

Liberty Insurance Standard VHIS Plan

Essential plan for your health protection

VHIS Certification No.: S00017-01-000-02



Government-certified medical insurance plan

Like all things in life, getting sick is an inevitable part of life and that is when medical consultations are needed. Liberty Insurance Standard VHIS Plan is a government-certified medical insurance plan that offers you a broad scope of protection. It covers you for private health treatment with shorter waiting time and your choice of physicians. With guaranteed renewal up to the age of 100 and coverage of pre-existing conditions, your health is being covered extensively should the need arise.

Benefits at a glance

- No lifetime limits and guaranteed renewal till age 100
- Extended coverage to unknown pre-existing conditions
- Tax relief on your premiums
- Prescribed non-surgical cancer treatments
- Extended coverage to inpatient psychiatric treatment

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

Summary of Major Benefits

Benefits items[1]	Benefit Limit (HK$)
(a) Room and board	HK$750 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	HK$14,000 per Policy Year
(c) Attending doctor's visit fee	HK$750 per day Maximum 180 days per Policy Year
(d) Specialist's fee[2]	HK$4,300 per Policy Year
(e) Intensive care	HK$3,500 per day 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$50,000 • Major HK$25,000 • Intermediate HK$12,500 • Minor HK$5,000
(g) Anaesthetist's fee	35% of Surgeon's fee payable[5]
(h) Operating theatre charges	35% of Surgeon's fee payable[5]
(i) Prescribed Diagnostic Imaging Tests[2][3]	HK$20,000 per Policy Year Subject to 30% Coinsurance
(j) Prescribed Non-Surgical Cancer Treatments[4]	HK$80,000 per Policy Year
(k) Pre-and post-Confinement/Day Case Procedure outpatient care[2]	HK$580 per visit, up to HK$3,000 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)
(l) Psychiatric treatments	HK$30,000 per Policy Year

Summary of Major Benefits

Benefits Items[1]	Benefit Limit (HK$)
Other limits	
Annual Benefit Limit for benefit items (a) – (l)	HK$420,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l)	NIL

Notes

[1] Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

[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.

Standard Premium Schedule

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

Entry Age Last Birthday[6]	Premium	Entry Age Last Birthday[6]	Premium	Entry Age Last Birthday[6]	Premium
0	HK$3,108	34	HK$2,511	68	HK$14,987
1	HK$3,108	35	HK$2,569	69	HK$15,670
2	HK$3,108	36	HK$2,665	70	HK$16,354
3	HK$3,108	37	HK$2,759	71	HK$17,154
4	HK$3,108	38	HK$2,854	72	HK$17,954
5	HK$1,758	39	HK$2,948	73	HK$18,753
6	HK$1,758	40	HK$3,044	74	HK$19,554
7	HK$1,758	41	HK$3,206	75	HK$20,353
8	HK$1,758	42	HK$3,368	76	HK$20,992
9	HK$1,758	43	HK$3,530	77	HK$21,629
10	HK$1,589	44	HK$3,693	78	HK$22,267
11	HK$1,593	45	HK$3,855	79	HK$22,903
12	HK$1,597	46	HK$4,028	80	HK$23,542
13	HK$1,601	47	HK$4,201	81	HK$24,126
14	HK$1,606	48	HK$4,374	82	HK$24,708
15	HK$1,610	49	HK$4,548	83	HK$25,291
16	HK$1,655	50	HK$4,721	84	HK$25,876
17	HK$1,700	51	HK$6,155	85	HK$26,459
18	HK$1,745	52	HK$6,517	86	HK$26,817
19	HK$1,790	53	HK$6,877	87	HK$27,176
20	HK$1,835	54	HK$7,241	88	HK$27,536
21	HK$1,874	55	HK$7,601	89	HK$27,894
22	HK$1,912	56	HK$8,046	90	HK$28,253
23	HK$1,951	57	HK$8,492	91	HK$28,602
24	HK$1,989	58	HK$8,939	92	HK$28,951
25	HK$2,028	59	HK$9,384	93	HK$29,302
26	HK$2,078	60	HK$9,830	94	HK$29,651
27	HK$2,129	61	HK$10,451	95	HK$30,000
28	HK$2,177	62	HK$11,072	96	HK$30,438
29	HK$2,228	63	HK$11,693	97	HK$30,876
30	HK$2,277	64	HK$12,314	98	HK$31,314
31	HK$2,336	65	HK$12,935	99	HK$31,751
32	HK$2,394	66	HK$13,619		
33	HK$2,452	67	HK$14,304		

[6] 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

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.

Important Information

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.

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

Major 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 Policyholder 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 on the Policy) 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 transfusion, or blood donation, or infection at birth, and in such cases, the other terms of the 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 applies).

Major Exclusions

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 the fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK, and any related tests, procedures and services

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 S`ervices 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.

Major Exclusions

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 |



利寶國際自願醫保標準計劃

守護您的健康需要

自願醫保計劃認可產品號碼: S00017-01-000-02



政府認證的「自願醫保計劃」

無論喜歡與否，生病是生活中不可避免的一部分。如不幸患病，正正是需要尋求醫療協助的時候。利寶國際自願醫保標準計劃為政府認證的「自願醫保計劃」，為您提供高度保護與廣泛保障。涵蓋私營醫療服務節省輪候時間，亦可選擇最適合自己的私家醫生作診療。本計劃保證續保至100歲及承保未知的投保前已有病症，全面守護您的健康需要。

保障特點

保證續保至100歲並不設「終身保障限額」

承保未知的投保前已有病症

符合稅項扣減資格

承保非手術癌症治療

承保在香港住院期間接受的精神科治療

此認可產品可獲稅務減免。按相關稅務扣減法例

保障概覽

保障項目[1]	賠償限額（港元）
(a) 病房及膳食	每日750港元 每保單年度最多180日
(b) 雜項開支	每保單年度14,000港元
(c) 主診醫生巡房費	每日750港元 每保單年度最多180日
(d) 專科醫生費[2]	每保單年度4,300港元
(e) 深切治療	每日3,500港元 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 50,000港元 • 大型 25,000港元 • 中型 12,500港元 • 小型 5,000港元
(g) 麻醉科醫生費	外科醫生費的35%[5]
(h) 手術室費	外科醫生費的35%[5]
(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
(j) 訂明非手術癌症治療[4]	每保單年度80,000港元
(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3,000 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
(l) 精神科治療	每保單年度30,000港元

保障概覽

保障項目[1]	賠償限額（港元）
其他限額	
保障項目(a) – (l)的每年保障限額	每保單年度420,000港元
保障項目(a) – (l)的終身保障限額	無

註解

[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。

[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。

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)[6]	保費	年齡 (足歲)[6]	保費	年齡 (足歲)[6]	保費
0	3,108 港元	34	2,511 港元	68	14,987 港元
1	3,108 港元	35	2,569 港元	69	15,670 港元
2	3,108 港元	36	2,665 港元	70	16,354 港元
3	3,108 港元	37	2,759 港元	71	17,154 港元
4	3,108 港元	38	2,854 港元	72	17,954 港元
5	1,758 港元	39	2,948 港元	73	18,753 港元
6	1,758 港元	40	3,044 港元	74	19,554 港元
7	1,758 港元	41	3,206 港元	75	20,353 港元
8	1,758 港元	42	3,368 港元	76	20,992 港元
9	1,758 港元	43	3,530 港元	77	21,629 港元
10	1,589 港元	44	3,693 港元	78	22,267 港元
11	1,593 港元	45	3,855 港元	79	22,903 港元
12	1,597 港元	46	4,028 港元	80	23,542 港元
13	1,601 港元	47	4,201 港元	81	24,126 港元
14	1,606 港元	48	4,374 港元	82	24,708 港元
15	1,610 港元	49	4,548 港元	83	25,291 港元
16	1,655 港元	50	4,721 港元	84	25,876 港元
17	1,700 港元	51	6,155 港元	85	26,459 港元
18	1,745 港元	52	6,517 港元	86	26,817 港元
19	1,790 港元	53	6,877 港元	87	27,176 港元
20	1,835 港元	54	7,241 港元	88	27,536 港元
21	1,874 港元	55	7,601 港元	89	27,894 港元
22	1,912 港元	56	8,046 港元	90	28,253 港元
23	1,951 港元	57	8,492 港元	91	28,602 港元
24	1,989 港元	58	8,939 港元	92	28,951 港元
25	2,028 港元	59	9,384 港元	93	29,302 港元
26	2,078 港元	60	9,830 港元	94	29,651 港元
27	2,129 港元	61	10,451 港元	95	30,000 港元
28	2,177 港元	62	11,072 港元	96	30,438 港元
29	2,228 港元	63	11,693 港元	97	30,876 港元
30	2,277 港元	64	12,314 港元	98	31,314 港元
31	2,336 港元	65	12,935 港元	99	31,751 港元
32	2,394 港元	66	13,619 港元		
33	2,452 港元	67	14,304 港元		

[6] 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（若本公司在保單提出要求，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，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、檢測或治療程序
   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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NOV 2026