	16,669	44,449	29,634	22,225	6,831	6,831	5,808	13,662	12,497	10,623
93	34,671	23,115	17,336	46,228	30,818	23,115	6,831	6,831	5,808	13,662	12,872	10,942
94	36,057	24,039	18,029	48,077	32,052	24,039	6,831	6,831	5,808	13,662	13,259	11,270
95	37,499	25,000	18,750	49,999	33,334	25,000	6,831	6,831	5,808	13,662	13,656	11,608
96	38,999	26,000	19,500	51,999	34,666	26,000	6,831	6,831	5,808	13,662	13,662	11,614
97	40,560	27,040	20,281	54,079	36,053	27,040	6,831	6,831	5,808	13,662	13,662	11,614
98	42,182	28,122	21,092	56,243	37,495	28,122	6,831	6,831	5,808	13,662	13,662	11,614
99	43,869	29,247	21,935	58,492	38,995	29,247	6,831	6,831	5,808	13,662	13,662	11,614

⁹ 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	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
1	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
2	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
3	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
4	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
5	3,882	2,330	1,941	2,588	1,554	1,294	1,941	1,166	971	5,646	3,764	3,199
6	3,868	2,321	1,935	2,578	1,548	1,290	1,935	1,161	968	5,543	3,695	3,141
7	3,853	2,312	1,927	2,569	1,542	1,285	1,927	1,156	964	5,439	3,627	3,083
8	3,839	2,303	1,920	2,559	1,536	1,280	1,920	1,152	961	5,337	3,558	3,024
9	3,824	2,294	1,912	2,549	1,530	1,275	1,912	1,147	956	5,233	3,489	2,966
10	3,810	2,286	1,906	2,540	1,524	1,271	1,906	1,143	953	5,129	3,420	2,907
11	3,824	2,294	1,912	2,549	1,530	1,275	1,912	1,147	956	5,080	3,386	2,879
12	3,839	2,303	1,920	2,559	1,536	1,280	1,920	1,152	961	5,029	3,353	2,850
13	3,853	2,312	1,927	2,569	1,542	1,285	1,927	1,156	964	4,978	3,319	2,821
14	3,868	2,321	1,935	2,578	1,548	1,290	1,935	1,161	968	4,927	3,286	2,793
15	3,882	2,330	1,941	2,588	1,554	1,294	1,941	1,166	971	4,878	3,252	2,764
16	3,897	2,339	1,949	2,598	1,559	1,300	1,949	1,170	975	4,721	3,148	2,676
17	3,911	2,347	1,956	2,608	1,565	1,304	1,956	1,174	979	4,566	3,044	2,587
18	3,926	2,356	1,964	2,617	1,571	1,309	1,964	1,179	982	4,409	2,940	2,499
19	3,940	2,365	1,970	2,627	1,576	1,314	1,970	1,183	985	4,254	2,835	2,410
20	3,954	2,373	1,978	2,637	1,583	1,319	1,978	1,187	990	4,097	2,732	2,322
21	4,106	2,464	2,054	2,737	1,643	1,369	2,054	1,233	1,028	4,027	2,684	2,283
22	4,256	2,554	2,128	2,838	1,703	1,420	2,128	1,277	1,064	3,957	2,638	2,243
23	4,407	2,644	2,204	2,938	1,763	1,469	2,204	1,322	1,102	3,885	2,590	2,203
24	4,557	2,735	2,279	3,039	1,824	1,520	2,279	1,368	1,140	3,815	2,544	2,163
25	4,708	2,826	2,355	3,139	1,884	1,570	2,355	1,413	1,178	3,745	2,496	2,123
26	4,795	2,878	2,398	3,197	1,919	1,599	2,398	1,439	1,199	3,849	2,567	2,181
27	4,882	2,929	2,441	3,255	1,953	1,628	2,441	1,465	1,221	3,953	2,636	2,240
28	4,968	2,981	2,484	3,313	1,988	1,657	2,484	1,491	1,242	4,057	2,705	2,300
29	5,055	3,033	2,528	3,370	2,022	1,685	2,528	1,517	1,264	4,161	2,774	2,358
30	5,142	3,086	2,572	3,428	2,058	1,714	2,572	1,544	1,287	4,265	2,844	2,418
31	5,257	3,154	2,629	3,505	2,103	1,753	2,629	1,577	1,315	4,457	2,972	2,526
32	5,370	3,223	2,685	3,581	2,149	1,791	2,685	1,612	1,343	4,649	3,099	2,635
33	5,485	3,291	2,743	3,657	2,195	1,829	2,743	1,646	1,372	4,841	3,228	2,744

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	5,599	3,360	2,800	3,733	2,240	1,867	2,800	1,681	1,400	5,032	3,355	2,852
35	5,714	3,428	2,857	3,810	2,286	1,906	2,857	1,714	1,429	5,224	3,483	2,961
36	5,903	3,542	2,952	3,936	2,361	1,968	2,952	1,772	1,477	5,486	3,657	3,109
37	6,093	3,656	3,047	4,062	2,438	2,032	3,047	1,829	1,524	5,747	3,831	3,257
38	6,283	3,770	3,142	4,189	2,514	2,095	3,142	1,885	1,572	6,007	4,005	3,405
39	6,472	3,884	3,236	4,315	2,589	2,158	3,236	1,942	1,618	6,269	4,180	3,553
40	6,662	3,998	3,331	4,441	2,665	2,221	3,331	2,000	1,666	6,530	4,354	3,701
41	6,929	4,157	3,465	4,620	2,772	2,311	3,465	2,079	1,733	6,856	4,571	3,886
42	7,197	4,318	3,599	4,798	2,879	2,399	3,599	2,159	1,800	7,184	4,789	4,071
43	7,463	4,478	3,732	4,976	2,986	2,489	3,732	2,239	1,867	7,510	5,006	4,256
44	7,731	4,639	3,866	5,154	3,094	2,577	3,866	2,320	1,934	7,836	5,224	4,440
45	7,999	4,800	4,000	5,332	3,201	2,667	4,000	2,400	2,001	8,162	5,442	4,626
46	8,456	5,073	4,229	5,637	3,383	2,819	4,229	2,537	2,115	8,523	5,682	4,830
47	8,913	5,348	4,457	5,942	3,566	2,972	4,457	2,675	2,229	8,883	5,923	5,034
48	9,369	5,622	4,686	6,246	3,748	3,124	4,686	2,812	2,343	9,245	6,164	5,240
49	9,826	5,896	4,913	6,552	3,932	3,276	4,913	2,949	2,457	9,606	6,404	5,444
50	10,283	6,171	5,142	6,856	4,114	3,428	5,142	3,086	2,572	9,967	6,645	5,648
51	10,907	6,545	5,454	7,272	4,364	3,637	5,454	3,273	2,727	10,465	6,976	5,931
52	11,531	6,919	5,766	7,688	4,613	3,844	5,766	3,460	2,883	10,962	7,309	6,213
53	12,155	7,294	6,078	8,104	4,863	4,053	6,078	3,648	3,040	11,461	7,641	6,495
54	12,779	7,667	6,390	8,520	5,112	4,260	6,390	3,834	3,195	11,959	7,973	6,777
55	13,402	8,042	6,702	8,935	5,362	4,468	6,702	4,021	3,352	12,457	8,306	7,059
56	14,391	8,635	7,197	9,594	5,757	4,798	7,197	4,318	3,599	13,080	8,720	7,413
57	15,380	9,228	7,690	10,253	6,152	5,127	7,690	4,614	3,845	13,704	9,136	7,766
58	16,368	9,821	8,185	10,913	6,547	5,457	8,185	4,911	4,093	14,326	9,551	8,119
59	17,357	10,415	8,679	11,572	6,944	5,786	8,679	5,208	4,340	14,949	9,967	8,471
60	18,345	11,008	9,173	12,230	7,339	6,115	9,173	5,504	4,587	15,572	10,381	8,824
61	19,777	11,868	9,889	13,185	7,911	6,593	9,889	5,934	4,945	16,351	10,901	9,266
62	21,211	12,726	10,606	14,141	8,485	7,071	10,606	6,364	5,303	17,128	11,419	9,706
63	22,643	13,586	11,322	15,096	9,057	7,549	11,322	6,794	5,662	17,907	11,939	10,148
64	24,075	14,445	12,038	16,050	9,631	8,026	12,038	7,224	6,019	18,686	12,457	10,589
65	25,507	15,305	12,754	17,005	10,203	8,503	12,754	7,653	6,378	19,464	12,977	11,031
66	26,658	15,995	13,330	17,772	10,663	8,887	13,330	7,998	6,665	20,905	13,937	11,846
67	27,808	16,685	13,904	18,539	11,123	9,270	13,904	8,343	6,952	22,345	14,897	12,662

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	28,959	17,376	14,480	19,307	11,585	9,654	14,480	8,688	7,241	23,785	15,857	13,479
69	30,109	18,066	15,055	20,073	12,045	10,037	15,055	9,034	7,528	25,225	16,817	14,295
70	31,260	18,756	15,630	20,840	12,505	10,420	15,630	9,378	7,815	26,666	17,777	15,111
71	32,510	19,506	16,256	21,674	13,005	10,837	16,256	9,754	8,129	27,733	18,489	15,716
72	33,810	20,286	16,906	22,540	13,524	11,270	16,906	10,144	8,454	28,842	19,228	16,344
73	35,163	21,098	17,582	23,442	14,065	11,722	17,582	10,550	8,792	29,995	19,997	16,998
74	36,569	21,942	18,285	24,379	14,628	12,190	18,285	10,971	9,143	31,195	20,797	17,678
75	38,032	22,820	19,016	25,355	15,213	12,678	19,016	11,411	9,509	32,443	21,629	18,384
76	39,553	23,732	19,777	26,369	15,821	13,185	19,777	11,866	9,889	33,741	22,494	19,120
77	41,136	24,682	20,568	27,424	16,454	13,712	20,568	12,342	10,284	35,090	23,393	19,884
78	42,780	25,669	21,391	28,521	17,113	14,261	21,391	12,835	10,696	36,494	24,330	20,680
79	44,492	26,696	22,246	29,662	17,798	14,831	22,246	13,348	11,123	37,953	25,303	21,508
80	46,271	27,763	23,136	30,847	18,510	15,424	23,136	13,882	11,568	39,471	26,315	22,367
81	48,122	28,874	24,062	32,082	19,249	16,042	24,062	14,438	12,032	41,050	27,367	23,263
82	50,047	30,029	25,024	33,365	20,019	16,683	25,024	15,015	12,512	42,692	28,462	24,192
83	52,049	31,230	26,025	34,700	20,821	17,351	26,025	15,615	13,013	44,399	29,600	25,160
84	54,131	32,479	27,066	36,088	21,653	18,044	27,066	16,240	13,534	46,176	30,784	26,167
85	56,297	33,779	28,149	37,532	22,520	18,767	28,149	16,890	14,075	48,023	32,015	27,213
86	58,548	35,130	29,275	39,033	23,420	19,517	29,275	17,566	14,638	49,944	33,296	28,302
87	60,890	36,535	30,446	40,593	24,357	20,297	30,446	18,268	15,223	51,941	34,627	29,434
88	63,325	37,996	31,663	42,218	25,331	21,109	31,663	18,999	15,832	54,019	36,013	30,611
89	65,858	39,516	32,930	43,906	26,344	21,954	32,930	19,758	16,465	56,180	37,454	31,836
90	68,493	41,096	34,247	45,662	27,398	22,832	34,247	20,549	17,124	58,426	38,952	33,109
91	71,232	42,739	35,617	47,488	28,493	23,744	35,617	21,370	17,809	60,763	40,509	34,433
92	74,081	44,449	37,041	49,388	29,634	24,695	37,041	22,225	18,521	63,195	42,130	35,810
93	77,044	46,228	38,523	51,363	30,818	25,682	38,523	23,115	19,262	65,722	43,815	37,243
94	80,127	48,077	40,064	53,418	32,052	26,710	40,064	24,039	20,032	68,350	45,568	38,733
95	83,331	49,999	41,666	55,555	33,334	27,778	41,666	25,000	20,834	71,085	47,390	40,282
96	86,665	51,999	43,333	57,777	34,666	28,889	43,333	26,000	21,667	73,929	49,286	41,893
97	90,131	54,079	45,066	60,087	36,053	30,044	45,066	27,040	22,534	76,886	51,257	43,569
98	93,737	56,243	46,869	62,491	37,495	31,246	46,869	28,122	23,435	79,960	53,307	45,312
99	97,486	58,492	48,743	64,991	38,995	32,496	48,743	29,247	24,372	83,159	55,440	47,124

⁹ Refer to last birthday

Annual Premiums including Premium Levy (US\$)

Plan D ⁶ - \$5,000,000 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	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
1	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
2	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
3	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
4	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
5	10,497	8,557	8,071	6,999	5,705	5,381	5,625	4,655	4,412
6	10,376	8,443	7,959	6,918	5,628	5,307	5,558	4,592	4,350
7	10,254	8,328	7,847	6,837	5,553	5,232	5,490	4,528	4,287
8	10,133	8,214	7,734	6,756	5,476	5,156	5,423	4,463	4,223
9	10,012	8,100	7,622	6,675	5,400	5,082	5,355	4,399	4,161
10	9,890	7,986	7,510	6,594	5,324	5,007	5,287	4,336	4,097
11	9,858	7,946	7,469	6,572	5,298	4,979	5,268	4,312	4,073
12	9,825	7,907	7,428	6,551	5,272	4,952	5,248	4,289	4,049
13	9,793	7,867	7,386	6,529	5,245	4,924	5,229	4,265	4,026
14	9,760	7,827	7,344	6,507	5,219	4,896	5,209	4,243	4,001
15	9,729	7,788	7,303	6,486	5,192	4,869	5,190	4,220	3,977
16	9,591	7,643	7,155	6,394	5,096	4,771	5,111	4,137	3,893
17	9,453	7,498	7,009	6,302	4,999	4,673	5,031	4,054	3,810
18	9,315	7,353	6,862	6,210	4,903	4,575	4,952	3,971	3,725
19	9,177	7,207	6,715	6,119	4,805	4,477	4,872	3,887	3,641
20	9,039	7,063	6,568	6,027	4,708	4,379	4,794	3,804	3,558
21	9,157	7,105	6,592	6,105	4,737	4,395	4,848	3,822	3,564
22	9,274	7,147	6,615	6,183	4,765	4,410	4,902	3,838	3,572
23	9,393	7,190	6,639	6,262	4,794	4,426	4,956	3,854	3,579
24	9,511	7,232	6,663	6,341	4,822	4,443	5,011	3,871	3,586
25	9,629	7,275	6,687	6,419	4,851	4,458	5,065	3,887	3,594
26	9,841	7,444	6,844	6,561	4,963	4,563	5,178	3,979	3,679
27	10,054	7,613	7,003	6,703	5,075	4,669	5,290	4,071	3,765
28	10,266	7,783	7,162	6,844	5,189	4,775	5,404	4,162	3,852
29	10,479	7,951	7,320	6,986	5,301	4,880	5,517	4,254	3,938
30	10,691	8,121	7,478	7,128	5,415	4,986	5,631	4,345	4,023
31	11,026	8,399	7,742	7,351	5,599	5,162	5,811	4,497	4,168
32	11,361	8,676	8,004	7,575	5,784	5,337	5,991	4,649	4,313
33	11,696	8,954	8,268	7,797	5,970	5,513	6,171	4,800	4,458

Annual Premiums including Premium Levy (US\$)

Plan D ⁶ - \$5,000,000 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	12,031	9,231	8,531	8,021	6,154	5,688	6,351	4,951	4,601
35	12,365	9,509	8,795	8,244	6,339	5,864	6,531	5,103	4,746
36	12,863	9,912	9,174	8,576	6,608	6,117	6,798	5,323	4,953
37	13,361	10,316	9,554	8,908	6,877	6,369	7,065	5,541	5,161
38	13,860	10,719	9,934	9,240	7,147	6,623	7,330	5,760	5,368
39	14,358	11,122	10,313	9,573	7,416	6,876	7,597	5,979	5,575
40	14,856	11,526	10,694	9,904	7,685	7,130	7,864	6,199	5,783
41	15,517	12,053	11,187	10,345	8,036	7,458	8,216	6,484	6,051
42	16,178	12,579	11,681	10,785	8,387	7,787	8,568	6,769	6,320
43	16,838	13,106	12,174	11,226	8,738	8,117	8,920	7,054	6,588
44	17,499	13,633	12,668	11,667	9,090	8,445	9,272	7,340	6,856
45	18,160	14,160	13,161	12,106	9,441	8,774	9,624	7,625	7,125
46	19,092	14,865	13,807	12,728	9,909	9,205	10,115	8,001	7,472
47	20,024	15,568	14,454	13,349	10,378	9,636	10,604	8,377	7,820
48	20,956	16,271	15,100	13,970	10,848	10,067	11,094	8,753	8,166
49	21,888	16,975	15,747	14,592	11,317	10,498	11,585	9,128	8,514
50	22,820	17,678	16,393	15,213	11,785	10,929	12,075	9,503	8,861
51	24,097	18,645	17,280	16,065	12,430	11,521	12,747	10,020	9,338
52	25,375	19,610	18,169	16,918	13,074	12,113	13,419	10,537	9,816
53	26,654	20,577	19,057	17,770	13,718	12,706	14,091	11,053	10,293
54	27,931	21,542	19,945	18,621	14,362	13,297	14,763	11,569	10,770
55	29,209	22,509	20,834	19,473	15,006	13,889	15,436	12,086	11,248
56	31,068	23,873	22,075	20,713	15,915	14,717	16,407	12,809	11,910
57	32,926	25,237	23,314	21,951	16,825	15,544	17,378	13,533	12,572
58	34,785	26,601	24,555	23,190	17,734	16,371	18,348	14,256	13,234
59	36,644	27,966	25,796	24,429	18,645	17,197	19,318	14,980	13,895
60	38,502	29,330	27,037	25,669	19,554	18,025	20,289	15,704	14,557
61	41,071	31,182	28,710	27,381	20,788	19,140	21,626	16,682	15,446
62	43,640	33,036	30,384	29,094	22,024	20,257	22,962	17,661	16,334
63	46,209	34,889	32,058	30,806	23,259	21,373	24,298	18,638	17,223
64	48,778	36,741	33,732	32,519	24,495	22,488	25,635	19,617	18,112
65	51,347	38,594	35,406	34,232	25,729	23,604	26,971	20,595	19,001
66	54,225	40,897	37,565	36,150	27,265	25,044	28,507	21,842	20,177
67	57,103	43,200	39,724	38,069	28,801	26,483	30,042	23,090	21,352

Annual Premiums including Premium Levy (US\$)

Plan D ⁶ - \$5,000,000 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	59,983	45,503	41,884	39,989	30,336	27,923	31,578	24,338	22,528
69	62,861	47,807	44,043	41,908	31,871	29,362	33,112	25,586	23,703
70	65,739	50,109	46,203	43,827	33,407	30,802	34,648	26,833	24,879
71	68,369	52,114	48,051	45,580	34,743	32,034	36,034	27,907	25,874
72	71,103	54,198	49,972	47,403	36,133	33,315	37,474	29,022	26,910
73	73,947	56,367	51,971	49,298	37,578	34,648	38,973	30,183	27,985
74	76,905	58,621	54,050	51,270	39,081	36,034	40,533	31,391	29,105
75	79,981	60,965	56,212	53,321	40,644	37,475	42,154	32,647	30,270
76	83,181	63,404	58,461	55,454	42,270	38,974	43,840	33,952	31,480
77	86,507	65,941	60,799	57,672	43,961	40,533	45,594	35,310	32,740
78	89,968	68,578	63,231	59,979	45,719	42,154	47,418	36,723	34,049
79	93,566	71,322	65,760	62,378	47,547	43,840	49,314	38,191	35,410
80	97,310	74,174	68,390	64,873	49,449	45,594	51,286	39,719	36,827
81	101,202	77,141	71,126	67,468	51,428	47,418	53,338	41,307	38,301
82	105,250	80,226	73,971	70,167	53,484	49,314	55,471	42,960	39,832
83	109,460	83,436	76,930	72,974	55,624	51,286	57,690	44,678	41,425
84	113,838	86,773	80,007	75,892	57,849	53,338	59,998	46,465	43,083
85	118,391	90,244	83,207	78,928	60,163	55,471	62,397	48,324	44,805
86	123,127	93,854	86,535	82,085	62,569	57,691	64,893	50,257	46,598
87	128,052	97,608	89,997	85,368	65,073	59,998	67,490	52,267	48,461
88	133,174	101,512	93,597	88,783	67,675	62,397	70,189	54,358	50,400
89	138,501	105,573	97,340	92,334	70,382	64,893	72,997	56,532	52,416
90	144,041	109,795	101,234	96,028	73,197	67,490	75,916	58,794	54,512
91	149,803	114,187	105,283	99,869	76,125	70,189	78,953	61,145	56,693
92	155,795	118,754	109,494	103,863	79,170	72,997	82,111	63,591	58,961
93	162,026	123,505	113,875	108,018	82,336	75,917	85,395	66,134	61,319
94	168,507	128,445	118,429	112,339	85,630	78,953	88,811	68,779	63,771
95	175,248	133,582	123,166	116,832	89,055	82,111	92,363	71,531	66,322
96	182,258	138,926	128,093	121,506	92,618	85,396	96,058	74,392	68,976
97	189,548	144,483	133,216	126,366	96,322	88,811	99,900	77,367	71,734
98	197,130	150,262	138,545	131,420	100,175	92,364	103,896	80,463	74,604
99	205,015	156,272	144,087	136,677	104,182	96,058	108,052	83,681	77,588

⁹ Refer to last birthday

Annual Premiums including Premium Levy (US\$)

Optional Dental Care	
For Plan A and B	US\$798
For Plan C and D	US\$876
Optional Maternity Care	
For Plan C and D	US\$3,185

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 2023



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	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
1	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
2	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
3	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
4	1,801	1,200	901	2,400	1,601	1,200	3,082	2,055	1,747	4,622	3,082	2,619
5	1,748	1,166	874	2,330	1,554	1,166	2,824	1,883	1,600	4,235	2,824	2,400
6	1,741	1,161	871	2,321	1,548	1,161	2,772	1,848	1,571	4,157	2,772	2,356
7	1,734	1,156	868	2,312	1,542	1,156	2,720	1,814	1,542	4,080	2,720	2,313
8	1,727	1,152	864	2,303	1,536	1,152	2,669	1,779	1,512	4,003	2,669	2,268
9	1,721	1,147	861	2,294	1,530	1,147	2,617	1,745	1,483	3,925	2,617	2,224
10	1,714	1,143	858	2,286	1,524	1,143	2,565	1,710	1,454	3,847	2,565	2,181
11	1,721	1,147	861	2,294	1,530	1,147	2,541	1,694	1,440	3,810	2,541	2,159
12	1,727	1,152	864	2,303	1,536	1,152	2,515	1,677	1,425	3,772	2,515	2,138
13	1,734	1,156	868	2,312	1,542	1,156	2,490	1,660	1,411	3,734	2,490	2,116
14	1,741	1,161	871	2,321	1,548	1,161	2,464	1,643	1,397	3,696	2,464	2,095
15	1,748	1,166	874	2,330	1,554	1,166	2,439	1,627	1,383	3,658	2,439	2,073
16	1,754	1,170	877	2,339	1,559	1,170	2,361	1,574	1,339	3,541	2,361	2,007
17	1,761	1,174	881	2,347	1,565	1,174	2,284	1,522	1,294	3,424	2,284	1,941
18	1,767	1,179	884	2,356	1,571	1,179	2,205	1,470	1,250	3,307	2,205	1,874
19	1,774	1,183	887	2,365	1,576	1,183	2,127	1,419	1,206	3,190	2,127	1,808
20	1,780	1,187	890	2,373	1,583	1,187	2,049	1,367	1,161	3,073	2,049	1,741
21	1,848	1,233	925	2,464	1,643	1,233	2,014	1,343	1,142	3,020	2,014	1,712
22	1,915	1,277	958	2,554	1,703	1,277	1,979	1,319	1,122	2,967	1,979	1,682
23	1,983	1,322	992	2,644	1,763	1,322	1,943	1,295	1,102	2,914	1,943	1,652
24	2,051	1,368	1,026	2,735	1,824	1,368	1,908	1,273	1,082	2,861	1,908	1,622
25	2,119	1,413	1,060	2,826	1,884	1,413	1,873	1,249	1,062	2,808	1,873	1,592
26	2,158	1,439	1,079	2,878	1,919	1,439	1,925	1,284	1,091	2,886	1,925	1,637
27	2,197	1,465	1,099	2,929	1,953	1,465	1,977	1,318	1,120	2,965	1,977	1,681
28	2,236	1,491	1,118	2,981	1,988	1,491	2,029	1,353	1,151	3,043	2,029	1,725
29	2,275	1,517	1,138	3,033	2,022	1,517	2,081	1,387	1,180	3,121	2,081	1,768
30	2,315	1,544	1,158	3,086	2,058	1,544	2,133	1,423	1,209	3,199	2,133	1,813
31	2,366	1,577	1,183	3,154	2,103	1,577	2,197	1,465	1,246	3,294	2,197	1,868
32	2,418	1,612	1,209	3,223	2,149	1,612	2,261	1,508	1,281	3,391	2,261	1,922
33	2,468	1,646	1,235	3,291	2,195	1,646	2,325	1,550	1,318	3,487	2,325	1,976

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	2,520	1,681	1,261	3,360	2,240	1,681	2,388	1,592	1,354	3,583	2,388	2,031
35	2,572	1,714	1,287	3,428	2,286	1,714	2,453	1,636	1,390	3,679	2,453	2,085
36	2,657	1,772	1,329	3,542	2,361	1,772	2,527	1,684	1,433	3,789	2,527	2,148
37	2,743	1,829	1,372	3,656	2,438	1,829	2,600	1,734	1,474	3,899	2,600	2,210
38	2,828	1,885	1,414	3,770	2,514	1,885	2,673	1,782	1,516	4,009	2,673	2,273
39	2,913	1,942	1,457	3,884	2,589	1,942	2,747	1,832	1,557	4,120	2,747	2,335
40	2,999	2,000	1,500	3,998	2,665	2,000	2,820	1,881	1,599	4,231	2,820	2,398
41	3,118	2,079	1,560	4,157	2,772	2,079	2,906	1,937	1,646	4,357	2,906	2,469
42	3,239	2,159	1,620	4,318	2,879	2,159	2,990	1,993	1,695	4,485	2,990	2,542
43	3,359	2,239	1,680	4,478	2,986	2,239	3,074	2,050	1,743	4,611	3,074	2,613
44	3,479	2,320	1,740	4,639	3,094	2,320	3,158	2,106	1,790	4,737	3,158	2,685
45	3,600	2,400	1,801	4,800	3,201	2,400	3,244	2,163	1,839	4,865	3,244	2,757
46	3,805	2,537	1,903	5,073	3,383	2,537	3,341	2,227	1,894	5,011	3,341	2,840
47	4,012	2,675	2,006	5,348	3,566	2,675	3,438	2,292	1,949	5,156	3,438	2,923
48	4,217	2,812	2,109	5,622	3,748	2,812	3,535	2,357	2,004	5,302	3,535	3,005
49	4,422	2,949	2,211	5,896	3,932	2,949	3,633	2,422	2,059	5,448	3,633	3,088
50	4,628	3,086	2,315	6,171	4,114	3,086	3,730	2,487	2,114	5,594	3,730	3,170
51	4,909	3,273	2,455	6,545	4,364	3,273	3,842	2,561	2,178	5,762	3,842	3,265
52	5,190	3,460	2,596	6,919	4,613	3,460	3,953	2,636	2,240	5,930	3,953	3,360
53	5,471	3,648	2,736	7,294	4,863	3,648	4,066	2,710	2,304	6,098	4,066	3,455
54	5,751	3,834	2,877	7,667	5,112	3,834	4,177	2,785	2,368	6,266	4,177	3,550
55	6,031	4,021	3,016	8,042	5,362	4,021	4,289	2,860	2,430	6,433	4,289	3,645
56	6,476	4,318	3,238	8,635	5,757	4,318	4,418	2,946	2,504	6,626	4,418	3,756
57	6,921	4,614	3,461	9,228	6,152	4,614	4,546	3,031	2,576	6,820	4,546	3,865
58	7,366	4,911	3,683	9,821	6,547	4,911	4,675	3,117	2,650	7,012	4,675	3,974
59	7,811	5,208	3,906	10,415	6,944	5,208	4,804	3,203	2,722	7,205	4,804	4,083
60	8,256	5,504	4,128	11,008	7,339	5,504	4,933	3,289	2,796	7,398	4,933	4,193
61	8,901	5,934	4,451	11,868	7,911	5,934	5,081	3,387	2,880	7,620	5,081	4,318
62	9,546	6,364	4,773	12,726	8,485	6,364	5,229	3,486	2,963	7,842	5,229	4,445
63	10,189	6,794	5,095	13,586	9,057	6,794	5,377	3,585	3,047	8,064	5,377	4,570
64	10,834	7,224	5,418	14,445	9,631	7,224	5,525	3,683	3,130	8,286	5,525	4,695
65	11,479	7,653	5,740	15,305	10,203	7,653	5,673	3,782	3,215	8,508	5,673	4,822
66	11,996	7,998	5,999	15,995	10,663	7,998	5,842	3,895	3,311	8,763	5,842	4,966
67	12,514	8,343	6,258	16,685	11,123	8,343	6,013	4,008	3,408	9,018	6,013	5,111

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	13,032	8,688	6,516	17,376	11,585	8,688	6,182	4,122	3,504	9,273	6,182	5,256
69	13,550	9,034	6,775	18,066	12,045	9,034	6,353	4,235	3,600	9,528	6,353	5,399
70	14,067	9,378	7,035	18,756	12,505	9,378	6,523	4,349	3,696	9,784	6,523	5,544
71	14,630	9,754	7,315	19,506	13,005	9,754	6,718	4,479	3,807	10,077	6,718	5,710
72	15,216	10,144	7,608	20,286	13,524	10,144	6,831	4,613	3,922	10,379	6,920	5,882
73	15,824	10,550	7,913	21,098	14,065	10,550	6,831	4,752	4,040	10,690	7,127	6,058
74	16,456	10,971	8,229	21,942	14,628	10,971	6,831	4,895	4,161	11,011	7,341	6,241
75	17,115	11,411	8,558	22,820	15,213	11,411	6,831	5,042	4,285	11,342	7,562	6,428
76	17,800	11,866	8,901	23,732	15,821	11,866	6,831	5,193	4,413	11,682	7,788	6,620
77	18,512	12,342	9,256	24,682	16,454	12,342	6,831	5,349	4,546	12,033	8,022	6,819
78	19,251	12,835	9,627	25,669	17,113	12,835	6,831	5,508	4,682	12,393	8,262	7,024
79	20,022	13,348	10,011	26,696	17,798	13,348	6,831	5,674	4,823	12,420	8,511	7,234
80	20,823	13,882	10,412	27,763	18,510	13,882	6,831	5,844	4,967	12,420	8,766	7,451
81	21,656	14,438	10,829	28,874	19,249	14,438	6,831	6,019	5,116	12,420	9,028	7,675
82	22,522	15,015	11,262	30,029	20,019	15,015	6,831	6,200	5,270	13,662	9,299	7,905
83	23,422	15,615	11,712	31,230	20,821	15,615	6,831	6,387	5,429	13,662	9,579	8,142
84	24,360	16,240	12,181	32,479	21,653	16,240	6,831	6,578	5,591	13,662	9,866	8,386
85	25,334	16,890	12,668	33,779	22,520	16,890	6,831	6,775	5,759	13,662	10,162	8,637
86	26,347	17,566	13,174	35,130	23,420	17,566	6,831	6,831	5,808	13,662	10,467	8,896
87	27,401	18,268	13,701	36,535	24,357	18,268	6,831	6,831	5,808	13,662	10,781	9,163
88	28,497	18,999	14,249	37,996	25,331	18,999	6,831	6,831	5,808	13,662	11,104	9,439
89	29,637	19,758	14,819	39,516	26,344	19,758	6,831	6,831	5,808	13,662	11,437	9,722
90	30,823	20,549	15,412	41,096	27,398	20,549	6,831	6,831	5,808	13,662	11,780	10,013
91	32,055	21,370	16,028	42,739	28,493	21,370	6,831	6,831	5,808	13,662	12,133	10,313
92	33,337	22,225	16,669	44,449	29,634	22,225	6,831	6,831	5,808	13,662	12,497	10,623
93	34,671	23,115	17,336	46,228	30,818	23,115	6,831	6,831	5,808	13,662	12,872	10,942
94	36,057	24,039	18,029	48,077	32,052	24,039	6,831	6,831	5,808	13,662	13,259	11,270
95	37,499	25,000	18,750	49,999	33,334	25,000	6,831	6,831	5,808	13,662	13,656	11,608
96	38,999	26,000	19,500	51,999	34,666	26,000	6,831	6,831	5,808	13,662	13,662	11,614
97	40,560	27,040	20,281	54,079	36,053	27,040	6,831	6,831	5,808	13,662	13,662	11,614
98	42,182	28,122	21,092	56,243	37,495	28,122	6,831	6,831	5,808	13,662	13,662	11,614
99	43,869	29,247	21,935	58,492	38,995	29,247	6,831	6,831	5,808	13,662	13,662	11,614

⁹ 跟據足歲

年度保費及保費徵費表 (美元)

計劃C - \$2,500,000美元保障額 基本保障 - 住院福利										附加門診保障		
年齡 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		
	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
0	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
1	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
2	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
3	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
4	4,000	2,400	2,001	2,667	1,601	1,334	2,001	1,200	1,001	6,163	4,109	3,492
5	3,882	2,330	1,941	2,588	1,554	1,294	1,941	1,166	971	5,646	3,764	3,199
6	3,868	2,321	1,935	2,578	1,548	1,290	1,935	1,161	968	5,543	3,695	3,141
7	3,853	2,312	1,927	2,569	1,542	1,285	1,927	1,156	964	5,439	3,627	3,083
8	3,839	2,303	1,920	2,559	1,536	1,280	1,920	1,152	961	5,337	3,558	3,024
9	3,824	2,294	1,912	2,549	1,530	1,275	1,912	1,147	956	5,233	3,489	2,966
10	3,810	2,286	1,906	2,540	1,524	1,271	1,906	1,143	953	5,129	3,420	2,907
11	3,824	2,294	1,912	2,549	1,530	1,275	1,912	1,147	956	5,080	3,386	2,879
12	3,839	2,303	1,920	2,559	1,536	1,280	1,920	1,152	961	5,029	3,353	2,850
13	3,853	2,312	1,927	2,569	1,542	1,285	1,927	1,156	964	4,978	3,319	2,821
14	3,868	2,321	1,935	2,578	1,548	1,290	1,935	1,161	968	4,927	3,286	2,793
15	3,882	2,330	1,941	2,588	1,554	1,294	1,941	1,166	971	4,878	3,252	2,764
16	3,897	2,339	1,949	2,598	1,559	1,300	1,949	1,170	975	4,721	3,148	2,676
17	3,911	2,347	1,956	2,608	1,565	1,304	1,956	1,174	979	4,566	3,044	2,587
18	3,926	2,356	1,964	2,617	1,571	1,309	1,964	1,179	982	4,409	2,940	2,499
19	3,940	2,365	1,970	2,627	1,576	1,314	1,970	1,183	985	4,254	2,835	2,410
20	3,954	2,373	1,978	2,637	1,583	1,319	1,978	1,187	990	4,097	2,732	2,322
21	4,106	2,464	2,054	2,737	1,643	1,369	2,054	1,233	1,028	4,027	2,684	2,283
22	4,256	2,554	2,128	2,838	1,703	1,420	2,128	1,277	1,064	3,957	2,638	2,243
23	4,407	2,644	2,204	2,938	1,763	1,469	2,204	1,322	1,102	3,885	2,590	2,203
24	4,557	2,735	2,279	3,039	1,824	1,520	2,279	1,368	1,140	3,815	2,544	2,163
25	4,708	2,826	2,355	3,139	1,884	1,570	2,355	1,413	1,178	3,745	2,496	2,123
26	4,795	2,878	2,398	3,197	1,919	1,599	2,398	1,439	1,199	3,849	2,567	2,181
27	4,882	2,929	2,441	3,255	1,953	1,628	2,441	1,465	1,221	3,953	2,636	2,240
28	4,968	2,981	2,484	3,313	1,988	1,657	2,484	1,491	1,242	4,057	2,705	2,300
29	5,055	3,033	2,528	3,370	2,022	1,685	2,528	1,517	1,264	4,161	2,774	2,358
30	5,142	3,086	2,572	3,428	2,058	1,714	2,572	1,544	1,287	4,265	2,844	2,418
31	5,257	3,154	2,629	3,505	2,103	1,753	2,629	1,577	1,315	4,457	2,972	2,526
32	5,370	3,223	2,685	3,581	2,149	1,791	2,685	1,612	1,343	4,649	3,099	2,635
33	5,485	3,291	2,743	3,657	2,195	1,829	2,743	1,646	1,372	4,841	3,228	2,744

年度保費及保費徵費表 (美元)

計劃C - \$2,500,000美元保障額 基本保障 - 住院福利										附加門診保障		
年齡 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		
	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	5,599	3,360	2,800	3,733	2,240	1,867	2,800	1,681	1,400	5,032	3,355	2,852
35	5,714	3,428	2,857	3,810	2,286	1,906	2,857	1,714	1,429	5,224	3,483	2,961
36	5,903	3,542	2,952	3,936	2,361	1,968	2,952	1,772	1,477	5,486	3,657	3,109
37	6,093	3,656	3,047	4,062	2,438	2,032	3,047	1,829	1,524	5,747	3,831	3,257
38	6,283	3,770	3,142	4,189	2,514	2,095	3,142	1,885	1,572	6,007	4,005	3,405
39	6,472	3,884	3,236	4,315	2,589	2,158	3,236	1,942	1,618	6,269	4,180	3,553
40	6,662	3,998	3,331	4,441	2,665	2,221	3,331	2,000	1,666	6,530	4,354	3,701
41	6,929	4,157	3,465	4,620	2,772	2,311	3,465	2,079	1,733	6,856	4,571	3,886
42	7,197	4,318	3,599	4,798	2,879	2,399	3,599	2,159	1,800	7,184	4,789	4,071
43	7,463	4,478	3,732	4,976	2,986	2,489	3,732	2,239	1,867	7,510	5,006	4,256
44	7,731	4,639	3,866	5,154	3,094	2,577	3,866	2,320	1,934	7,836	5,224	4,440
45	7,999	4,800	4,000	5,332	3,201	2,667	4,000	2,400	2,001	8,162	5,442	4,626
46	8,456	5,073	4,229	5,637	3,383	2,819	4,229	2,537	2,115	8,523	5,682	4,830
47	8,913	5,348	4,457	5,942	3,566	2,972	4,457	2,675	2,229	8,883	5,923	5,034
48	9,369	5,622	4,686	6,246	3,748	3,124	4,686	2,812	2,343	9,245	6,164	5,240
49	9,826	5,896	4,913	6,552	3,932	3,276	4,913	2,949	2,457	9,606	6,404	5,444
50	10,283	6,171	5,142	6,856	4,114	3,428	5,142	3,086	2,572	9,967	6,645	5,648
51	10,907	6,545	5,454	7,272	4,364	3,637	5,454	3,273	2,727	10,465	6,976	5,931
52	11,531	6,919	5,766	7,688	4,613	3,844	5,766	3,460	2,883	10,962	7,309	6,213
53	12,155	7,294	6,078	8,104	4,863	4,053	6,078	3,648	3,040	11,461	7,641	6,495
54	12,779	7,667	6,390	8,520	5,112	4,260	6,390	3,834	3,195	11,959	7,973	6,777
55	13,402	8,042	6,702	8,935	5,362	4,468	6,702	4,021	3,352	12,457	8,306	7,059
56	14,391	8,635	7,197	9,594	5,757	4,798	7,197	4,318	3,599	13,080	8,720	7,413
57	15,380	9,228	7,690	10,253	6,152	5,127	7,690	4,614	3,845	13,704	9,136	7,766
58	16,368	9,821	8,185	10,913	6,547	5,457	8,185	4,911	4,093	14,326	9,551	8,119
59	17,357	10,415	8,679	11,572	6,944	5,786	8,679	5,208	4,340	14,949	9,967	8,471
60	18,345	11,008	9,173	12,230	7,339	6,115	9,173	5,504	4,587	15,572	10,381	8,824
61	19,777	11,868	9,889	13,185	7,911	6,593	9,889	5,934	4,945	16,351	10,901	9,266
62	21,211	12,726	10,606	14,141	8,485	7,071	10,606	6,364	5,303	17,128	11,419	9,706
63	22,643	13,586	11,322	15,096	9,057	7,549	11,322	6,794	5,662	17,907	11,939	10,148
64	24,075	14,445	12,038	16,050	9,631	8,026	12,038	7,224	6,019	18,686	12,457	10,589
65	25,507	15,305	12,754	17,005	10,203	8,503	12,754	7,653	6,378	19,464	12,977	11,031
66	26,658	15,995	13,330	17,772	10,663	8,887	13,330	7,998	6,665	20,905	13,937	11,846
67	27,808	16,685	13,904	18,539	11,123	9,270	13,904	8,343	6,952	22,345	14,897	12,662

年度保費及保費徵費表 (美元)

計劃C - \$2,500,000美元保障額 基本保障 - 住院福利											附加門診保障		
年齡 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			
	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	28,959	17,376	14,480	19,307	11,585	9,654	14,480	8,688	7,241	23,785	15,857	13,479	
69	30,109	18,066	15,055	20,073	12,045	10,037	15,055	9,034	7,528	25,225	16,817	14,295	
70	31,260	18,756	15,630	20,840	12,505	10,420	15,630	9,378	7,815	26,666	17,777	15,111	
71	32,510	19,506	16,256	21,674	13,005	10,837	16,256	9,754	8,129	27,733	18,489	15,716	
72	33,810	20,286	16,906	22,540	13,524	11,270	16,906	10,144	8,454	28,842	19,228	16,344	
73	35,163	21,098	17,582	23,442	14,065	11,722	17,582	10,550	8,792	29,995	19,997	16,998	
74	36,569	21,942	18,285	24,379	14,628	12,190	18,285	10,971	9,143	31,195	20,797	17,678	
75	38,032	22,820	19,016	25,355	15,213	12,678	19,016	11,411	9,509	32,443	21,629	18,384	
76	39,553	23,732	19,777	26,369	15,821	13,185	19,777	11,866	9,889	33,741	22,494	19,120	
77	41,136	24,682	20,568	27,424	16,454	13,712	20,568	12,342	10,284	35,090	23,393	19,884	
78	42,780	25,669	21,391	28,521	17,113	14,261	21,391	12,835	10,696	36,494	24,330	20,680	
79	44,492	26,696	22,246	29,662	17,798	14,831	22,246	13,348	11,123	37,953	25,303	21,508	
80	46,271	27,763	23,136	30,847	18,510	15,424	23,136	13,882	11,568	39,471	26,315	22,367	
81	48,122	28,874	24,062	32,082	19,249	16,042	24,062	14,438	12,032	41,050	27,367	23,263	
82	50,047	30,029	25,024	33,365	20,019	16,683	25,024	15,015	12,512	42,692	28,462	24,192	
83	52,049	31,230	26,025	34,700	20,821	17,351	26,025	15,615	13,013	44,399	29,600	25,160	
84	54,131	32,479	27,066	36,088	21,653	18,044	27,066	16,240	13,534	46,176	30,784	26,167	
85	56,297	33,779	28,149	37,532	22,520	18,767	28,149	16,890	14,075	48,023	32,015	27,213	
86	58,548	35,130	29,275	39,033	23,420	19,517	29,275	17,566	14,638	49,944	33,296	28,302	
87	60,890	36,535	30,446	40,593	24,357	20,297	30,446	18,268	15,223	51,941	34,627	29,434	
88	63,325	37,996	31,663	42,218	25,331	21,109	31,663	18,999	15,832	54,019	36,013	30,611	
89	65,858	39,516	32,930	43,906	26,344	21,954	32,930	19,758	16,465	56,180	37,454	31,836	
90	68,493	41,096	34,247	45,662	27,398	22,832	34,247	20,549	17,124	58,426	38,952	33,109	
91	71,232	42,739	35,617	47,488	28,493	23,744	35,617	21,370	17,809	60,763	40,509	34,433	
92	74,081	44,449	37,041	49,388	29,634	24,695	37,041	22,225	18,521	63,195	42,130	35,810	
93	77,044	46,228	38,523	51,363	30,818	25,682	38,523	23,115	19,262	65,722	43,815	37,243	
94	80,127	48,077	40,064	53,418	32,052	26,710	40,064	24,039	20,032	68,350	45,568	38,733	
95	83,331	49,999	41,666	55,555	33,334	27,778	41,666	25,000	20,834	71,085	47,390	40,282	
96	86,665	51,999	43,333	57,777	34,666	28,889	43,333	26,000	21,667	73,929	49,286	41,893	
97	90,131	54,079	45,066	60,087	36,053	30,044	45,066	27,040	22,534	76,886	51,257	43,569	
98	93,737	56,243	46,869	62,491	37,495	31,246	46,869	28,122	23,435	79,960	53,307	45,312	
99	97,486	58,492	48,743	64,991	38,995	32,496	48,743	29,247	24,372	83,159	55,440	47,124	

⁹ 跟據足歲

年度保費及保費徵費表 (美元)

計劃D⁶ - \$5,000,000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	墊底費 \$5,000	\$8,000	無墊底費	\$5,000	\$8,000
0	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
1	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
2	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
3	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
4	11,161	9,161	8,662	7,441	6,108	5,775	5,991	4,992	4,742
5	10,497	8,557	8,071	6,999	5,705	5,381	5,625	4,655	4,412
6	10,376	8,443	7,959	6,918	5,628	5,307	5,558	4,592	4,350
7	10,254	8,328	7,847	6,837	5,553	5,232	5,490	4,528	4,287
8	10,133	8,214	7,734	6,756	5,476	5,156	5,423	4,463	4,223
9	10,012	8,100	7,622	6,675	5,400	5,082	5,355	4,399	4,161
10	9,890	7,986	7,510	6,594	5,324	5,007	5,287	4,336	4,097
11	9,858	7,946	7,469	6,572	5,298	4,979	5,268	4,312	4,073
12	9,825	7,907	7,428	6,551	5,272	4,952	5,248	4,289	4,049
13	9,793	7,867	7,386	6,529	5,245	4,924	5,229	4,265	4,026
14	9,760	7,827	7,344	6,507	5,219	4,896	5,209	4,243	4,001
15	9,729	7,788	7,303	6,486	5,192	4,869	5,190	4,220	3,977
16	9,591	7,643	7,155	6,394	5,096	4,771	5,111	4,137	3,893
17	9,453	7,498	7,009	6,302	4,999	4,673	5,031	4,054	3,810
18	9,315	7,353	6,862	6,210	4,903	4,575	4,952	3,971	3,725
19	9,177	7,207	6,715	6,119	4,805	4,477	4,872	3,887	3,641
20	9,039	7,063	6,568	6,027	4,708	4,379	4,794	3,804	3,558
21	9,157	7,105	6,592	6,105	4,737	4,395	4,848	3,822	3,564
22	9,274	7,147	6,615	6,183	4,765	4,410	4,902	3,838	3,572
23	9,393	7,190	6,639	6,262	4,794	4,426	4,956	3,854	3,579
24	9,511	7,232	6,663	6,341	4,822	4,443	5,011	3,871	3,586
25	9,629	7,275	6,687	6,419	4,851	4,458	5,065	3,887	3,594
26	9,841	7,444	6,844	6,561	4,963	4,563	5,178	3,979	3,679
27	10,054	7,613	7,003	6,703	5,075	4,669	5,290	4,071	3,765
28	10,266	7,783	7,162	6,844	5,189	4,775	5,404	4,162	3,852
29	10,479	7,951	7,320	6,986	5,301	4,880	5,517	4,254	3,938
30	10,691	8,121	7,478	7,128	5,415	4,986	5,631	4,345	4,023
31	11,026	8,399	7,742	7,351	5,599	5,162	5,811	4,497	4,168
32	11,361	8,676	8,004	7,575	5,784	5,337	5,991	4,649	4,313
33	11,696	8,954	8,268	7,797	5,970	5,513	6,171	4,800	4,458

年度保費及保費徵費表 (美元)

計劃D⁶ - \$5,000,000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	墊底費 \$5,000	\$8,000	無墊底費	\$5,000	\$8,000
34	12,031	9,231	8,531	8,021	6,154	5,688	6,351	4,951	4,601
35	12,365	9,509	8,795	8,244	6,339	5,864	6,531	5,103	4,746
36	12,863	9,912	9,174	8,576	6,608	6,117	6,798	5,323	4,953
37	13,361	10,316	9,554	8,908	6,877	6,369	7,065	5,541	5,161
38	13,860	10,719	9,934	9,240	7,147	6,623	7,330	5,760	5,368
39	14,358	11,122	10,313	9,573	7,416	6,876	7,597	5,979	5,575
40	14,856	11,526	10,694	9,904	7,685	7,130	7,864	6,199	5,783
41	15,517	12,053	11,187	10,345	8,036	7,458	8,216	6,484	6,051
42	16,178	12,579	11,681	10,785	8,387	7,787	8,568	6,769	6,320
43	16,838	13,106	12,174	11,226	8,738	8,117	8,920	7,054	6,588
44	17,499	13,633	12,668	11,667	9,090	8,445	9,272	7,340	6,856
45	18,160	14,160	13,161	12,106	9,441	8,774	9,624	7,625	7,125
46	19,092	14,865	13,807	12,728	9,909	9,205	10,115	8,001	7,472
47	20,024	15,568	14,454	13,349	10,378	9,636	10,604	8,377	7,820
48	20,956	16,271	15,100	13,970	10,848	10,067	11,094	8,753	8,166
49	21,888	16,975	15,747	14,592	11,317	10,498	11,585	9,128	8,514
50	22,820	17,678	16,393	15,213	11,785	10,929	12,075	9,503	8,861
51	24,097	18,645	17,280	16,065	12,430	11,521	12,747	10,020	9,338
52	25,375	19,610	18,169	16,918	13,074	12,113	13,419	10,537	9,816
53	26,654	20,577	19,057	17,770	13,718	12,706	14,091	11,053	10,293
54	27,931	21,542	19,945	18,621	14,362	13,297	14,763	11,569	10,770
55	29,209	22,509	20,834	19,473	15,006	13,889	15,436	12,086	11,248
56	31,068	23,873	22,075	20,713	15,915	14,717	16,407	12,809	11,910
57	32,926	25,237	23,314	21,951	16,825	15,544	17,378	13,533	12,572
58	34,785	26,601	24,555	23,190	17,734	16,371	18,348	14,256	13,234
59	36,644	27,966	25,796	24,429	18,645	17,197	19,318	14,980	13,895
60	38,502	29,330	27,037	25,669	19,554	18,025	20,289	15,704	14,557
61	41,071	31,182	28,710	27,381	20,788	19,140	21,626	16,682	15,446
62	43,640	33,036	30,384	29,094	22,024	20,257	22,962	17,661	16,334
63	46,209	34,889	32,058	30,806	23,259	21,373	24,298	18,638	17,223
64	48,778	36,741	33,732	32,519	24,495	22,488	25,635	19,617	18,112
65	51,347	38,594	35,406	34,232	25,729	23,604	26,971	20,595	19,001
66	54,225	40,897	37,565	36,150	27,265	25,044	28,507	21,842	20,177
67	57,103	43,200	39,724	38,069	28,801	26,483	30,042	23,090	21,352

年度保費及保費徵費表 (美元)

計劃D⁶ - \$5,000,000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	墊底費 \$5,000	\$8,000	無墊底費	\$5,000	\$8,000
68	59,983	45,503	41,884	39,989	30,336	27,923	31,578	24,338	22,528
69	62,861	47,807	44,043	41,908	31,871	29,362	33,112	25,586	23,703
70	65,739	50,109	46,203	43,827	33,407	30,802	34,648	26,833	24,879
71	68,369	52,114	48,051	45,580	34,743	32,034	36,034	27,907	25,874
72	71,103	54,198	49,972	47,403	36,133	33,315	37,474	29,022	26,910
73	73,947	56,367	51,971	49,298	37,578	34,648	38,973	30,183	27,985
74	76,905	58,621	54,050	51,270	39,081	36,034	40,533	31,391	29,105
75	79,981	60,965	56,212	53,321	40,644	37,475	42,154	32,647	30,270
76	83,181	63,404	58,461	55,454	42,270	38,974	43,840	33,952	31,480
77	86,507	65,941	60,799	57,672	43,961	40,533	45,594	35,310	32,740
78	89,968	68,578	63,231	59,979	45,719	42,154	47,418	36,723	34,049
79	93,566	71,322	65,760	62,378	47,547	43,840	49,314	38,191	35,410
80	97,310	74,174	68,390	64,873	49,449	45,594	51,286	39,719	36,827
81	101,202	77,141	71,126	67,468	51,428	47,418	53,338	41,307	38,301
82	105,250	80,226	73,971	70,167	53,484	49,314	55,471	42,960	39,832
83	109,460	83,436	76,930	72,974	55,624	51,286	57,690	44,678	41,425
84	113,838	86,773	80,007	75,892	57,849	53,338	59,998	46,465	43,083
85	118,391	90,244	83,207	78,928	60,163	55,471	62,397	48,324	44,805
86	123,127	93,854	86,535	82,085	62,569	57,691	64,893	50,257	46,598
87	128,052	97,608	89,997	85,368	65,073	59,998	67,490	52,267	48,461
88	133,174	101,512	93,597	88,783	67,675	62,397	70,189	54,358	50,400
89	138,501	105,573	97,340	92,334	70,382	64,893	72,997	56,532	52,416
90	144,041	109,795	101,234	96,028	73,197	67,490	75,916	58,794	54,512
91	149,803	114,187	105,283	99,869	76,125	70,189	78,953	61,145	56,693
92	155,795	118,754	109,494	103,863	79,170	72,997	82,111	63,591	58,961
93	162,026	123,505	113,875	108,018	82,336	75,917	85,395	66,134	61,319
94	168,507	128,445	118,429	112,339	85,630	78,953	88,811	68,779	63,771
95	175,248	133,582	123,166	116,832	89,055	82,111	92,363	71,531	66,322
96	182,258	138,926	128,093	121,506	92,618	85,396	96,058	74,392	68,976
97	189,548	144,483	133,216	126,366	96,322	88,811	99,900	77,367	71,734
98	197,130	150,262	138,545	131,420	100,175	92,364	103,896	80,463	74,604
99	205,015	156,272	144,087	136,677	104,182	96,058	108,052	83,681	77,588

⁹ 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	798美元
適用於計劃C及D	876美元
附加分娩保障	
適用於計劃C及D	3,185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⁵：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。



由利寶國際保險有限公司承保
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