



# 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<sup>1</sup>



Extended plan benefits-24-hour Overseas Emergency Services<sup>2</sup> and Greater China Assistance Program



Cashless hospital arrangement with direct billing<sup>3</sup>



Guaranteed life time renewal with pool rating and coverage<sup>4</sup>

<sup>1</sup> 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.

<sup>2</sup> Not available for Insured Members aged 70 and above.

<sup>3</sup> 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.

<sup>4</sup> 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 <sup>5</sup>
Outside Area of Coverage	Emergency treatment only

<sup>5</sup> 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 <sup>6</sup>
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 <sup>6</sup>
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 <sup>7</sup> Maximum per policy year				
Specified items:	N.A.	US\$2,500 for both specified and non-specified items sharing the same limit	Fully covered	Fully covered
a) Pace maker				
b) Artificial cardiac valve				
c) Metallic or artificial joint for joint replacement				
d) Prosthetic ligaments for replacement or implantation between bones				
e) Prosthetic intervertebral disc				
Non-specified items	N.A.		US\$5,000	US\$5,000
Hospital Cash Maximum 120 days per policy year Hospital cash will be payable for the following:	US\$100 per day	US\$100 per day	US\$150 per day	US\$250 per day
a) Resident patient in the general ward of government hospital (Hong Kong & Macau only)				
b) Outpatient endoscopic procedures				
c) Co-ordination of benefits				
Complications of Pregnancy Maximum per policy year	N.A.	N.A.	Fully covered	Fully covered

# Summary of Benefits

Hospital Services	Plan A	Plan B	Plan C	Plan D <sup>6</sup>
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

<sup>6</sup> Must be taken in conjunction with outpatient benefits

<sup>7</sup> 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 <sup>6</sup>
<b>For Insured Members aged below 18</b>				
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 <sup>6</sup>
<b>For Insured Members aged below 18</b>				
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
<b>For Overseas Emergency Services</b>				
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 <sup>6</sup> Hospital Services applicant
<b>Overall Annual Limit</b>	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 <sup>8</sup> Maximum per policy year	US\$1,500	US\$2,500	US\$3,000
Laboratory and X-ray Services <sup>8</sup>	Fully covered	Fully covered	Fully covered
Prescribed Drugs <sup>8</sup>	Fully covered	Fully covered	Fully covered
Hormone Replacement Therapy <sup>8</sup> 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 <sup>6</sup> 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

<sup>8</sup> 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 <sup>6</sup> Hospital Services applicant
<b>Overall Annual Limit</b>	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 <sup>6</sup> Hospital Services applicant
Major Restorative Dental Treatment (12 months waiting period) <ul style="list-style-type: none"> <li>a) Dentures, crowns and bridges</li> <li>b) Inlays</li> <li>c) Implants (surgical implant placement/ implant abutments)</li> </ul>	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 <sup>6</sup> 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 <sup>9</sup>	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 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>
0	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
1	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
2	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
3	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
4	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
5	2,134	1,423	1,067	3,429	2,287	1,716	3,848	2,566	2,180	5,770	3,848	3,270
6	2,125	1,417	1,063	3,415	2,278	1,708	3,777	2,518	2,140	5,664	3,777	3,210
7	2,117	1,411	1,060	3,402	2,269	1,701	3,706	2,472	2,101	5,559	3,706	3,151
8	2,108	1,406	1,055	3,389	2,260	1,695	3,637	2,424	2,060	5,454	3,637	3,090
9	2,101	1,400	1,051	3,376	2,251	1,688	3,566	2,378	2,021	5,348	3,566	3,030
10	2,092	1,395	1,047	3,364	2,243	1,682	3,495	2,330	1,981	5,242	3,495	2,972
11	2,101	1,400	1,051	3,376	2,251	1,688	3,462	2,308	1,962	5,191	3,462	2,942
12	2,108	1,406	1,055	3,389	2,260	1,695	3,427	2,285	1,942	5,139	3,427	2,913
13	2,117	1,411	1,060	3,402	2,269	1,701	3,393	2,262	1,922	5,088	3,393	2,883
14	2,125	1,417	1,063	3,415	2,278	1,708	3,357	2,239	1,903	5,036	3,357	2,854
15	2,134	1,423	1,067	3,429	2,287	1,716	3,323	2,217	1,884	4,984	3,323	2,824
16	2,141	1,428	1,071	3,442	2,294	1,722	3,217	2,145	1,824	4,825	3,217	2,735
17	2,150	1,433	1,076	3,454	2,303	1,728	3,112	2,074	1,763	4,665	3,112	2,645
18	2,157	1,439	1,079	3,467	2,312	1,735	3,004	2,003	1,703	4,506	3,004	2,553
19	2,166	1,444	1,083	3,480	2,319	1,741	2,898	1,933	1,643	4,346	2,898	2,463
20	2,173	1,449	1,087	3,492	2,329	1,747	2,792	1,863	1,582	4,187	2,792	2,372
21	2,256	1,505	1,129	3,626	2,418	1,814	2,744	1,830	1,556	4,115	2,744	2,333
22	2,338	1,559	1,170	3,758	2,506	1,879	2,696	1,797	1,529	4,043	2,696	2,292
23	2,421	1,614	1,211	3,891	2,594	1,945	2,647	1,764	1,501	3,970	2,647	2,251
24	2,504	1,670	1,253	4,025	2,684	2,013	2,600	1,734	1,474	3,898	2,600	2,210
25	2,587	1,725	1,294	4,158	2,772	2,079	2,552	1,702	1,447	3,826	2,552	2,169
26	2,634	1,757	1,317	4,235	2,824	2,117	2,623	1,749	1,486	3,932	2,623	2,230
27	2,682	1,788	1,342	4,310	2,874	2,156	2,694	1,796	1,526	4,040	2,694	2,290
28	2,730	1,820	1,365	4,387	2,925	2,194	2,765	1,843	1,568	4,146	2,765	2,350
29	2,777	1,852	1,389	4,463	2,975	2,232	2,835	1,890	1,608	4,252	2,835	2,409
30	2,826	1,885	1,414	4,541	3,028	2,272	2,906	1,939	1,647	4,359	2,906	2,470
31	2,888	1,925	1,444	4,641	3,095	2,321	2,993	1,996	1,698	4,488	2,993	2,545
32	2,952	1,968	1,476	4,743	3,162	2,372	3,081	2,055	1,745	4,620	3,081	2,619
33	3,013	2,009	1,508	4,843	3,230	2,422	3,168	2,112	1,796	4,751	3,168	2,692

# Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	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 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>
34	3,076	2,052	1,539	4,944	3,296	2,474	3,254	2,169	1,845	4,882	3,254	2,767
35	3,140	2,092	1,571	5,044	3,364	2,522	3,342	2,229	1,894	5,013	3,342	2,841
36	3,244	2,163	1,622	5,212	3,474	2,607	3,443	2,294	1,952	5,163	3,443	2,927
37	3,349	2,233	1,675	5,380	3,588	2,691	3,543	2,363	2,008	5,312	3,543	3,011
38	3,452	2,301	1,726	5,548	3,699	2,774	3,642	2,428	2,066	5,462	3,642	3,097
39	3,556	2,371	1,779	5,715	3,810	2,858	3,743	2,496	2,121	5,614	3,743	3,181
40	3,661	2,442	1,831	5,883	3,922	2,943	3,842	2,563	2,179	5,765	3,842	3,267
41	3,806	2,538	1,904	6,117	4,079	3,059	3,959	2,639	2,243	5,936	3,959	3,364
42	3,954	2,636	1,978	6,354	4,236	3,177	4,074	2,715	2,309	6,111	4,074	3,463
43	4,101	2,733	2,051	6,589	4,394	3,295	4,188	2,793	2,375	6,282	4,188	3,560
44	4,247	2,832	2,124	6,826	4,553	3,414	4,303	2,869	2,439	6,454	4,303	3,658
45	4,395	2,930	2,199	7,063	4,710	3,532	4,420	2,947	2,506	6,629	4,420	3,756
46	4,645	3,097	2,323	7,465	4,978	3,733	4,552	3,034	2,581	6,827	4,552	3,870
47	4,898	3,266	2,449	7,870	5,247	3,936	4,684	3,123	2,656	7,025	4,684	3,983
48	5,148	3,433	2,575	8,273	5,515	4,138	4,816	3,211	2,730	7,224	4,816	4,094
49	5,398	3,600	2,699	8,676	5,786	4,339	4,950	3,300	2,805	7,423	4,950	4,207
50	5,650	3,767	2,826	9,081	6,054	4,541	5,082	3,389	2,880	7,622	5,082	4,319
51	5,993	3,996	2,997	9,631	6,422	4,816	5,235	3,489	2,968	7,851	5,235	4,449
52	6,336	4,224	3,169	10,181	6,788	5,091	5,386	3,592	3,052	8,080	5,386	4,578
53	6,679	4,453	3,340	10,733	7,156	5,368	5,540	3,692	3,139	8,309	5,540	4,707
54	7,021	4,681	3,512	11,282	7,522	5,642	5,691	3,795	3,226	8,537	5,691	4,837
55	7,363	4,909	3,682	11,834	7,890	5,917	5,844	3,897	3,311	8,765	5,844	4,966
56	7,906	5,271	3,953	12,706	8,471	6,354	6,020	4,014	3,412	9,028	6,020	5,118
57	8,449	5,633	4,225	13,579	9,053	6,790	6,194	4,130	3,510	9,292	6,194	5,266
58	8,992	5,995	4,496	14,452	9,634	7,227	6,370	4,247	3,611	9,554	6,370	5,415
59	9,536	6,358	4,768	15,326	10,218	7,664	6,545	4,364	3,709	9,817	6,545	5,563
60	10,079	6,719	5,039	16,198	10,799	8,099	6,721	4,481	3,810	10,080	6,721	5,713
61	10,866	7,244	5,434	17,464	11,641	8,732	6,923	4,615	3,924	10,382	6,923	5,883
62	11,654	7,769	5,827	18,726	12,486	9,365	7,125	4,750	4,037	10,685	7,125	6,056
63	12,439	8,294	6,220	19,992	13,327	9,997	7,326	4,885	4,152	10,987	7,326	6,227
64	13,226	8,819	6,614	21,256	14,172	10,630	7,528	5,018	4,265	11,290	7,528	6,397
65	14,014	9,343	7,007	22,521	15,014	11,261	7,729	5,153	4,380	11,592	7,729	6,570
66	14,645	9,764	7,324	23,537	15,691	11,769	7,960	5,307	4,511	11,940	7,960	6,766
67	15,277	10,185	7,640	24,552	16,367	12,277	8,193	5,461	4,643	12,287	8,193	6,964

# Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	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 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>	Area 1	Area 2	Area 3 <sup>5</sup>
68	15,909	10,606	7,955	25,569	17,047	12,784	8,423	5,616	4,774	12,634	8,423	7,161
69	16,542	11,029	8,271	26,584	17,724	13,294	8,656	5,770	4,905	12,982	8,656	7,356
70	17,173	11,449	8,588	27,599	18,401	13,800	8,888	5,926	5,036	13,331	8,888	7,554
71	17,860	11,908	8,930	28,703	19,137	14,353	9,153	6,103	5,187	13,730	9,153	7,780
72	18,576	12,384	9,288	29,851	19,901	14,927	9,307	6,285	5,344	14,141	9,429	8,014
73	19,318	12,879	9,660	31,046	20,697	15,524	9,307	6,475	5,505	14,565	9,711	8,254
74	20,089	13,393	10,046	32,288	21,525	16,144	9,307	6,669	5,669	15,002	10,002	8,503
75	20,894	13,931	10,448	33,580	22,386	16,791	9,307	6,870	5,838	15,453	10,303	8,758
76	21,730	14,486	10,866	34,922	23,281	17,461	9,307	7,075	6,013	15,917	10,611	9,020
77	22,599	15,067	11,300	36,320	24,212	18,161	9,307	7,288	6,194	16,395	10,930	9,291
78	23,502	15,669	11,753	37,772	25,182	18,887	9,307	7,505	6,379	16,885	11,257	9,570
79	24,443	16,295	12,221	39,283	26,190	19,642	9,307	7,731	6,571	16,922	11,596	9,856
80	25,421	16,947	12,711	40,853	27,237	20,427	9,307	7,962	6,768	16,922	11,944	10,152
81	26,438	17,626	13,220	42,488	28,325	21,246	9,307	8,201	6,971	16,922	12,301	10,457
82	27,495	18,330	13,749	44,188	29,458	22,095	9,307	8,448	7,180	18,614	12,670	10,771
83	28,594	19,063	14,298	45,955	30,638	22,977	9,307	8,702	7,397	18,614	13,051	11,093
84	29,739	19,826	14,871	47,793	31,862	23,897	9,307	8,963	7,618	18,614	13,442	11,426
85	30,928	20,619	15,465	49,706	33,138	24,854	9,307	9,231	7,847	18,614	13,846	11,768
86	32,164	21,445	16,083	51,694	34,463	25,848	9,307	9,307	7,913	18,614	14,261	12,121
87	33,451	22,302	16,726	53,761	35,841	26,881	9,307	9,307	7,913	18,614	14,689	12,485
88	34,789	23,194	17,395	55,911	37,275	27,957	9,307	9,307	7,913	18,614	15,129	12,861
89	36,181	24,121	18,091	58,148	38,765	29,074	9,307	9,307	7,913	18,614	15,583	13,246
90	37,629	25,086	18,815	60,473	40,316	30,238	9,307	9,307	7,913	18,614	16,050	13,643
91	39,133	26,088	19,567	62,890	41,927	31,446	9,307	9,307	7,913	18,614	16,531	14,051
92	40,698	27,132	20,350	65,407	43,606	32,704	9,307	9,307	7,913	18,614	17,027	14,474
93	42,326	28,219	21,164	68,025	45,349	34,014	9,307	9,307	7,913	18,614	17,538	14,908
94	44,018	29,347	22,010	70,745	47,165	35,373	9,307	9,307	7,913	18,614	18,065	15,355
95	45,779	30,520	22,890	73,574	49,051	36,788	9,307	9,307	7,913	18,614	18,606	15,816
96	47,610	31,741	23,806	76,517	51,011	38,259	9,307	9,307	7,913	18,614	18,614	15,824
97	49,516	33,010	24,759	79,577	53,052	39,789	9,307	9,307	7,913	18,614	18,614	15,824
98	51,496	34,331	25,749	82,762	55,174	41,382	9,307	9,307	7,913	18,614	18,614	15,824
99	53,555	35,705	26,778	86,071	57,381	43,037	9,307	9,307	7,913	18,614	18,614	15,824

\*Refer to last birthday

# Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	Plan C - \$2,500,000 Coverage Basic Coverage – Hospital Services									Optional Outpatient Services		
	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia <sup>5</sup>			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 <sup>5</sup>
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000			
0	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
1	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
2	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
3	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
4	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
5	5,501	3,302	2,750	3,667	2,202	1,834	2,750	1,652	1,376	7,693	5,128	4,359
6	5,481	3,289	2,742	3,653	2,194	1,828	2,742	1,645	1,372	7,552	5,034	4,280
7	5,460	3,276	2,731	3,640	2,185	1,821	2,731	1,638	1,366	7,411	4,942	4,201
8	5,440	3,263	2,721	3,626	2,177	1,814	2,721	1,632	1,362	7,272	4,848	4,120
9	5,419	3,251	2,709	3,612	2,168	1,807	2,709	1,625	1,355	7,130	4,754	4,041
10	5,399	3,239	2,701	3,599	2,160	1,801	2,701	1,620	1,350	6,988	4,660	3,961
11	5,419	3,251	2,709	3,612	2,168	1,807	2,709	1,625	1,355	6,922	4,613	3,923
12	5,440	3,263	2,721	3,626	2,177	1,814	2,721	1,632	1,362	6,852	4,568	3,883
13	5,460	3,276	2,731	3,640	2,185	1,821	2,731	1,638	1,366	6,783	4,522	3,844
14	5,481	3,289	2,742	3,653	2,194	1,828	2,742	1,645	1,372	6,713	4,477	3,805
15	5,501	3,302	2,750	3,667	2,202	1,834	2,750	1,652	1,376	6,646	4,431	3,766
16	5,522	3,314	2,762	3,681	2,209	1,842	2,762	1,658	1,382	6,432	4,289	3,646
17	5,542	3,326	2,772	3,696	2,218	1,848	2,772	1,664	1,387	6,221	4,147	3,525
18	5,563	3,338	2,783	3,708	2,226	1,855	2,783	1,671	1,391	6,007	4,006	3,405
19	5,583	3,351	2,791	3,722	2,233	1,862	2,791	1,676	1,396	5,796	3,863	3,284
20	5,603	3,363	2,803	3,737	2,243	1,869	2,803	1,682	1,403	5,582	3,722	3,164
21	5,818	3,491	2,911	3,878	2,328	1,940	2,911	1,747	1,457	5,487	3,657	3,111
22	6,031	3,619	3,015	4,021	2,413	2,012	3,015	1,810	1,508	5,391	3,594	3,056
23	6,245	3,747	3,123	4,163	2,498	2,082	3,123	1,873	1,562	5,293	3,529	3,002
24	6,457	3,875	3,229	4,306	2,585	2,154	3,229	1,938	1,615	5,198	3,466	2,947
25	6,671	4,004	3,337	4,448	2,670	2,225	3,337	2,002	1,669	5,103	3,401	2,893
26	6,795	4,078	3,398	4,530	2,719	2,266	3,398	2,039	1,699	5,244	3,498	2,972
27	6,918	4,150	3,459	4,612	2,767	2,307	3,459	2,076	1,730	5,386	3,592	3,052
28	7,040	4,224	3,520	4,695	2,817	2,348	3,520	2,113	1,760	5,528	3,686	3,134
29	7,163	4,298	3,582	4,775	2,865	2,388	3,582	2,150	1,791	5,669	3,780	3,213
30	7,286	4,373	3,645	4,857	2,916	2,429	3,645	2,188	1,824	5,811	3,875	3,295
31	7,449	4,469	3,725	4,967	2,980	2,484	3,725	2,235	1,863	6,073	4,049	3,442
32	7,609	4,567	3,805	5,074	3,045	2,538	3,805	2,284	1,903	6,334	4,222	3,590
33	7,772	4,663	3,887	5,182	3,110	2,592	3,887	2,332	1,944	6,596	4,398	3,739

## Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	Plan C - \$2,500,000 Coverage Basic Coverage – Hospital Services									Optional Outpatient Services		
	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia <sup>5</sup>			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 <sup>5</sup>
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000			
34	7,934	4,761	3,968	5,290	3,174	2,646	3,968	2,382	1,984	6,856	4,571	3,886
35	8,097	4,857	4,048	5,399	3,239	2,701	4,048	2,429	2,025	7,118	4,746	4,034
36	8,365	5,019	4,183	5,577	3,346	2,789	4,183	2,511	2,093	7,475	4,983	4,236
37	8,634	5,181	4,318	5,756	3,455	2,879	4,318	2,592	2,160	7,830	5,220	4,438
38	8,903	5,342	4,452	5,936	3,562	2,969	4,452	2,671	2,228	8,185	5,457	4,639
39	9,171	5,504	4,585	6,114	3,669	3,058	4,585	2,752	2,293	8,542	5,695	4,841
40	9,440	5,665	4,720	6,293	3,776	3,147	4,720	2,834	2,361	8,897	5,932	5,043
41	9,818	5,890	4,910	6,547	3,928	3,275	4,910	2,946	2,456	9,341	6,228	5,295
42	10,198	6,119	5,100	6,799	4,080	3,399	5,100	3,059	2,551	9,788	6,525	5,547
43	10,575	6,345	5,288	7,051	4,231	3,527	5,288	3,173	2,646	10,232	6,821	5,799
44	10,955	6,573	5,478	7,303	4,384	3,652	5,478	3,287	2,740	10,677	7,118	6,050
45	11,335	6,802	5,668	7,555	4,536	3,779	5,668	3,401	2,835	11,121	7,415	6,303
46	11,982	7,188	5,992	7,988	4,794	3,995	5,992	3,595	2,997	11,613	7,742	6,581
47	12,630	7,578	6,316	8,420	5,053	4,211	6,316	3,790	3,158	12,103	8,070	6,859
48	13,276	7,966	6,640	8,851	5,311	4,427	6,640	3,985	3,320	12,596	8,398	7,140
49	13,923	8,355	6,962	9,284	5,572	4,642	6,962	4,179	3,482	13,088	8,725	7,417
50	14,571	8,744	7,286	9,715	5,830	4,857	7,286	4,373	3,645	13,580	9,054	7,695
51	15,455	9,274	7,728	10,304	6,184	5,154	7,728	4,638	3,864	14,259	9,505	8,081
52	16,339	9,804	8,170	10,894	6,537	5,447	8,170	4,903	4,085	14,936	9,959	8,465
53	17,224	10,336	8,613	11,483	6,891	5,743	8,613	5,169	4,308	15,616	10,411	8,849
54	18,108	10,864	9,055	12,073	7,244	6,036	9,055	5,433	4,527	16,294	10,863	9,234
55	18,991	11,396	9,497	12,661	7,598	6,331	9,497	5,698	4,750	16,973	11,317	9,618
56	20,392	12,236	10,198	13,595	8,158	6,799	10,198	6,119	5,100	17,822	11,881	10,100
57	21,793	13,076	10,897	14,529	8,717	7,265	10,897	6,538	5,448	18,672	12,448	10,581
58	23,193	13,916	11,598	15,464	9,277	7,733	11,598	6,959	5,800	19,519	13,013	11,062
59	24,595	14,758	12,298	16,398	9,840	8,199	12,298	7,380	6,150	20,368	13,580	11,542
60	25,995	15,598	12,998	17,330	10,399	8,665	12,998	7,799	6,500	21,217	14,144	12,023
61	28,024	16,817	14,013	18,683	11,210	9,342	14,013	8,408	7,007	22,278	14,853	12,625
62	30,056	18,033	15,029	20,038	12,023	10,020	15,029	9,018	7,514	23,337	15,558	13,224
63	32,085	19,251	16,043	21,391	12,834	10,697	16,043	9,627	8,023	24,398	16,267	13,827
64	34,114	20,469	17,058	22,743	13,647	11,373	17,058	10,236	8,529	25,460	16,973	14,428
65	36,143	21,687	18,072	24,096	14,458	12,049	18,072	10,844	9,038	26,520	17,681	15,030
66	37,774	22,665	18,889	25,183	15,109	12,593	18,889	11,333	9,444	28,483	18,989	16,140
67	39,404	23,643	19,702	26,270	15,761	13,136	19,702	11,822	9,851	30,445	20,297	17,252

## Annual Premiums including Premium Levy (US\$)

Age <sup>9</sup>	Plan C - \$2,500,000 Coverage Basic Coverage – Hospital Services									Optional Outpatient Services		
	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia <sup>5</sup>			On Top of Basic Coverage Premium		
	Deductible Option									Area 1	Area 2	Area 3 <sup>5</sup>
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000			
68	41,035	24,622	20,518	27,358	16,416	13,680	20,518	12,311	10,260	32,407	21,605	18,365
69	42,664	25,600	21,333	28,443	17,068	14,222	21,333	12,801	10,667	34,369	22,913	19,477
70	44,295	26,577	22,148	29,530	17,720	14,765	22,148	13,289	11,074	36,332	24,221	20,589
71	46,067	27,640	23,035	30,712	18,428	15,356	23,035	13,821	11,519	37,786	25,191	21,413
72	47,909	28,745	23,956	31,939	19,164	15,970	23,956	14,374	11,979	39,297	26,198	22,269
73	49,826	29,896	24,914	33,217	19,930	16,610	24,914	14,949	12,458	40,868	27,246	23,160
74	51,818	31,092	25,910	34,545	20,728	17,273	25,910	15,546	12,956	42,503	28,336	24,086
75	53,891	32,336	26,946	35,928	21,557	17,965	26,946	16,169	13,474	44,204	29,470	25,048
76	56,047	33,628	28,024	37,365	22,418	18,683	28,024	16,814	14,013	45,972	30,648	26,051
77	58,290	34,974	29,145	38,860	23,315	19,430	29,145	17,489	14,572	47,810	31,873	27,092
78	60,619	36,373	30,311	40,414	24,249	20,208	30,311	18,187	15,156	49,723	33,150	28,177
79	63,045	37,828	31,523	42,031	25,220	21,016	31,523	18,914	15,761	51,711	34,475	29,305
80	65,566	39,340	32,784	43,710	26,229	21,856	32,784	19,671	16,392	53,779	35,854	30,475
81	68,189	40,914	34,096	45,460	27,276	22,732	34,096	20,459	17,049	55,931	37,288	31,696
82	70,917	42,551	35,459	47,278	28,367	23,640	35,459	21,276	17,730	58,168	38,779	32,962
83	73,753	44,253	36,877	49,170	29,503	24,586	36,877	22,126	18,439	60,494	40,330	34,281
84	76,704	46,023	38,353	51,137	30,682	25,568	38,353	23,012	19,178	62,915	41,943	35,653
85	79,773	47,865	39,887	53,183	31,911	26,593	39,887	23,933	19,944	65,431	43,620	37,078
86	82,963	49,779	41,483	55,310	33,186	27,656	41,483	24,891	20,742	68,049	45,366	38,561
87	86,281	51,770	43,142	57,520	34,514	28,761	43,142	25,886	21,571	70,770	47,179	40,104
88	89,732	53,840	44,866	59,823	35,894	29,911	44,866	26,922	22,434	73,601	49,068	41,707
89	93,321	55,994	46,662	62,215	37,329	31,109	46,662	27,997	23,331	76,545	51,031	43,377
90	97,055	58,233	48,528	64,703	38,823	32,353	48,528	29,118	24,265	79,605	53,072	45,111
91	100,936	60,561	50,469	67,290	40,375	33,645	50,469	30,281	25,235	82,790	55,194	46,915
92	104,973	62,984	52,487	69,983	41,991	34,993	52,487	31,493	26,244	86,103	57,402	48,791
93	109,171	65,505	54,587	72,781	43,669	36,391	54,587	32,754	27,294	89,546	59,698	50,744
94	113,540	68,125	56,771	75,693	45,418	37,848	56,771	34,063	28,385	93,127	62,086	52,774
95	118,080	70,849	59,041	78,721	47,234	39,361	59,041	35,425	29,522	96,853	64,569	54,884
96	122,804	73,683	61,403	81,870	49,122	40,936	61,403	36,842	30,702	100,728	67,152	57,079
97	127,716	76,630	63,859	85,143	51,087	42,572	63,859	38,316	31,931	104,757	69,838	59,363
98	132,825	79,696	66,413	88,550	53,130	44,276	66,413	39,849	33,207	108,946	72,631	61,738
99	138,138	82,883	69,069	92,092	55,256	46,047	69,069	41,443	34,535	113,304	75,537	64,206

\*Refer to last birthday

## Annual Premiums including Premium Levy (US\$)

Plan D <sup>6</sup> - \$5,000,000 Coverage Basic Coverage – Hospital Services									
Age <sup>9</sup>	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia <sup>5</sup>		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
0	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
1	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
2	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
3	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
4	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
5	12,815	10,446	9,853	8,544	6,965	6,569	6,867	5,683	5,386
6	12,667	10,307	9,716	8,445	6,871	6,479	6,785	5,606	5,310
7	12,518	10,167	9,580	8,347	6,779	6,387	6,702	5,528	5,234
8	12,370	10,028	9,442	8,248	6,685	6,294	6,620	5,448	5,155
9	12,223	9,888	9,305	8,149	6,592	6,204	6,537	5,370	5,080
10	12,074	9,749	9,168	8,050	6,500	6,113	6,454	5,293	5,002
11	12,035	9,700	9,118	8,023	6,468	6,078	6,431	5,264	4,972
12	11,994	9,653	9,068	7,997	6,436	6,045	6,407	5,236	4,943
13 <sup>9</sup>	11,955	9,604	9,017	7,971	6,403	6,011	6,384	5,207	4,915
14	11,915	9,555	8,966	7,944	6,371	5,977	6,359	5,180	4,884
15	11,877	9,508	8,916	7,918	6,338	5,944	6,336	5,152	4,855
16	11,709	9,331	8,735	7,806	6,221	5,824	6,240	5,050	4,753
17	11,540	9,154	8,557	7,693	6,103	5,705	6,142	4,949	4,651
18	11,372	8,977	8,377	7,581	5,986	5,585	6,045	4,848	4,547
19	11,203	8,798	8,198	7,470	5,866	5,466	5,948	4,745	4,445
20	11,035	8,623	8,018	7,358	5,748	5,346	5,853	4,644	4,344
21	11,179	8,674	8,048	7,453	5,783	5,365	5,918	4,666	4,351
22	11,322	8,725	8,076	7,548	5,817	5,384	5,984	4,685	4,361
23	11,467	8,778	8,105	7,645	5,853	5,403	6,050	4,705	4,369
24	11,611	8,829	8,134	7,741	5,887	5,424	6,117	4,726	4,378
25	11,755	8,881	8,163	7,836	5,922	5,442	6,183	4,745	4,388
26	12,014	9,088	8,355	8,010	6,059	5,571	6,321	4,858	4,491
27	12,274	9,294	8,549	8,183	6,196	5,700	6,458	4,970	4,596
28	12,533	9,501	8,743	8,355	6,335	5,829	6,597	5,081	4,703
29	12,793	9,707	8,936	8,529	6,471	5,958	6,735	5,193	4,808
30	13,052	9,914	9,129	8,702	6,611	6,087	6,874	5,304	4,911
31	13,461	10,253	9,451	8,974	6,835	6,302	7,094	5,490	5,088
32	13,870	10,592	9,771	9,248	7,061	6,515	7,314	5,675	5,265
33	14,278	10,931	10,094	9,519	7,288	6,730	7,534	5,860	5,442

## Annual Premiums including Premium Levy (US\$)

Plan D - \$5,000,000 Coverage Basic Coverage – Hospital Services									
Age <sup>9</sup>	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia <sup>5</sup>		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
34	14,687	11,269	10,415	9,792	7,513	6,944	7,753	6,044	5,617
35	15,095	11,609	10,737	10,064	7,739	7,159	7,973	6,230	5,794
36	15,703	12,101	11,200	10,470	8,067	7,468	8,299	6,498	6,047
37	16,311	12,594	11,664	10,875	8,395	7,775	8,625	6,764	6,301
38	16,920	13,086	12,127	11,280	8,725	8,085	8,948	7,032	6,553
39	17,528	13,578	12,590	11,687	9,053	8,394	9,274	7,299	6,806
40	18,136	14,071	13,055	12,091	9,382	8,704	9,600	7,568	7,060
41	18,943	14,714	13,657	12,629	9,810	9,105	10,030	7,916	7,387
42	19,750	15,356	14,260	13,166	10,239	9,506	10,460	8,264	7,715
43	20,556	16,000	14,862	13,705	10,667	9,909	10,890	8,612	8,043
44	21,363	16,643	15,465	14,243	11,097	10,310	11,319	8,961	8,370
45	22,170	17,287	16,067	14,779	11,526	10,711	11,749	9,309	8,698
46	23,308	18,147	16,856	15,538	12,097	11,237	12,348	9,768	9,122
47	24,445	19,005	17,645	16,296	12,669	11,764	12,945	10,227	9,547
48	25,583	19,864	18,434	17,055	13,243	12,290	13,544	10,686	9,969
49	26,721	20,723	19,224	17,814	13,816	12,816	14,143	11,143	10,394
50	27,859	21,581	20,013	18,572	14,387	13,342	14,741	11,601	10,818
51	29,418	22,762	21,095	19,612	15,175	14,065	15,562	12,232	11,400
52	30,978	23,940	22,181	20,653	15,961	14,788	16,382	12,864	11,983
53	32,539	25,120	23,265	21,694	16,747	15,511	17,202	13,494	12,566
54	34,098	26,298	24,349	22,733	17,533	16,233	18,023	14,123	13,148
55	35,658	27,479	25,434	23,773	18,319	16,956	18,844	14,755	13,732
56	37,928	29,144	26,949	25,286	19,429	17,967	20,030	15,637	14,540
57	40,196	30,809	28,462	26,798	20,540	18,976	21,215	16,521	15,348
58	42,466	32,475	29,977	28,310	21,650	19,986	22,399	17,404	16,156
59	44,735	34,141	31,492	29,823	22,762	20,994	23,583	18,288	16,963
60	47,003	35,806	33,007	31,337	23,872	22,005	24,769	19,171	17,771
61	50,139	38,067	35,049	33,427	25,378	23,366	26,401	20,365	18,856
62	53,276	40,330	37,093	35,518	26,887	24,730	28,032	21,561	19,941
63	56,412	42,592	39,136	37,608	28,395	26,092	29,663	22,753	21,026
64	59,548	44,853	41,180	39,699	29,903	27,453	31,295	23,948	22,111
65	62,684	47,116	43,224	41,790	31,410	28,816	32,926	25,142	23,196
66	66,198	49,927	45,859	44,132	33,285	30,574	34,801	26,665	24,632
67	69,711	52,739	48,495	46,475	35,160	32,330	36,675	28,188	26,067

## Annual Premiums including Premium Levy (US\$)

Plan D- \$5,000,000 Coverage Basic Coverage – Hospital Services									
Age <sup>9</sup>	Area 1 - Worldwide			Area 2 – Worldwide excluding USA			Area 3 – Asia <sup>5</sup>		
	Deductible Option								
	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000	NIL	\$5,000	\$8,000
68	73,227	55,550	51,132	48,819	37,034	34,088	38,550	29,712	27,502
69	76,741	58,363	53,768	51,161	38,908	35,845	40,423	31,235	28,937
70	80,254	61,173	56,405	53,504	40,783	37,603	42,298	32,758	30,372
71	83,465	63,621	58,661	55,644	42,414	39,107	43,990	34,069	31,587
72	86,803	66,165	61,006	57,870	44,111	40,671	45,748	35,430	32,852
73	90,274	68,813	63,446	60,183	45,875	42,298	47,578	36,847	34,164
74	93,886	71,565	65,984	62,590	47,710	43,990	49,483	38,322	35,531
75	97,641	74,426	68,624	65,094	49,618	45,749	51,462	39,855	36,954
76	101,547	77,404	71,369	67,698	51,603	47,579	53,520	41,449	38,431
77	105,608	80,501	74,223	70,406	53,668	49,483	55,661	43,106	39,969
78	109,833	83,720	77,192	73,222	55,814	51,462	57,888	44,831	41,567
79	114,225	87,070	80,280	76,151	58,045	53,520	60,203	46,624	43,229
80	118,796	90,552	83,491	79,197	60,367	55,661	62,610	48,489	44,958
81	123,547	94,174	86,831	82,365	62,783	57,888	65,115	50,428	46,758
82	128,489	97,940	90,304	85,660	65,293	60,203	67,719	52,446	48,627
83	133,629	101,859	93,916	89,087	67,906	62,610	70,428	54,543	50,572
84	138,973	105,932	97,673	92,649	70,622	65,115	73,246	56,724	52,596
85	144,532	110,170	101,579	96,355	73,447	67,719	76,174	58,994	54,698
86	150,313	114,577	105,642	100,209	76,384	70,429	79,221	61,354	56,887
87	156,326	119,160	109,868	104,217	79,441	73,246	82,392	63,808	59,161
88	162,579	123,926	114,263	108,386	82,618	76,174	85,687	66,360	61,528
89	169,082	128,884	118,833	112,721	85,922	79,221	89,115	69,014	63,989
90	175,845	134,038	123,586	117,231	89,359	82,392	92,678	71,776	66,548
91	182,880	139,399	128,529	121,920	92,933	85,687	96,386	74,646	69,211
92	190,195	144,975	133,670	126,796	96,651	89,115	100,241	77,632	71,980
93	197,801	150,775	139,019	131,868	100,516	92,679	104,250	80,736	74,858
94	205,713	156,806	144,578	137,143	104,537	96,386	108,420	83,965	77,852
95	213,943	163,077	150,361	142,629	108,718	100,241	112,757	87,325	80,966
96	222,501	169,601	156,376	148,335	113,068	104,251	117,268	90,818	84,206
97	231,400	176,385	162,630	154,268	117,590	108,420	121,958	94,450	87,573
98	240,656	183,440	169,136	160,438	122,294	112,758	126,836	98,229	91,077
99	250,282	190,777	175,901	166,855	127,185	117,268	131,910	102,158	94,719

\*Refer to last birthday

# Annual Premiums including Premium Levy (US\$)

Optional Dental Care	
For Plan A and B	US\$1,087
For Plan C and D	US\$1,194
Optional Maternity Care	
For Plan C and D	US\$4,340

## Remarks

- Area of Coverage:  
Area 1: Worldwide  
Area 2: Worldwide excluding USA  
Area 3: Asia<sup>5</sup> (Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam only)
- For plans with Asia as area of coverage restricted to semi-private room when admitted to a Hospital in Hong Kong or Macau, benefits may be reduced by at least fifty percent (50%) if the Insured Member elects to stay in a standard private room
- Currency: The base currency for this policy is US\$. Exchange rate of 1 US\$ to HK\$ is 7.8
- The premium tables with levy are subject to revision by Liberty Insurance from time to time
- Please refer to Renewal Invitation for renewal premium
- 5% discount will be offered if there are 3 or more family members insured together
- To be eligible for cover and continued coverage under the policy, an Insured Member must be age 15 days after date of birth or discharge from hospital where birth took place (whichever is later) to age sixty-nine (69) (inclusive) on the date of first application for coverage under the policy

## Important Information

### Requirement to make full disclosure

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Liberty. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact, this will raise questions about your entitlement to insurance benefits. Consequences may include, but not limited to, cancellation of your contract, premium adjustment based on correct information, rejection of claims application.

### Pre-existing condition and switching between products

Pre-existing condition in general are excluded unless there is a specific clause in the policy which provides cover for pre-existing condition. Please refer to the policy provisions for the definition of pre-existing conditions. Please be reminded that switching from one policy to another may affect what constitutes pre-existing condition under the new policy, for example the date used to determine whether a medical condition is the pre-existing condition.

# Important Information

## Renewal

Your policy is an annual contract. As long as the plan is available, your policy is guaranteed renewable till terminated, subject to the terms and conditions of your policy at the moment of renewal and payment of the premium. Liberty reserves the right to revise the benefits, terms and conditions from time to time upon renewal by giving a written notice.

## Premium Adjustment

The premium of your policy is primarily determined based on factors such as age, health conditions and choice of coverage of each insured person.

Premiums rates on this brochure are not guaranteed and may be changed as determined by the Company based on the plan's pool pricing and other considerations on the date of renewal. Factors causing premium adjustment on the date of renewal includes but not limited to the attained age of the insured person, medical trend and inflation, revision of benefits to cover increasing medical expenses and the overall claims and expenses incurred by and/or in relation to this plan.

## Termination of your contract

Your policy will automatically terminate upon the earliest occurrence of any of the following:

1. when the policyholder/insured person passed away
2. on the first due date following the insured's 100th birthday
3. when any premium remains unpaid within thirty-one (31) days of the premium due date
4. when the policy is cancelled by you by giving a thirty (30) days written notice to Liberty, provided no claims have been paid or outstanding; or
5. pursuant to any prohibition or restriction under any applicable law and/or regulations to provide any benefit

## Pre-authorisation

Unless otherwise specially required in the policy, you are recommended to do pre-authorisation for planned medical treatments, (including overseas planned medical treatments) so as to prepare yourself in case if the costs of treatment exceeds the overall annual benefit limit of your plan option and/or other limits as specified in the policy.

## Claims procedure

Any claim must be made following Liberty's claim procedures provided in your policy. A completed claim form with all required original supporting documents related to the claim must be submitted to the Insurer must be submitted within ninety (90) days after your clinical visit, clinical operation, day case or discharge from hospital. Otherwise, Liberty won't be able to process your claim and it may be rejected.

## Deductible

A deductible is the portion of expenses for which you or insured person is liable for a benefit to be payable under the Policy. The amount payable by you or insured person as deductible for a benefit is stated on the schedule. The deductible is on annual basis and will be re-applied for every policy year. Please refer to the policy for details.

## Usual, Reasonable and Customary

In relation to a charge, "usual, reasonable and customary" shall mean standard or most common charges for treatment, supplies or medical services medically necessary to treat the insured person's bodily injury or sickness, or serious medical condition which does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred and does not include charges that would not have been made if no insurance existed. No benefit shall be paid or payable for charges which are in excess of the general level of charges being made by other providers of similar standing in the locality where the charges are incurred, when providing like or comparable treatment, services or supplies for like or same bodily injury or sickness or serious medical condition.

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

# Important Information

## Medically Necessary

Medically necessary shall mean such procedures, treatments, supplies or medical services which in the opinion of a physician:

1. are required for the direct treatment or diagnosis of the insured person's bodily injury or sickness
2. are appropriate and consistent with the symptoms and findings or the direct treatment or diagnosis of the insured person's bodily injury or sickness
3. are in accordance with generally accepted medical practice
4. are not associated with treatment, procedure, supplies or other medical services of an experimental or investigative nature; and
5. cannot have been omitted without adversely affecting the Insured person's bodily injury or sickness

## Major Exclusions

The following treatments, conditions, activities, items and their related expenses are excluded from the plan and the insurer shall not be liable for the items

listed below:

- Pre-existing conditions (refer to the General Provisions and Conditions)
- Birth defect and congenital illnesses unless otherwise explicitly provided and endorsed in the Schedule
- Infertility, contraception or sterilisation or inducing pregnancy unless otherwise explicitly provided and endorsed in the Policy or Schedule
- Treatment not undertaken by or on the recommendation of a physician
- Chinese herbs and/or tonic medicine such as but not limited to bird's nest, lingzhi, ginseng, cordyceps sinensis, agaricus blazei murill, sika deer antler, etc
- Drug purchased without physician's prescription
- Addictive conditions/disorders, like abuse of drug or alcohol
- Self-inflicted injury or suicide
- Treatment which is not medically necessary or treatment of an optional nature
- Elective cosmetic surgery
- Injuries resulting from war, invasion, acts of foreign enemies, hostilities or warlike operations, civil war, rebellion, revolution, insurrection, civil commotion, or participating in an illegal act including resultant imprisonment
- Racing of any form other than on foot, and all professional sports
- Treatment of sexually transmitted diseases
- Alternative treatment, such as aromatherapy and naturopathy unless otherwise explicitly provided and endorsed in the Schedule
- Treatment for bodily injury or sickness incurred while serving as a member of police or military forces

The plan is subject to the terms, conditions and exclusions of the relevant policy contract. Liberty Insurance reserves the final right to approve any application. This product brochure contains general information only and the information shown is for information purposes only. Please refer to the Policy and Policy Schedule for details of coverage, terms and conditions. If there is any inconsistency or ambiguity between the English version and the translated version, the English version shall prevail.



Underwritten by **Liberty International Insurance Limited**  
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JUL 2025



# 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<sup>1</sup>



延伸計劃保障 - 二十四小時海外緊急服務<sup>2</sup>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<sup>3</sup>



保證終身續保，以計劃整體作保障項目及保費調整<sup>4</sup>

<sup>1</sup> 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。

<sup>2</sup> 不適用於70歲或以上受保人。

<sup>3</sup> 受保人需跟據指定程序以享用住院免繳費服務。服務要求及安排詳情請參閱保單及公司網頁。受保人需要補償利實其墊底費(如有揀選墊底費計劃)以及任何差額，包括不符合索償條款的醫療費用。

<sup>4</sup> 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 <sup>5</sup>
涵蓋地區以外	僅限緊急治療

<sup>5</sup> 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 <sup>6</sup>
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 <sup>6</sup>
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 <sup>7</sup> 每保單年度計				
指定項目：	不適用	2,500美元 指定及非指 定項目共享限額	全數賠償	全數賠償
a) 心臟起搏器				
b) 人工心臟瓣膜				
c) 金屬或人工關節，用於人工關節置換術				
d) 用於在骨頭之間進行置換或植入的人工 韌帶				
e) 人工椎間盤				
非指定項目	不適用		5,000美元	5,000美元
住院現金 每保單年度最多120日 住院現金適用於以下情況：	每日100美元	每日100美元	每日150美元	每日250美元
a) 政府醫院普通病房的住院（限於香港及澳門）				
b) 門診內窺鏡檢查程序				
c) 共付賠償協調				
妊娠併發症 每保單年度計	不適用	不適用	全數賠償	全數賠償

## 保障表

住院福利	計劃A	計劃B	計劃C	計劃D <sup>6</sup>
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

<sup>6</sup> 需同時投保門診治療

<sup>7</sup> 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 <sup>6</sup>
<b>18歲以下受保人額外醫療保障</b>				
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 <sup>6</sup>
<b>18歲以下受保人額外醫療保障</b>				
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
<b>海外緊急服務</b>				
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 <sup>6</sup> 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 <sup>8</sup> 每保單年度計	1,500美元	2,500美元	3,000美元
化驗及X光費 <sup>8</sup>	全數賠償	全數賠償	全數賠償
處方藥物 <sup>8</sup>	全數賠償	全數賠償	全數賠償
激素治療 <sup>8</sup> 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 <sup>6</sup> 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

<sup>8</sup> 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 <sup>6</sup> 住院福利投保人
年度總限額	1,200美元	2,000美元
例行牙科檢查及洗牙 每保單年度兩次	全數賠償	全數賠償
牙科治療 (6個月等待期)	全數賠償	全數賠償
a) 口腔X光		
b) 牙齒阻生		
c) 緊急牙科治療以減輕牙痛 (緩和)		
d) 補牙		
e) 藥物		
f) 牙髓治療		
g) 脫牙 (包括智慧齒)		
h) 牙周病治療		

## 附加保障

牙齒護理保障 (必須與門診治療同時投保)	只適用於計劃A或B住院福利投保人	只適用於計劃C或D <sup>6</sup> 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 <sup>6</sup> 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 <sup>9</sup>	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 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>
0	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
1	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
2	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
3	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
4	2,199	1,465	1,100	3,532	2,356	1,766	4,199	2,800	2,380	6,297	4,199	3,568
5	2,134	1,423	1,067	3,429	2,287	1,716	3,848	2,566	2,180	5,770	3,848	3,270
6	2,125	1,417	1,063	3,415	2,278	1,708	3,777	2,518	2,140	5,664	3,777	3,210
7	2,117	1,411	1,060	3,402	2,269	1,701	3,706	2,472	2,101	5,559	3,706	3,151
8	2,108	1,406	1,055	3,389	2,260	1,695	3,637	2,424	2,060	5,454	3,637	3,090
9	2,101	1,400	1,051	3,376	2,251	1,688	3,566	2,378	2,021	5,348	3,566	3,030
10	2,092	1,395	1,047	3,364	2,243	1,682	3,495	2,330	1,981	5,242	3,495	2,972
11	2,101	1,400	1,051	3,376	2,251	1,688	3,462	2,308	1,962	5,191	3,462	2,942
12	2,108	1,406	1,055	3,389	2,260	1,695	3,427	2,285	1,942	5,139	3,427	2,913
13	2,117	1,411	1,060	3,402	2,269	1,701	3,393	2,262	1,922	5,088	3,393	2,883
14	2,125	1,417	1,063	3,415	2,278	1,708	3,357	2,239	1,903	5,036	3,357	2,854
15	2,134	1,423	1,067	3,429	2,287	1,716	3,323	2,217	1,884	4,984	3,323	2,824
16	2,141	1,428	1,071	3,442	2,294	1,722	3,217	2,145	1,824	4,825	3,217	2,735
17	2,150	1,433	1,076	3,454	2,303	1,728	3,112	2,074	1,763	4,665	3,112	2,645
18	2,157	1,439	1,079	3,467	2,312	1,735	3,004	2,003	1,703	4,506	3,004	2,553
19	2,166	1,444	1,083	3,480	2,319	1,741	2,898	1,933	1,643	4,346	2,898	2,463
20	2,173	1,449	1,087	3,492	2,329	1,747	2,792	1,863	1,582	4,187	2,792	2,372
21	2,256	1,505	1,129	3,626	2,418	1,814	2,744	1,830	1,556	4,115	2,744	2,333
22	2,338	1,559	1,170	3,758	2,506	1,879	2,696	1,797	1,529	4,043	2,696	2,292
23	2,421	1,614	1,211	3,891	2,594	1,945	2,647	1,764	1,501	3,970	2,647	2,251
24	2,504	1,670	1,253	4,025	2,684	2,013	2,600	1,734	1,474	3,898	2,600	2,210
25	2,587	1,725	1,294	4,158	2,772	2,079	2,552	1,702	1,447	3,826	2,552	2,169
26	2,634	1,757	1,317	4,235	2,824	2,117	2,623	1,749	1,486	3,932	2,623	2,230
27	2,682	1,788	1,342	4,310	2,874	2,156	2,694	1,796	1,526	4,040	2,694	2,290
28	2,730	1,820	1,365	4,387	2,925	2,194	2,765	1,843	1,568	4,146	2,765	2,350
29	2,777	1,852	1,389	4,463	2,975	2,232	2,835	1,890	1,608	4,252	2,835	2,409
30	2,826	1,885	1,414	4,541	3,028	2,272	2,906	1,939	1,647	4,359	2,906	2,470
31	2,888	1,925	1,444	4,641	3,095	2,321	2,993	1,996	1,698	4,488	2,993	2,545
32	2,952	1,968	1,476	4,743	3,162	2,372	3,081	2,055	1,745	4,620	3,081	2,619
33	3,013	2,009	1,508	4,843	3,230	2,422	3,168	2,112	1,796	4,751	3,168	2,692

## 年度保費及保費徵費表 (美元)

年齡 <sup>9</sup>	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 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>
34	3,076	2,052	1,539	4,944	3,296	2,474	3,254	2,169	1,845	4,882	3,254	2,767
35	3,140	2,092	1,571	5,044	3,364	2,522	3,342	2,229	1,894	5,013	3,342	2,841
36	3,244	2,163	1,622	5,212	3,474	2,607	3,443	2,294	1,952	5,163	3,443	2,927
37	3,349	2,233	1,675	5,380	3,588	2,691	3,543	2,363	2,008	5,312	3,543	3,011
38	3,452	2,301	1,726	5,548	3,699	2,774	3,642	2,428	2,066	5,462	3,642	3,097
39	3,556	2,371	1,779	5,715	3,810	2,858	3,743	2,496	2,121	5,614	3,743	3,181
40	3,661	2,442	1,831	5,883	3,922	2,943	3,842	2,563	2,179	5,765	3,842	3,267
41	3,806	2,538	1,904	6,117	4,079	3,059	3,959	2,639	2,243	5,936	3,959	3,364
42	3,954	2,636	1,978	6,354	4,236	3,177	4,074	2,715	2,309	6,111	4,074	3,463
43	4,101	2,733	2,051	6,589	4,394	3,295	4,188	2,793	2,375	6,282	4,188	3,560
44	4,247	2,832	2,124	6,826	4,553	3,414	4,303	2,869	2,439	6,454	4,303	3,658
45	4,395	2,930	2,199	7,063	4,710	3,532	4,420	2,947	2,506	6,629	4,420	3,756
46	4,645	3,097	2,323	7,465	4,978	3,733	4,552	3,034	2,581	6,827	4,552	3,870
47	4,898	3,266	2,449	7,870	5,247	3,936	4,684	3,123	2,656	7,025	4,684	3,983
48	5,148	3,433	2,575	8,273	5,515	4,138	4,816	3,211	2,730	7,224	4,816	4,094
49	5,398	3,600	2,699	8,676	5,786	4,339	4,950	3,300	2,805	7,423	4,950	4,207
50	5,650	3,767	2,826	9,081	6,054	4,541	5,082	3,389	2,880	7,622	5,082	4,319
51	5,993	3,996	2,997	9,631	6,422	4,816	5,235	3,489	2,968	7,851	5,235	4,449
52	6,336	4,224	3,169	10,181	6,788	5,091	5,386	3,592	3,052	8,080	5,386	4,578
53	6,679	4,453	3,340	10,733	7,156	5,368	5,540	3,692	3,139	8,309	5,540	4,707
54	7,021	4,681	3,512	11,282	7,522	5,642	5,691	3,795	3,226	8,537	5,691	4,837
55	7,363	4,909	3,682	11,834	7,890	5,917	5,844	3,897	3,311	8,765	5,844	4,966
56	7,906	5,271	3,953	12,706	8,471	6,354	6,020	4,014	3,412	9,028	6,020	5,118
57	8,449	5,633	4,225	13,579	9,053	6,790	6,194	4,130	3,510	9,292	6,194	5,266
58	8,992	5,995	4,496	14,452	9,634	7,227	6,370	4,247	3,611	9,554	6,370	5,415
59	9,536	6,358	4,768	15,326	10,218	7,664	6,545	4,364	3,709	9,817	6,545	5,563
60	10,079	6,719	5,039	16,198	10,799	8,099	6,721	4,481	3,810	10,080	6,721	5,713
61	10,866	7,244	5,434	17,464	11,641	8,732	6,923	4,615	3,924	10,382	6,923	5,883
62	11,654	7,769	5,827	18,726	12,486	9,365	7,125	4,750	4,037	10,685	7,125	6,056
63	12,439	8,294	6,220	19,992	13,327	9,997	7,326	4,885	4,152	10,987	7,326	6,227
64	13,226	8,819	6,614	21,256	14,172	10,630	7,528	5,018	4,265	11,290	7,528	6,397
65	14,014	9,343	7,007	22,521	15,014	11,261	7,729	5,153	4,380	11,592	7,729	6,570
66	14,645	9,764	7,324	23,537	15,691	11,769	7,960	5,307	4,511	11,940	7,960	6,766
67	15,277	10,185	7,640	24,552	16,367	12,277	8,193	5,461	4,643	12,287	8,193	6,964

## 年度保費及保費徵費表 (美元)

年齡 <sup>9</sup>	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 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>	地區 1	地區 2	地區 3 <sup>5</sup>
68	15,909	10,606	7,955	25,569	17,047	12,784	8,423	5,616	4,774	12,634	8,423	7,161
69	16,542	11,029	8,271	26,584	17,724	13,294	8,656	5,770	4,905	12,982	8,656	7,356
70	17,173	11,449	8,588	27,599	18,401	13,800	8,888	5,926	5,036	13,331	8,888	7,554
71	17,860	11,908	8,930	28,703	19,137	14,353	9,153	6,103	5,187	13,730	9,153	7,780
72	18,576	12,384	9,288	29,851	19,901	14,927	9,307	6,285	5,344	14,141	9,429	8,014
73	19,318	12,879	9,660	31,046	20,697	15,524	9,307	6,475	5,505	14,565	9,711	8,254
74	20,089	13,393	10,046	32,288	21,525	16,144	9,307	6,669	5,669	15,002	10,002	8,503
75	20,894	13,931	10,448	33,580	22,386	16,791	9,307	6,870	5,838	15,453	10,303	8,758
76	21,730	14,486	10,866	34,922	23,281	17,461	9,307	7,075	6,013	15,917	10,611	9,020
77	22,599	15,067	11,300	36,320	24,212	18,161	9,307	7,288	6,194	16,395	10,930	9,291
78	23,502	15,669	11,753	37,772	25,182	18,887	9,307	7,505	6,379	16,885	11,257	9,570
79	24,443	16,295	12,221	39,283	26,190	19,642	9,307	7,731	6,571	16,922	11,596	9,856
80	25,421	16,947	12,711	40,853	27,237	20,427	9,307	7,962	6,768	16,922	11,944	10,152
81	26,438	17,626	13,220	42,488	28,325	21,246	9,307	8,201	6,971	16,922	12,301	10,457
82	27,495	18,330	13,749	44,188	29,458	22,095	9,307	8,448	7,180	18,614	12,670	10,771
83	28,594	19,063	14,298	45,955	30,638	22,977	9,307	8,702	7,397	18,614	13,051	11,093
84	29,739	19,826	14,871	47,793	31,862	23,897	9,307	8,963	7,618	18,614	13,442	11,426
85	30,928	20,619	15,465	49,706	33,138	24,854	9,307	9,231	7,847	18,614	13,846	11,768
86	32,164	21,445	16,083	51,694	34,463	25,848	9,307	9,307	7,913	18,614	14,261	12,121
87	33,451	22,302	16,726	53,761	35,841	26,881	9,307	9,307	7,913	18,614	14,689	12,485
88	34,789	23,194	17,395	55,911	37,275	27,957	9,307	9,307	7,913	18,614	15,129	12,861
89	36,181	24,121	18,091	58,148	38,765	29,074	9,307	9,307	7,913	18,614	15,583	13,246
90	37,629	25,086	18,815	60,473	40,316	30,238	9,307	9,307	7,913	18,614	16,050	13,643
91	39,133	26,088	19,567	62,890	41,927	31,446	9,307	9,307	7,913	18,614	16,531	14,051
92	40,698	27,132	20,350	65,407	43,606	32,704	9,307	9,307	7,913	18,614	17,027	14,474
93	42,326	28,219	21,164	68,025	45,349	34,014	9,307	9,307	7,913	18,614	17,538	14,908
94	44,018	29,347	22,010	70,745	47,165	35,373	9,307	9,307	7,913	18,614	18,065	15,355
95	45,779	30,520	22,890	73,574	49,051	36,788	9,307	9,307	7,913	18,614	18,606	15,816
96	47,610	31,741	23,806	76,517	51,011	38,259	9,307	9,307	7,913	18,614	18,614	15,824
97	49,516	33,010	24,759	79,577	53,052	39,789	9,307	9,307	7,913	18,614	18,614	15,824
98	51,496	34,331	25,749	82,762	55,174	41,382	9,307	9,307	7,913	18,614	18,614	15,824
99	53,555	35,705	26,778	86,071	57,381	43,037	9,307	9,307	7,913	18,614	18,614	15,824

\*根據足歲

# 年度保費及保費徵費表 (美元)

計劃 C - \$2,500,000 美元保障額										附加門診保障		
基本保障 – 住院福利												
年齡 <sup>9</sup>	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 <sup>5</sup>			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 <sup>5</sup>
0	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
1	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
2	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
3	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
4	5,668	3,401	2,835	3,779	2,269	1,890	2,835	1,700	1,418	8,397	5,599	4,758
5	5,501	3,302	2,750	3,667	2,202	1,834	2,750	1,652	1,376	7,693	5,128	4,359
6	5,481	3,289	2,742	3,653	2,194	1,828	2,742	1,645	1,372	7,552	5,034	4,280
7	5,460	3,276	2,731	3,640	2,185	1,821	2,731	1,638	1,366	7,411	4,942	4,201
8	5,440	3,263	2,721	3,626	2,177	1,814	2,721	1,632	1,362	7,272	4,848	4,120
9	5,419	3,251	2,709	3,612	2,168	1,807	2,709	1,625	1,355	7,130	4,754	4,041
10	5,399	3,239	2,701	3,599	2,160	1,801	2,701	1,620	1,350	6,988	4,660	3,961
11	5,419	3,251	2,709	3,612	2,168	1,807	2,709	1,625	1,355	6,922	4,613	3,923
12	5,440	3,263	2,721	3,626	2,177	1,814	2,721	1,632	1,362	6,852	4,568	3,883
13	5,460	3,276	2,731	3,640	2,185	1,821	2,731	1,638	1,366	6,783	4,522	3,844
14	5,481	3,289	2,742	3,653	2,194	1,828	2,742	1,645	1,372	6,713	4,477	3,805
15	5,501	3,302	2,750	3,667	2,202	1,834	2,750	1,652	1,376	6,646	4,431	3,766
16	5,522	3,314	2,762	3,681	2,209	1,842	2,762	1,658	1,382	6,432	4,289	3,646
17	5,542	3,326	2,772	3,696	2,218	1,848	2,772	1,664	1,387	6,221	4,147	3,525
18	5,563	3,338	2,783	3,708	2,226	1,855	2,783	1,671	1,391	6,007	4,006	3,405
19	5,583	3,351	2,791	3,722	2,233	1,862	2,791	1,676	1,396	5,796	3,863	3,284
20	5,603	3,363	2,803	3,737	2,243	1,869	2,803	1,682	1,403	5,582	3,722	3,164
21	5,818	3,491	2,911	3,878	2,328	1,940	2,911	1,747	1,457	5,487	3,657	3,111
22	6,031	3,619	3,015	4,021	2,413	2,012	3,015	1,810	1,508	5,391	3,594	3,056
23	6,245	3,747	3,123	4,163	2,498	2,082	3,123	1,873	1,562	5,293	3,529	3,002
24	6,457	3,875	3,229	4,306	2,585	2,154	3,229	1,938	1,615	5,198	3,466	2,947
25	6,671	4,004	3,337	4,448	2,670	2,225	3,337	2,002	1,669	5,103	3,401	2,893
26	6,795	4,078	3,398	4,530	2,719	2,266	3,398	2,039	1,699	5,244	3,498	2,972
27	6,918	4,150	3,459	4,612	2,767	2,307	3,459	2,076	1,730	5,386	3,592	3,052
28	7,040	4,224	3,520	4,695	2,817	2,348	3,520	2,113	1,760	5,528	3,686	3,134
29	7,163	4,298	3,582	4,775	2,865	2,388	3,582	2,150	1,791	5,669	3,780	3,213
30	7,286	4,373	3,645	4,857	2,916	2,429	3,645	2,188	1,824	5,811	3,875	3,295
31	7,449	4,469	3,725	4,967	2,980	2,484	3,725	2,235	1,863	6,073	4,049	3,442
32	7,609	4,567	3,805	5,074	3,045	2,538	3,805	2,284	1,903	6,334	4,222	3,590
33	7,772	4,663	3,887	5,182	3,110	2,592	3,887	2,332	1,944	6,596	4,398	3,739

# 年度保費及保費徵費表 (美元)

計劃 C - \$2,500,000 美元保障額										附加門診保障		
基本保障 – 住院福利												
年齡 <sup>9</sup>	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 <sup>5</sup>			地區 1 - 全球		
	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 <sup>5</sup>
34	7,934	4,761	3,968	5,290	3,174	2,646	3,968	2,382	1,984	6,856	4,571	3,886
35	8,097	4,857	4,048	5,399	3,239	2,701	4,048	2,429	2,025	7,118	4,746	4,034
36	8,365	5,019	4,183	5,577	3,346	2,789	4,183	2,511	2,093	7,475	4,983	4,236
37	8,634	5,181	4,318	5,756	3,455	2,879	4,318	2,592	2,160	7,830	5,220	4,438
38	8,903	5,342	4,452	5,936	3,562	2,969	4,452	2,671	2,228	8,185	5,457	4,639
39	9,171	5,504	4,585	6,114	3,669	3,058	4,585	2,752	2,293	8,542	5,695	4,841
40	9,440	5,665	4,720	6,293	3,776	3,147	4,720	2,834	2,361	8,897	5,932	5,043
41	9,818	5,890	4,910	6,547	3,928	3,275	4,910	2,946	2,456	9,341	6,228	5,295
42	10,198	6,119	5,100	6,799	4,080	3,399	5,100	3,059	2,551	9,788	6,525	5,547
43	10,575	6,345	5,288	7,051	4,231	3,527	5,288	3,173	2,646	10,232	6,821	5,799
44	10,955	6,573	5,478	7,303	4,384	3,652	5,478	3,287	2,740	10,677	7,118	6,050
45	11,335	6,802	5,668	7,555	4,536	3,779	5,668	3,401	2,835	11,121	7,415	6,303
46	11,982	7,188	5,992	7,988	4,794	3,995	5,992	3,595	2,997	11,613	7,742	6,581
47	12,630	7,578	6,316	8,420	5,053	4,211	6,316	3,790	3,158	12,103	8,070	6,859
48	13,276	7,966	6,640	8,851	5,311	4,427	6,640	3,985	3,320	12,596	8,398	7,140
49	13,923	8,355	6,962	9,284	5,572	4,642	6,962	4,179	3,482	13,088	8,725	7,417
50	14,571	8,744	7,286	9,715	5,830	4,857	7,286	4,373	3,645	13,580	9,054	7,695
51	15,455	9,274	7,728	10,304	6,184	5,154	7,728	4,638	3,864	14,259	9,505	8,081
52	16,339	9,804	8,170	10,894	6,537	5,447	8,170	4,903	4,085	14,936	9,959	8,465
53	17,224	10,336	8,613	11,483	6,891	5,743	8,613	5,169	4,308	15,616	10,411	8,849
54	18,108	10,864	9,055	12,073	7,244	6,036	9,055	5,433	4,527	16,294	10,863	9,234
55	18,991	11,396	9,497	12,661	7,598	6,331	9,497	5,698	4,750	16,973	11,317	9,618
56	20,392	12,236	10,198	13,595	8,158	6,799	10,198	6,119	5,100	17,822	11,881	10,100
57	21,793	13,076	10,897	14,529	8,717	7,265	10,897	6,538	5,448	18,672	12,448	10,581
58	23,193	13,916	11,598	15,464	9,277	7,733	11,598	6,959	5,800	19,519	13,013	11,062
59	24,595	14,758	12,298	16,398	9,840	8,199	12,298	7,380	6,150	20,368	13,580	11,542
60	25,995	15,598	12,998	17,330	10,399	8,665	12,998	7,799	6,500	21,217	14,144	12,023
61	28,024	16,817	14,013	18,683	11,210	9,342	14,013	8,408	7,007	22,278	14,853	12,625
62	30,056	18,033	15,029	20,038	12,023	10,020	15,029	9,018	7,514	23,337	15,558	13,224
63	32,085	19,251	16,043	21,391	12,834	10,697	16,043	9,627	8,023	24,398	16,267	13,827
64	34,114	20,469	17,058	22,743	13,647	11,373	17,058	10,236	8,529	25,460	16,973	14,428
65	36,143	21,687	18,072	24,096	14,458	12,049	18,072	10,844	9,038	26,520	17,681	15,030
66	37,774	22,665	18,889	25,183	15,109	12,593	18,889	11,333	9,444	28,483	18,989	16,140
67	39,404	23,643	19,702	26,270	15,761	13,136	19,702	11,822	9,851	30,445	20,297	17,252

## 年度保費及保費徵費表 (美元)

計劃 C - \$2,500,000 美元保障額										附加門診保障		
基本保障 – 住院福利												
年齡 <sup>9</sup>	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 <sup>5</sup>			地區 1 - 全球		
	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 <sup>5</sup>
68	41,035	24,622	20,518	27,358	16,416	13,680	20,518	12,311	10,260	32,407	21,605	18,365
69	42,664	25,600	21,333	28,443	17,068	14,222	21,333	12,801	10,667	34,369	22,913	19,477
70	44,295	26,577	22,148	29,530	17,720	14,765	22,148	13,289	11,074	36,332	24,221	20,589
71	46,067	27,640	23,035	30,712	18,428	15,356	23,035	13,821	11,519	37,786	25,191	21,413
72	47,909	28,745	23,956	31,939	19,164	15,970	23,956	14,374	11,979	39,297	26,198	22,269
73	49,826	29,896	24,914	33,217	19,930	16,610	24,914	14,949	12,458	40,868	27,246	23,160
74	51,818	31,092	25,910	34,545	20,728	17,273	25,910	15,546	12,956	42,503	28,336	24,086
75	53,891	32,336	26,946	35,928	21,557	17,965	26,946	16,169	13,474	44,204	29,470	25,048
76	56,047	33,628	28,024	37,365	22,418	18,683	28,024	16,814	14,013	45,972	30,648	26,051
77	58,290	34,974	29,145	38,860	23,315	19,430	29,145	17,489	14,572	47,810	31,873	27,092
78	60,619	36,373	30,311	40,414	24,249	20,208	30,311	18,187	15,156	49,723	33,150	28,177
79	63,045	37,828	31,523	42,031	25,220	21,016	31,523	18,914	15,761	51,711	34,475	29,305
80	65,566	39,340	32,784	43,710	26,229	21,856	32,784	19,671	16,392	53,779	35,854	30,475
81	68,189	40,914	34,096	45,460	27,276	22,732	34,096	20,459	17,049	55,931	37,288	31,696
82	70,917	42,551	35,459	47,278	28,367	23,640	35,459	21,276	17,730	58,168	38,779	32,962
83	73,753	44,253	36,877	49,170	29,503	24,586	36,877	22,126	18,439	60,494	40,330	34,281
84	76,704	46,023	38,353	51,137	30,682	25,568	38,353	23,012	19,178	62,915	41,943	35,653
85	79,773	47,865	39,887	53,183	31,911	26,593	39,887	23,933	19,944	65,431	43,620	37,078
86	82,963	49,779	41,483	55,310	33,186	27,656	41,483	24,891	20,742	68,049	45,366	38,561
87	86,281	51,770	43,142	57,520	34,514	28,761	43,142	25,886	21,571	70,770	47,179	40,104
88	89,732	53,840	44,866	59,823	35,894	29,911	44,866	26,922	22,434	73,601	49,068	41,707
89	93,321	55,994	46,662	62,215	37,329	31,109	46,662	27,997	23,331	76,545	51,031	43,377
90	97,055	58,233	48,528	64,703	38,823	32,353	48,528	29,118	24,265	79,605	53,072	45,111
91	100,936	60,561	50,469	67,290	40,375	33,645	50,469	30,281	25,235	82,790	55,194	46,915
92	104,973	62,984	52,487	69,983	41,991	34,993	52,487	31,493	26,244	86,103	57,402	48,791
93	109,171	65,505	54,587	72,781	43,669	36,391	54,587	32,754	27,294	89,546	59,698	50,744
94	113,540	68,125	56,771	75,693	45,418	37,848	56,771	34,063	28,385	93,127	62,086	52,774
95	118,080	70,849	59,041	78,721	47,234	39,361	59,041	35,425	29,522	96,853	64,569	54,884
96	122,804	73,683	61,403	81,870	49,122	40,936	61,403	36,842	30,702	100,728	67,152	57,079
97	127,716	76,630	63,859	85,143	51,087	42,572	63,859	38,316	31,931	104,757	69,838	59,363
98	132,825	79,696	66,413	88,550	53,130	44,276	66,413	39,849	33,207	108,946	72,631	61,738
99	138,138	82,883	69,069	92,092	55,256	46,047	69,069	41,443	34,535	113,304	75,537	64,206

\*根據足歲

## 年度保費及保費徵費表 (美元)

計劃 D<sup>6</sup> - \$5,000,000 美元保障額

基本保障 – 住院福利

年齡 <sup>9</sup>	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 <sup>5</sup>		
	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	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
1	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
2	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
3	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
4	13,625	11,184	10,575	9,084	7,457	7,050	7,314	6,094	5,789
5	12,815	10,446	9,853	8,544	6,965	6,569	6,867	5,683	5,386
6	12,667	10,307	9,716	8,445	6,871	6,479	6,785	5,606	5,310
7	12,518	10,167	9,580	8,347	6,779	6,387	6,702	5,528	5,234
8	12,370	10,028	9,442	8,248	6,685	6,294	6,620	5,448	5,155
9	12,223	9,888	9,305	8,149	6,592	6,204	6,537	5,370	5,080
10	12,074	9,749	9,168	8,050	6,500	6,113	6,454	5,293	5,002
11	12,035	9,700	9,118	8,023	6,468	6,078	6,431	5,264	4,972
12	11,994	9,653	9,068	7,997	6,436	6,045	6,407	5,236	4,943
13	11,955	9,604	9,017	7,971	6,403	6,011	6,384	5,207	4,915
14	11,915	9,555	8,966	7,944	6,371	5,977	6,359	5,180	4,884
15	11,877	9,508	8,916	7,918	6,338	5,944	6,336	5,152	4,855
16	11,709	9,331	8,735	7,806	6,221	5,824	6,240	5,050	4,753
17	11,540	9,154	8,557	7,693	6,103	5,705	6,142	4,949	4,651
18	11,372	8,977	8,377	7,581	5,986	5,585	6,045	4,848	4,547
19	11,203	8,798	8,198	7,470	5,866	5,466	5,948	4,745	4,445
20	11,035	8,623	8,018	7,358	5,748	5,346	5,853	4,644	4,344
21	11,179	8,674	8,048	7,453	5,783	5,365	5,918	4,666	4,351
22	11,322	8,725	8,076	7,548	5,817	5,384	5,984	4,685	4,361
23	11,467	8,778	8,105	7,645	5,853	5,403	6,050	4,705	4,369
24	11,611	8,829	8,134	7,741	5,887	5,424	6,117	4,726	4,378
25	11,755	8,881	8,163	7,836	5,922	5,442	6,183	4,745	4,388
26	12,014	9,088	8,355	8,010	6,059	5,571	6,321	4,858	4,491
27	12,274	9,294	8,549	8,183	6,196	5,700	6,458	4,970	4,596
28	12,533	9,501	8,743	8,355	6,335	5,829	6,597	5,081	4,703
29	12,793	9,707	8,936	8,529	6,471	5,958	6,735	5,193	4,808
30	13,052	9,914	9,129	8,702	6,611	6,087	6,874	5,304	4,911
31	13,461	10,253	9,451	8,974	6,835	6,302	7,094	5,490	5,088
32	13,870	10,592	9,771	9,248	7,061	6,515	7,314	5,675	5,265
33	14,278	10,931	10,094	9,519	7,288	6,730	7,534	5,860	5,442

## 年度保費及保費徵費表 (美元)

計劃 D <sup>6</sup> - \$5,000,000 美元保障額									
基本保障 – 住院福利									
年齡 <sup>9</sup>	地區 1 - 全球			地區 2 – 全球 (美國除外)			地區 3 – 亞洲 <sup>5</sup>		
	無墊底費	\$5,000	\$8,000	無墊底費	墊底費		無墊底費	\$5,000	\$8,000
					\$5,000	\$8,000			
34	14,687	11,269	10,415	9,792	7,513	6,944	7,753	6,044	5,617
35	15,095	11,609	10,737	10,064	7,739	7,159	7,973	6,230	5,794
36	15,703	12,101	11,200	10,470	8,067	7,468	8,299	6,498	6,047
37	16,311	12,594	11,664	10,875	8,395	7,775	8,625	6,764	6,301
38	16,920	13,086	12,127	11,280	8,725	8,085	8,948	7,032	6,553
39	17,528	13,578	12,590	11,687	9,053	8,394	9,274	7,299	6,806
40	18,136	14,071	13,055	12,091	9,382	8,704	9,600	7,568	7,060
41	18,943	14,714	13,657	12,629	9,810	9,105	10,030	7,916	7,387
42	19,750	15,356	14,260	13,166	10,239	9,506	10,460	8,264	7,715
43	20,556	16,000	14,862	13,705	10,667	9,909	10,890	8,612	8,043
44	21,363	16,643	15,465	14,243	11,097	10,310	11,319	8,961	8,370
45	22,170	17,287	16,067	14,779	11,526	10,711	11,749	9,309	8,698
46	23,308	18,147	16,856	15,538	12,097	11,237	12,348	9,768	9,122
47	24,445	19,005	17,645	16,296	12,669	11,764	12,945	10,227	9,547
48	25,583	19,864	18,434	17,055	13,243	12,290	13,544	10,686	9,969
49	26,721	20,723	19,224	17,814	13,816	12,816	14,143	11,143	10,394
50	27,859	21,581	20,013	18,572	14,387	13,342	14,741	11,601	10,818
51	29,418	22,762	21,095	19,612	15,175	14,065	15,562	12,232	11,400
52	30,978	23,940	22,181	20,653	15,961	14,788	16,382	12,864	11,983
53	32,539	25,120	23,265	21,694	16,747	15,511	17,202	13,494	12,566
54	34,098	26,298	24,349	22,733	17,533	16,233	18,023	14,123	13,148
55	35,658	27,479	25,434	23,773	18,319	16,956	18,844	14,755	13,732
56	37,928	29,144	26,949	25,286	19,429	17,967	20,030	15,637	14,540
57	40,196	30,809	28,462	26,798	20,540	18,976	21,215	16,521	15,348
58	42,466	32,475	29,977	28,310	21,650	19,986	22,399	17,404	16,156
59	44,735	34,141	31,492	29,823	22,762	20,994	23,583	18,288	16,963
60	47,003	35,806	33,007	31,337	23,872	22,005	24,769	19,171	17,771
61	50,139	38,067	35,049	33,427	25,378	23,366	26,401	20,365	18,856
62	53,276	40,330	37,093	35,518	26,887	24,730	28,032	21,561	19,941
63	56,412	42,592	39,136	37,608	28,395	26,092	29,663	22,753	21,026
64	59,548	44,853	41,180	39,699	29,903	27,453	31,295	23,948	22,111
65	62,684	47,116	43,224	41,790	31,410	28,816	32,926	25,142	23,196
66	66,198	49,927	45,859	44,132	33,285	30,574	34,801	26,665	24,632
67	69,711	52,739	48,495	46,475	35,160	32,330	36,675	28,188	26,067

## 年度保費及保費徵費表 (美元)

計劃 D <sup>6</sup> - \$5,000,000 美元保障額									
基本保障 - 住院福利									
年齡 <sup>9</sup>	地區 1 - 全球			地區 2 - 全球 (美國除外)			地區 3 - 亞洲 <sup>5</sup>		
	無墊底費	\$5,000	\$8,000	無墊底費	墊底費 \$5,000      \$8,000		無墊底費	\$5,000	\$8,000
68	73,227	55,550	51,132	48,819	37,034	34,088	38,550	29,712	27,502
69	76,741	58,363	53,768	51,161	38,908	35,845	40,423	31,235	28,937
70	80,254	61,173	56,405	53,504	40,783	37,603	42,298	32,758	30,372
71	83,465	63,621	58,661	55,644	42,414	39,107	43,990	34,069	31,587
72	86,803	66,165	61,006	57,870	44,111	40,671	45,748	35,430	32,852
73	90,274	68,813	63,446	60,183	45,875	42,298	47,578	36,847	34,164
74	93,886	71,565	65,984	62,590	47,710	43,990	49,483	38,322	35,531
75	97,641	74,426	68,624	65,094	49,618	45,749	51,462	39,855	36,954
76	101,547	77,404	71,369	67,698	51,603	47,579	53,520	41,449	38,431
77	105,608	80,501	74,223	70,406	53,668	49,483	55,661	43,106	39,969
78	109,833	83,720	77,192	73,222	55,814	51,462	57,888	44,831	41,567
79	114,225	87,070	80,280	76,151	58,045	53,520	60,203	46,624	43,229
80	118,796	90,552	83,491	79,197	60,367	55,661	62,610	48,489	44,958
81	123,547	94,174	86,831	82,365	62,783	57,888	65,115	50,428	46,758
82	128,489	97,940	90,304	85,660	65,293	60,203	67,719	52,446	48,627
83	133,629	101,859	93,916	89,087	67,906	62,610	70,428	54,543	50,572
84	138,973	105,932	97,673	92,649	70,622	65,115	73,246	56,724	52,596
85	144,532	110,170	101,579	96,355	73,447	67,719	76,174	58,994	54,698
86	150,313	114,577	105,642	100,209	76,384	70,429	79,221	61,354	56,887
87	156,326	119,160	109,868	104,217	79,441	73,246	82,392	63,808	59,161
88	162,579	123,926	114,263	108,386	82,618	76,174	85,687	66,360	61,528
89	169,082	128,884	118,833	112,721	85,922	79,221	89,115	69,014	63,989
90	175,845	134,038	123,586	117,231	89,359	82,392	92,678	71,776	66,548
91	182,880	139,399	128,529	121,920	92,933	85,687	96,386	74,646	69,211
92	190,195	144,975	133,670	126,796	96,651	89,115	100,241	77,632	71,980
93	197,801	150,775	139,019	131,868	100,516	92,679	104,250	80,736	74,858
94	205,713	156,806	144,578	137,143	104,537	96,386	108,420	83,965	77,852
95	213,943	163,077	150,361	142,629	108,718	100,241	112,757	87,325	80,966
96	222,501	169,601	156,376	148,335	113,068	104,251	117,268	90,818	84,206
97	231,400	176,385	162,630	154,268	117,590	108,420	121,958	94,450	87,573
98	240,656	183,440	169,136	160,438	122,294	112,758	126,836	98,229	91,077
99	250,282	190,777	175,901	166,855	127,185	117,268	131,910	102,158	94,719

\*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	1,087美元
適用於計劃C及D	1,194美元
附加分娩保障	
適用於計劃C及D	4,340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<sup>5</sup>：阿富汗、澳洲、孟加拉、不丹、汶萊、柬埔寨、中國內地、香港、印度、印尼、日本、哈薩克斯坦、吉爾吉斯斯坦、老撾、澳門、馬來西亞、馬爾代夫、蒙古、緬甸、新加坡、韓國、斯里蘭卡、台灣、塔吉克斯坦、泰國、東帝汶、土庫曼斯坦、烏茲別克及越南
- 亞洲涵蓋地區計劃於香港或澳門病房的預設病房級別為半私家病房，若受保人選擇的病房類型為標準私人病房，調整因素50%將可能應用於保障下的應付索賠金額
- 此保單的投保貨幣是美金，1美元兌港元的匯率為7.8
- 利寶保險保留不時對保費及保費徵費表作出修訂的權利
- 續保保費請參閱續保通知書
- 如3名或以上家庭成員同時成功投保，即可享有家庭優惠折扣九五折
- 在首次申請保險日，準受保人必須介乎出生日起計滿15天或已從分娩的醫院出院(以較晚者為準)至69歲之間以符合本保險的受保及續保資格

## 重要資料

### 有關核保之資料披露

在投保申請期間，您應以最高誠信向利寶披露所有重要事實。如果您不確定某個事實是否重要，則應將其披露。若您未有披露或披露失實資料，將會影響您的保障權益，後果包括但不限於合約被取消、根據正確的資料調整保費、或索賠申請被拒絕。

### 投保前已存在的病症與產品之間的切換

一般而言，除非在保單中有特定條款為投保前已有病症提供保障，否則投保前已有病症條件不會受到保障。有關投保前已存在的病症之釋義請參閱保單條款。請注意，從一項保單轉換為另一項保單可能會影響新保單中原有疾病的構成，例如，確定醫療條件是否為先前疾病的日期。

### 續保

您的保單是一份年度合約。只要此計劃仍然存在，您的保單保證每年可續保，直到您的保單終止為止，須受合約條款及細則約束和支付保費。利寶保留不時於續保以書面通知更改保障、合約條款及細則。

# 重要資料

## 保費調整

您的保單的首期保費會根據每名受保人的年齡、健康狀況、保障選擇等因素而定。

本產品說明書上的保費並非保證不變，利寶可根據計劃整體定價及其他考慮在任一個續保日更改保費。引致續保日保費調整的因素包括但不限於受保人的已屆年齡，醫療趨勢及通脹，因應醫療開支增加而作出的保障改動，以及因此計劃引起和/或與此計劃相關的整體索償和開支。

## 終止保單

當發生下列任何一項情況（以最早者為準），您的保單將自動終止：

1. 當保單持有人或受保人身故
2. 在緊接受保人100歲生日的保單到期日
3. 於保費到期日31日內仍未繳交保費
4. 當您給予利寶30天書面通知以終止保單，若未曾於有關保單獲得賠償或有未清帳款；或
5. 根據任何適用法律及/或法規而禁止或限制提供任何保障

## 預先批核

除於保單中另有明確要求，建議您為已計劃的醫療治療（包括已計劃的海外醫療治療）作預先批核申請。假若治療費用超過計劃項目的每年保障總限額及/或其他列明於保單內限制時，您便可儘早作更好準備。

## 索償程序

任何索償須按照利寶所訂的索償程序進行。填妥的索償申請表連同所有有關該索償的所須文件正本須於求診、診所手術、日症或出院後九十(90)天內遞交，否則利寶將不能處理您的賠償，或會導致索償被拒。

## 墊底費

墊底費是您或受保人作為根據保單支付保障而要負責的部分費用。您或受保人就每保障要負責的墊底費會在保障表中列出。墊底費是按年度計算的，並將在每個保單年度重新計算。有關詳細信息，請參閱該政策。

## 通常，合理和慣常

就收費而言，「通常，合理和慣常」是指治療受保人的身體傷害、疾病或嚴重醫療狀況醫療所需的治療、用品或醫療服務的標準或最常見的費用，惟不超過在發生費用當地就類似治療的正常水平、物料或醫療服務收取的費用，當中不包括假如沒有保險就不會招致的費用。當收費超過在發生費用當地的其他類似等級的提供者就類似或相同的身體傷害、疾病或嚴重醫療狀況，提供類似或相近的治療，服務或物料而收取的一般費用水平，將不會獲支付保障。

若任何收費並非「通常，合理和慣常」，利寶有權調整任何或所有就該等收費應支付的保障。

## 醫療必需

醫療必需指註冊醫生認為治療、物料或醫療服務：

1. 需要直接治療或診斷受保人的身體傷害或疾病
2. 與受保人的身體傷害或疾病的症狀和發現、直接治療或診斷相符並且恰當
3. 符合公認的醫學慣例
4. 與實驗，研究性質的治療，程序，物料或其他醫療服務無關；和
5. 在不影響受保人身體傷害或疾病的情況下不能缺少

# 主要不保事項

本計劃不涵蓋以下治療、狀況、活動、項目及其相關費用，恕本公司不會對下列項目承擔責任：

- 受保前已存在的傷病（請參閱一般規定和細則）
- 先天性缺陷，除有明確提供並已被認可及註明於受保條款內
- 不育、避孕或絕育或引產，除有明確提供並已被認可及註明於保單或受保條款內
- 未經醫生允諾或建議的治療
- 中草藥及/或補品，例如但不限於燕窩、靈芝、人參、冬蟲夏草、松茸、鹿茸等
- 未經醫生處方購買的藥物
- 上癮的狀態或疾病，例如濫用毒品或酒精
- 因自己蓄意引起之損傷、自殺
- 非醫學上必要治療或非強制性治療
- 選擇性美容手術
- 因戰爭、侵略、外國敵意入侵、敵對行動或軍事行動、內戰、叛亂、革命、暴動、內亂或參與任何非法行為(包括監禁)而造成的受傷
- 步行以外的任何競賽以及所有專業運動
- 性傳播疾病的治療
- 另類療法，例如香薰療法及自然醫學，除有明確提供並已被認可及註明於受保條款內
- 擔任警察或軍隊成員時發生的人身傷害或疾病治療

請參閱保單條款及細則以了解所有不保事項。

此計劃受相關保單合約的條款、細則及不保事項所約束。利寶保險保留接受任何申請的最終權利。本產品說明書僅提供一般資料，僅供參考。有關詳細條款、細則及不保事項，請參閱有關產品保單內容。如英文版本與翻譯版本之間存在任何歧義或不相符之處，則以英文版本為準。



由利寶國際保險有限公司承保  
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