

Zurich VHIS Series



Zurich VHIS Series – Worry-free medical cover tailored to your needs

Zurich VHIS Series consists of three unique Certified Plans registered under the Voluntary Health Insurance Scheme (“VHIS”) – **HealthSure Voluntary Health Insurance Plan** (“HealthSure”), **HealthFlexi Voluntary Health Insurance Plan** (“HealthFlexi”) and **HealthFlexi Plus Voluntary Health Insurance Plan** (“HealthFlexi Plus”) – aiming to provide comprehensive and flexible protections for you and your family.

Zurich VHIS Series offers different levels of protection and the flexibility to choose among the best treatment options available according to your own budgets and personal needs.

**Guaranteed renewal
up to
aged 100!**

Certification numbers and plan options of Zurich VHIS Series

HealthSure Voluntary Health Insurance Plan	S00024-01-000-02
HealthFlexi Voluntary Health Insurance Plan	
Essential	F00044-01-000-02
Essential with supplementary major medical (SMM)	F00044-01-001-02
Advanced	F00044-02-000-02
Advanced with supplementary major medical (SMM)	F00044-02-001-02
HealthFlexi Plus Voluntary Health Insurance Plan	
Asia, Deductible HKD 0	F00036-01-000-02
Asia, Deductible HKD 60,000	F00036-02-000-02
Asia, Deductible HKD 90,000	F00036-03-000-02
Asia, Deductible HKD 150,000	F00036-04-000-02
Worldwide excluding the United States, Deductible HKD 0	F00036-05-000-02
Worldwide excluding the United States, Deductible HKD 60,000	F00036-06-000-02
Worldwide excluding the United States, Deductible HKD 90,000	F00036-07-000-02
Worldwide excluding the United States, Deductible HKD 150,000	F00036-08-000-02

Why Zurich VHIS Series?



1. Flexibility to suit your needs

Different levels of protection that suit different budgets and personal needs



2. Tax deduction benefits

Up to HKD 8,000 can be deducted from your annual taxable income for each insured person



3. Guaranteed renewal

Policy is renewable¹ up to aged 100, regardless of any change in your health conditions



4. Unknown pre-existing conditions

Covers unknown conditions that have existed before policy issuance



5. Worldwide medical protection

Coverage of local and overseas medical expenses



6. Caring claims services

Claim pre-assessment in 1 business day and claim result notification in 5 business days



¹ Subject to meeting requirements in the renewal provisions of policy terms and conditions and making payment of prevailing premium on each policy anniversary. Zurich reserves the right to amend premium, benefits and terms upon policy renewal.

1. Flexibility to suit your needs

Different levels of protection that suit different budgets and needs

We understand protection needs vary from person to person. Therefore, we provide you with the flexibility to choose the coverage that best meets your needs and budget.

HealthSure	HealthFlexi		HealthFlexi Plus
Standard Plan	Essential Plan	Advanced Plan	Prestige Plan
Basic medical coverage at an affordable premium	Enhanced benefit in addition to those covered in Standard Plan. You can further boost your core coverage by adding supplementary major medical benefit	Higher benefit limit allows you to stay in a better ward with improved privacy and better protect you in cases of medical complication	Full coverage on major items of medical expenses. Up to HKD 6,000,000 annual coverage at an attractive premium with different deductible options



HealthSure Voluntary Health Insurance Plan

Basic medical coverage at an affordable premium

Covers from diagnosis to recovery with no lifetime benefit limit

HealthSure offers basic and adequate medical coverage at an affordable premium. It covers end-to-end eligible expenses incurred² from diagnostic tests, in-patient treatments and procedures, to post-treatment out-patient visits that are up to 90 days after your treatment or procedures.

There is no lifetime benefit limit and the annual benefit limit will be refreshed at the start of each policy year, so you will not have to worry about losing your protection in the future.



Case study - Retired grandpa John

Case 1

John, a 70-year-old retired grandpa, recently found that his vision became blurry and saw glare under sunlight or strong lights. Sometimes he even saw double or several ghost images. As a result, he decided to consult an ophthalmologist.

John was diagnosed with cataract in both eyes, which is common among the elderly. The ophthalmologist recommended John to undergo a surgery to remove the lens and replace them

with an artificial lens. The procedure could be performed at a day surgery centre and did not require an overnight stay in a hospital. The medical expenses amounted to HKD 20,050 in total. Fortunately, John's son purchased Zurich's HealthSure for his father years ago and the plan covered more than 90% of the medical expenses.

Expense item	Eligible medical expense (HKD)	Benefit limit of HealthSure (HKD)	HealthSure estimated coverage (HKD)
Pre-procedure out-patient consultation	1,000	580 per visit (max. 1 prior out-patient visit per confinement/day case procedure)	580
Surgeon's fee	12,000	12,500 (intermediate surgery)	12,000
Operating theatre charge	5,000	35% of surgeon's fee payable	4,200
Miscellaneous charges	1,050	14,000 per policy year	1,050
Post-procedure out-patient consultation	1,000	580 per visit (max. 3 follow-up out-patient visits per confinement/day case procedure)	580
Total	20,050		18,410

Source of reference for figures: Charges of common surgery of July 2019 – December 2019 from Union Hospital.

The above example is hypothetical and is for illustrative purposes only, figures are subject to change due to complexity of different cases and respective doctor's charges. These should not be considered as the actual claim result for all cases.

² Subject to respective benefit limit and annual benefit limit as set out in the table of benefits.

HealthFlexi Voluntary Health Insurance Plan

Enhanced benefits beyond basic protection

Higher benefit limits and enhanced benefits

HealthFlexi does not only provide basic benefits with higher limits, but also offers extensive protection for various types of medical conditions, such as covering the cost of out-patient dialysis due to kidney failure and the charges on medical appliances³ used for implantation or replacement of a body part. HealthFlexi also offers a wide range of post-confinement rehabilitative care, including follow-up out-patient visits provided by physiotherapist, occupational therapist, speech therapist, prosthetist-orthotist or podiatrist. With our extensive coverage, you could focus on your recovery without worries.

Optional supplementary major medical (SMM)

You can opt for additional coverage by adding the supplementary major medical benefit. In case the eligible expenses incurred exceeded the specified limit stated in the benefit schedule, the excess could be covered⁴ by the SMM, thus reducing your out-of-pocket expenses when the unpredictable happens.

Case study - Football lover student Brian

Case 2

Brian, a 16-year-old student who loves playing football, recently suffered from injury in an inter-school football competition. He heard a popping sound and then felt an acute knee pain which made him unable to continue the game. He then went to see an orthopedic doctor. The doctor recommended him to undergo magnetic resonance imaging for diagnosis.

physiotherapy treatments were recommended. The medical expenses from diagnosis to recovery cost HKD 111,660 in total. Luckily, Brian's mother purchased Zurich's HealthFlexi (Essential plan with SMM benefit) for Brian one year ago and the plan covered around 90% of the expenses.

Brian was diagnosed with anterior cruciate ligament tear and a surgery to reconstruct the anterior cruciate ligament and post-surgery



Expense item	Eligible medical expense (HKD)	Benefit limit of HealthFlexi (Essential Plan) (HKD)	HealthFlexi (Essential Plan) estimated coverage (HKD)	HealthFlexi (Essential Plan with SMM) estimated coverage (HKD)
Pre-confinement treatment				
Diagnostic imaging test (MRI)	5,500	20,000 per policy year (subject to 30% coinsurance)	3,850	3,850
Pre-confinement out-patient consultation	1,000	580 per visit (max. 2 prior out-patient visit per confinement)	580	580
Confinement				
Room and board	2,400 (800 x 3 days)	900 per day (max. 180 days per policy year)	2,400	2,400
Miscellaneous charges	5,950	16,000 per policy year	5,950	5,950
Attending doctor's visit fee	2,400 (800 x 3 days)	900 per day (max. 180 days per policy year)	2,400	2,400
Surgeon's fee	41,800	27,000 (major surgery)	27,000	27,000
Operating theatre charge	33,360	35% of surgeon's fee payable	9,450	9,450
Anesthetist's fee	13,750	35% of surgeon's fee payable	9,450	9,450
SMM benefit ⁴	-	Remaining eligible expenses in excess of the benefit limits for Surgeon's fee, Operating theatre charge and Anesthetist's fee x 80% reimbursement percentage, subject to 120,000 aggregate annual limit for SMM	Not applicable	34,408
Post-confinement treatment				
Physiotherapy session	5,500 (1,100 x 5 visits)	<ul style="list-style-type: none"> Pre- and post-confinement out-patient care: 580 per visit (max. 3 follow up outpatient visits per confinement) Post-confinement rehabilitative care: 10,000 per policy year 	5,500	5,500
Total	111,660		66,580	100,988

Source of reference for figures: Charges of common surgery of July 2019 – December 2019 from Union Hospital.

The above example is hypothetical and is for illustrative purposes only, figures are subject to change due to complexity of different cases and respective doctor's charges. These should not be considered as the actual claim result for all cases.

³ Only include pacemaker, stents for percutaneous transluminal coronary angioplasty, intraocular lens, artificial cardiac valve, metallic or artificial joints for joint replacement, and prosthetic ligaments for replacement or implantation between bones and prosthetic intervertebral disc; and any other prosthetic device or medical aids used for the purpose of replacing a body part or providing support to body function(s) of the insured person in a medically necessary surgical procedure.

⁴ Subject to the respective daily limit, reimbursement percentage and aggregate annual limit for SMM as set out in the table of benefits.



HealthFlexi Plus Voluntary Health Insurance Plan

Full coverage for extra peace of mind⁵

100% Coverage⁵

Medical expenses for treatment and care could be expensive if you contract serious illness unfortunately. HealthFlexi Plus will fully cover⁵ your major items of hospitalization and surgical expenses, such as room and board, miscellaneous charges, specialist's fee, surgeon's fee, anaesthetist's fee and operating theatre charges, with no itemized limit applied. This enables you to have a better budgeting on your healthcare costs and minimize your out-of-pocket expenses.

With full cover⁵ for prescribed non-surgical cancer treatments, you do not need to worry about medical bills adding up if you are unfortunately diagnosed with cancer. Cancer treatments, such as radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy, are fully covered up to your annual benefit limit so you can focus on recovery.

Case study – Busy accountant Emily

Case 3

Emily, aged 50, is an accountant. She recently found out that she had a painless lump in her breast and was diagnosed with stage-two breast cancer after conducting diagnostic tests, including breast biopsy. Emily's attending doctor advised Emily to undergo mastectomy.

Emily had the surgery and stayed in a semi-private room for seven days. She then received several treatments including radiotherapy, targeted therapy and hormonal therapy to

completely cure the cancer. The medical expenses totaled HKD 1,515,240, in which the cancer treatments account for 92% of the total expenses. Luckily, Emily has purchased HealthFlexi Plus (with no deductible) and the plan fully covered her medical expenses for her confinement and cancer treatments.



Expense item	Eligible medical expense (HKD)	Benefit limit of HealthFlexi Plus (HKD)	HealthFlexi Plus estimated coverage (HKD)
Pre-confinement treatment			
Diagnostic tests (including breast biopsy)	6,300	1,600 per visit (max. 2 prior out-patient visit per confinement)	1,600
Confinement			
Doctor's fee ⁶	52,930	Actual cost	52,930
Operating theatre charge	22,920		22,920
Anaesthetist's fee	14,550		14,550
Hospital charges ⁷	18,540		18,540
Cancer treatment			
Radiotherapy	100,000	Actual cost	100,000
Targeted therapy	300,000		300,000
Hormonal therapy	1,000,000		1,000,000
Total	1,515,240		1,510,540

Source of reference for figures: Charges of common surgery of July 2019 – December 2019 from Union Hospital, Hong Kong Adventist Hospital and Hong Kong Breast Cancer Foundation

The above example is hypothetical and is for illustrative purposes only, figures are subject to change due to complexity of different cases and respective doctor's charges. These should not be considered as the actual claim result for all cases.

⁵ Subject to annual benefit limit, lifetime benefit limit and deductible (if any). Terms and conditions apply. Please refer to the policy documents for details.

⁶ Doctor's fee includes fees for operating surgeon, specialist and attending doctor's visit.

⁷ Hospital charges include accommodation, operation and associated materials, nursing procedures, investigation and examination fees, medication, meals and beverage, sundries, etc.

HealthFlexi Plus Voluntary Health Insurance Plan

Full coverage for extra peace of mind⁵

Supplement your group medical insurance

Your group medical insurance usually provides basic coverage and may not be sufficient to cover expensive treatments or procedures incurred by serious illnesses or complicated conditions. With HealthFlexi Plus, you can save your out-of-pocket medical expenses and enjoy a more comprehensive coverage at more affordable premium. The different deductible options of HealthFlexi Plus allow you to supplement and better utilize your existing coverage from your group medical plan, or other medical plans, and receive top-up benefits with an annual benefit limit of HKD 6 million.

You can choose among the four deductible options of HealthFlexi Plus to meet your protection needs and budget. You have the flexibility to tailor your protection according to the existing coverage offered by other insurance plans and choose the optimal plan according to your preference and needs.

You can also apply to reduce or remove the deductible once without providing health declaration upon policy anniversary on or immediately following your 60th, 65th, or 70th birthday. You do not have to worry about the payment of deductible upon retirement or termination of employment.



Case study – Businesswoman Kate

Case 4

Kate is a successful businesswoman. Apart from busy working every day, she also needs to take care of her aged parents. Unfortunately, she passed out in office one day, and was diagnosed with severe uterine fibroids during checkup.

Due to the complexity of the medical and surgical conditions, the doctor estimated that she needed to be hospitalized for a week, and the medical expenses would amount to HKD 126,960. Luckily, Kate had purchased Zurich's HealthFlexi Plus with HKD 60,000 deductible to supplement the coverage from the group medical insurance provided by her employer. Kate expected the deductible amount of HKD 60,000 to be covered by her employer's medical plan with the remaining HKD 66,960 covered by HealthFlexi Plus. Kate chose to stay in a semi-private room at her trusted private hospital to receive treatment, while focusing her efforts on recovery. As a result, she did not need to worry about the medical expenses affecting the financial conditions of her family.



Expense item	Eligible medical expense (HKD)	Benefit limit of HealthFlexi Plus (HKD)	HealthFlexi Plus estimated coverage (HKD)
Doctor's fee ⁶	60,500	Actual cost	Fully cover the actual costs of hospital and surgical charges after the HKD 60,000 deductible
Operating theatre charge	28,510		
Anesthetist's fee	17,000		
Hospital charges ⁷	20,950		
Total	126,960		66,960

Source of reference for figures: Charges of common surgery of July 2019 – December 2019 from Union Hospital.

The above example is hypothetical and is for illustrative purposes only, figures are subject to change due to complexity of different cases and respective doctor's charges. These should not be considered as the actual claim result for all cases.

⁵ Subject to annual benefit limit, lifetime benefit limit and deductible (if any). Terms and conditions apply. Please refer to the policy documents for details.

⁶ Doctor's fee includes fees for operating surgeon, specialist and attending doctor's visit.

⁷ Hospital charges include accommodation, operation and associated materials, nursing procedures, investigation and examination fees, medication, meals and beverage, sundries, etc.

2. Tax deduction benefits



You can enjoy tax deduction benefits while accessing private medical services at affordable premiums by enrolling in Zurich VHIS Series. The qualified premium of VHIS certified plans is eligible for tax deduction from your annual taxable income, up to HKD 8,000 per insured person. There is no limit on the number of VHIS policies that you can claim tax deduction for, as long as the policies are purchased for yourself or your dependents, including your spouse and your children, as well as your or your spouse's grandparents, parents and siblings. In other words, the more VHIS policies you purchase for yourself and your loved ones, the more tax deduction⁸ you can enjoy.

Up to HKD 8,000 can be deducted from your annual taxable income for each insured person⁸

For example, if you enrolled the HealthFlexi Plus for yourself, your spouse, your son, your daughter and your father, and pay the required premiums in the same assessment year, you are eligible for a deduction up to HKD 40,000 from your annual taxable income.

For details on tax deduction, please visit the Inland Revenue Department website at www.ird.gov.hk.

Example

A family of	Each insured person up to	Total tax-deductible amount up to
5 MEMBERS	8,000 HKD	40,000 HKD

5 MEMBERS X 8,000 HKD = 40,000 HKD

⁸ Tax deduction for the qualifying premiums paid under VHIS policy (not including levy) will be based on the premiums paid after deducting the premium discount (if any). Tax deduction amount is up to HKD 8,000 per insured person. Whether tax deduction is allowable for the qualifying premiums paid under VHIS policy (not including levy) are subject to the Inland Revenue Ordinance and the circumstances of the policy holder (as taxpayer) and the insured person(s) (as specified relative(s)). Please refer to the website of the Inland Revenue Department (IRD) or contact the IRD directly for any tax related enquiries. Zurich does not provide tax and/or legal advice. You should consult independent tax and/or legal advisor if needed.

3. Guaranteed renewal



Renewable up to aged 100, regardless of any change in your health condition

Zurich VHIS Series provides guaranteed renewal up to the age of 100 years. You can enjoy a peace of mind as we will not impose additional rate of premium loading or case-based exclusions by reason of any change in your health condition, or the number of claims you have made at time of policy renewal⁹. We guarantee to renew your policy every year⁹, and your annual benefit limit would be restored each policy year.

4. Unknown pre-existing conditions



Zurich VHIS Series reimburses eligible medical expenses¹⁰ arising from unknown conditions that you were reasonably unaware of at the time of your insurance application, including congenital conditions of the insured who has only manifested symptoms or been diagnosed at or after the age of eight¹¹. We will reimburse your expenses based on the below scale for the first three policy years and provide full coverage from the fourth policy year onwards.

Covers unknown conditions that have existed before policy issuance

Policy year	Reimbursement ratio
First policy year	0%
Second policy year	25%
Third policy year	50%
Fourth policy year onwards	100%

⁹ Premium adjustment will only be considered in the event that you (i) request for increase in policy coverage or (ii) request for changes to loading and/or exclusions or (iii) any portfolio rate increases. Premium adjustment is subjected to the renewal provisions of policy terms and conditions and making payment of prevailing premium on each policy anniversary. Zurich reserves the right to amend premium, benefits and terms upon policy renewal.

¹⁰ Subject to the specific waiting period and reimbursement arrangements listed in the policy schedule, terms and benefits.

¹¹ Congenital conditions which have manifested symptoms or have been diagnosed before the age of eight will not be covered.

5. Worldwide medical protection



Zurich VHIS Series provides worldwide coverage¹² for all local and overseas medical expenses. If you or your dependents are studying abroad and planning on a working holiday, seconded overseas by company, or any other reasons that require international travels or occasion overseas stays, then Zurich VHIS Series would give you a peace of mind as we will protect you and your loved ones regardless of borders. HealthFlexi Plus also gives you two options to choose the territorial scope of cover according to your needs.

Covers local and overseas medical expenses¹²



6. Caring claims services

1 business day claim pre-assessment and 5 business days claim result notification

With our caring claims services, you are in full control of your own finance. By following our procedures for claim pre-assessment and claim submission, you can receive the estimated claim amount on your medical bill before you are hospitalized, and be informed of the claim result and receive your reimbursement, in just a matter of days after claim submission.

1 business day claim pre-assessment

If you wish to assess eligible claim amount before you receive the treatment or hospitalization, please download the Pre-hospitalization claim assessment form. Fill in the form by you and your registered attending physician, and send it by email to vhis_claims@hk.zurich.com at least three business days in advance of the scheduled treatment or hospitalization. We will inform you by email about the assessment result in one business day upon receiving the form.



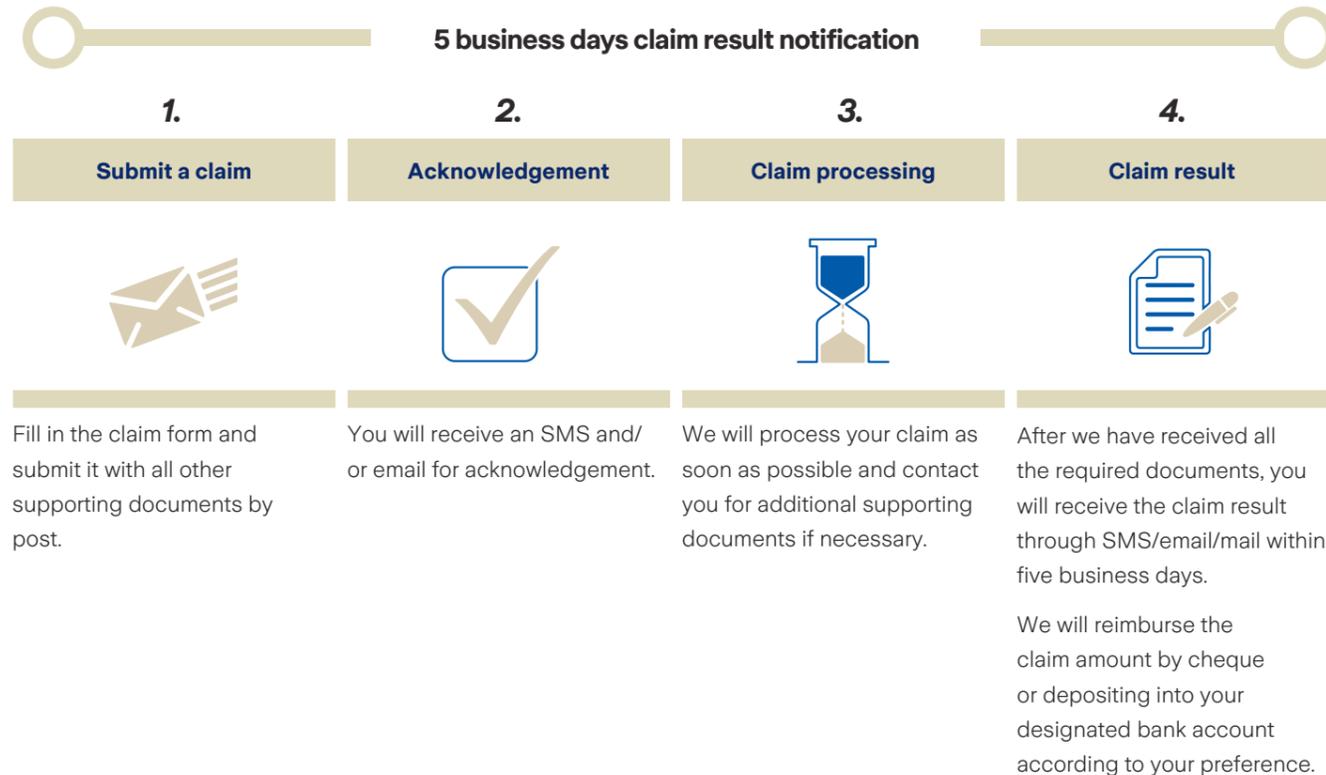
¹² HealthSure and HealthFlexi provide worldwide coverage except psychiatric treatment. For HealthFlexi Plus, except for the psychiatric treatment, the territorial scope of cover shall be either Asia or worldwide excluding US, depending on the plan you choose.



Plan overview

	HealthSure	HealthFlexi		HealthFlexi Plus
Plan type	Standard Plan	Flexi Plan		Flexi Plan
Plan level	Standard	Essential	Advanced	Prestige
Issue age	15 days old – age 80			
Period of cover	Guaranteed annual renewal ¹ until the insured person reaches the age of 100			
Territorial scope of cover	Worldwide ¹⁴	Worldwide ¹⁴		Asia ¹³ /Worldwide excluding the United States (US) ¹⁴
Restricted accommodation room type	No limit	No limit		Standard semi-private
Deductible options (HKD)	Not applicable	Not applicable		0/60,000/90,000/150,000
Annual benefit limit (HKD)	420,000	550,000	750,000	6,000,000
Lifetime benefit Limit (HKD)	No limit	No limit		25,000,000
Premium payment mode	Annual/Monthly			
Policy currency	HKD			

5 business days claim result notification



¹ Subject to meeting requirements in the renewal provisions of policy terms and conditions and making payment of prevailing premium on each policy anniversary. Zurich reserves the right to amend premium, benefits and terms upon policy renewal.

¹³ Except psychiatric treatments. Asia including Australia and New Zealand.

¹⁴ Except psychiatric treatments.

Table of benefits

Plan level	HealthSure		HealthFlexi		HealthFlexi Plus
	Standard	Essential	Essential	Advanced	
Benefit items ⁽¹⁾					
Benefit limit (HKD)					
Basic benefits					
(a)	Room and board	750 per day Maximum 180 days per policy year	900 per day Maximum 180 days per policy year	1,800 per day Maximum 180 days per policy year	1,800 per day Maximum 180 days per policy year
(b)	Miscellaneous charges	Maximum 14,000 per policy year	Maximum 16,000 per policy year	Maximum 24,000 per policy year	Maximum 24,000 per policy year
(c)	Attending doctor's visit fee	750 per day Maximum 180 days per policy year	900 per day Maximum 180 days per policy year	1,800 per day Maximum 180 days per policy year	1,800 per day Maximum 180 days per policy year
(d)	Specialist's fee ⁽²⁾	4,300 per policy year	6,000 per policy year	8,000 per policy year	8,000 per policy year
(e)	Intensive care	3,500 per day Maximum 25 days per policy year	3,500 per day Maximum 25 days per policy year	5,000 per day Maximum 25 days per policy year	5,000 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	Per surgery, subject to surgical category for the surgery/procedure in the schedule of surgical procedures		
	- Complex	50,000	54,000	80,000	
	- Major	25,000	27,000	40,000	
	- Intermediate	12,500	13,500	20,000	
	- Minor	5,000	5,750	8,000	
(g)	Anaesthetist's fee	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾
(h)	Operating theatre charges	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾
(i)	Prescribed diagnostic imaging tests ⁽³⁾⁽³⁾	20,000 per policy year Subject to 30% coinsurance	20,000 per policy year Subject to 30% coinsurance	30,000 per policy year Subject to 30% coinsurance	30,000 per policy year Subject to 30% coinsurance
(j)	Prescribed non-surgical cancer treatments ⁽⁴⁾	80,000 per policy year	80,000 per policy year	120,000 per policy year	120,000 per policy year
(k)	Pre- and post- confinement/day case procedure outpatient care ⁽²⁾	580 per visit, up to 3,000 per policy year	580 per visit, up to 3,000 per policy year	800 per visit, up to 5,000 per policy year	800 per visit, up to 10,000 per policy year
		<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> 2 prior outpatient visits 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) 	<ul style="list-style-type: none"> 2 prior outpatient visits or emergency consultations per confinement/day case procedure unlimited visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure) 	<ul style="list-style-type: none"> 2 prior outpatient visits or emergency consultations per confinement/day case procedure unlimited visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)
(l)	Psychiatric treatments ⁽⁶⁾	30,000 per policy year	30,000 per policy year	30,000 per policy year	30,000 per policy year
Enhanced benefits					
1	Emergency outpatient benefit for accident		3,000 per policy year	5,000 per policy year	5,000 per policy year
2	Home nursing fees	Not applicable	500 per day Maximum 90 days per policy year	800 per day Maximum 90 days per policy year	1,600 per day Maximum 90 days per policy year
3	Outpatient kidney dialysis		50,000 per policy year	100,000 per policy year	Actual cost
4	Companion bed benefit		400 per day Maximum 60 days per policy year	600 per day Maximum 60 days per policy year	800 per day Maximum 60 days per policy year

Plan level	HealthSure		HealthFlexi		HealthFlexi Plus
	Standard	Essential	Essential	Advanced	
Enhanced benefits					
5	Hospice care benefit		Not applicable	Not applicable	80,000 per policy year
6	In-hospital private nurse		800 per day Maximum 30 days per policy year	1,000 per day Maximum 30 days per policy year	1,600 per day Maximum 30 days per policy year
7	Medical appliances benefit		5,000 per policy year	10,000 per policy year	Actual cost
	(a) Specific medical aids		5,000 per policy year	10,000 per policy year	Actual cost
	(b) Other medical aids		10,000 per policy year	15,000 per policy year	25,000 per policy year
8	Post-confinement rehabilitative care				
Optional enhanced benefit					
9	Supplementary major medical				
	(a) Eligible expenses incurred in excess of the limits on the number of days under basic benefits (a), (c) or (e)				
	- Room and board	Not applicable	900 per day (starting from the 18 th day per policy year)	1,800 per day (starting from the 18 th day per policy year)	Not applicable
	- Attending doctor's visit fee	Not applicable	900 per day (starting from the 18 th day per policy year)	1,800 per day (starting from the 18 th day per policy year)	Not applicable
	- Intensive care	Not applicable	3,500 per day (starting from the 26 th day per policy year)	5,000 per day (starting from the 26 th day per policy year)	Not applicable
	(b) Reimbursement percentage of the remaining eligible expenses in excess of the benefit limits for basic benefits (b), (d), (f), (g), (h) or (i) or enhanced benefit 3.	Not applicable	80% (Equivalent to 20% coinsurance)	80% (Equivalent to 20% coinsurance)	Not applicable
	Aggregate annual limit for supplementary major medical		120,000 per policy year	240,000 per policy year	
Other benefits					
1	Accidental death benefit		100,000	100,000	100,000
2	Medical negligence benefit		30,000	60,000	90,000
Other limits					
	Annual benefit limit for basic benefits (a) – (l) and enhanced benefits 1 – 8.	420,000 per policy year	550,000 per policy year	750,000 per policy year	600,000 per policy year
	Lifetime benefit limit for basic benefits (a) – (l), enhanced benefits 1 – 9, and other benefits 1 – 2.	Not applicable	Not applicable	Not applicable	25,000,000

Notes

- Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above unless otherwise specified.
- 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.
- 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.
- Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy, and hormonal therapy.
- 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.
- This benefit shall be payable for the eligible expenses charged on the psychiatric treatment during confinement in Hong Kong as recommended by a specialist.

Important information

Premium and terms and benefits adjustments

- The premiums will vary depending on the attained age of the insured person, at each policy anniversary and are not guaranteed. We may adjust the premium upon renewal according to the prevailing standard premium schedule adopted by us on an overall portfolio basis. In addition, we will regularly review our products including revising the premium rates. When reviewing the premium rates, we will consider our claims experience, medical cost inflation, and other factors.
- We may revise the terms and benefits of the plans on an overall portfolio basis at the time of policy renewal. We will provide you with a written notice of any revision upon renewal or before the end of the policy year.

Cooling-off Period and Cancellation Right

You have the right to cancel the policy and obtain a refund of any premiums and any levy paid by giving written notice to us. Such notice must be signed by you and received directly by our office at 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong within the cooling-off period i.e., 21 days immediately following the day of delivery of the policy or the cooling-off notice to you or your nominated representative (whichever is the earlier). After the cooling-off period, you can request cancellation of this policy by giving 30 days prior written notice to us, provided that there has been no benefit payment under this policy during the relevant policy year.

Termination of Policy

The policy will end if -

- you fail to pay the premium within thirty (30) days after the due date;
- the insured person dies; or
- the Company has ceased to have the requisite authorization under the Insurance Ordinance to write or continue to write this policy.

Key Exclusions

The following list is for reference only and it is not a full list of exclusions. Please refer to the Terms and Conditions of the respective plan for the complete list and details of exclusions.

Zurich will not pay any benefits in relation to or arising from the following expenses.

- Treatments, procedures, medications, tests or services which are not medically necessary.
- Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy.
- Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the policy effective date, except for sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth.
- 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.
- Services for beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident or correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to LASIK.
- Prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions.
- Dental treatment and oral and maxillofacial procedures performed by a dentist except for emergency treatment and surgery during confinement arising from an accident.
- Medical services and counselling services relating to maternity conditions and its complications, including but not limited to abortion or miscarriage; birth control or reversal of birth control.
- Purchase of durable medical equipment or appliances including but not limited to wheelchairs, hearing aids, or over-the-counter drugs.
- Traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting and, acupuncture, and other forms of alternative treatment including but not limited to qigong, massage therapy and aromatherapy.
- Experimental or unproven medical technology or procedure.
- Congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of eight (8) years.
- Eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
- War (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Product Limitation

- We only cover the charges and / or expenses of the insured person on medically necessary and reasonable and customary basis. "Medically Necessary" shall mean the need to have medical service for the purpose of investigating or treating the relevant disability in accordance with the generally accepted standards of medical practice and such medical service must -
 - require the expertise of, or be referred by, a registered medical practitioner;
 - be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
 - be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the insured person, his family, caretaker or the attending registered medical practitioner;
 - be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
 - be furnished at the most appropriate level which, in the prudent professional judgment of the attending registered medical practitioner, can be safely and effectively provided to the insured person.

"Reasonable and Customary" shall mean, in relation to a charge for medical service, 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.

In determining whether a charge is reasonable and customary, the company shall make reference to the followings (if applicable)

- treatment or service fee statistics and surveys in the insurance or medical industry;
 - internal or industry claim statistics;
 - gazette published by the government; and/or
 - other pertinent source of reference in the locality where the treatments, services or supplies are provided.
- We have the right to declare the policy void as from the policy effective date and notify you that no cover shall be provided for the insured person in case of any of the following events -
 - any material fact relating to the health related information of the insured person which may impact the risk assessment by us is incorrectly stated in, or omitted from, the application or any statement or declaration made for or by the insured person in the application or in any subsequent information or document submitted to us for the purpose of the application, including any updates of and changes to such requisite information. The circumstances that a fact shall be considered "material" include, but not limited to, the situation where the disclosure of such fact as required by us would have affected the underwriting decision of Zurich, such that we would have imposed premium loading, included case-based exclusion(s), or rejected the application; or
 - any application or claim submitted is fraudulent or where a fraudulent representation is made.

Other Important Information

- The information in this leaflet is for reference only and does not constitute any part of the insurance contract. For full terms and conditions and exclusions, please refer to the policy document itself which shall prevail in case of inconsistency. Zurich Insurance Company Ltd reserves the right of final approval and decision.
- You are reminded to seek independent professional advice if necessary.
- Both English and Chinese versions are official versions and neither one shall prevail over the other. Any consistency shall be interpreted in favour of the Policy Holder.

About Zurich Insurance

Zurich Insurance (Hong Kong) is part of the Zurich Insurance Group, with its presence in Hong Kong dating back to 1961. Since then, Zurich Insurance (Hong Kong) has been dedicated to serving the Hong Kong Community with a full range of flexible investment, life insurance and general insurance solutions for individuals, as well as commercial and corporate customers — attending to their insurance, protection and investment needs. Zurich Insurance (Hong Kong) is currently top five in the general insurance market*. Please visit www.zurich.com.hk for more information of Zurich Insurance (Hong Kong).

Zurich Insurance Group (Zurich) is a leading multi-line insurer that serves its customers in global and local markets. With about 55,000 employees, it provides a wide range of property and casualty, and life insurance products and services in more than 215 countries and territories. Zurich's customers include individuals, small businesses, and mid-sized and large companies, as well as multinational corporations. The Group is headquartered in Zurich, Switzerland, where it was founded in 1872. The holding company, Zurich Insurance Group Ltd (ZURN), is listed on the SIX Swiss Exchange and has a level I American Depositary Receipt (ZURVY) program, which is traded over-the-counter on OTCQX. Further information about Zurich is available at www.zurich.com.

* Provisional statistics of the Insurance Authority on Hong Kong General Business from January to December 2020, based on gross premium.

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