Liberty

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 Asia[1]

Extended plan benefits-24-hour Overseas Emergency Services[2] and Greater China Assistance Program

Cashless hospital arrangement with direct billing[3]

Guaranteed life time renewal with pool rating and coverage[4]

[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: 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	N.A.	US$2,500 for both specified and non-specified items sharing the same limit	Fully covered	Fully covered
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: a) Resident patient in the general ward of government hospital (Hong Kong & Macau only) b) Outpatient endoscopic procedures c) Co-ordination of benefits	US$100 per day	US$100 per day	US$150 per day	US$250 per day
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) 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	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
1	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
2	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
3	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
4	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
5	2,561	1,709	1,281	4,115	2,745	2,059	4,233	2,823	2,398	6,348	4,233	3,597
6	2,551	1,701	1,276	4,099	2,734	2,051	4,155	2,770	2,355	6,231	4,155	3,532
7	2,541	1,694	1,272	4,083	2,723	2,042	4,077	2,719	2,312	6,115	4,077	3,467
8	2,530	1,688	1,266	4,067	2,713	2,035	4,001	2,667	2,267	6,000	4,001	3,400
9	2,522	1,681	1,262	4,051	2,702	2,026	3,923	2,616	2,223	5,883	3,923	3,334
10	2,511	1,675	1,257	4,037	2,692	2,019	3,845	2,563	2,180	5,766	3,845	3,269
11	2,522	1,681	1,262	4,051	2,702	2,026	3,809	2,539	2,159	5,711	3,809	3,236
12	2,530	1,688	1,266	4,067	2,713	2,035	3,770	2,514	2,136	5,654	3,770	3,205
13	2,541	1,694	1,272	4,083	2,723	2,042	3,732	2,488	2,115	5,597	3,732	3,172
14	2,551	1,701	1,276	4,099	2,734	2,051	3,693	2,463	2,094	5,540	3,693	3,140
15	2,561	1,709	1,281	4,115	2,745	2,059	3,656	2,439	2,073	5,483	3,656	3,107
16	2,570	1,715	1,285	4,131	2,753	2,066	3,539	2,360	2,007	5,308	3,539	3,008
17	2,580	1,720	1,291	4,145	2,764	2,074	3,424	2,282	1,940	5,132	3,424	2,910
18	2,589	1,728	1,296	4,161	2,775	2,082	3,305	2,204	1,874	4,957	3,305	2,809
19	2,599	1,734	1,300	4,177	2,783	2,089	3,188	2,127	1,808	4,782	3,188	2,710
20	2,608	1,739	1,304	4,191	2,796	2,097	3,071	2,049	1,741	4,606	3,071	2,610
21	2,708	1,807	1,356	4,351	2,902	2,178	3,019	2,013	1,712	4,527	3,019	2,566
22	2,806	1,871	1,404	4,510	3,008	2,255	2,967	1,977	1,682	4,447	2,967	2,521
23	2,906	1,937	1,454	4,669	3,114	2,335	2,913	1,941	1,652	4,368	2,913	2,476
24	3,005	2,005	1,504	4,830	3,221	2,416	2,860	1,908	1,622	4,288	2,860	2,431
25	3,105	2,070	1,553	4,991	3,327	2,496	2,808	1,872	1,592	4,209	2,808	2,387
26	3,162	2,109	1,581	5,082	3,389	2,541	2,886	1,925	1,636	4,326	2,886	2,454
27	3,219	2,147	1,610	5,173	3,449	2,587	2,964	1,976	1,679	4,444	2,964	2,520
28	3,276	2,185	1,638	5,264	3,511	2,633	3,041	2,028	1,726	4,561	3,041	2,586
29	3,333	2,223	1,668	5,356	3,571	2,679	3,119	2,079	1,769	4,678	3,119	2,650
30	3,392	2,262	1,697	5,450	3,635	2,727	3,197	2,133	1,812	4,795	3,197	2,718
31	3,467	2,311	1,734	5,570	3,714	2,785	3,293	2,196	1,868	4,937	3,293	2,800
32	3,543	2,362	1,772	5,692	3,795	2,847	3,389	2,261	1,920	5,083	3,389	2,881
33	3,616	2,412	1,810	5,812	3,876	2,907	3,485	2,324	1,976	5,227	3,485	2,962

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	3,692	2,463	1,848	5,934	3,956	2,969	3,580	2,387	2,030	5,371	3,580	3,044
35	3,768	2,511	1,886	6,054	4,037	3,027	3,677	2,452	2,084	5,514	3,677	3,125
36	3,893	2,596	1,947	6,255	4,170	3,129	3,788	2,524	2,148	5,679	3,788	3,220
37	4,019	2,680	2,010	6,456	4,306	3,230	3,897	2,599	2,210	5,844	3,897	3,313
38	4,143	2,762	2,072	6,658	4,440	3,329	4,007	2,671	2,273	6,009	4,007	3,407
39	4,268	2,845	2,135	6,859	4,572	3,430	4,118	2,746	2,334	6,175	4,118	3,500
40	4,394	2,930	2,198	7,060	4,706	3,532	4,227	2,820	2,397	6,342	4,227	3,595
41	4,568	3,046	2,286	7,341	4,895	3,672	4,356	2,904	2,467	6,531	4,356	3,701
42	4,746	3,163	2,374	7,625	5,084	3,813	4,482	2,988	2,541	6,722	4,482	3,810
43	4,921	3,281	2,462	7,908	5,273	3,954	4,608	3,073	2,613	6,911	4,608	3,917
44	5,097	3,399	2,550	8,192	5,464	4,097	4,734	3,157	2,683	7,100	4,734	4,025
45	5,274	3,516	2,639	8,476	5,653	4,238	4,862	3,242	2,757	7,292	4,862	4,133
46	5,575	3,717	2,788	8,958	5,974	4,480	5,008	3,338	2,839	7,511	5,008	4,257
47	5,878	3,919	2,939	9,444	6,297	4,724	5,153	3,436	2,922	7,728	5,153	4,381
48	6,178	4,120	3,090	9,928	6,619	4,966	5,299	3,533	3,004	7,947	5,299	4,504
49	6,479	4,321	3,240	10,412	6,944	5,208	5,445	3,630	3,086	8,166	5,445	4,629
50	6,780	4,521	3,392	10,897	7,265	5,450	5,591	3,728	3,169	8,385	5,591	4,752
51	7,192	4,795	3,597	11,558	7,706	5,780	5,759	3,839	3,265	8,636	5,759	4,894
52	7,604	5,069	3,804	12,218	8,146	6,110	5,925	3,951	3,358	8,888	5,925	5,036
53	8,015	5,345	4,009	12,880	8,588	6,442	6,094	4,062	3,454	9,140	6,094	5,179
54	8,425	5,617	4,215	13,539	9,027	6,771	6,261	4,175	3,550	9,392	6,261	5,321
55	8,836	5,891	4,419	14,201	9,469	7,101	6,429	4,287	3,642	9,642	6,429	5,463
56	9,488	6,326	4,744	15,248	10,166	7,625	6,622	4,416	3,753	9,931	6,622	5,630
57	10,139	6,760	5,071	16,295	10,864	8,148	6,814	4,543	3,861	10,222	6,814	5,793
58	10,791	7,195	5,396	17,342	11,561	8,672	7,007	4,672	3,972	10,510	7,007	5,957
59	11,443	7,630	5,723	18,391	12,262	9,197	7,200	4,801	4,080	10,799	7,200	6,120
60	12,095	8,064	6,048	19,438	12,960	9,719	7,394	4,930	4,191	11,088	7,394	6,285
61	13,040	8,694	6,521	20,957	13,970	10,479	7,616	5,077	4,317	11,421	7,616	6,472
62	13,985	9,324	6,993	22,472	14,983	11,238	7,837	5,225	4,441	11,754	7,837	6,662
63	14,927	9,953	7,464	23,991	15,993	11,997	8,059	5,374	4,567	12,086	8,059	6,850
64	15,872	10,583	7,938	25,507	17,007	12,757	8,281	5,520	4,692	12,419	8,281	7,037
65	16,817	11,212	8,409	27,026	18,017	13,514	8,503	5,669	4,819	12,752	8,503	7,227
66	17,574	11,717	8,789	28,244	18,829	14,123	8,756	5,838	4,963	13,134	8,756	7,443
67	18,333	12,223	9,168	29,463	19,641	14,733	9,012	6,007	5,108	13,516	9,012	7,661

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	19,092	12,728	9,546	30,683	20,457	15,342	9,266	6,178	5,252	13,898	9,266	7,878
69	19,851	13,235	9,926	31,901	21,270	15,953	9,522	6,348	5,396	14,281	9,522	8,092
70	20,608	13,739	10,306	33,120	22,082	16,560	9,777	6,519	5,540	14,664	9,777	8,310
71	21,433	14,290	10,717	34,444	22,965	17,224	10,069	6,713	5,706	15,103	10,069	8,558
72	22,291	14,861	11,146	35,822	23,881	17,913	10,238	6,914	5,879	15,556	10,372	8,816
73	23,182	15,456	11,593	37,255	24,836	18,630	10,238	7,123	6,055	16,022	10,682	9,080
74	24,108	16,073	12,056	38,746	25,831	19,373	10,238	7,337	6,237	16,503	11,003	9,354
75	25,073	16,717	12,538	40,296	26,864	20,150	10,238	7,557	6,423	16,999	11,334	9,634
76	26,077	17,384	13,040	41,906	27,937	20,953	10,238	7,784	6,614	17,509	11,673	9,922
77	27,120	18,081	13,560	43,584	29,055	21,794	10,238	8,017	6,814	18,035	12,023	10,220
78	28,202	18,803	14,104	45,327	30,219	22,665	10,238	8,256	7,018	18,575	12,383	10,528
79	29,332	19,555	14,666	47,140	31,428	23,570	10,238	8,504	7,229	18,615	12,756	10,842
80	30,505	20,337	15,254	49,024	32,685	24,513	10,238	8,759	7,445	18,615	13,139	11,168
81	31,726	21,152	15,865	50,986	33,990	25,495	10,238	9,021	7,668	18,615	13,531	11,503
82	32,994	21,997	16,499	53,026	35,350	26,514	10,238	9,293	7,899	20,476	13,937	11,848
83	34,313	22,876	17,158	55,146	36,766	27,573	10,238	9,573	8,137	20,476	14,357	12,203
84	35,687	23,791	17,845	57,352	38,235	28,677	10,238	9,859	8,380	20,476	14,787	12,569
85	37,114	24,744	18,559	59,647	39,766	29,825	10,238	10,155	8,632	20,476	15,231	12,945
86	38,598	25,734	19,300	62,033	41,356	31,019	10,238	10,238	8,705	20,476	15,688	13,333
87	40,142	26,762	20,072	64,514	43,010	32,258	10,238	10,238	8,705	20,476	16,159	13,734
88	41,747	27,833	20,875	67,094	44,730	33,549	10,238	10,238	8,705	20,476	16,643	14,147
89	43,418	28,945	21,710	69,778	46,519	34,889	10,238	10,238	8,705	20,476	17,142	14,571
90	45,155	30,104	22,578	72,568	48,380	36,286	10,238	10,238	8,705	20,476	17,656	15,007
91	46,960	31,307	23,481	75,469	50,313	37,736	10,238	10,238	8,705	20,476	18,185	15,457
92	48,838	32,559	24,420	78,489	52,328	39,245	10,238	10,238	8,705	20,476	18,730	15,922
93	50,792	33,863	25,397	81,630	54,419	40,817	10,238	10,238	8,705	20,476	19,292	16,400
94	52,823	35,217	26,412	84,895	56,598	42,449	10,238	10,238	8,705	20,476	19,872	16,891
95	54,935	36,624	27,468	88,289	58,862	44,145	10,238	10,238	8,705	20,476	20,467	17,398
96	57,132	38,089	28,567	91,820	61,214	45,911	10,238	10,238	8,705	20,476	20,476	17,407
97	59,419	39,613	29,711	95,493	63,663	47,748	10,238	10,238	8,705	20,476	20,476	17,407
98	61,795	41,198	30,899	99,314	66,209	49,658	10,238	10,238	8,705	20,476	20,476	17,407
99	64,267	42,846	32,134	103,286	68,858	51,645	10,238	10,238	8,705	20,476	20,476	17,407

*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											
	NIL	$5,000	$8,000	NIL	$5,000	$8,000	NIL	$5,000	$8,000	Area 1	Area 2	Area 3[5]
0	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
1	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
2	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
3	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
4	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
5	6,601	3,962	3,301	4,401	2,643	2,201	3,301	1,983	1,652	8,462	5,642	4,795
6	6,578	3,947	3,291	4,384	2,633	2,194	3,291	1,975	1,646	8,308	5,538	4,708
7	6,552	3,932	3,277	4,369	2,623	2,186	3,277	1,966	1,640	8,152	5,436	4,621
8	6,528	3,917	3,265	4,352	2,612	2,177	3,265	1,959	1,635	7,999	5,333	4,533
9	6,503	3,901	3,252	4,335	2,602	2,169	3,252	1,951	1,626	7,843	5,230	4,446
10	6,479	3,888	3,241	4,320	2,592	2,162	3,241	1,944	1,621	7,688	5,126	4,357
11	6,503	3,901	3,252	4,335	2,602	2,169	3,252	1,951	1,626	7,614	5,075	4,315
12	6,528	3,917	3,265	4,352	2,612	2,177	3,265	1,959	1,635	7,538	5,026	4,272
13	6,552	3,932	3,277	4,369	2,623	2,186	3,277	1,966	1,640	7,461	4,975	4,228
14	6,578	3,947	3,291	4,384	2,633	2,194	3,291	1,975	1,646	7,385	4,925	4,187
15	6,601	3,962	3,301	4,401	2,643	2,201	3,301	1,983	1,652	7,311	4,874	4,143
16	6,627	3,978	3,315	4,418	2,651	2,211	3,315	1,990	1,658	7,076	4,719	4,011
17	6,651	3,991	3,326	4,435	2,662	2,218	3,326	1,997	1,665	6,844	4,563	3,878
18	6,676	4,007	3,340	4,450	2,672	2,226	3,340	2,005	1,670	6,608	4,407	3,746
19	6,700	4,022	3,350	4,467	2,680	2,235	3,350	2,012	1,675	6,376	4,249	3,612
20	6,724	4,036	3,364	4,484	2,692	2,243	3,364	2,019	1,684	6,141	4,095	3,481
21	6,982	4,190	3,493	4,654	2,794	2,328	3,493	2,097	1,749	6,036	4,023	3,422
22	7,237	4,343	3,619	4,826	2,896	2,415	3,619	2,172	1,810	5,931	3,954	3,362
23	7,494	4,496	3,748	4,996	2,998	2,498	3,748	2,248	1,874	5,823	3,882	3,302
24	7,749	4,651	3,876	5,168	3,102	2,585	3,876	2,327	1,939	5,718	3,813	3,242
25	8,006	4,806	4,005	5,338	3,204	2,670	4,005	2,403	2,004	5,613	3,741	3,182
26	8,154	4,894	4,078	5,437	3,264	2,719	4,078	2,447	2,039	5,769	3,848	3,269
27	8,302	4,981	4,151	5,535	3,321	2,769	4,151	2,492	2,077	5,925	3,951	3,358
28	8,448	5,069	4,224	5,634	3,381	2,818	4,224	2,536	2,112	6,081	4,055	3,448
29	8,596	5,158	4,299	5,731	3,439	2,866	4,299	2,580	2,150	6,237	4,158	3,535
30	8,744	5,248	4,374	5,829	3,500	2,915	4,374	2,626	2,189	6,393	4,263	3,624
31	8,940	5,364	4,471	5,960	3,576	2,981	4,471	2,682	2,237	6,680	4,455	3,786
32	9,132	5,481	4,566	6,090	3,655	3,046	4,566	2,742	2,284	6,968	4,645	3,950
33	9,327	5,597	4,665	6,219	3,733	3,111	4,665	2,799	2,333	7,256	4,838	4,113

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											
	NIL	$5,000	$8,000	NIL	$5,000	$8,000	NIL	$5,000	$8,000	Area 1	Area 2	Area 3[5]
34	9,521	5,714	4,762	6,348	3,809	3,175	4,762	2,859	2,381	7,542	5,029	4,275
35	9,717	5,829	4,859	6,479	3,888	3,241	4,859	2,915	2,430	7,830	5,221	4,438
36	10,038	6,023	5,020	6,693	4,015	3,347	5,020	3,014	2,512	8,223	5,481	4,660
37	10,361	6,217	5,182	6,908	4,146	3,456	5,182	3,111	2,592	8,614	5,742	4,882
38	10,684	6,411	5,343	7,123	4,275	3,563	5,343	3,206	2,674	9,003	6,003	5,104
39	11,005	6,605	5,503	7,338	4,403	3,670	5,503	3,303	2,752	9,396	6,265	5,326
40	11,329	6,799	5,665	7,552	4,532	3,777	5,665	3,401	2,833	9,787	6,526	5,547
41	11,783	7,069	5,892	7,856	4,714	3,930	5,892	3,536	2,947	10,276	6,851	5,825
42	12,238	7,343	6,120	8,159	4,896	4,080	6,120	3,672	3,061	10,768	7,178	6,102
43	12,691	7,615	6,346	8,462	5,078	4,233	6,346	3,808	3,175	11,256	7,503	6,379
44	13,146	7,889	6,574	8,764	5,262	4,382	6,574	3,945	3,289	11,745	7,830	6,655
45	13,602	8,162	6,802	9,067	5,443	4,535	6,802	4,081	3,403	12,233	8,157	6,934
46	14,379	8,627	7,191	9,586	5,753	4,794	7,191	4,314	3,597	12,774	8,516	7,239
47	15,156	9,094	7,579	10,104	6,064	5,054	7,579	4,549	3,791	13,314	8,878	7,545
48	15,932	9,560	7,969	10,621	6,374	5,313	7,969	4,782	3,985	13,856	9,239	7,854
49	16,709	10,026	8,355	11,142	6,686	5,571	8,355	5,015	4,178	14,397	9,598	8,160
50	17,486	10,494	8,744	11,658	6,996	5,829	8,744	5,248	4,374	14,939	9,960	8,465
51	18,547	11,130	9,274	12,366	7,421	6,185	9,274	5,566	4,637	15,685	10,456	8,890
52	19,608	11,766	9,805	13,073	7,844	6,537	9,805	5,884	4,903	16,430	10,955	9,312
53	20,669	12,403	10,336	13,781	8,270	6,892	10,336	6,204	5,170	17,178	11,452	9,735
54	21,730	13,037	10,866	14,488	8,693	7,244	10,866	6,520	5,433	17,924	11,950	10,158
55	22,789	13,675	11,397	15,194	9,118	7,598	11,397	6,838	5,700	18,670	12,449	10,580
56	24,471	14,683	12,238	16,314	9,790	8,159	12,238	7,343	6,120	19,604	13,070	11,111
57	26,153	15,692	13,077	17,435	10,461	8,718	13,077	7,846	6,539	20,539	13,693	11,640
58	27,833	16,700	13,918	18,557	11,133	9,280	13,918	8,351	6,960	21,472	14,315	12,169
59	29,514	17,710	14,758	19,678	11,808	9,839	14,758	8,856	7,380	22,405	14,939	12,696
60	31,194	18,719	15,598	20,796	12,480	10,398	15,598	9,360	7,800	23,339	15,559	13,225
61	33,629	20,181	16,816	22,420	13,452	11,211	16,816	10,091	8,409	24,507	16,338	13,888
62	36,068	21,640	18,035	24,046	14,428	12,024	18,035	10,822	9,018	25,671	17,115	14,547
63	38,503	23,102	19,252	25,670	15,401	12,837	19,252	11,553	9,628	26,839	17,894	15,210
64	40,938	24,563	20,470	27,292	16,377	13,648	20,470	12,284	10,235	28,006	18,670	15,871
65	43,373	26,025	21,687	28,916	17,350	14,459	21,687	13,014	10,846	29,172	19,450	16,533
66	45,330	27,198	22,667	30,220	18,132	15,112	22,667	13,600	11,334	31,332	20,889	17,755
67	47,285	28,372	23,643	31,524	18,914	15,763	23,643	14,187	11,822	33,490	22,327	18,978

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											
	NIL	$5,000	$8,000	NIL	$5,000	$8,000	NIL	$5,000	$8,000	Area 1	Area 2	Area 3[5]
68	49,242	29,547	24,622	32,830	19,700	16,416	24,622	14,774	12,313	35,648	23,766	20,202
69	51,198	30,720	25,600	34,133	20,482	17,067	25,600	15,362	12,801	37,806	25,205	21,425
70	53,155	31,893	26,578	35,437	21,264	17,719	26,578	15,947	13,289	39,966	26,644	22,648
71	55,281	33,169	27,642	36,855	22,114	18,428	27,642	16,586	13,823	41,565	27,711	23,555
72	57,491	34,495	28,747	38,328	22,997	19,164	28,747	17,249	14,376	43,227	28,818	24,496
73	59,792	35,876	29,897	39,861	23,917	19,933	29,897	17,940	14,950	44,956	29,971	25,476
74	62,182	37,311	31,092	41,455	24,874	20,728	31,092	18,656	15,547	46,754	31,170	26,495
75	64,670	38,804	32,335	43,114	25,869	21,558	32,335	19,404	16,170	48,624	32,417	27,554
76	67,256	40,354	33,629	44,838	26,903	22,420	33,629	20,177	16,816	50,570	33,713	28,657
77	69,948	41,970	34,974	46,632	27,979	23,316	34,974	20,987	17,487	52,592	35,061	29,802
78	72,744	43,648	36,374	48,498	29,099	24,250	36,374	21,825	18,188	54,696	36,465	30,995
79	75,655	45,394	37,828	50,438	30,264	25,219	37,828	22,697	18,914	56,883	37,923	32,236
80	78,680	47,209	39,341	52,453	31,475	26,227	39,341	23,605	19,671	59,158	39,440	33,523
81	81,827	49,098	40,916	54,553	32,731	27,278	40,916	24,551	20,460	61,524	41,017	34,866
82	85,100	51,062	42,551	56,734	34,041	28,368	42,551	25,532	21,276	63,985	42,658	36,258
83	88,505	53,104	44,253	59,004	35,405	29,504	44,253	26,552	22,128	66,544	44,363	37,709
84	92,045	55,228	46,024	61,365	36,819	30,683	46,024	27,615	23,014	69,207	46,138	39,218
85	95,728	57,438	47,865	63,820	38,294	31,912	47,865	28,720	23,934	71,975	47,983	40,786
86	99,556	59,736	49,780	66,372	39,824	33,187	49,780	29,870	24,891	74,854	49,903	42,418
87	103,538	62,125	51,771	69,025	41,417	34,514	51,771	31,063	25,886	77,847	51,898	44,115
88	107,678	64,609	53,840	71,788	43,073	35,894	53,840	32,306	26,921	80,961	53,975	45,879
89	111,985	67,194	55,995	74,658	44,796	37,331	55,995	33,597	27,998	84,200	56,135	47,715
90	116,466	69,880	58,234	77,644	46,588	38,824	58,234	34,942	29,118	87,566	58,380	49,623
91	121,123	72,674	60,564	80,749	48,450	40,375	60,564	36,338	30,283	91,069	60,713	51,607
92	125,968	75,582	62,985	83,980	50,390	41,992	62,985	37,792	31,494	94,714	63,143	53,671
93	131,006	78,607	65,505	87,338	52,403	43,670	65,505	39,305	32,754	98,501	65,668	55,818
94	136,248	81,751	68,125	90,832	54,502	45,418	68,125	40,876	34,063	102,440	68,296	58,052
95	141,697	85,019	70,849	94,466	56,682	47,234	70,849	42,510	35,427	106,539	71,026	60,373
96	147,366	88,420	73,684	98,245	58,947	49,123	73,684	44,211	36,843	110,802	73,868	62,788
97	153,259	91,956	76,631	102,172	61,305	51,087	76,631	45,979	38,317	115,233	76,822	65,300
98	159,391	95,636	79,697	106,260	63,757	53,131	79,697	47,819	39,849	119,841	79,894	67,912
99	165,766	99,460	82,883	110,511	66,308	55,257	82,883	49,732	41,443	124,635	83,091	70,628

*Refer to last birthday

Annual Premiums including Premium Levy (US$)

Age[9]	Plan D[6] - $5,000,000 Coverage Basic Coverage – Hospital Services								
	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	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
1	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
2	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
3	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
4	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
5	15,378	12,536	11,824	10,254	8,358	7,883	8,241	6,820	6,464
6	15,201	12,369	11,660	10,135	8,245	7,775	8,143	6,728	6,373
7	15,022	12,201	11,496	10,016	8,135	7,665	8,043	6,634	6,281
8	14,845	12,034	11,331	9,898	8,023	7,554	7,945	6,539	6,187
9	14,668	11,867	11,166	9,779	7,911	7,445	7,845	6,445	6,096
10	14,489	11,700	11,002	9,660	7,800	7,336	7,746	6,353	6,002
11	14,442	11,641	10,942	9,628	7,762	7,295	7,718	6,317	5,967
12	14,394	11,584	10,882	9,597	7,724	7,255	7,689	6,284	5,932
13	14,347	11,525	10,821	9,565	7,684	7,214	7,661	6,249	5,898
14	14,299	11,467	10,759	9,533	7,646	7,173	7,631	6,216	5,862
15	14,253	11,410	10,699	9,502	7,607	7,133	7,604	6,183	5,827
16	14,051	11,197	10,482	9,367	7,466	6,990	7,488	6,061	5,704
17	13,849	10,985	10,268	9,233	7,324	6,846	7,371	5,939	5,582
18	13,647	10,772	10,053	9,098	7,183	6,703	7,255	5,818	5,457
19	13,444	10,558	9,838	8,965	7,040	6,559	7,138	5,695	5,334
20	13,242	10,348	9,622	8,830	6,898	6,416	7,024	5,573	5,213
21	13,415	10,409	9,658	8,944	6,940	6,439	7,103	5,600	5,222
22	13,587	10,471	9,691	9,058	6,981	6,461	7,182	5,623	5,233
23	13,761	10,534	9,726	9,174	7,024	6,484	7,261	5,646	5,244
24	13,934	10,595	9,762	9,290	7,065	6,509	7,341	5,671	5,254
25	14,107	10,658	9,797	9,404	7,107	6,531	7,421	5,695	5,266
26	14,417	10,906	10,027	9,612	7,271	6,685	7,586	5,830	5,390
27	14,729	11,153	10,260	9,820	7,435	6,840	7,750	5,964	5,516
28	15,040	11,402	10,493	10,027	7,602	6,996	7,917	6,098	5,644
29	15,352	11,648	10,724	10,235	7,766	7,150	8,083	6,232	5,770
30	15,662	11,897	10,955	10,443	7,933	7,305	8,250	6,366	5,894
31	16,153	12,305	11,342	10,769	8,203	7,563	8,513	6,588	6,106
32	16,644	12,710	11,726	11,098	8,474	7,819	8,777	6,811	6,319
33	17,135	13,118	12,113	11,423	8,746	8,077	9,041	7,032	6,531

Annual Premiums including Premium Levy (US$)

Age[9]	Plan D[6] - $5,000,000 Coverage Basic Coverage – Hospital Services								
	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	17,625	13,524	12,498	11,751	9,016	8,333	9,304	7,254	6,741
35	18,115	13,931	12,885	12,078	9,287	8,591	9,568	7,476	6,953
36	18,844	14,521	13,440	12,564	9,681	8,962	9,959	7,798	7,256
37	19,574	15,113	13,997	13,050	10,075	9,331	10,350	8,118	7,561
38	20,305	15,703	14,553	13,537	10,471	9,703	10,739	8,439	7,864
39	21,034	16,294	15,109	14,025	10,865	10,074	11,130	8,759	8,168
40	21,764	16,886	15,667	14,509	11,259	10,446	11,521	9,082	8,472
41	22,732	17,658	16,389	15,156	11,773	10,926	12,037	9,499	8,865
42	23,701	18,428	17,113	15,800	12,287	11,408	12,552	9,917	9,259
43	24,667	19,200	17,835	16,446	12,801	11,892	13,068	10,334	9,652
44	25,636	19,972	18,559	17,092	13,317	12,372	13,584	10,753	10,044
45	26,604	20,744	19,281	17,735	13,831	12,854	14,099	11,171	10,438
46	27,970	21,777	20,227	18,647	14,517	13,485	14,819	11,722	10,947
47	29,335	22,807	21,175	19,556	15,204	14,117	15,535	12,272	11,456
48	30,700	23,837	22,121	20,466	15,892	14,748	16,253	12,823	11,963
49	32,066	24,868	23,069	21,377	16,579	15,380	16,972	13,373	12,473
50	33,431	25,898	24,016	22,287	17,265	16,011	17,690	13,922	12,982
51	35,302	27,315	25,315	23,535	18,210	16,878	18,674	14,679	13,680
52	37,174	28,728	26,617	24,785	19,153	17,746	19,659	15,437	14,381
53	39,048	30,145	27,918	26,033	20,097	18,614	20,643	16,193	15,079
54	40,918	31,559	29,219	27,280	21,040	19,480	21,628	16,949	15,778
55	42,791	32,975	30,521	28,528	21,984	20,347	22,614	17,706	16,478
56	45,514	34,973	32,339	30,344	23,315	21,560	24,036	18,765	17,448
57	48,236	36,972	34,155	32,158	24,648	22,772	25,459	19,826	18,418
58	50,959	38,970	35,973	33,973	25,980	23,983	26,880	20,885	19,388
59	53,682	40,970	37,791	35,788	27,315	25,193	28,301	21,946	20,356
60	56,404	42,968	39,609	37,605	28,646	26,406	29,723	23,006	21,326
61	60,168	45,681	42,060	40,113	30,454	28,040	31,682	24,439	22,628
62	63,931	48,397	44,512	42,622	32,265	29,676	33,639	25,873	23,929
63	67,695	51,111	46,964	45,130	34,074	31,311	35,596	27,304	25,232
64	71,458	53,825	49,417	47,640	35,885	32,945	37,555	28,739	26,534
65	75,222	56,539	51,869	50,149	37,692	34,579	39,512	30,171	27,836
66	79,438	59,913	55,032	52,959	39,943	36,689	41,762	31,998	29,559
67	83,654	63,287	58,195	55,770	42,193	38,797	44,011	33,826	31,280

Annual Premiums including Premium Levy (US$)

Age[9]	Plan D[6] - $5,000,000 Coverage Basic Coverage – Hospital Services								
	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	87,873	66,661	61,359	58,583	44,442	40,907	46,261	35,655	33,003
69	92,089	70,036	64,522	61,394	46,690	43,015	48,508	37,483	34,724
70	96,306	73,408	67,686	64,205	48,940	45,124	50,758	39,310	36,447
71	100,158	76,345	70,393	66,773	50,898	46,929	52,789	40,883	37,905
72	104,164	79,398	73,207	69,444	52,934	48,806	54,898	42,517	39,423
73	108,330	82,576	76,136	72,220	55,051	50,758	57,094	44,217	40,997
74	112,663	85,878	79,182	75,109	57,253	52,789	59,380	45,987	42,638
75	117,169	89,312	82,349	78,114	59,542	54,900	61,754	47,827	44,345
76	121,857	92,885	85,644	81,238	61,924	57,096	64,224	49,739	46,117
77	126,730	96,601	89,069	84,488	64,402	59,380	66,794	51,728	47,963
78	131,800	100,465	92,631	87,867	66,977	61,754	69,466	53,798	49,881
79	137,071	104,484	96,336	91,382	69,655	64,224	72,244	55,949	51,875
80	142,556	108,662	100,189	95,037	72,441	66,794	75,132	58,187	53,951
81	148,257	113,009	104,197	98,838	75,340	69,466	78,139	60,514	56,110
82	154,188	117,528	108,365	102,792	78,352	72,244	81,263	62,935	58,353
83	160,355	122,231	112,700	106,904	81,487	75,132	84,514	65,452	60,686
84	166,769	127,119	117,208	111,179	84,747	78,139	87,895	68,070	63,115
85	173,439	132,204	121,895	115,627	88,137	81,263	91,410	70,793	65,638
86	180,377	137,493	126,771	120,252	91,662	84,516	95,066	73,625	68,265
87	187,592	142,992	131,843	125,061	95,330	87,895	98,871	76,570	70,994
88	195,095	148,712	137,116	130,064	99,142	91,410	102,825	79,633	73,834
89	202,899	154,661	142,600	135,266	103,107	95,066	106,938	82,818	76,788
90	211,015	160,846	148,304	140,678	107,231	98,871	111,214	86,131	79,858
91	219,456	167,280	154,236	146,305	111,521	102,825	115,663	89,575	83,053
92	228,234	173,970	160,405	152,156	115,981	106,938	120,290	93,159	86,376
93	237,362	180,930	166,823	158,243	120,619	111,216	125,101	96,884	89,830
94	246,857	188,167	173,494	164,573	125,445	115,663	130,105	100,759	93,422
95	256,732	195,693	180,434	171,155	130,463	120,290	135,309	104,791	97,160
96	267,001	203,522	187,652	178,002	135,682	125,102	140,722	108,982	101,048
97	277,681	211,662	195,157	185,122	141,108	130,105	146,350	113,340	105,088
98	288,788	220,128	202,963	192,526	146,753	135,310	152,204	117,876	109,292
99	300,339	228,933	211,082	200,227	152,623	140,722	158,292	122,590	113,664

*Refer to last birthday

Annual Premiums including Premium Levy (US$)

Optional Dental Care	
For Plan A and B	US$1,197
For Plan C and D	US$1,313
Optional Maternity Care	
For Plan C and D	US$4,774

Remarks

- Area of Coverage:
  Area 1: Worldwide
  Area 2: Worldwide excluding USA
  Area 3: Asia[5] (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

Underwritten by **Liberty International Insurance Limited**
Suites 2601-04 & 2607-16, 26/F, 1111 King's Road, Taikoo Shing, Hong Kong

(852) 2892 3882 | libertyinternational.com/hk |

JUL 2026

Liberty

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。受保人需要補償利寶其墊底費(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： 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	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
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： 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	每日100美元	每日100美元	每日150美元	每日250美元
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) 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	全數賠償	全數賠償

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	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
1	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
2	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
3	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
4	2,639	1,758	1,320	4,238	2,828	2,119	4,620	3,080	2,619	6,928	4,620	3,926
5	2,561	1,709	1,281	4,115	2,745	2,059	4,233	2,823	2,398	6,348	4,233	3,597
6	2,551	1,701	1,276	4,099	2,734	2,051	4,155	2,770	2,355	6,231	4,155	3,532
7	2,541	1,694	1,272	4,083	2,723	2,042	4,077	2,719	2,312	6,115	4,077	3,467
8	2,530	1,688	1,266	4,067	2,713	2,035	4,001	2,667	2,267	6,000	4,001	3,400
9	2,522	1,681	1,262	4,051	2,702	2,026	3,923	2,616	2,223	5,883	3,923	3,334
10	2,511	1,675	1,257	4,037	2,692	2,019	3,845	2,563	2,180	5,766	3,845	3,269
11	2,522	1,681	1,262	4,051	2,702	2,026	3,809	2,539	2,159	5,711	3,809	3,236
12	2,530	1,688	1,266	4,067	2,713	2,035	3,770	2,514	2,136	5,654	3,770	3,205
13	2,541	1,694	1,272	4,083	2,723	2,042	3,732	2,488	2,115	5,597	3,732	3,172
14	2,551	1,701	1,276	4,099	2,734	2,051	3,693	2,463	2,094	5,540	3,693	3,140
15	2,561	1,709	1,281	4,115	2,745	2,059	3,656	2,439	2,073	5,483	3,656	3,107
16	2,570	1,715	1,285	4,131	2,753	2,066	3,539	2,360	2,007	5,308	3,539	3,008
17	2,580	1,720	1,291	4,145	2,764	2,074	3,424	2,282	1,940	5,132	3,424	2,910
18	2,589	1,728	1,296	4,161	2,775	2,082	3,305	2,204	1,874	4,957	3,305	2,809
19	2,599	1,734	1,300	4,177	2,783	2,089	3,188	2,127	1,808	4,782	3,188	2,710
20	2,608	1,739	1,304	4,191	2,796	2,097	3,071	2,049	1,741	4,606	3,071	2,610
21	2,708	1,807	1,356	4,351	2,902	2,178	3,019	2,013	1,712	4,527	3,019	2,566
22	2,806	1,871	1,404	4,510	3,008	2,255	2,967	1,977	1,682	4,447	2,967	2,521
23	2,906	1,937	1,454	4,669	3,114	2,335	2,913	1,941	1,652	4,368	2,913	2,476
24	3,005	2,005	1,504	4,830	3,221	2,416	2,860	1,908	1,622	4,288	2,860	2,431
25	3,105	2,070	1,553	4,991	3,327	2,496	2,808	1,872	1,592	4,209	2,808	2,387
26	3,162	2,109	1,581	5,082	3,389	2,541	2,886	1,925	1,636	4,326	2,886	2,454
27	3,219	2,147	1,610	5,173	3,449	2,587	2,964	1,976	1,679	4,444	2,964	2,520
28	3,276	2,185	1,638	5,264	3,511	2,633	3,041	2,028	1,726	4,561	3,041	2,586
29	3,333	2,223	1,668	5,356	3,571	2,679	3,119	2,079	1,769	4,678	3,119	2,650
30	3,392	2,262	1,697	5,450	3,635	2,727	3,197	2,133	1,812	4,795	3,197	2,718
31	3,467	2,311	1,734	5,570	3,714	2,785	3,293	2,196	1,868	4,937	3,293	2,800
32	3,543	2,362	1,772	5,692	3,795	2,847	3,389	2,261	1,920	5,083	3,389	2,881
33	3,616	2,412	1,810	5,812	3,876	2,907	3,485	2,324	1,976	5,227	3,485	2,962

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	3,692	2,463	1,848	5,934	3,956	2,969	3,580	2,387	2,030	5,371	3,580	3,044
35	3,768	2,511	1,886	6,054	4,037	3,027	3,677	2,452	2,084	5,514	3,677	3,125
36	3,893	2,596	1,947	6,255	4,170	3,129	3,788	2,524	2,148	5,679	3,788	3,220
37	4,019	2,680	2,010	6,456	4,306	3,230	3,897	2,599	2,210	5,844	3,897	3,313
38	4,143	2,762	2,072	6,658	4,440	3,329	4,007	2,671	2,273	6,009	4,007	3,407
39	4,268	2,845	2,135	6,859	4,572	3,430	4,118	2,746	2,334	6,175	4,118	3,500
40	4,394	2,930	2,198	7,060	4,706	3,532	4,227	2,820	2,397	6,342	4,227	3,595
41	4,568	3,046	2,286	7,341	4,895	3,672	4,356	2,904	2,467	6,531	4,356	3,701
42	4,746	3,163	2,374	7,625	5,084	3,813	4,482	2,988	2,541	6,722	4,482	3,810
43	4,921	3,281	2,462	7,908	5,273	3,954	4,608	3,073	2,613	6,911	4,608	3,917
44	5,097	3,399	2,550	8,192	5,464	4,097	4,734	3,157	2,683	7,100	4,734	4,025
45	5,274	3,516	2,639	8,476	5,653	4,238	4,862	3,242	2,757	7,292	4,862	4,133
46	5,575	3,717	2,788	8,958	5,974	4,480	5,008	3,338	2,839	7,511	5,008	4,257
47	5,878	3,919	2,939	9,444	6,297	4,724	5,153	3,436	2,922	7,728	5,153	4,381
48	6,178	4,120	3,090	9,928	6,619	4,966	5,299	3,533	3,004	7,947	5,299	4,504
49	6,479	4,321	3,240	10,412	6,944	5,208	5,445	3,630	3,086	8,166	5,445	4,629
50	6,780	4,521	3,392	10,897	7,265	5,450	5,591	3,728	3,169	8,385	5,591	4,752
51	7,192	4,795	3,597	11,558	7,706	5,780	5,759	3,839	3,265	8,636	5,759	4,894
52	7,604	5,069	3,804	12,218	8,146	6,110	5,925	3,951	3,358	8,888	5,925	5,036
53	8,015	5,345	4,009	12,880	8,588	6,442	6,094	4,062	3,454	9,140	6,094	5,179
54	8,425	5,617	4,215	13,539	9,027	6,771	6,261	4,175	3,550	9,392	6,261	5,321
55	8,836	5,891	4,419	14,201	9,469	7,101	6,429	4,287	3,642	9,642	6,429	5,463
56	9,488	6,326	4,744	15,248	10,166	7,625	6,622	4,416	3,753	9,931	6,622	5,630
57	10,139	6,760	5,071	16,295	10,864	8,148	6,814	4,543	3,861	10,222	6,814	5,793
58	10,791	7,195	5,396	17,342	11,561	8,672	7,007	4,672	3,972	10,510	7,007	5,957
59	11,443	7,630	5,723	18,391	12,262	9,197	7,200	4,801	4,080	10,799	7,200	6,120
60	12,095	8,064	6,048	19,438	12,960	9,719	7,394	4,930	4,191	11,088	7,394	6,285
61	13,040	8,694	6,521	20,957	13,970	10,479	7,616	5,077	4,317	11,421	7,616	6,472
62	13,985	9,324	6,993	22,472	14,983	11,238	7,837	5,225	4,441	11,754	7,837	6,662
63	14,927	9,953	7,464	23,991	15,993	11,997	8,059	5,374	4,567	12,086	8,059	6,850
64	15,872	10,583	7,938	25,507	17,007	12,757	8,281	5,520	4,692	12,419	8,281	7,037
65	16,817	11,212	8,409	27,026	18,017	13,514	8,503	5,669	4,819	12,752	8,503	7,227
66	17,574	11,717	8,789	28,244	18,829	14,123	8,756	5,838	4,963	13,134	8,756	7,443
67	18,333	12,223	9,168	29,463	19,641	14,733	9,012	6,007	5,108	13,516	9,012	7,661

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	19,092	12,728	9,546	30,683	20,457	15,342	9,266	6,178	5,252	13,898	9,266	7,878
69	19,851	13,235	9,926	31,901	21,270	15,953	9,522	6,348	5,396	14,281	9,522	8,092
70	20,608	13,739	10,306	33,120	22,082	16,560	9,777	6,519	5,540	14,664	9,777	8,310
71	21,433	14,290	10,717	34,444	22,965	17,224	10,069	6,713	5,706	15,103	10,069	8,558
72	22,291	14,861	11,146	35,822	23,881	17,913	10,238	6,914	5,879	15,556	10,372	8,816
73	23,182	15,456	11,593	37,255	24,836	18,630	10,238	7,123	6,055	16,022	10,682	9,080
74	24,108	16,073	12,056	38,746	25,831	19,373	10,238	7,337	6,237	16,503	11,003	9,354
75	25,073	16,717	12,538	40,296	26,864	20,150	10,238	7,557	6,423	16,999	11,334	9,634
76	26,077	17,384	13,040	41,906	27,937	20,953	10,238	7,784	6,614	17,509	11,673	9,922
77	27,120	18,081	13,560	43,584	29,055	21,794	10,238	8,017	6,814	18,035	12,023	10,220
78	28,202	18,803	14,104	45,327	30,219	22,665	10,238	8,256	7,018	18,575	12,383	10,528
79	29,332	19,555	14,666	47,140	31,428	23,570	10,238	8,504	7,229	18,615	12,756	10,842
80	30,505	20,337	15,254	49,024	32,685	24,513	10,238	8,759	7,445	18,615	13,139	11,168
81	31,726	21,152	15,865	50,986	33,990	25,495	10,238	9,021	7,668	18,615	13,531	11,503
82	32,994	21,997	16,499	53,026	35,350	26,514	10,238	9,293	7,899	20,476	13,937	11,848
83	34,313	22,876	17,158	55,146	36,766	27,573	10,238	9,573	8,137	20,476	14,357	12,203
84	35,687	23,791	17,845	57,352	38,235	28,677	10,238	9,859	8,380	20,476	14,787	12,569
85	37,114	24,744	18,559	59,647	39,766	29,825	10,238	10,155	8,632	20,476	15,231	12,945
86	38,598	25,734	19,300	62,033	41,356	31,019	10,238	10,238	8,705	20,476	15,688	13,333
87	40,142	26,762	20,072	64,514	43,010	32,258	10,238	10,238	8,705	20,476	16,159	13,734
88	41,747	27,833	20,875	67,094	44,730	33,549	10,238	10,238	8,705	20,476	16,643	14,147
89	43,418	28,945	21,710	69,778	46,519	34,889	10,238	10,238	8,705	20,476	17,142	14,571
90	45,155	30,104	22,578	72,568	48,380	36,286	10,238	10,238	8,705	20,476	17,656	15,007
91	46,960	31,307	23,481	75,469	50,313	37,736	10,238	10,238	8,705	20,476	18,185	15,457
92	48,838	32,559	24,420	78,489	52,328	39,245	10,238	10,238	8,705	20,476	18,730	15,922
93	50,792	33,863	25,397	81,630	54,419	40,817	10,238	10,238	8,705	20,476	19,292	16,400
94	52,823	35,217	26,412	84,895	56,598	42,449	10,238	10,238	8,705	20,476	19,872	16,891
95	54,935	36,624	27,468	88,289	58,862	44,145	10,238	10,238	8,705	20,476	20,467	17,398
96	57,132	38,089	28,567	91,820	61,214	45,911	10,238	10,238	8,705	20,476	20,476	17,407
97	59,419	39,613	29,711	95,493	63,663	47,748	10,238	10,238	8,705	20,476	20,476	17,407
98	61,795	41,198	30,899	99,314	66,209	49,658	10,238	10,238	8,705	20,476	20,476	17,407
99	64,267	42,846	32,134	103,286	68,858	51,645	10,238	10,238	8,705	20,476	20,476	17,407

*根據足歲

年度保費及保費徵費表 (美元)

年齡[9]	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		
	地區 1 – 全球			地區 2 – 全球（美國除外）			地區 3 – 亞洲[5]			基本保障保費外另付		
	墊底費											
	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	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
1	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
2	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
3	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
4	6,802	4,081	3,403	4,535	2,723	2,269	3,403	2,041	1,703	9,237	6,159	5,234
5	6,601	3,962	3,301	4,401	2,643	2,201	3,301	1,983	1,652	8,462	5,642	4,795
6	6,578	3,947	3,291	4,384	2,633	2,194	3,291	1,975	1,646	8,308	5,538	4,708
7	6,552	3,932	3,277	4,369	2,623	2,186	3,277	1,966	1,640	8,152	5,436	4,621
8	6,528	3,917	3,265	4,352	2,612	2,177	3,265	1,959	1,635	7,999	5,333	4,533
9	6,503	3,901	3,252	4,335	2,602	2,169	3,252	1,951	1,626	7,843	5,230	4,446
10	6,479	3,888	3,241	4,320	2,592	2,162	3,241	1,944	1,621	7,688	5,126	4,357
11	6,503	3,901	3,252	4,335	2,602	2,169	3,252	1,951	1,626	7,614	5,075	4,315
12	6,528	3,917	3,265	4,352	2,612	2,177	3,265	1,959	1,635	7,538	5,026	4,272
13	6,552	3,932	3,277	4,369	2,623	2,186	3,277	1,966	1,640	7,461	4,975	4,228
14	6,578	3,947	3,291	4,384	2,633	2,194	3,291	1,975	1,646	7,385	4,925	4,187
15	6,601	3,962	3,301	4,401	2,643	2,201	3,301	1,983	1,652	7,311	4,874	4,143
16	6,627	3,978	3,315	4,418	2,651	2,211	3,315	1,990	1,658	7,076	4,719	4,011
17	6,651	3,991	3,326	4,435	2,662	2,218	3,326	1,997	1,665	6,844	4,563	3,878
18	6,676	4,007	3,340	4,450	2,672	2,226	3,340	2,005	1,670	6,608	4,407	3,746
19	6,700	4,022	3,350	4,467	2,680	2,235	3,350	2,012	1,675	6,376	4,249	3,612
20	6,724	4,036	3,364	4,484	2,692	2,243	3,364	2,019	1,684	6,141	4,095	3,481
21	6,982	4,190	3,493	4,654	2,794	2,328	3,493	2,097	1,749	6,036	4,023	3,422
22	7,237	4,343	3,619	4,826	2,896	2,415	3,619	2,172	1,810	5,931	3,954	3,362
23	7,494	4,496	3,748	4,996	2,998	2,498	3,748	2,248	1,874	5,823	3,882	3,302
24	7,749	4,651	3,876	5,168	3,102	2,585	3,876	2,327	1,939	5,718	3,813	3,242
25	8,006	4,806	4,005	5,338	3,204	2,670	4,005	2,403	2,004	5,613	3,741	3,182
26	8,154	4,894	4,078	5,437	3,264	2,719	4,078	2,447	2,039	5,769	3,848	3,269
27	8,302	4,981	4,151	5,535	3,321	2,769	4,151	2,492	2,077	5,925	3,951	3,358
28	8,448	5,069	4,224	5,634	3,381	2,818	4,224	2,536	2,112	6,081	4,055	3,448
29	8,596	5,158	4,299	5,731	3,439	2,866	4,299	2,580	2,150	6,237	4,158	3,535
30	8,744	5,248	4,374	5,829	3,500	2,915	4,374	2,626	2,189	6,393	4,263	3,624
31	8,940	5,364	4,471	5,960	3,576	2,981	4,471	2,682	2,237	6,680	4,455	3,786
32	9,132	5,481	4,566	6,090	3,655	3,046	4,566	2,742	2,284	6,968	4,645	3,950
33	9,327	5,597	4,665	6,219	3,733	3,111	4,665	2,799	2,333	7,256	4,838	4,113

年度保費及保費徵費表 (美元)

年齡[9]	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		
	地區 1 – 全球			地區 2 – 全球（美國除外）			地區 3 – 亞洲[5]			基本保障保費外另付		
	墊底費											
	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	9,521	5,714	4,762	6,348	3,809	3,175	4,762	2,859	2,381	7,542	5,029	4,275
35	9,717	5,829	4,859	6,479	3,888	3,241	4,859	2,915	2,430	7,830	5,221	4,438
36	10,038	6,023	5,020	6,693	4,015	3,347	5,020	3,014	2,512	8,223	5,481	4,660
37	10,361	6,217	5,182	6,908	4,146	3,456	5,182	3,111	2,592	8,614	5,742	4,882
38	10,684	6,411	5,343	7,123	4,275	3,563	5,343	3,206	2,674	9,003	6,003	5,104
39	11,005	6,605	5,503	7,338	4,403	3,670	5,503	3,303	2,752	9,396	6,265	5,326
40	11,329	6,799	5,665	7,552	4,532	3,777	5,665	3,401	2,833	9,787	6,526	5,547
41	11,783	7,069	5,892	7,856	4,714	3,930	5,892	3,536	2,947	10,276	6,851	5,825
42	12,238	7,343	6,120	8,159	4,896	4,080	6,120	3,672	3,061	10,768	7,178	6,102
43	12,691	7,615	6,346	8,462	5,078	4,233	6,346	3,808	3,175	11,256	7,503	6,379
44	13,146	7,889	6,574	8,764	5,262	4,382	6,574	3,945	3,289	11,745	7,830	6,655
45	13,602	8,162	6,802	9,067	5,443	4,535	6,802	4,081	3,403	12,233	8,157	6,934
46	14,379	8,627	7,191	9,586	5,753	4,794	7,191	4,314	3,597	12,774	8,516	7,239
47	15,156	9,094	7,579	10,104	6,064	5,054	7,579	4,549	3,791	13,314	8,878	7,545
48	15,932	9,560	7,969	10,621	6,374	5,313	7,969	4,782	3,985	13,856	9,239	7,854
49	16,709	10,026	8,355	11,142	6,686	5,571	8,355	5,015	4,178	14,397	9,598	8,160
50	17,486	10,494	8,744	11,658	6,996	5,829	8,744	5,248	4,374	14,939	9,960	8,465
51	18,547	11,130	9,274	12,366	7,421	6,185	9,274	5,566	4,637	15,685	10,456	8,890
52	19,608	11,766	9,805	13,073	7,844	6,537	9,805	5,884	4,903	16,430	10,955	9,312
53	20,669	12,403	10,336	13,781	8,270	6,892	10,336	6,204	5,170	17,178	11,452	9,735
54	21,730	13,037	10,866	14,488	8,693	7,244	10,866	6,520	5,433	17,924	11,950	10,158
55	22,789	13,675	11,397	15,194	9,118	7,598	11,397	6,838	5,700	18,670	12,449	10,580
56	24,471	14,683	12,238	16,314	9,790	8,159	12,238	7,343	6,120	19,604	13,070	11,111
57	26,153	15,692	13,077	17,435	10,461	8,718	13,077	7,846	6,539	20,539	13,693	11,640
58	27,833	16,700	13,918	18,557	11,133	9,280	13,918	8,351	6,960	21,472	14,315	12,169
59	29,514	17,710	14,758	19,678	11,808	9,839	14,758	8,856	7,380	22,405	14,939	12,696
60	31,194	18,719	15,598	20,796	12,480	10,398	15,598	9,360	7,800	23,339	15,559	13,225
61	33,629	20,181	16,816	22,420	13,452	11,211	16,816	10,091	8,409	24,507	16,338	13,888
62	36,068	21,640	18,035	24,046	14,428	12,024	18,035	10,822	9,018	25,671	17,115	14,547
63	38,503	23,102	19,252	25,670	15,401	12,837	19,252	11,553	9,628	26,839	17,894	15,210
64	40,938	24,563	20,470	27,292	16,377	13,648	20,470	12,284	10,235	28,006	18,670	15,871
65	43,373	26,025	21,687	28,916	17,350	14,459	21,687	13,014	10,846	29,172	19,450	16,533
66	45,330	27,198	22,667	30,220	18,132	15,112	22,667	13,600	11,334	31,332	20,889	17,755
67	47,285	28,372	23,643	31,524	18,914	15,763	23,643	14,187	11,822	33,490	22,327	18,978

年度保費及保費徵費表 (美元)

年齡[9]	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		
	地區 1 – 全球			地區 2 – 全球（美國除外）			地區 3 – 亞洲[5]			基本保障保費外另付		
	墊底費											
	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	49,242	29,547	24,622	32,830	19,700	16,416	24,622	14,774	12,313	35,648	23,766	20,202
69	51,198	30,720	25,600	34,133	20,482	17,067	25,600	15,362	12,801	37,806	25,205	21,425
70	53,155	31,893	26,578	35,437	21,264	17,719	26,578	15,947	13,289	39,966	26,644	22,648
71	55,281	33,169	27,642	36,855	22,114	18,428	27,642	16,586	13,823	41,565	27,711	23,555
72	57,491	34,495	28,747	38,328	22,997	19,164	28,747	17,249	14,376	43,227	28,818	24,496
73	59,792	35,876	29,897	39,861	23,917	19,933	29,897	17,940	14,950	44,956	29,971	25,476
74	62,182	37,311	31,092	41,455	24,874	20,728	31,092	18,656	15,547	46,754	31,170	26,495
75	64,670	38,804	32,335	43,114	25,869	21,558	32,335	19,404	16,170	48,624	32,417	27,554
76	67,256	40,354	33,629	44,838	26,903	22,420	33,629	20,177	16,816	50,570	33,713	28,657
77	69,948	41,970	34,974	46,632	27,979	23,316	34,974	20,987	17,487	52,592	35,061	29,802
78	72,744	43,648	36,374	48,498	29,099	24,250	36,374	21,825	18,188	54,696	36,465	30,995
79	75,655	45,394	37,828	50,438	30,264	25,219	37,828	22,697	18,914	56,883	37,923	32,236
80	78,680	47,209	39,341	52,453	31,475	26,227	39,341	23,605	19,671	59,158	39,440	33,523
81	81,827	49,098	40,916	54,553	32,731	27,278	40,916	24,551	20,460	61,524	41,017	34,866
82	85,100	51,062	42,551	56,734	34,041	28,368	42,551	25,532	21,276	63,985	42,658	36,258
83	88,505	53,104	44,253	59,004	35,405	29,504	44,253	26,552	22,128	66,544	44,363	37,709
84	92,045	55,228	46,024	61,365	36,819	30,683	46,024	27,615	23,014	69,207	46,138	39,218
85	95,728	57,438	47,865	63,820	38,294	31,912	47,865	28,720	23,934	71,975	47,983	40,786
86	99,556	59,736	49,780	66,372	39,824	33,187	49,780	29,870	24,891	74,854	49,903	42,418
87	103,538	62,125	51,771	69,025	41,417	34,514	51,771	31,063	25,886	77,847	51,898	44,115
88	107,678	64,609	53,840	71,788	43,073	35,894	53,840	32,306	26,921	80,961	53,975	45,879
89	111,985	67,194	55,995	74,658	44,796	37,331	55,995	33,597	27,998	84,200	56,135	47,715
90	116,466	69,880	58,234	77,644	46,588	38,824	58,234	34,942	29,118	87,566	58,380	49,623
91	121,123	72,674	60,564	80,749	48,450	40,375	60,564	36,338	30,283	91,069	60,713	51,607
92	125,968	75,582	62,985	83,980	50,390	41,992	62,985	37,792	31,494	94,714	63,143	53,671
93	131,006	78,607	65,505	87,338	52,403	43,670	65,505	39,305	32,754	98,501	65,668	55,818
94	136,248	81,751	68,125	90,832	54,502	45,418	68,125	40,876	34,063	102,440	68,296	58,052
95	141,697	85,019	70,849	94,466	56,682	47,234	70,849	42,510	35,427	106,539	71,026	60,373
96	147,366	88,420	73,684	98,245	58,947	49,123	73,684	44,211	36,843	110,802	73,868	62,788
97	153,259	91,956	76,631	102,172	61,305	51,087	76,631	45,979	38,317	115,233	76,822	65,300
98	159,391	95,636	79,697	106,260	63,757	53,131	79,697	47,819	39,849	119,841	79,894	67,912
99	165,766	99,460	82,883	110,511	66,308	55,257	82,883	49,732	41,443	124,635	83,091	70,628

*根據足歲

年度保費及保費徵費表 (美元)

年齡[9]	計劃 D[6] - $5,000,000 美元保障額 基本保障 – 住院福利								
	地區 1 – 全球			地區 2 – 全球（美國除外）			地區 3 – 亞洲[5]		
	墊底費								
	無墊底費	$5,000	$8,000	無墊底費	$5,000	$8,000	無墊底費	$5,000	$8,000
0	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
1	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
2	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
3	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
4	16,351	13,421	12,690	10,901	8,948	8,461	8,777	7,314	6,947
5	15,378	12,536	11,824	10,254	8,358	7,883	8,241	6,820	6,464
6	15,201	12,369	11,660	10,135	8,245	7,775	8,143	6,728	6,373
7	15,022	12,201	11,496	10,016	8,135	7,665	8,043	6,634	6,281
8	14,845	12,034	11,331	9,898	8,023	7,554	7,945	6,539	6,187
9	14,668	11,867	11,166	9,779	7,911	7,445	7,845	6,445	6,096
10	14,489	11,700	11,002	9,660	7,800	7,336	7,746	6,353	6,002
11	14,442	11,641	10,942	9,628	7,762	7,295	7,718	6,317	5,967
12	14,394	11,584	10,882	9,597	7,724	7,255	7,689	6,284	5,932
13	14,347	11,525	10,821	9,565	7,684	7,214	7,661	6,249	5,898
14	14,299	11,467	10,759	9,533	7,646	7,173	7,631	6,216	5,862
15	14,253	11,410	10,699	9,502	7,607	7,133	7,604	6,183	5,827
16	14,051	11,197	10,482	9,367	7,466	6,990	7,488	6,061	5,704
17	13,849	10,985	10,268	9,233	7,324	6,846	7,371	5,939	5,582
18	13,647	10,772	10,053	9,098	7,183	6,703	7,255	5,818	5,457
19	13,444	10,558	9,838	8,965	7,040	6,559	7,138	5,695	5,334
20	13,242	10,348	9,622	8,830	6,898	6,416	7,024	5,573	5,213
21	13,415	10,409	9,658	8,944	6,940	6,439	7,103	5,600	5,222
22	13,587	10,471	9,691	9,058	6,981	6,461	7,182	5,623	5,233
23	13,761	10,534	9,726	9,174	7,024	6,484	7,261	5,646	5,244
24	13,934	10,595	9,762	9,290	7,065	6,509	7,341	5,671	5,254
25	14,107	10,658	9,797	9,404	7,107	6,531	7,421	5,695	5,266
26	14,417	10,906	10,027	9,612	7,271	6,685	7,586	5,830	5,390
27	14,729	11,153	10,260	9,820	7,435	6,840	7,750	5,964	5,516
28	15,040	11,402	10,493	10,027	7,602	6,996	7,917	6,098	5,644
29	15,352	11,648	10,724	10,235	7,766	7,150	8,083	6,232	5,770
30	15,662	11,897	10,955	10,443	7,933	7,305	8,250	6,366	5,894
31	16,153	12,305	11,342	10,769	8,203	7,563	8,513	6,588	6,106
32	16,644	12,710	11,726	11,098	8,474	7,819	8,777	6,811	6,319
33	17,135	13,118	12,113	11,423	8,746	8,077	9,041	7,032	6,531

年度保費及保費徵費表 (美元)

年齡[9]	計劃 D[6] - $5,000,000 美元保障額 基本保障 – 住院福利								
	地區 1 – 全球			地區 2 – 全球（美國除外）			地區 3 – 亞洲[5]		
	墊底費								
	無墊底費	$5,000	$8,000	無墊底費	$5,000	$8,000	無墊底費	$5,000	$8,000
34	17,625	13,524	12,498	11,751	9,016	8,333	9,304	7,254	6,741
35	18,115	13,931	12,885	12,078	9,287	8,591	9,568	7,476	6,953
36	18,844	14,521	13,440	12,564	9,681	8,962	9,959	7,798	7,256
37	19,574	15,113	13,997	13,050	10,075	9,331	10,350	8,118	7,561
38	20,305	15,703	14,553	13,537	10,471	9,703	10,739	8,439	7,864
39	21,034	16,294	15,109	14,025	10,865	10,074	11,130	8,759	8,168
40	21,764	16,886	15,667	14,509	11,259	10,446	11,521	9,082	8,472
41	22,732	17,658	16,389	15,156	11,773	10,926	12,037	9,499	8,865
42	23,701	18,428	17,113	15,800	12,287	11,408	12,552	9,917	9,259
43	24,667	19,200	17,835	16,446	12,801	11,892	13,068	10,334	9,652
44	25,636	19,972	18,559	17,092	13,317	12,372	13,584	10,753	10,044
45	26,604	20,744	19,281	17,735	13,831	12,854	14,099	11,171	10,438
46	27,970	21,777	20,227	18,647	14,517	13,485	14,819	11,722	10,947
47	29,335	22,807	21,175	19,556	15,204	14,117	15,535	12,272	11,456
48	30,700	23,837	22,121	20,466	15,892	14,748	16,253	12,823	11,963
49	32,066	24,868	23,069	21,377	16,579	15,380	16,972	13,373	12,473
50	33,431	25,898	24,016	22,287	17,265	16,011	17,690	13,922	12,982
51	35,302	27,315	25,315	23,535	18,210	16,878	18,674	14,679	13,680
52	37,174	28,728	26,617	24,785	19,153	17,746	19,659	15,437	14,381
53	39,048	30,145	27,918	26,033	20,097	18,614	20,643	16,193	15,079
54	40,918	31,559	29,219	27,280	21,040	19,480	21,628	16,949	15,778
55	42,791	32,975	30,521	28,528	21,984	20,347	22,614	17,706	16,478
56	45,514	34,973	32,339	30,344	23,315	21,560	24,036	18,765	17,448
57	48,236	36,972	34,155	32,158	24,648	22,772	25,459	19,826	18,418
58	50,959	38,970	35,973	33,973	25,980	23,983	26,880	20,885	19,388
59	53,682	40,970	37,791	35,788	27,315	25,193	28,301	21,946	20,356
60	56,404	42,968	39,609	37,605	28,646	26,406	29,723	23,006	21,326
61	60,168	45,681	42,060	40,113	30,454	28,040	31,682	24,439	22,628
62	63,931	48,397	44,512	42,622	32,265	29,676	33,639	25,873	23,929
63	67,695	51,111	46,964	45,130	34,074	31,311	35,596	27,304	25,232
64	71,458	53,825	49,417	47,640	35,885	32,945	37,555	28,739	26,534
65	75,222	56,539	51,869	50,149	37,692	34,579	39,512	30,171	27,836
66	79,438	59,913	55,032	52,959	39,943	36,689	41,762	31,998	29,559
67	83,654	63,287	58,195	55,770	42,193	38,797	44,011	33,826	31,280

年度保費及保費徵費表 (美元)

年齡[9]	計劃 D[6] - $5,000,000 美元保障額 基本保障 – 住院福利								
	地區 1 – 全球			地區 2 – 全球（美國除外）			地區 3 – 亞洲[5]		
	墊底費								
	無墊底費	$5,000	$8,000	無墊底費	$5,000	$8,000	無墊底費	$5,000	$8,000
68	87,873	66,661	61,359	58,583	44,442	40,907	46,261	35,655	33,003
69	92,089	70,036	64,522	61,394	46,690	43,015	48,508	37,483	34,724
70	96,306	73,408	67,686	64,205	48,940	45,124	50,758	39,310	36,447
71	100,158	76,345	70,393	66,773	50,898	46,929	52,789	40,883	37,905
72	104,164	79,398	73,207	69,444	52,934	48,806	54,898	42,517	39,423
73	108,330	82,576	76,136	72,220	55,051	50,758	57,094	44,217	40,997
74	112,663	85,878	79,182	75,109	57,253	52,789	59,380	45,987	42,638
75	117,169	89,312	82,349	78,114	59,542	54,900	61,754	47,827	44,345
76	121,857	92,885	85,644	81,238	61,924	57,096	64,224	49,739	46,117
77	126,730	96,601	89,069	84,488	64,402	59,380	66,794	51,728	47,963
78	131,800	100,465	92,631	87,867	66,977	61,754	69,466	53,798	49,881
79	137,071	104,484	96,336	91,382	69,655	64,224	72,244	55,949	51,875
80	142,556	108,662	100,189	95,037	72,441	66,794	75,132	58,187	53,951
81	148,257	113,009	104,197	98,838	75,340	69,466	78,139	60,514	56,110
82	154,188	117,528	108,365	102,792	78,352	72,244	81,263	62,935	58,353
83	160,355	122,231	112,700	106,904	81,487	75,132	84,514	65,452	60,686
84	166,769	127,119	117,208	111,179	84,747	78,139	87,895	68,070	63,115
85	173,439	132,204	121,895	115,627	88,137	81,263	91,410	70,793	65,638
86	180,377	137,493	126,771	120,252	91,662	84,516	95,066	73,625	68,265
87	187,592	142,992	131,843	125,061	95,330	87,895	98,871	76,570	70,994
88	195,095	148,712	137,116	130,064	99,142	91,410	102,825	79,633	73,834
89	202,899	154,661	142,600	135,266	103,107	95,066	106,938	82,818	76,788
90	211,015	160,846	148,304	140,678	107,231	98,871	111,214	86,131	79,858
91	219,456	167,280	154,236	146,305	111,521	102,825	115,663	89,575	83,053
92	228,234	173,970	160,405	152,156	115,981	106,938	120,290	93,159	86,376
93	237,362	180,930	166,823	158,243	120,619	111,216	125,101	96,884	89,830
94	246,857	188,167	173,494	164,573	125,445	115,663	130,105	100,759	93,422
95	256,732	195,693	180,434	171,155	130,463	120,290	135,309	104,791	97,160
96	267,001	203,522	187,652	178,002	135,682	125,102	140,722	108,982	101,048
97	277,681	211,662	195,157	185,122	141,108	130,105	146,350	113,340	105,088
98	288,788	220,128	202,963	192,526	146,753	135,310	152,204	117,876	109,292
99	300,339	228,933	211,082	200,227	152,623	140,722	158,292	122,590	113,664

*根據足歲

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	1,197美元
適用於計劃C及D	1,313美元
附加分娩保障	
適用於計劃C及D	4,774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何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准或最常見的費用，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。

由利寶國際保險有限公司承保
香港太古城英皇道1111號26樓2601-04及07-16室

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