

Liberty Insurance VHIS Flexi Plan

All-round cover all at your choice



Flexible medical coverage, with tax deductions benefits

Liberty Insurance VHIS Flexi Plan has 3 plans certified under the Hong Kong Government's Voluntary Health Insurance Scheme that provides you a flexible medical coverage, with tax deductions benefits. Our Flexi plans offer you enhanced benefits that go beyond the standard VHIS features. Having quality treatments and healthcare services while illness strike or accident occurred, optional choices for supplementary major medical and outpatient and much more, all-round cover all at your choice.

Benefits at a glance

- Different plan levels with optional top up benefits to fit your needs
- No lifetime limits and guaranteed renewal till age 100
- Tax relief on your premiums
- Extended coverage to unknown pre-existing conditions
- Optional outpatient benefits with free health screening test in network centre - Once every 2-policy year[1]

This Certified Plan is eligible for tax deduction. Deduction is subject to the relevant laws on tax deduction.

[1] Outpatient benefit does not form part of the VHIS certified plan.
The premiums paid are not eligible for a tax deduction.

Summary of Benefits (Benefit Limit in HK$)

Benefit Items[1]	Flexi (Classic)	Flexi (Plus)	Flexi (Premium)
Name of the certified plan	Liberty Insurance VHIS Flexi Plan (Classic)	Liberty Insurance VHIS Flexi Plan (Plus)	Liberty Insurance VHIS Flexi Plan (Premium)
FHB certification number	Classic: F00047-01-000-02 Classic with SMM: F00047-01-001-02	Plus: F00048-01-000-02 Plus with SMM: F00048-01-001-02	Premium: F00046-01-000-02
Territorial scope of cover	Worldwide	Worldwide	Asia[8]
Restricted ward class[7]	N.A.	N.A.	Semi-Private Room
Annual Benefit Limit for benefit items I (a) - (l) & II (1) - (4) & III & IV (1) - (2)	HK$500,000 per Policy Year	HK$1,000,000 per Policy Year	HK$2,000,000 per Policy Year
Lifetime Benefit Limit for benefit items I (a) - (l) & II (1) - (4) & III & IV (1) - (2)	NIL	NIL	NIL
I. Basic Benefits			
(a) Room and board	HK$1,000 per day Maximum 180 days per Policy Year	HK$1,350 per day Maximum 180 days per Policy Year	No dollar limit Maximum 180 days per Policy Year
(b) Miscellaneous charges	HK$18,000 per Policy Year	HK$23,000 per Policy Year	No dollar limit
(c) Attending doctor's visit fee	HK$1,000 per day Maximum 180 days per Policy Year	HK$1,350 per day Maximum 180 days per Policy Year	No dollar limit Maximum 180 days per Policy Year
(d) Specialist's fee[2]	HK$5,000 per Policy Year	HK$6,000 per Policy Year	No dollar limit
(e) Intensive care	HK$3,800 per day Maximum 25 days per Policy Year	HK$4,300 per day Maximum 25 days per Policy Year	No dollar limit Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures - Complex: HK$60,000 Major: HK$30,000 Intermediate: HK$15,000 Minor: HK$7,500	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures - Complex: HK$70,000 Major: HK$35,000 Intermediate: HK$18,000 Minor: HK$10,000	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures - Complex: No dollar limit Major: No dollar limit Intermediate: No dollar limit Minor: No dollar limit

Summary of Benefits (Benefit Limit in HK$)

Benefit Items[1]	Flexi (Classic)	Flexi (Plus)	Flexi (Premium)
(g) Anaesthetist's fee	35% of Surgeon's fee payable[5]	35% of Surgeon's fee payable[5]	No dollar limit
(h) Operating theatre charges	35% of Surgeon's fee payable[5]	35% of Surgeon's fee payable[5]	No dollar limit
(i) Prescribed Diagnostic Imaging Tests[2] [3]	HK$20,000 per Policy year Subject to 30% Coinsurance	HK$30,000 per Policy year Subject to 30% Coinsurance	No dollar limit Coinsurance shall be 0%
(j) Prescribed Non-surgical Cancer Treatments[4]	HK$90,000 per Policy Year	HK$100,000 per Policy Year	No dollar limit
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care[2]	HK$580 per visit, up to HK$4,000 per Policy Year • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)	HK$680 per visit, up to HK$4,000 per Policy Year • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)	No dollar limit • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 3 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments	HK$30,000 per Policy Year	HK$35,000 per Policy Year	HK$40,000 per Policy Year
II. Enhanced Benefits			
(1) Specific Day Case Procedure at Network Provider[6]	Subject to Annual Benefit Limit	Subject to Annual Benefit Limit	N.A.
(2) Companion bed[9]	HK$450 per day	HK$550 per day	No dollar limit
(3) Outpatient kidney dialysis	N.A.	HK$80,000 per Policy Year	No dollar limit
(4) Private nursing	N.A.	N.A	HK$10,000 per Policy Year

Summary of Benefits (Benefit Limit in HK$)

Benefit Items[1]	Flexi (Classic)	Flexi (Plus)	Flexi (Premium)
III. Optional Enhanced Benefits			
(1) Supplementary major medical benefit			
• Restricted ward class[7]	Standard Ward	Semi-Private	N.A.
• Maximum limit	HK$100,000 per Policy Year	HK$200,000 per Policy Year	
• Coinsurance	20%	20%	
IV. Other Benefits			
(1) Second claim cash allowance	HK$1,000 per Confinement	HK$2,000 per Confinement	HK$2,000 per Confinement
(2) Cash allowance for Specific Day Case Procedure at Network Provider	HK$500 per day	HK$600 per day	HK$800 per day

(1) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, unless otherwise specified

(2) The Company shall have the right to ask for proof of recommendation e.g. written referral or testifying statement on the claim form by the attending doctor or Registered Medical Practitioner

(3) Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined, and PET-MRI combined

(4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy

(5) The percentage here applies to the Surgeon's fee actually payable or the benefit limit for the Surgeon's fee according to the surgical categorisation, whichever is the lower

(6) This benefit shall be payable for the specific Day Case procedure specified on the list published by the Company ("Specific Day Case Procedure") at any one of the Company's designated medical clinic, day case procedure centre or Hospital in Hong Kong ("Network Provider"). Please refer to Section (1) of Supplement One for details

(7) Adjustment factor will be applied to the calculation of the amount payable under this benefit if the Insured Person is confined in a hospital ward class higher than the restricted ward class stated except for the involuntary upgrade. Please refer to Supplement Two for details

(8) "Asia" shall mean Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan, and Vietnam. Please refer to Section (1) of Supplement One for the details of territorial scope of cover

(9) This benefit shall be payable for the cost of companion bed charged by the Hospital for one (1) parent or Guardian of the Insured Person, provided that the Insured Person is below Age of eighteen (18)

Optional Outpatient Benefit[1] - Eligible for Flexi (Plus) or Flexi (Premium) applicant

Benefit Items[a]	Flexi (Plus)		Flexi (Premium)
	Network Benefit	Non-network Benefit	
Overall Annual benefit limit for item (1) to (5) below in aggregate	NIL	NIL	HK$20,000 per Policy Year
(1) General physician services[b] [c]	Co-payment HK$30 per visit 1 visit per day Maximum 20 visits per Policy Year	HK$300 per visit 1 visit per day Maximum 20 visits per Policy Year	Fully covered 1 visit per day No limit of visits per Policy Year
(2) Chinese physician services[b] [d]	Co-payment HK$40 per visit 1 visit per day Maximum 20 visits per Policy Year	HK$300 per visit 1 visit per day Maximum 20 visits per Policy Year	HK$500 per visit 1 visit per day No limit of visits per Policy Year
(3) Specialist services[e]	Co-payment HK$50 per visit 1 visit per day Maximum 10 visits per Policy Year	HK$500 per visit 1 visit per day Maximum 10 visits per Policy Year	Fully covered 1 visit per day No limit of visits per Policy Year
(4) Laboratory and X-ray services[f]	HK$2,000 per Policy Year	HK$2,000 per Policy Year	Fully covered
(5) Health screening test	Once every two years[g]	N.A.	Once every two years[g]

[1] Outpatient benefit does not form part of the VHIS certified plan. The premiums paid are not eligible for tax deduction

(a) Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above, unless otherwise specified

(b) Item (1) and (2) shall be limited to one visit for either item per day

(c) Benefit includes consultation fee and 3 days basic Medically Necessary medication, excluding Chinese Herbal Medication. Flexi (Plus): Maximum number of visits for both network benefit and non-network benefit in aggregate per Policy Year is 20 in total

(d) Benefit includes consultation fee and 3 packets of basic Medically Necessary Chinese Herbal Medication. Flexi (Plus): Maximum number of visits for both network benefit and non-network benefit in aggregate per Policy Year is 20 in total

(e) Benefit includes consultation fee and 3 days basic Medically Necessary medication. Flexi (Plus): Maximum number of visits for both network benefit and non-network benefit in aggregate per Policy Year is 10 in total

(f) Referral by a Registered Medical Practitioner or Specialist in writing required

(g) Insured Person has to undertake the test specified by the Company at the Company's designated health screening test centre. Please refer to Section (5) of Supplement Four for details

Liberty Insurance VHIS Flexi Plan (Classic)
Standard Premium Schedule

This Standard Premium Schedule does not include levy which is collected by the Insurance Authority

Entry Age Last Birthday*	Flexi Plan (Classic)	Flexi Plan (Classic) with SMM
	Premium	Premium
0-17	HK$4,286	HK$5,143
18	HK$2,857	HK$3,428
19	HK$2,943	HK$3,531
20	HK$3,031	HK$3,637
21	HK$3,122	HK$3,747
22	HK$3,215	HK$3,859
23	HK$3,311	HK$3,974
24	HK$3,412	HK$4,095
25	HK$3,514	HK$4,217
26	HK$3,619	HK$4,342
27	HK$3,728	HK$4,473
28	HK$3,841	HK$4,607
29	HK$3,954	HK$4,746
30	HK$4,081	HK$4,898
31	HK$4,175	HK$5,011
32	HK$4,279	HK$5,135
33	HK$4,387	HK$5,264
34	HK$4,496	HK$5,396
35	HK$4,608	HK$5,531
36	HK$4,747	HK$5,696
37	HK$4,890	HK$5,867
38	HK$5,036	HK$6,043
39	HK$5,187	HK$6,224
40	HK$5,343	HK$6,411
41	HK$5,530	HK$6,635
42	HK$5,723	HK$6,868
43	HK$5,924	HK$7,109
44	HK$6,131	HK$7,357
45	HK$6,346	HK$7,615
46	HK$6,599	HK$7,918
47	HK$6,863	HK$8,236
48	HK$7,137	HK$8,565
49	HK$7,423	HK$8,907
50	HK$7,719	HK$9,265
51	HK$8,028	HK$9,634
52	HK$8,351	HK$10,020
53	HK$8,684	HK$10,421
54	HK$9,031	HK$10,838
55	HK$9,392	HK$11,271
56	HK$9,815	HK$11,778
57	HK$10,257	HK$12,307
58	HK$10,719	HK$12,862
59	HK$11,200	HK$13,441

Liberty Insurance VHIS Flexi Plan (Classic)
Standard Premium Schedule

Entry Age Last Birthday*	Flexi Plan (Classic)	Flexi Plan (Classic) with SMM
	Premium	Premium
60	HK$11,704	HK$14,045
61	HK$12,290	HK$14,748
62	HK$12,905	HK$15,485
63	HK$13,549	HK$16,260
64	HK$14,227	HK$17,071
65	HK$14,938	HK$17,925
66	HK$15,760	HK$18,912
67	HK$16,627	HK$19,952
68	HK$17,541	HK$21,049
69	HK$18,506	HK$22,207
70	HK$19,523	HK$23,428
71	HK$20,255	HK$24,307
72	HK$21,015	HK$25,218
73	HK$21,804	HK$26,163
74	HK$22,621	HK$27,145
75	HK$23,469	HK$28,163
76	HK$24,349	HK$29,218
77	HK$25,262	HK$30,314
78	HK$26,210	HK$31,451
79	HK$27,191	HK$32,631
80	HK$28,212	HK$33,854
81	HK$29,269	HK$35,123
82	HK$30,368	HK$36,440
83	HK$31,506	HK$37,806
84	HK$32,687	HK$39,224
85	HK$33,913	HK$40,696
86	HK$35,185	HK$42,223
87	HK$36,504	HK$43,805
88	HK$37,873	HK$45,448
89	HK$39,294	HK$47,152
90	HK$40,768	HK$48,920
91	HK$42,295	HK$50,756
92	HK$43,882	HK$52,659
93	HK$45,527	HK$54,632
94	HK$47,236	HK$56,682
95	HK$49,007	HK$58,806
96	HK$50,844	HK$61,013
97	HK$52,750	HK$63,300
98	HK$54,728	HK$65,674
99	HK$56,781	HK$68,137

* Age 81-99 for renewal only
The premium rates are valid from 1 November 2026
Premium Levy collected by the Insurance Authority will be imposed at the applicable rate
For further information, please visit https://www.libertyinsurance.com.hk/premium-levy or contact (852) 2892 3888

Liberty Insurance VHIS Flexi Plan (Plus)
Standard Premium Schedule

This Standard Premium Schedule does not include levy which is collected by the Insurance Authority

Entry Age Last Birthday*	Flexi Plan (Plus)	Flexi Plan (Plus) with SMM	Optional Outpatient Benefits[1] On top of Flexi Plan (Plus)
	Premium	Premium	Premium
0-17	HK$6,489	HK$7,787	HK$6,413
18	HK$4,327	HK$5,191	HK$4,548
19	HK$4,455	HK$5,348	HK$4,664
20	HK$4,590	HK$5,507	HK$4,781
21	HK$4,727	HK$5,673	HK$4,839
22	HK$4,870	HK$5,844	HK$4,956
23	HK$5,015	HK$6,019	HK$5,073
24	HK$5,166	HK$6,199	HK$5,131
25	HK$5,321	HK$6,385	HK$5,247
26	HK$5,481	HK$6,576	HK$5,364
27	HK$5,645	HK$6,774	HK$5,481
28	HK$5,814	HK$6,977	HK$5,597
29	HK$5,989	HK$7,187	HK$5,714
30	HK$6,180	HK$7,417	HK$5,830
31	HK$6,322	HK$7,586	HK$5,947
32	HK$6,479	HK$7,776	HK$6,064
33	HK$6,642	HK$7,971	HK$6,180
34	HK$6,808	HK$8,169	HK$6,297
35	HK$6,979	HK$8,375	HK$6,413
36	HK$7,188	HK$8,626	HK$6,530
37	HK$7,403	HK$8,884	HK$6,705
38	HK$7,626	HK$9,151	HK$6,822
39	HK$7,854	HK$9,425	HK$6,938
40	HK$8,090	HK$9,708	HK$7,113
41	HK$8,374	HK$10,048	HK$7,230
42	HK$8,666	HK$10,399	HK$7,405
43	HK$8,970	HK$10,764	HK$7,521
44	HK$9,283	HK$11,140	HK$7,696
45	HK$9,608	HK$11,530	HK$7,813
46	HK$9,993	HK$11,992	HK$7,988
47	HK$10,392	HK$12,471	HK$8,162
48	HK$10,808	HK$12,969	HK$8,337
49	HK$11,240	HK$13,489	HK$8,454
50	HK$11,690	HK$14,028	HK$8,629
51	HK$12,158	HK$14,589	HK$8,804
52	HK$12,644	HK$15,173	HK$8,979
53	HK$13,150	HK$15,779	HK$9,154
54	HK$13,676	HK$16,410	HK$9,387
55	HK$14,222	HK$17,067	HK$9,562
56	HK$14,863	HK$17,835	HK$9,737
57	HK$15,531	HK$18,638	HK$9,911
58	HK$16,230	HK$19,476	HK$10,145
59	HK$16,960	HK$20,353	HK$10,320

Liberty Insurance VHIS Flexi Plan (Plus)
Standard Premium Schedule

Entry Age Last Birthday*	Flexi Plan (Plus)	Flexi Plan (Plus) with SMM	Optional Outpatient Benefits[1] On top of Flexi Plan (Plus)
	Premium	Premium	Premium
60	HK$17,724	HK$21,268	HK$10,553
61	HK$18,610	HK$22,332	HK$10,728
62	HK$19,540	HK$23,449	HK$10,961
63	HK$20,518	HK$24,621	HK$11,194
64	HK$21,544	HK$25,852	HK$11,427
65	HK$22,620	HK$27,144	HK$11,660
66	HK$23,864	HK$28,638	HK$11,894
67	HK$25,177	HK$30,212	HK$12,127
68	HK$26,562	HK$31,874	HK$12,360
69	HK$28,023	HK$33,626	HK$12,593
70	HK$29,563	HK$35,477	HK$12,826
71	HK$30,672	HK$36,806	HK$13,118
72	HK$31,823	HK$38,187	HK$13,351
73	HK$33,016	HK$39,619	HK$13,643
74	HK$34,254	HK$41,104	HK$13,934
75	HK$35,538	HK$42,645	HK$14,167
76	HK$36,870	HK$44,246	HK$14,459
77	HK$38,253	HK$45,905	HK$14,750
78	HK$39,687	HK$47,626	HK$15,042
79	HK$41,177	HK$49,412	HK$15,333
80	HK$42,720	HK$51,265	HK$15,683
81	HK$44,323	HK$53,187	HK$15,975
82	HK$45,984	HK$55,182	HK$16,266
83	HK$47,709	HK$57,251	HK$16,616
84	HK$49,498	HK$59,397	HK$16,966
85	HK$51,355	HK$61,625	HK$17,316
86	HK$53,280	HK$63,936	HK$17,665
87	HK$55,278	HK$66,333	HK$18,015
88	HK$57,351	HK$68,821	HK$18,365
89	HK$59,502	HK$71,401	HK$18,715
90	HK$61,734	HK$74,079	HK$19,065
91	HK$64,048	HK$76,857	HK$19,473
92	HK$66,449	HK$79,739	HK$19,881
93	HK$68,942	HK$82,729	HK$20,289
94	HK$71,527	HK$85,832	HK$20,639
95	HK$74,210	HK$89,050	HK$21,105
96	HK$76,992	HK$92,389	HK$21,513
97	HK$79,878	HK$95,854	HK$21,921
98	HK$82,874	HK$99,448	HK$22,388
99	HK$85,982	HK$103,178	HK$22,796

[1] Outpatient benefit does not form part of the VHIS certified plan. The premiums paid are not eligible for tax deduction

* Age 81-99 for renewal only

The premium rates are valid from 1 November 2026

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Liberty Insurance VHIS Flexi Plan (Premium)
Standard Premium Schedule

This Standard Premium Schedule does not include levy which is collected by the Insurance Authority

Entry Age Last Birthday[6]	Flexi Plan (Premium)	Optional Outpatient Benefits[1] On top of Flexi Plan (Premium)
	Premium	Premium
0-17	HK$12,243	HK$12,231
18	HK$8,162	HK$8,673
19	HK$8,408	HK$8,896
20	HK$8,660	HK$9,118
21	HK$8,919	HK$9,229
22	HK$9,188	HK$9,452
23	HK$9,463	HK$9,674
24	HK$9,745	HK$9,786
25	HK$10,039	HK$10,007
26	HK$10,339	HK$10,229
27	HK$10,650	HK$10,453
28	HK$10,969	HK$10,675
29	HK$11,299	HK$10,897
30	HK$11,660	HK$11,119
31	HK$11,929	HK$11,343
32	HK$12,227	HK$11,564
33	HK$12,533	HK$11,786
34	HK$12,845	HK$12,009
35	HK$13,167	HK$12,231
36	HK$13,562	HK$12,454
37	HK$13,968	HK$12,787
38	HK$14,387	HK$13,009
39	HK$14,820	HK$13,232
40	HK$15,263	HK$13,566
41	HK$15,798	HK$13,789
42	HK$16,351	HK$14,122
43	HK$16,923	HK$14,343
44	HK$17,515	HK$14,678
45	HK$18,128	HK$14,900
46	HK$18,853	HK$15,233
47	HK$19,608	HK$15,567
48	HK$20,391	HK$15,900
49	HK$21,207	HK$16,123
50	HK$22,057	HK$16,456
51	HK$22,938	HK$16,790
52	HK$23,856	HK$17,123
53	HK$24,810	HK$17,457
54	HK$25,803	HK$17,902
55	HK$26,835	HK$18,235
56	HK$28,042	HK$18,570
57	HK$29,303	HK$18,903
58	HK$30,622	HK$19,348
59	HK$32,001	HK$19,682

Liberty Insurance VHIS Flexi Plan (Premium)
Standard Premium Schedule

Entry Age Last Birthday[6]	Flexi Plan (Premium)	Optional Outpatient Benefits[1] On top of Flexi Plan (Premium)
	Premium	Premium
60	HK$33,440	HK$20,126
61	HK$35,112	HK$20,459
62	HK$36,868	HK$20,905
63	HK$38,712	HK$21,349
64	HK$40,648	HK$21,794
65	HK$42,679	HK$22,238
66	HK$45,027	HK$22,682
67	HK$47,503	HK$23,128
68	HK$50,115	HK$23,572
69	HK$52,872	HK$24,018
70	HK$55,779	HK$24,462
71	HK$57,871	HK$25,018
72	HK$60,042	HK$25,462
73	HK$62,292	HK$26,019
74	HK$64,630	HK$26,574
75	HK$67,052	HK$27,019
76	HK$69,568	HK$27,575
77	HK$72,176	HK$28,132
78	HK$74,882	HK$28,687
79	HK$77,691	HK$29,244
80	HK$80,604	HK$29,911
81	HK$83,627	HK$30,467
82	HK$86,763	HK$31,022
83	HK$90,017	HK$31,690
84	HK$93,393	HK$32,357
85	HK$96,894	HK$33,024
86	HK$100,527	HK$33,691
87	HK$104,298	HK$34,358
88	HK$108,209	HK$35,024
89	HK$112,266	HK$35,693
90	HK$116,477	HK$36,360
91	HK$120,844	HK$37,138
92	HK$125,376	HK$37,916
93	HK$130,077	HK$38,694
94	HK$134,956	HK$39,361
95	HK$140,016	HK$40,251
96	HK$145,266	HK$41,029
97	HK$150,714	HK$41,807
98	HK$156,365	HK$42,697
99	HK$162,230	HK$43,476

[1] Outpatient benefit does not form part of the VHIS certified plan. The premiums paid are not eligible for tax deduction

[*] Age 81-99 for renewal only

The premium rates are valid from 1 November 2026

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Important Information

Cooling-off period

If you are not fully satisfied with the policy, you have the right to cancel it by giving Liberty International Insurance Limited ("Liberty") written request. Such written request must be signed by you and received directly by our Individual Medical Insurance Department at Suites 2601-04 & 2607-16, 26/F, 1111 King's Road, Taikoo Shing, Hong Kong within 21 days after the delivery of the policy or cooling-off notice to you or your representative, whichever is earlier. No premium and levy paid will be refunded if a claim payment under the policy has been made. Cooling-off rights are applicable to new contracts only.

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.

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.

Important Information

Reasonable and Customary

In relation to a charge for a medical service, "reasonable and customary" shall mean such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

Liberty may adjust any and all benefits payable in relation to any charges which is not a reasonable and customary.

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

General Exclusions

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.

2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.

3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by the Company under Section 8 of Part 1) such Disability shall be generally excluded from any coverage of these Terms and Benefits if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Effective Date.

   However, the exclusion under this entire Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.

4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of this Part 7 applies).

5. Any charges in respect of services for :
   a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
   b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services

General Exclusions

6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to:
   a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided
   b) removal of pre-malignant conditions; and
   c) treatment for prevention of recurrence or complication of a previous Disability

7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.

8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.

9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.

10. Expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.

11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.

12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of eight (8) years.

13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.

14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

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 document for details of terms, conditions and major exclusion.

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** |

NOV 2026



利寶國際自願醫保靈活計劃

由您所選的全面保障



靈活計劃選項，同時可就有關保費申請稅務扣減

利寶國際自願醫保靈活計劃內的三款計劃為政府認可的自願醫保計劃，為您提供安心穩妥的醫療保障之餘，同時可就有關保費申請稅務扣減。靈活計劃提供比標準計劃更佳的保障範圍，可選用私營醫療機構提供的優質治療和服務之餘，更讓您靈活自選附加醫療及門診保障, 因應個人需要自訂更周全的保障。

保障特點

多款靈活計劃選項配以自選附加保障切合您的個人需要

保證續保至100歲並不設「終身保障限額」

符合稅項扣減資格

承保未知的投保前已有病症

自選門診保障, 免費贈送網絡健康檢查測試 - 每滿兩個保單週年[1]

此認可產品可獲稅務減免。按相關稅務扣減法例

[1] 門診保障不屬自願醫保認可產品的一部分。此部份所付的保費不可用作稅項扣減。

保障表 - 賠償限額（港元）

保障項目[1]	靈活計劃（基本）	靈活計劃（升級）	靈活計劃（尊尚）
認可產品名稱	利寶國際自願醫保 靈活計劃（基本）	利寶國際自願醫保 靈活計劃（升級）	利寶國際自願醫保 靈活計劃（尊尚）
自願醫保計劃認可產品號碼	基本: F00047-01-000-02 基本，包括附加醫療 保障: F00047-01-001-02	升級: F00048-01-000-02 升級，包括附加醫療 保障: F00048-01-001-02	尊尚: F00046-01-000-02
保障地域範圍	全球	全球	亞洲[8]
限制病房級別[7]	不適用	不適用	「半私家病房」
保障項目I（a）-（l）、II（1）-（4）、III及IV（1）-（2）的每年保障限額	每保單年度 500,000港元	每保單年度 1,000,000港元	每保單年度 2,000,000港元
保障項目I（a）-（l）、II（1）-（4）、III及IV（1）-（2）的終身保障限額	無	無	無
I. 基本保障			
(a) 病房及膳食	每日1,000港元 每保單年度最多 180日	每日1,350港元 每保單年度最多 180日	不設金額上限 每保單年度最多 180日
(b) 雜項開支	每保單年度 18,000港元	每保單年度 23,000港元	不設金額上限
(c) 主診醫生巡房費	每日1,000港元 每保單年度最多 180日	每日1,350港元 每保單年度最多 180日	不設金額上限 每保單年度最多 180日
(d) 專科醫生費[2]	每保單年度 5,000港元	每保單年度 6,000港元	不設金額上限
(e) 深切治療	每日3,800港元 每保單年度最多 25日	每日4,300港元 每保單年度最多 25日	不設金額上限 每保單年度最多 25日
(f) 外科醫生費	每項手術, 按 手術表劃分的手 術分類 複雜：60,000港元 大型：30,000港元 中型：15,000港元 小型：7,500港元	每項手術, 按 手術表劃分的手 術分類 複雜：70,000港元 大型：35,000港元 中型：18,000港元 小型：10,000港元	每項手術, 按 手術表劃分的手 術分類 複雜：不設金額上限 大型：不設金額上限 中型：不設金額上限 小型：不設金額上限

保障表 - 賠償限額（港元）

保障項目[1]	靈活計劃（基本）	靈活計劃（升級）	靈活計劃（尊尚）
(g) 麻醉科醫生費	外科醫生費 的35%[5]	外科醫生費 的35%[5]	不設金額上限
(h) 手術室費	外科醫生費 的35%[5]	外科醫生費 的35%[5]	不設金額上限
(i) 訂明診斷成像檢測[2] [3]	每保單年度 20,000港元 設30%共同保險	每保單年度 30,000港元 設30%共同保險	不設金額上限 共同保險為0%
(j) 訂明非手術癌症治療[4]	每保單年度 90,000港元	每保單年度 100,000港元	不設金額上限
(k) 入院前或出院後/日間手術前後的門診護理[2]	每次580港元, 每保單年度 4,000港元 • 住院/日間手術前 最多1次門 診或急症診症 • 出院/日間手術後 90日內最多 3次跟進門診	每次680港元, 每保單年度 4,000港元 • 住院/日間手術前 最多1次門 診或急症診症 • 出院/日間手術後 90日內最多 3次跟進門診	不設金額上限 • 住院/日間手術前 最多1次門 診或急症診症 • 出院/日間手術後 90日內最多 3次跟進門診
(l) 精神科治療	每保單年度 30,000港元	每保單年度 35,000港元	每保單年度 40,000港元
II. 額外保障			
(1) 於「網絡供應者」接受「特定日間手術」[6]	受每年保障 限額所規限	受每年保障 限額所規限	不適用
(2) 加床費用[9]	每日450港元	每日550港元	不設金額上限
(3) 門診腎透析	不適用	每保單年度 80,000港元	不設金額上限
(4) 私家看護	不適用	不適用	每保單年度 10,000港元

保障表 - 賠償限額（港元）

保障項目[1]	靈活計劃（基本）	靈活計劃（升級）	靈活計劃（尊尚）
III. 自選額外保障			
(1) 附加醫療保障			
• 限制病房級別[7]	「普通病房」	「半私家病房」	不適用
• 最高保障額	每保單年度 100,000港元	每保單年度 200,000港元	
• 共同保險	20%	20%	
IV. 其他保障			
(1) 第二索償現金津貼	每次住院 1,000港元	每次住院 2,000港元	每次住院 2,000港元
(2) 於「網絡供應者」接受「特定日間手術」現金津貼	每日500港元	每日600港元	每日800港元

(1) 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償，除非另有訂明

(2) 本公司有權要求有關書面建議的證明, 例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述

(3) 檢測只包括電腦斷層掃描（“CT”掃描）、磁力共振掃描（“MRI”掃描）、正電子放射斷層掃描（“PET”掃描）、PET–CT組合及PET–MRI 組合

(4) 治療只包括放射性治療、化療、標靶治療、免疫治療及荷爾蒙治療

(5) 此百分比適用於外科醫生費實際賠償的金額或根據手術分類下外科醫生費的保障限額, 以較低者為準

(6) 本保障將賠償受保人於任何本公司指定在香港的醫療診所、日間手術中心或醫院（「網絡供應者」）接受本公司發佈的名單所列之任何特定日間手術（「特定日間手術」）。詳情請參閱補充文件一第（1）節

(7) 如受保人住院的病房級別高於所示的限制病房級別, 調整率將適用於計算於本保障可獲的賠償金額, 非自願的病房級別提升除外。詳情請參閱補充文件二

(8)「亞洲」指阿富汗、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、吉爾吉斯、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、巴基斯坦、菲律賓、新加坡、南韓、斯里蘭卡、台灣、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。保障地域範圍的詳情請參閱補充文件一第（1）節

(9) 此項保障會賠償由醫院收取的應付加床費用：一（1）名受保人的父母或監護人加床以供其留宿陪護未滿十八（18）歲的受保人

自選門診保障[1] -
只適用於靈活計劃 (升級)或靈活計劃 (尊尚)投保人

保障項目[a]	靈活計劃（升級）		靈活計劃（尊尚）
	網絡保障	非網絡保障	
保障項目（1）-（5）的每年總保障限額	無	無	每保單年度 20,000港元
(1) 普通科醫生服務[b] [c]	自付額每次30港元 每天1次 每保單年度 最多20次	每次300港元 每天1次 每保單年度 最多20次	全數賠償 每天1次 每保單年度 無次數限制
(2) 「中醫師」服務[b] [d]	自付額每次40港元 每天1次 每保單年度 最多20次	每次300港元 每天1次 每保單年度 最多20次	每次500港元 每天1次 每保單年度 無次數限制
(3) 專科醫生服務[e]	自付額每次50港元 每天1次 每保單年度 最多10次	每次500港元 每天1次 每保單年度 最多10次	全數賠償 每天1次 每保單年度 無次數限制
(4) 實驗室及X光射線服務[f]	每保單年度 2,000港元	每保單年度 2,000港元	全數賠償
(5) 健康檢查測試	每兩年一次[g]	不適用	每兩年一次[g]

[1] 門診保障不屬自願醫保認可產品的一部分。此部份所付的保費不可用作稅項扣減

(a) 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償, 除非另有訂明

(b) 項目（1）和（2）兩者每天只可其中一項每天1次

(c) 保障包括診症費用和3天基本醫療所需藥物, 但中草藥除外。靈活計劃（升級）: 網絡保障及非網絡保障合計, 每保單年度之診治次數上限合共為20次

(d) 保障包括診症費用和3劑基本醫療所需「中草藥」。靈活計劃（升級）: 網絡保障及非網絡保障合計, 每保單年度之診治次數上限合共為20次

(e) 保障包括診症費用和3天基本醫療所需藥物。靈活計劃（升級）: 網絡保障及非網絡保障合計, 每保單年度之診治次數上限合共為10次

(f) 須由註冊醫生或專科醫生以書面轉介

(g) 受保人於在本公司指定規定的健康檢測試中心進行了列明的測試。詳情請參閱補充文件四第（5）節

利寶國際自願醫保靈活計劃（基本）

標準保費表

此標準保費表並未包括由保險業監管局徵收的保費徵費

年齡（足歲）*	靈活計劃（基本）	靈活計劃（基本）包括附加醫療保障
	保費	保費
0-17	4,286 港元	5,143 港元
18	2,857 港元	3,428 港元
19	2,943 港元	3,531 港元
20	3,031 港元	3,637 港元
21	3,122 港元	3,747 港元
22	3,215 港元	3,859 港元
23	3,311 港元	3,974 港元
24	3,412 港元	4,095 港元
25	3,514 港元	4,217 港元
26	3,619 港元	4,342 港元
27	3,728 港元	4,473 港元
28	3,841 港元	4,607 港元
29	3,954 港元	4,746 港元
30	4,081 港元	4,898 港元
31	4,175 港元	5,011 港元
32	4,279 港元	5,135 港元
33	4,387 港元	5,264 港元
34	4,496 港元	5,396 港元
35	4,608 港元	5,531 港元
36	4,747 港元	5,696 港元
37	4,890 港元	5,867 港元
38	5,036 港元	6,043 港元
39	5,187 港元	6,224 港元
40	5,343 港元	6,411 港元
41	5,530 港元	6,635 港元
42	5,723 港元	6,868 港元
43	5,924 港元	7,109 港元
44	6,131 港元	7,357 港元
45	6,346 港元	7,615 港元
46	6,599 港元	7,918 港元
47	6,863 港元	8,236 港元
48	7,137 港元	8,565 港元
49	7,423 港元	8,907 港元
50	7,719 港元	9,265 港元
51	8,028 港元	9,634 港元
52	8,351 港元	10,020 港元
53	8,684 港元	10,421 港元
54	9,031 港元	10,838 港元
55	9,392 港元	11,271 港元
56	9,815 港元	11,778 港元
57	10,257 港元	12,307 港元
58	10,719 港元	12,862 港元
59	11,200 港元	13,441 港元

利寶國際自願醫保靈活計劃（基本）

標準保費表

年齡（足歲）*	靈活計劃（基本）	靈活計劃（基本）包括附加醫療保障
	保費	保費
60	11,704 港元	14,045 港元
61	12,290 港元	14,748 港元
62	12,905 港元	15,485 港元
63	13,549 港元	16,260 港元
64	14,227 港元	17,071 港元
65	14,938 港元	17,925 港元
66	15,760 港元	18,912 港元
67	16,627 港元	19,952 港元
68	17,541 港元	21,049 港元
69	18,506 港元	22,207 港元
70	19,523 港元	23,428 港元
71	20,255 港元	24,307 港元
72	21,015 港元	25,218 港元
73	21,804 港元	26,163 港元
74	22,621 港元	27,145 港元
75	23,469 港元	28,163 港元
76	24,349 港元	29,218 港元
77	25,262 港元	30,314 港元
78	26,210 港元	31,451 港元
79	27,191 港元	32,631 港元
80	28,212 港元	33,854 港元
81	29,269 港元	35,123 港元
82	30,368 港元	36,440 港元
83	31,506 港元	37,806 港元
84	32,687 港元	39,224 港元
85	33,913 港元	40,696 港元
86	35,185 港元	42,223 港元
87	36,504 港元	43,805 港元
88	37,873 港元	45,448 港元
89	39,294 港元	47,152 港元
90	40,768 港元	48,920 港元
91	42,295 港元	50,756 港元
92	43,882 港元	52,659 港元
93	45,527 港元	54,632 港元
94	47,236 港元	56,682 港元
95	49,007 港元	58,806 港元
96	50,844 港元	61,013 港元
97	52,750 港元	63,300 港元
98	54,728 港元	65,674 港元
99	56,781 港元	68,137 港元

* 年齡 81 至 99 只適用於續保

保費由 2026 年 11 月 1 日起生效

保險業監管局已按適用之徵費率於相關的保單徵收保費徵費

詳情請瀏覽 https://www.libertyinsurance.com.hk/zh/premium-levy 或致電 (852) 2892 3888

利寶國際自願醫保靈活計劃（升級）

標準保費表

此標準保費表並未包括由保險業監管局徵收的保費徵費

年齡（足歲）*	靈活計劃（升級） 保費	靈活計劃（升級） 包括附加醫療保障 保費	自選門診保障 [1] 靈活計劃（升級）的保費外另付 保費
0-17	6,489 港元	7,787 港元	6,413 港元
18	4,327 港元	5,191 港元	4,548 港元
19	4,455 港元	5,348 港元	4,664 港元
20	4,590 港元	5,507 港元	4,781 港元
21	4,727 港元	5,673 港元	4,839 港元
22	4,870 港元	5,844 港元	4,956 港元
23	5,015 港元	6,019 港元	5,073 港元
24	5,166 港元	6,199 港元	5,131 港元
25	5,321 港元	6,385 港元	5,247 港元
26	5,481 港元	6,576 港元	5,364 港元
27	5,645 港元	6,774 港元	5,481 港元
28	5,814 港元	6,977 港元	5,597 港元
29	5,989 港元	7,187 港元	5,714 港元
30	6,180 港元	7,417 港元	5,830 港元
31	6,322 港元	7,586 港元	5,947 港元
32	6,479 港元	7,776 港元	6,064 港元
33	6,642 港元	7,971 港元	6,180 港元
34	6,808 港元	8,169 港元	6,297 港元
35	6,979 港元	8,375 港元	6,413 港元
36	7,188 港元	8,626 港元	6,530 港元
37	7,403 港元	8,884 港元	6,705 港元
38	7,626 港元	9,151 港元	6,822 港元
39	7,854 港元	9,425 港元	6,938 港元
40	8,090 港元	9,708 港元	7,113 港元
41	8,374 港元	10,048 港元	7,230 港元
42	8,666 港元	10,399 港元	7,405 港元
43	8,970 港元	10,764 港元	7,521 港元
44	9,283 港元	11,140 港元	7,696 港元
45	9,608 港元	11,530 港元	7,813 港元
46	9,993 港元	11,992 港元	7,988 港元
47	10,392 港元	12,471 港元	8,162 港元
48	10,808 港元	12,969 港元	8,337 港元
49	11,240 港元	13,489 港元	8,454 港元
50	11,690 港元	14,028 港元	8,629 港元
51	12,158 港元	14,589 港元	8,804 港元
52	12,644 港元	15,173 港元	8,979 港元
53	13,150 港元	15,779 港元	9,154 港元
54	13,676 港元	16,410 港元	9,387 港元
55	14,222 港元	17,067 港元	9,562 港元
56	14,863 港元	17,835 港元	9,737 港元
57	15,531 港元	18,638 港元	9,911 港元
58	16,230 港元	19,476 港元	10,145 港元
59	16,960 港元	20,353 港元	10,320 港元

利寶國際自願醫保靈活計劃（升級）

標準保費表

年齡（足歲）*	靈活計劃（升級）	靈活計劃（升級）包括附加醫療保障	自選門診保障[1] 靈活計劃（升級）的保費外另付
	保費	保費	保費
60	17,724 港元	21,268 港元	10,553 港元
61	18,610 港元	22,332 港元	10,728 港元
62	19,540 港元	23,449 港元	10,961 港元
63	20,518 港元	24,621 港元	11,194 港元
64	21,544 港元	25,852 港元	11,427 港元
65	22,620 港元	27,144 港元	11,660 港元
66	23,864 港元	28,638 港元	11,894 港元
67	25,177 港元	30,212 港元	12,127 港元
68	26,562 港元	31,874 港元	12,360 港元
69	28,023 港元	33,626 港元	12,593 港元
70	29,563 港元	35,477 港元	12,826 港元
71	30,672 港元	36,806 港元	13,118 港元
72	31,823 港元	38,187 港元	13,351 港元
73	33,016 港元	39,619 港元	13,643 港元
74	34,254 港元	41,104 港元	13,934 港元
75	35,538 港元	42,645 港元	14,167 港元
76	36,870 港元	44,246 港元	14,459 港元
77	38,253 港元	45,905 港元	14,750 港元
78	39,687 港元	47,626 港元	15,042 港元
79	41,177 港元	49,412 港元	15,333 港元
80	42,720 港元	51,265 港元	15,683 港元
81	44,323 港元	53,187 港元	15,975 港元
82	45,984 港元	55,182 港元	16,266 港元
83	47,709 港元	57,251 港元	16,616 港元
84	49,498 港元	59,397 港元	16,966 港元
85	51,355 港元	61,625 港元	17,316 港元
86	53,280 港元	63,936 港元	17,665 港元
87	55,278 港元	66,333 港元	18,015 港元
88	57,351 港元	68,821 港元	18,365 港元
89	59,502 港元	71,401 港元	18,715 港元
90	61,734 港元	74,079 港元	19,065 港元
91	64,048 港元	76,857 港元	19,473 港元
92	66,449 港元	79,739 港元	19,881 港元
93	68,942 港元	82,729 港元	20,289 港元
94	71,527 港元	85,832 港元	20,639 港元
95	74,210 港元	89,050 港元	21,105 港元
96	76,992 港元	92,389 港元	21,513 港元
97	79,878 港元	95,854 港元	21,921 港元
98	82,874 港元	99,448 港元	22,388 港元
99	85,982 港元	103,178 港元	22,796 港元

[1] 門診保障不屬自願醫保認可產品的一部分。此部份所付的保費不可用作稅項扣減

* 年齡 81 至 99 只適用於續保

保費由 2026 年 11 月 1 日起生效

保險業監管局已按適用之徵費率於相關的保單徵收保費徵費

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利寶國際自願醫保靈活計劃（尊尚）

標準保費表

此標準保費表並未包括由保險業監管局徵收的保費徵費

年齡（足歲）*	靈活計劃（尊尚）	自選門診保障[1] 靈活計劃（尊尚）的保費外另付
	保費	保費
0-17	12,243 港元	12,231 港元
18	8,162 港元	8,673 港元
19	8,408 港元	8,896 港元
20	8,660 港元	9,118 港元
21	8,919 港元	9,229 港元
22	9,188 港元	9,452 港元
23	9,463 港元	9,674 港元
24	9,745 港元	9,786 港元
25	10,039 港元	10,007 港元
26	10,339 港元	10,229 港元
27	10,650 港元	10,453 港元
28	10,969 港元	10,675 港元
29	11,299 港元	10,897 港元
30	11,660 港元	11,119 港元
31	11,929 港元	11,343 港元
32	12,227 港元	11,564 港元
33	12,533 港元	11,786 港元
34	12,845 港元	12,009 港元
35	13,167 港元	12,231 港元
36	13,562 港元	12,454 港元
37	13,968 港元	12,787 港元
38	14,387 港元	13,009 港元
39	14,820 港元	13,232 港元
40	15,263 港元	13,566 港元
41	15,798 港元	13,789 港元
42	16,351 港元	14,122 港元
43	16,923 港元	14,343 港元
44	17,515 港元	14,678 港元
45	18,128 港元	14,900 港元
46	18,853 港元	15,233 港元
47	19,608 港元	15,567 港元
48	20,391 港元	15,900 港元
49	21,207 港元	16,123 港元
50	22,057 港元	16,456 港元
51	22,938 港元	16,790 港元
52	23,856 港元	17,123 港元
53	24,810 港元	17,457 港元
54	25,803 港元	17,902 港元
55	26,835 港元	18,235 港元
56	28,042 港元	18,570 港元
57	29,303 港元	18,903 港元
58	30,622 港元	19,348 港元
59	32,001 港元	19,682 港元

利寶國際自願醫保靈活計劃（尊尚）

標準保費表

年齡（足歲）*	靈活計劃（尊尚）	自選門診保障[1] 靈活計劃（尊尚）的保費外另付
	保費	保費
60	33,440 港元	20,126 港元
61	35,112 港元	20,459 港元
62	36,868 港元	20,905 港元
63	38,712 港元	21,349 港元
64	40,648 港元	21,794 港元
65	42,679 港元	22,238 港元
66	45,027 港元	22,682 港元
67	47,503 港元	23,128 港元
68	50,115 港元	23,572 港元
69	52,872 港元	24,018 港元
70	55,779 港元	24,462 港元
71	57,871 港元	25,018 港元
72	60,042 港元	25,462 港元
73	62,292 港元	26,019 港元
74	64,630 港元	26,574 港元
75	67,052 港元	27,019 港元
76	69,568 港元	27,575 港元
77	72,176 港元	28,132 港元
78	74,882 港元	28,687 港元
79	77,691 港元	29,244 港元
80	80,604 港元	29,911 港元
81	83,627 港元	30,467 港元
82	86,763 港元	31,022 港元
83	90,017 港元	31,690 港元
84	93,393 港元	32,357 港元
85	96,894 港元	33,024 港元
86	100,527 港元	33,691 港元
87	104,298 港元	34,358 港元
88	108,209 港元	35,024 港元
89	112,266 港元	35,693 港元
90	116,477 港元	36,360 港元
91	120,844 港元	37,138 港元
92	125,376 港元	37,916 港元
93	130,077 港元	38,694 港元
94	134,956 港元	39,361 港元
95	140,016 港元	40,251 港元
96	145,266 港元	41,029 港元
97	150,714 港元	41,807 港元
98	156,365 港元	42,697 港元
99	162,230 港元	43,476 港元

[1] 門診保障不屬自願醫保認可產品的一部分。此部份所付的保費不可用作稅項扣減

* 年齡 81 至 99 只適用於續保

保費由 2026 年 11 月 1 日起生效

保險業監管局已按適用之徵費率於相關的保單徵收保費徵費

詳情請瀏覽 https://www.libertyinsurance.com.hk/zh/premium-levy 或致電 (852) 2892 3888

重要資料

冷靜期
若您並非完全滿意保單，您有權以書面通知利寶國際保險有限公司("利寶")來取消已購買的保單。該書面通知須由您簽署，並在交付保單或冷靜期通知書予您或您的代表之日（以較早者為準）起計的21天內由我們位於香港太古城英皇道1111號26樓2601-04及07-16室的個人醫療保險部直接收到。如若曾於有關保單獲得賠償，則不會獲退還已繳保費及保費徵費。冷靜期權利只適用於新合約。

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。

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。

合理及慣常
就醫療服務的收費而言，「合理和慣常」是指對情況類似的人士（例如同性別及相近年齡），就類似傷病提供類似治療、服務或物料時，不超過當地相關醫療服務供應者收取的一般收費範圍的水平。合理及慣常的收費水平由本公司合理及絕對真誠地決定，在任何情況下，此收費不得高於實際收費。

若任何收費並非「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。

重要資料

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

一般不保事項

1. 任何非醫療所需治療、治療程序、藥物、檢測或服務的費用。

2. 若純粹為接受診斷程序或專職醫療服務（包括但不限於物理治療、職業治療及言語治療）而住院，該住院期間所招致的全部或部分費用。惟若該等程序或服務是在註冊醫生建議下因而進行醫療所需的診斷，或無法以為日症病人提供醫療服務的方式下有效地進行的傷病治療，則不屬此項。

3. 在保單生效日前, 因感染或出現人體免疫力缺乏病毒（"HIV"）及其相關的傷病所招致的費用。不論保單持有人或受保人在遞交投保申請文件（若本公司在第一部分第8節提出要求, 則包括相關必需資料的任何更新及改動）時是否知悉, 若此傷病在保單生效日前已存在, 本條款及保障則不會賠償此傷病。若無法證明初次感染或出現此傷病的時間, 則此傷病於保單生效日起計五（5）年內發病，將被推定為於保單生效日前已感染或出現；若在這五（5）年後發病, 將被推定為於保單生效日後感染或出現。

   惟本第3節的不保事項並不適用於因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受HIV 感染所引致的傷病,有關賠償將按本條款及保障內其他條款處理。

4. 因倚賴或過量服用藥物、酒精、毒品或類似物質（或受其影響）、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症（HIV及其相關的傷病將按本第七部分第3節處理）的醫療服務費用。

5. 以下服務的收費:
   a) 以美容或整容為目的的服務, 惟受保人因意外而受傷, 並於意外後九十（90）日內接受的必要醫療服務則不屬此項；或
   b) 矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於眼部屈光治療、角膜激光矯視手術（LASIK），以及任何相關的檢測、治療程序及服務。

6. 預防性治療及預防性護理的費用，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序、或僅因受保人及/或其家人過往病歷而進行的篩查或監測程序、頭髮重金屬元素分析、接種疫苗或健康補充品。為免存疑, 本第6節並不適用於:
   a) 為了避免因接受其他醫療服務引起的併發症而進行的治療、監測、檢查或治療程序
   b) 移除癌前病變；及
   c) 為預防過往傷病復發或其併發症的治療

7. 牙科醫生進行的牙科治療及口腔頜面手術的費用, 惟受保人因意外引致在住院期間接受的急症治療及手術則不屬此項。出院後的跟進牙科治療及口腔手術則不會獲得賠償。

8. 下列醫療服務及輔導服務的費用 - 產科狀況及其併發症, 包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育；任何性別的結紮或變性；不育（包括體外受孕或任何其他人工受孕）；以及性機能失常，包括但不限於任何原因導致的陽萎、不舉或早泄。

9. 購買屬耐用品的醫療設備及儀器的費用，包括但不限於輪椅、床及家具、呼吸道壓力機及面罩、可攜式氧氣及氧氣治療儀器、血液透析機、運動設備、眼鏡、助聽器、特殊支架、輔助步行器具、非處方藥物、家居使用的空氣清新機或空調及供熱裝置。為免存疑，住院期間或日間手術當日所租用的醫療設備及儀器則不屬此項。

一般不保事項

10. 傳統中醫治療的費用，包括但不限於中草藥治療、跌打、針灸、穴位按摩及推拿，以及另類治療，包括但不限於催眠治療、氣功、按摩治療、香薰治療、自然療法、水療法、順勢療法及其他類似的治療。

11. 按接受治療、治療程序、檢測或服務所在地的普遍標準（或尚未經當地認可機構批准）界定為實驗性或未經證實醫療成效的醫療技術或治療程序的費用。

12. 受保人年屆八（8）歲前發病或確診的先天性疾病所招致的醫療服務費用。

13. 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。

14. 因戰爭（不論宣戰與否）、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故所招致的治療費用。

此計劃受相關保單合約的條款、細則及不保事項所約束。利寶國際保險有限公司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。

由**利寶國際保險有限公司承保**
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