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Listening. Understanding. Delivering.



保誠精選「健康寶」

醫療

PRUChoice MediExtra

MEDICAL

PRUChoice MediExtra Medical Insurance 保誠精選「健康寶」醫療保障計劃

In view of ever increasing medical costs, being protected by your group or personal medical insurance may not be sufficient to cover all of your medical expenses if you suffer from an illness or, unfortunately, have an accident. Hence, choosing a top-up medical plan in addition to your group medical insurance is vital. Accordingly, Prudential General Insurance Hong Kong Limited is pleased to offer you **PRUChoice MediExtra Medical Insurance** which ensures you and your family can maintain more comprehensive health protection.

(Applicable on or after 31 December 2019)

隨著醫療通脹，若您不幸患病或遭遇意外，您的團體或個人醫療保險可能未能全數支付高昂的醫療費用。因此，選擇一個與您的團體醫療接軌的附加醫療保障計劃實在刻不容緩。保誠財險有限公司誠意為您獻上**保誠精選「健康寶」醫療保障計劃**，令您及您家人的健康獲得更周全的保障。

(2019年12月31日或之後適用)

Eligibility 申請資格



You can apply for **PRUChoice MediExtra**, with your family members covered as dependent(s)*, should you and your family members be: 在申請**保誠精選「健康寶」**時，您及您供養*而受保的家人必須：

- aged 64 or below
年齡在64歲或以下
- currently covered by a group or personal medical insurance
現正在一份團體或個人醫療保險中受保

* Dependents refer to your spouse and any unmarried child aged between 15 days and 18 years old (or aged below 23, when they are in full time education with valid proof). 您供養的家人指您的配偶，及年齡介乎於15天至18歲的未婚子女（或未滿23歲就讀全日制學校的未婚子女，惟需提供有效證明文件）。

Special Features 計劃特點



1 Standalone Basic Top Up Medical Plan 可單獨購買基本住院附加醫療保障計劃

You can insure with the standalone Basic Top Up Medical Plan even if you may have been covered by group or personal medical insurance.

即使您已擁有團體或個人醫療保險，您仍可以單獨購買基本住院附加醫療保障計劃。

2 Flexibility in insuring with the Optional Hospital & Surgical Plan 可靈活選擇投保自選住院及手術保障計劃

You can apply for or purchase an Optional Hospital and Surgical Plan at the time of newly insuring with the Basic Top Up Medical Plan, or at its renewal, or within 45 days after your resignation, as required. Should you opt to purchase an Optional Hospital and Surgical Plan within 45 days after your resignation, you can obtain comprehensive medical coverage without the need to provide an updated health declaration.

您可靈活地根據您的需要，於新投保基本住院附加醫療保障計劃或在其後續保時，或於離職後45天內申請或回購自選住院及手術保障計劃。如您在離職後45天內選擇回購，您可在毋須重新提供健康聲明的情況下，獲得全面的醫療保障。

3 24 Hours Emergency Assistance Services 24小時緊急支援服務

Assistance Services with unlimited cover for worldwide emergency medical evacuation and repatriation to Hong Kong are provided by IPA Alarm Centre free of charge.

我們為您安排由IPA救援中心提供的免費全球支援服務，其中全球緊急醫療救援及護送回港服務更不設保障限額。

4 Guaranteed Renewal and Lifetime Worldwide Protection 續保保證及終身全球性保障

Once you have taken out **PRUChoice MediExtra Medical Insurance** you can enjoy protection, no matter whether it is under the Basic Top Up Medical Plan or an Optional Hospital and Surgical Plan, which offers worldwide and guaranteed renewable protection regardless of your health condition. The Basic Top Up Medical Plan is renewable up to aged 100.

一旦成為**保誠精選「健康寶」**醫療保障計劃的受保客戶，無論您的健康情況如何，都會在基本住院附加醫療保障計劃或自選住院及手術保障計劃中獲得全球性保障及保單續保保證，而保費只需參考保障金額表上該續保年度之保費表。基本住院附加醫療保障計劃可續保至100歲。

5 No Individual Loading Regardless of Claim Experience 並不因索償記錄而需獨自承受附加保費

Risks under **PRUChoice MediExtra** are managed on a community pool basis and your premium will not be loaded because of your claim history after insured.

保誠精選「健康寶」的風險是由所有受保人共同承擔。您不需要擔心因為您投保後的索償記錄而需獨自承受附加的額外保費。

6 Easy to Join 投保容易

Simply fill in the attached **PRUChoice MediExtra Medical Insurance** Application Form and enjoy peace of mind in addition to group or personal medical insurance as no medical examination is required.

投保手續簡易，只需填妥附頁的**保誠精選「健康寶」**醫療保障計劃申請表，在毋須驗身的情况下即可在團體或個人醫療保險以外享獲安枕無憂的醫療保障。

No Claim Premium Refund 無索償保費回贈



In the event of no claim being made, submitted, reported or arising under the Policy for every period of 3 full consecutive policy years, we will pay you back a No Claim Premium Refund equal to 15% of premium paid during the 3 policy years after the end of that 3-year period, provided that the policy is renewed.

如在保險期間，以每連續三個完整保單年度計算，沒有於保單中報告或提交任何索償，我們將於三個保單年度完結後回贈您在該三年期間所繳付保費的15%，惟有關保單必須繼續續保。

Major Exclusions 主要不受保障項目



- Treatment arising from war, invasion, civil war, hostilities and act of terrorism
 - Illness or injury which originated before the effective date
 - Pregnancy, miscarriage, abortion, childbirth, birth control and treatment of infertility
 - Treatment arising from abuse of drugs, alcohol, self-inflicted injuries or sexually transmitted diseases
 - Treatment for AIDS or HIV-related conditions which originate during the first five years of insurance
 - Treatment relating to congenital or hereditary conditions or diseases
 - Hospitalisation primarily for diagnostic scanning, X-ray examinations or for physical therapy only
- (For more details, please refer to the Policy.)

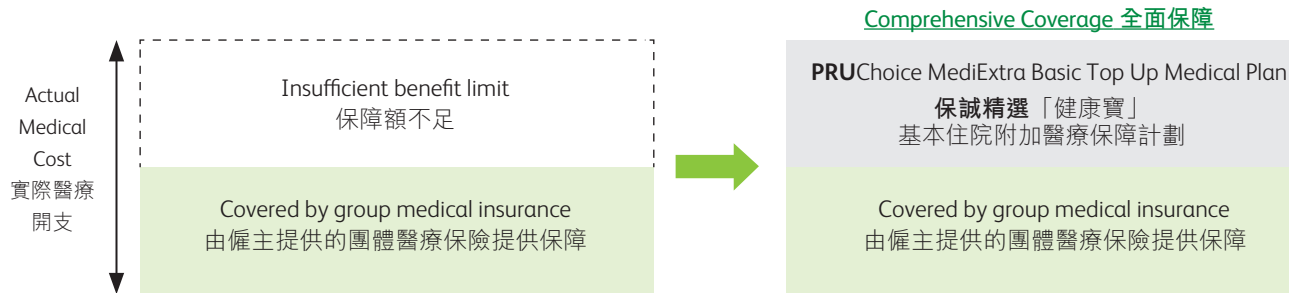
- 因戰爭、入侵、內戰、敵對及恐怖主義活動等引致之治療
 - 在保障生效日期前已存在之疾病或損傷
 - 懷孕、流產、墮胎、分娩、節育及治療不育
 - 因濫用藥物、酗酒、經自傷身體或因性接觸感染之疾病所引致的治療
 - 在投保的首5年內，因後天免疫力缺乏症（愛滋病）或與人類免疫力缺乏之相關病毒（HIV）引致的治療
 - 任何有關先天性或遺傳性情況或疾病的治療
 - 所有純粹因斷症掃描、X光檢查或作物理治療程序而住院的治療
- (欲知詳情，請參閱保單。)



Q1 I am covered by group medical insurance, why do I need to buy PRUChoice MediExtra?
我現時已擁有團體醫療保險，為什麼我還需要購買保誠精選「健康寶」？

In view of increasing medical costs, your group medical insurance may not be sufficient to cover all of your medical expenses. Insuring with PRUChoice MediExtra Basic Top Up Medical Plan can meet part of the actual medical costs which are not fully reimbursed by group medical insurance.

隨著醫療通脹，您的團體醫療保險可能未能全數支付高昂的醫療費用，投保保誠精選「健康寶」基本住院附加醫療保障計劃便可支付您未能在團體醫療保險獲全數賠付的部份實際醫療開支。



Q2 Apart from at annual renewal*, when is the best time to purchase an Optional Hospital and Surgical Plan of PRUChoice MediExtra? Why?

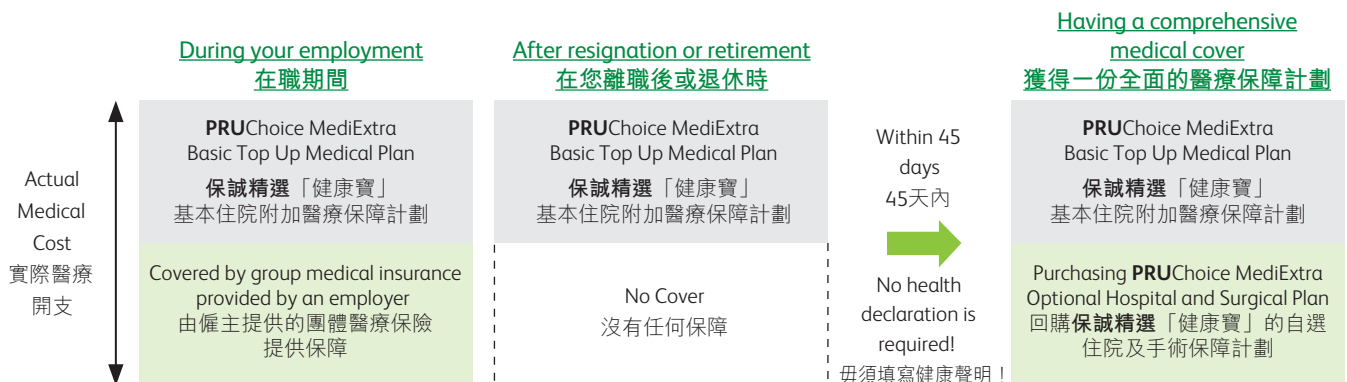
除了在每年續保時*，我還可在何時回購保誠精選「健康寶」的自選住院及手術保障計劃？為什麼？

Certainly, it would need to be within 45 days upon resignation and leaving your employment, when you are no longer covered by a group medical insurance. The reason is that you can insure with a life-time comprehensive medical cover, which replaces your group medical insurance for your actual medical costs. You may purchase the Optional Hospital and Surgical Plan without any health declaration within the aforesaid 45 days. If the Optional Hospital and Surgical Plan is added to the coverage, you are not allowed to terminate such Plan unless you terminate the entire policy. Hence, you can consider purchasing this optional plan when you are going to retire.

No matter whether the application is submitted at renewal or upon resignation and leaving your employment, the need for a health declaration will be waived, and any pre-existing condition under the Optional Medical and Surgical Plan shall be counted from the effective date of the Basic Top Up Medical Plan at the time of purchase.

當然是在您辭職及離開公司後45天內、並在您不再獲得團體醫療保險時回購自選住院及手術保障計劃，原因是您可獲得一份替代團體醫療保險、全面而又終身受保的醫療保障計劃，用作保障您的實際醫療開支。您可於前述的45天內，在毋須填寫健康聲明的情況下回購自選住院及手術保障計劃一次。自選住院及手術保障計劃一旦被回購則不能終止，除非整張保單同時被終止。因此，您可考慮在您快將退休時回購此自選住院及手術保障計劃。

無論您是在每年續保時，或辭職及離開公司後45天內回購自選住院及手術保障計劃，您於申請時則毋須重新填寫健康聲明部份，而自選住院及手術保障計劃的已存在疾病條款亦將以回購時的基本住院附加醫療保障計劃生效日期開始計算。



* Application can be made within one month prior to annual renewal before the insured attains 65.
受保人達六十五歲前，可於每年續保到期前一個月內申請。



Table of Benefits 保障金額表

The following table and the notes must be read in conjunction with the Policy and the Certificate of Insurance issued to the Insured. 參閱保障金額表及其附註時，必須連同保單及發給保單持有人之保單證書一併考慮。

Section Description 各項保障內容	Level of Cover 投保等級	Maximum Limit 最高限額 (Per Insured Person in HK\$/ 每位受保人以港幣\$計算)		
		Private Room 私家病房	Semi-Private Room 半私家病房	Ward Bed 大房病床
I. Basic Top Up Medical Plan 基本住院附加醫療保障計劃 (See Note a 參閱附註 a)				
Overall Annual Limit per year 每年最高保障額		660,000	380,000	180,000
<ol style="list-style-type: none"> Room and Board 住院及膳食費用 Miscellaneous Hospital Services 住院雜項 Intensive Care 深切治療 Surgeon's Fee 外科醫生費 (including in-patient surgeon visits for surgical cases 包括手術治療住院期間的外科醫生巡房費) Anaesthetist's Fee 麻醉科醫生費 Operation Theatre Fee 手術室租金 In-Patient Physician's Fee 住院治療之醫生費用 (for non-surgical cases only 只限於非手術之治療) In-Patient Specialist's Fee for treatment including consultation, pathology, radiology, physiotherapy and chiropractic 住院專科醫生費用，包括診症、病理研究、放射性治療、物理治療及脊醫治療等費用 Pre-admission and Follow-up Outpatient Care 入院前及出院後之門診護理 (each year up to 每年最高金額為) Includes two related pre-admission outpatient consultations and two related follow-up outpatient consultations, including those of physiotherapy and chiropractic referred by attending Physicians within 6 weeks after discharge from hospital. 包括兩次入院前與住院有關門診費用，和出院後六星期內兩次與住院治療有關門診費用，包括由主診醫生轉介的物理治療及脊醫治療費用。 		80% reimbursement for all eligible medical expenses 所有合資格的醫療費用將獲八成賠償		
Deductible Options 墊底費選擇 (per disability 每傷病)*		4,400	2,475	1,650
		50,000/ 150,000/ 250,000	25,000/ 50,000/ 75,000	25,000

Benefit Calculation for Basic Top Up Medical Plan 基本住院附加醫療保障計劃之賠償計算

All eligible and paid medical expenses 所有合資格並已支付的醫療費用	Minus 減	(i) The deductible amount per disability as stated above 以上所示每傷病的墊底費 or 或	Times 乘	Reimbursement Rate: 80% 賠償率: 80%	Times 乘	Adjustment factor for room upgrade, if applicable. Note a1 住房升級之調整值 ^{附註a1} (如適用)
		(ii) The payment reimbursed by the group medical insurance and any other personal medical insurance 從您的團體醫療保險及從任何其他個人醫療保險所得的賠償 (choose one option whichever is the greater 只取一項，以較高者為準)				

II. 24 Hours Emergency Assistance Services include 24小時緊急支援服務包括

- Access to 24-hour emergency telephone service
- Medical evacuation (Unlimited Cover)
- Repatriation to Hong Kong (Unlimited Cover)
- Repatriation of mortal remains/ ashes (Unlimited Cover)
- Arrangement of medical equipment/ medication
- Dispatch of physician
- Travel information, medical information, legal referral, interpreter referral, etc.
- Hospital deposit guarantee up to HK\$39,000
- A free extra benefit of HK\$120,000 in addition to the Basic Top Up Medical Plan in case of immediate hospitalisation right after emergency evacuation
- 提供24小時緊急電話服務
- 醫療救援 (無限額保障)
- 護送回港 (無限額保障)
- 遺事身故後，將遺體或骨灰運返原居地 (無限額保障)
- 安排運送所需藥物/ 醫療器材
- 必要時派遣醫生到您身處的地方進行診治
- 旅遊及醫療資料諮詢服務、法律及傳譯轉介服務等
- 提供住院按金保障，最高可達港幣\$39,000
- 進行緊急醫療護送後，若入院治療該病症的費用超出基本住院附加醫療保障計劃內之住院保障額，病者將可獲得額外住院保障，最高可達港幣\$120,000

* Each Insured Person can choose only one deductible option. Change of the deductible option under the same level of cover is not allowed once the Policy has been effected. 每名受保人只能夠挑選一項墊底費選擇。保單生效後，所有在同一投保等級中的墊底費選擇之更改均不被接納。



Table of Benefits 保障金額表

The following table and the notes must be read in conjunction with the Policy and the Certificate of Insurance issued to the Insured. 參閱保障金額表及其附註時，必須連同保單及發給保單持有人之保單證書一併考慮。

Section Description 各項保障內容	Level of Cover 投保等級	Maximum Limit 最高限額 (Per Insured Person in HK\$/ 每位受保人以港幣\$計算)			
		Private Room 私家病房	Semi-Private Room 半私家病房	Ward Bed 大房病床	
I. Optional Hospital & Surgical Plan 自選住院及手術保障計劃 (See Note b 參閱附註 b)					
1. Room and Board 住院及膳食費用 (maximum of 182 days each year, each day up to 每年最多182日，每日最高金額為)		3,420	1,485	720	
2. Miscellaneous Hospital Services 住院雜項 (each year up to 每年最高金額為)		34,500	20,900	13,500	
3. Intensive Care* 深切治療* (each year up to 每年最高金額為) * See Note b (1) 參閱附註b (1)		22,500	20,250	17,460	
4. Special Nursing Services 特別看護服務 Both at home and in hospital by a Qualified Nurse and recommended by the attending Physician (maximum of 91 days each year, each day up to) 有關住院期間或在家中之看護服務，必須由合資格護士負責及由主診醫生推薦 (每年最多91日，每日最高金額為)		720	450	270	
5. Surgeon's Fee 外科醫生費 (including in-patient surgeon visits for surgical cases 包括手術治療住院期間的外科醫生巡房費) (for each disability up to 按每傷病之最高金額為)	Complex Major Operation Major Operation Intermediate Operation Minor Operation	複雜大手術 大手術 中手術 小手術	60,030 43,290 18,720 6,480	37,800 29,340 12,420 5,220	27,540 22,590 9,090 4,320
6. Anaesthetist's Fee 麻醉科醫生費 (for each disability up to 按每傷病之最高金額為)	Complex Major Operation Major Operation Intermediate Operation Minor Operation	複雜大手術 大手術 中手術 小手術	19,890 14,310 6,210 2,880	11,970 9,630 4,140 1,890	9,090 7,380 2,970 1,620
7. Operation Theatre Fee 手術室租金 (for each disability up to 按每傷病之最高金額為)	Complex Major Operation Major Operation Intermediate Operation Minor Operation	複雜大手術 大手術 中手術 小手術	19,890 14,310 6,210 2,880	11,970 9,630 4,140 1,890	9,090 7,380 2,970 1,620
8. In-Patient Physician's Fee 住院治療之醫生費用 (for non-surgical cases only 只限於非手術之治療) (maximum of 182 days each year, each day up to 每年最多182日，每日最高金額為)		2,385	1,035	585	
9. In-Patient Specialist's Fee for treatment including consultation, pathology, radiology, physiotherapy and chiropractic 住院專科醫生費用，包括診症、病理研究、放射性治療、物理治療及脊醫治療等費用 (each year up to 每年最高金額為)		9,360	3,330	1,980	
10. Pre-admission* and Follow-up Outpatient Care 入院前*及出院後之門診護理 (each year up to 每年最高金額為) 包括兩次入院前與住院有關門診費用，和出院後六星期內所有與住院治療有關的門診費用，包括由主診醫生轉介之物理治療及脊醫治療費用。 Includes two related pre-admission outpatient consultations and all related follow-up outpatient consultations, including those of physiotherapy and chiropractic referred by attending Physicians within 6 weeks after discharge from hospital.		4,140	2,340	1,575	
Annual Overall Limit 每年最高保障額 Applicable to Insured Person(s) aged 65 or over at commencement of Period of Insurance subject to annual hospital benefits per year up to: 於保障期生效時，年齡達65歲或以上之受保人，全年總計的醫療保障金額為：		700,000	315,000	150,000	

II. 24 Hours Emergency Assistance Services 24小時緊急支援服務

If the Insured Person insuring with an Optional Hospital & Surgical Plan has attained the age of 101, the 24 Hours Emergency Assistance Services provided under Section II of the Basic Top Up Medical Plan shall be provided under the Optional Hospital & Surgical Plan instead of upon renewal. For details of this benefit, please refer to "Basic Top Up Medical Plan". 如受保人受保於自選住院及手術保障計劃並已達101歲，原先在基本住院附加醫療保障計劃項目二中所提供的24小時緊急支援服務將在續保時改由自選住院及手術保障計劃提供。欲知更多有關此保障之詳情，請參閱「基本住院附加醫療保障計劃」。

Notes for Basic Top Up Medical Plan

- The benefits of this Section will be pro-rated if the room & board is upgraded. The adjustment factor for a room upgrade: from semi-private to private: 50%/ from ward bed to semi-private: 50%/ from ward bed to private: 25%
- At the time of application, the Insured Person and his/ her family member (if applicable) must be covered by group medical insurance provided by an employer. Each of them has to submit proof of such validity, which may be any one of the following: a copy of a valid group medical insurance membership card, or a confirmation letter issued by the employer stating the name of the group medical insurance company. If you are a civil servant, please provide one of the following only: a copy of your staff card, a copy of your employment letter or a copy of recent pay slip. Please also provide relationship proof when applying for dependent(s). A member of Prudential's group medical insurance or PRUChoice Medical Insurance is not required to provide such proof.
- Whenever there is a claim, the Insured Person shall first claim against the group medical insurance provided by his/ her employer and the remaining eligible medical expenses shall be covered by this plan subject to any deductible amount.

Notes for an Optional Hospital and Surgical Plan

- As a supplement to the normal benefits under Section I (1), Prudential will pay an additional benefit up to the amount shown for hospital charges necessitated by an intensive care phase of a critical illness.
- Should the Insured Person and his/ her family member(s) (if applicable) want to purchase an Optional Hospital & Surgical Plan within 45 days after resignation, the Insured Person and his/ her family member(s) (if applicable) must have successfully insured with the Basic Top Up Medical Plan and submit a reference letter of the resignation issued by an employer at the time of purchasing an Optional Hospital and Surgical Plan.
- Should the Insured Person insure with the Basic Top Up Medical Plan and an Optional Hospital and Surgical Plan simultaneously, the deductible under the Basic Top Up Medical Plan shall not be applicable.

基本住院附加醫療保障計劃附註

- 如住院及膳食等級獲提升時，基本住院附加醫療保障計劃之賠償金額按比例計算。住房升級之調整值：由半私家房至私家房：50%/ 由大房病床至半私家房：50%/ 由大房病床至私家房：25%
- 在提出申請時，受保人及其家人（如適用）必須獲得由僱主提供之團體醫療保險，而每位受保人都必須最少提交一項下述的相關有效性證明文件：由提供團體醫療保險之保險公司所發出的有效會員咭影印本，由僱主發出並列明提供團體醫療保險之保險公司名稱的最近期確認信。若閣下為公務員，則只需提交一項下述的相關證明文件：工作證影印本、聘用書影印本或最近期糧單影印本，及就家屬投保時提交關係證明。保誠團體醫療保險或保誠精選「醫療寶」醫療保障計劃之會員則可獲豁免提交相關的證明。
- 每當索償發生時，受保人必須首先向由僱主提供之團體醫療保險提出索償，而剩餘未獲賠償而又合資格的醫療費用則可在扣除墊底費後於此計劃中獲保障。

自選住院及手術保障計劃附註

- 作為對應得之 I 項下 (1) 部份的正常住院保障的補充，保誠將另賠償因病情危殆而需深切治療之費用，最高金額如表所示。
- 如受保人及其家人（如適用）欲在離職後45天內回購自選住院及手術保障計劃，受保人及其家人（如適用）必須已經投保基本住院附加醫療保障計劃，並於回購自選住院及手術保障計劃時一併遞交一封因離職而由僱主發出的轉介信。
- 如受保人同時投保基本住院附加醫療保障計劃及自選住院及手術保障計劃，基本住院附加醫療保障計劃下之墊底費將不適用。

Notes for the Table of Premium 保費表附註

For an Insured Person who only has the Basic Top Up Medical Plan at the age of 65, the Company will automatically issue an Optional Hospital and Surgical Plan upon renewal of the Basic Top Up Medical Plan. Premium for both plans shall then be payable accordingly. Insured Person can opt to terminate the Optional Hospital and Surgical Plan when such plan is automatically issued as aforesaid; however, under no circumstances shall the application for Optional Hospital and Surgical Plan be accepted again.

如受保人年滿六十五歲時只受保於基本住院附加醫療保障計劃，本公司將於續保基本住院附加醫療保障計劃時，自動為受保人續發自選住院及手術保障計劃。換言之，兩個計劃的保費將會被同時收取。受保人可選擇終止自動續發的自選住院及手術保障計劃，惟此後有關自選住院及手術保障計劃之申請將不被接納。



Table of Premium 保費表

I. Basic Top Up Medical Plan 基本住院附加醫療保障計劃

Level of Cover 投保等級	(All figures in HK\$ / 以港幣\$計算)													
	A. Ward Bed 大房病床		B. Semi-Private Room 半私家病房				C. Private Room 私家病房							
	Deductible 墊底費 25,000		Deductible 墊底費 75,000		Deductible 墊底費 50,000		Deductible 墊底費 25,000		Deductible 墊底費 250,000		Deductible 墊底費 150,000		Deductible 墊底費 50,000	
Age Groups (Inclusive) 年齡組別 (首尾歲數計算在內)	Annually 年繳 / Monthly 月繳		Annually 年繳 / Monthly 月繳		Annually 年繳 / Monthly 月繳		Annually 年繳 / Monthly 月繳		Annually 年繳 / Monthly 月繳		Annually 年繳 / Monthly 月繳		Annually 年繳 / Monthly 月繳	
15 days 天 – 5 ages 歲	581	53	918	84	1,106	101	1,333	122	1,647	151	2,060	189	2,574	236
6 - 12	565	52	893	82	1,076	99	1,296	119	1,602	147	2,003	184	2,503	230
13 - 17	570	52	901	83	1,086	100	1,307	120	1,616	148	2,021	185	2,525	232
18 - 24	455	42	754	69	909	83	1,095	100	1,337	123	1,672	153	2,090	192
25 - 29	470	43	779	71	939	86	1,131	104	1,381	127	1,727	158	2,159	198
30 - 34	838	77	1,462	134	1,802	165	2,128	195	2,671	245	3,339	306	4,173	383
35 - 39	882	81	1,539	141	1,897	174	2,240	205	2,812	258	3,514	322	4,393	403
40 - 44	972	89	1,696	156	2,090	192	2,468	226	3,098	284	3,872	355	4,841	444
45 - 49	1,134	104	1,978	181	2,439	224	2,880	264	3,615	331	4,518	414	5,648	518
50 - 54	1,782	163	3,097	284	3,732	342	4,496	412	5,684	521	7,104	651	8,881	814
55 - 59	1,832	168	3,183	292	3,837	352	4,622	424	5,843	536	7,304	670	9,130	837
60	1,882	173	3,270	300	3,941	361	4,748	435	6,003	550	7,503	688	9,379	860
61	1,932	177	3,357	308	4,046	371	4,874	447	6,162	565	7,702	706	9,628	883
62	1,982	182	3,444	316	4,151	381	5,000	459	6,322	580	7,902	725	9,877	906
63	2,032	186	3,531	324	4,255	390	5,126	470	6,481	594	8,101	743	10,127	929
64	2,082	191	3,618	332	4,360	400	5,252	482	6,641	609	8,300	761	10,376	951
65 - 100*	Scan QR code for complete table of premium 掃描二維碼查閱完整保費表													

II. Optional Hospital & Surgical Plan 自選住院及手術保障計劃

Level of Cover 投保等級	All figures in HK\$ / 以港幣\$計算					
	Ward Bed 大房病床		Semi-Private Room 半私家病房		Private Room 私家病房	
	Annually 年繳 / Monthly 月繳		Annually 年繳 / Monthly 月繳		Annually 年繳 / Monthly 月繳	
Age Groups (Inclusive) 年齡組別 (首尾歲數計算在內)						
15 days 天 – 5 ages 歲	1,790	164	2,837	260	4,978	456
6 - 12	1,657	152	2,623	241	4,611	423
13 - 17	1,657	152	2,623	241	4,611	423
18 - 24	1,572	144	2,738	251	4,946	454
25 - 29	1,572	144	2,738	251	4,946	454
30 - 34	2,702	248	4,787	439	8,569	786
35 - 39	2,752	252	4,887	448	8,719	800
40 - 44	3,233	296	5,726	525	10,250	940
45 - 49	3,620	332	6,413	588	11,480	1,053
50 - 54	5,057	464	8,568	786	15,729	1,442
55 - 59	5,346	490	9,074	832	16,585	1,521
60	5,743	527	9,718	891	17,833	1,635
61	6,002	550	10,156	931	18,638	1,709
62	6,166	565	10,434	957	19,147	1,756
63	6,334	581	10,718	983	19,669	1,804
64	6,506	597	11,009	1,010	20,203	1,853
65 and over 65歲或以上*	Scan QR code for complete table of premium 掃描二維碼查閱完整保費表					

Premiums as shown above are for per person covered 以上所示的保費按每位受保人計算

* For renewal only. 只供續保之用。



Scan QR code for complete table of premium
掃描二維碼查閱完整保費表

Comprehensive Products to Cater for Your Needs

Prudential General Insurance Hong Kong Limited takes care of your everyday needs by providing a comprehensive range of products, including:

- PRUChoice Card Protection Plus
- PRUChoice China Accidental Emergency Medical
- PRUChoice China Protection
- PRUChoice Clinic
- PRUChoice Cruise Travel
- PRUChoice Golfers
- PRUChoice HealthCare
- PRUChoice HealthCheck
- PRUChoice HealthCheck Deluxe
- PRUChoice Home
- PRUChoice Home Deluxe
- PRUChoice Home Landlord
- PRUChoice Maid
- PRUChoice Medical
- PRUChoice MediExtra
- PRUChoice Motor
- PRUChoice Personal Accident
- PRUChoice Personal Accident Plus
- PRUChoice Travel
- PRUChoice Travel Overseas Study
- PRUChoice Travel Working Holiday
- PRUChoice BMX (Building Management Xtra)
- PRUChoice Shop
- PRUChoice Office
- PRUChoice Group Medical
- PRUChoice Group Life
- Fire Insurance

and many other insurance products.

To know more about our products, just call us or your financial consultant/ broker.

產品服務 全面周到

保誠財險有限公司為您提供以下一系列的保險服務，全面保障您的每一天。

- 保誠精選「失卡寶」
- 保誠精選「中國意外急救醫療保險」
- 保誠精選「中國安心寶」
- 保誠精選「診療寶」
- 保誠精選「郵輪旅遊樂」
- 保誠精選「高球樂」
- 保誠精選「康療寶」
- 保誠精選「康檢寶」
- 保誠精選「尊尚康檢寶」
- 保誠精選「家居寶」
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- 保誠精選「業主寶」
- 保誠精選「僱傭寶」
- 保誠精選「醫療寶」
- 保誠精選「健康寶」
- 保誠精選「駕駛寶」
- 保誠精選「安健寶」
- 保誠精選「倍安寶」
- 保誠精選「旅遊樂」
- 保誠精選「海外留學寶」
- 保誠精選「工作假期寶」
- 保誠精選「樓宇寶」
- 保誠精選「商舖寶」
- 保誠精選「興業寶」
- 保誠精選「團體醫療寶」
- 保誠精選「團體人壽寶」
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及其他各類的保險服務。

如欲查詢以上保險服務詳情，請致電本公司或您的理財顧問/ 經紀。

For further information, please contact:

Prudential General Insurance Hong Kong Limited

(A member of Prudential plc group)

3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

Tel: (852) 3656 8362 Fax: (852) 2164 8445

如有查詢，請致電或親臨本公司，地址如下：

保誠財險有限公司

(英國保誠集團成員)

香港鰂魚涌華蘭路25號栢克大廈3樓

電話：(852) 3656 8362 傳真：(852) 2164 8445

www.prudential.com.hk

Note: This brochure is for reference only and does not constitute any contract or any part thereof between Prudential General Insurance Hong Kong Limited ("Prudential") and any other parties. Regarding other details and the terms and conditions of this insurance, please refer to the policy document. Prudential will be happy to provide a specimen of the policy document upon your request.

註：此小冊子只作參考之用，不能作為保誠財險有限公司（「保誠」）與任何人士或團體所訂立之任何合約或合約之任何部份，有關本保險之其他詳情及條款及條件，請參閱保單。如有需要，保誠樂意提供保單樣本以供閣下參考。所有中文簡譯，如與英文有異，概以英文為準。



Application Form for
PRUChoice MediExtra
Medical Insurance
保誠精選「健康寶」
醫療保障計劃

申請表

Applicable on or after 31 December, 2019
2019年12月31日或之後適用

For further information, please contact:

Prudential General Insurance Hong Kong Limited

(A member of Prudential plc group)

3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

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電話：(852) 3656 8362 傳真：(852) 2164 8445

www.prudential.com.hk

GI3/APP0218B/P01 (12/19)

PRUChoice MediExtra Medical Insurance 保誠精選「健康寶」醫療保障計劃

Details of Applicant 申請人詳情 (Please complete in BLOCK LETTERS 請用英文正楷填寫)

Surname 姓	Given Name 名	I.D.No./ Passport No. 身份證號碼/ 護照號碼
Gender 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Nationality 國籍
Occupation 職業	Email Address 電子郵箱	Marital Status 婚姻狀況
Home Tel No. 住宅電話號碼	Mobile No. 手提電話號碼	Country/ State Where You Reside for Most of the Year 申請人全年主要居住國家/ 城市
Correspondence Address 通訊地址		
Flat/ Room 室	Floor 樓	Block 座
Building/ Estate 大廈/ 屋苑		
Street/ Road & District Area 街道及地區 <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界		
Bank Account for Claim Reimbursement 作為賠償入賬之銀行戶口號碼 (The holder of the bank account must be the Applicant as declared above 戶口持有人必須為申請人本人) [#]		
Name of bank 銀行名稱		
Bank No. 銀行編號	Branch No. 分行編號	Account No. 戶口編號
<input type="checkbox"/> Covered by group medical insurance 受保於團體醫療保險		<input type="checkbox"/> Covered by personal medical insurance 受保於個人醫療保險
The existing insurance company of the group medical insurance 現時提供團體醫療保險計劃之保險公司		The existing insurance company of the personal medical insurance 現時提供個人醫療保險計劃之保險公司
The company which pays this group medical insurance 支付此團體醫療保險計劃之公司		

[#] If a bank account is not provided, the claims payment will be settled by cheque. In case of a lost cheque, the Insured may need to pay the related administrative charges.

如未能提供銀行戶口，賠償將以支票支付。惟若支票遺失，保單持有人需支付有關行政費用。

This application must be submitted with at least one of the following documentations as proof of the validity of the group medical insurance or any personal medical insurance (insured in Hong Kong), in respect of each person to be covered: a copy of a group medical insurance membership card, a confirmation letter issued by the employer stating the name of the group medical insurance company, a copy of the latest anniversary statement or renewal notice stating the insurance period and the name of insurance company which issued the personal medical insurance. If you are a civil servant, please provide one of the following documents as proof: a copy of staff card, a copy of employment letter or a copy of recent pay slip. Please also provide relationship proof when applying for dependent(s). The member of Prudential's group medical insurance or PRUChoice Medical Insurance would be waived for the submission of relevant proofs.

此申請表必須一併遞交最少一項下述每位受保人的團體醫療保險或任何個人醫療保險(於香港投保)的有效證明文件：由僱主發出並列明提供團體醫療保險之保險公司名稱的確認信，年結或續保通知書列明保障期及提供個人醫療保險之保險公司名稱。若閣下為公務員，則只需提交一項下述的相關證明文件：工作證影印本、聘用書影印本或最近期糧單影印本，及就家屬投保時提交關係證明。保誠團體醫療保險或保誠精選「醫療寶」醫療保障計劃之會員則可獲豁免提交相關的證明。

Details of Persons to be Covered 受保人詳情

Spouse under the age of 65 and all unmarried children up to the age of 18 insured under a group medical insurance or personal medical insurance can be included in this application. (Should your child be a full-time student aged below 23, please submit a separate PRUChoice MediExtra Medical Insurance application.) If you have more than 2 children, please provide details on a separate sheet.

此申請可包括已受保於團體醫療保險或個人醫療保險，而年齡在65歲以下之配偶及所有未滿18歲之未婚子女(若閣下的子女為未滿23歲就讀全日制的學生，請遞交一張獨立的保誠精選「健康寶」醫療保障計劃申請表)。如閣下有超過兩名的子女，請另加紙填寫。

Relationship with Applicant 與申請人關係	Applicant 申請人	Spouse 配偶	Child (1) 子女 (1)	Child (2) 子女 (2)
Surname 姓				
Given Name 名				
Gender 性別				
Date of Birth (dd/mm/yy) 出生日期 (日/月/年)				
I.D. No./ Passport No./ Birth Cert. No. 身份證號碼/ 護照號碼/ 出生證明書號碼				
Height (cm) 身高 (厘米)				
Weight (kg) 體重 (公斤)				
Occupation 職業				
Basic Top Up Medical Plan 基本住院附加醫療保障計劃 (Please fill in the appropriate deductible option*. 請於方格填上適當的墊底費選擇*。)				
* Each Insured Person can choose only one deductible option. Change of the deductible option under same level of cover is not allowed once the Policy has been effected. 每名受保人只能夠挑選一項墊底費選擇。保單生效後，所有在同一投保等級中的墊底費選擇之更改均不被接納。				
Private Room 私家病房 (Deductible Option 墊底費選擇)	<input type="checkbox"/> HK\$250,000 <input type="checkbox"/> HK\$150,000 <input type="checkbox"/> HK\$50,000	<input type="checkbox"/> HK\$250,000 <input type="checkbox"/> HK\$150,000 <input type="checkbox"/> HK\$50,000	<input type="checkbox"/> HK\$250,000 <input type="checkbox"/> HK\$150,000 <input type="checkbox"/> HK\$50,000	<input type="checkbox"/> HK\$250,000 <input type="checkbox"/> HK\$150,000 <input type="checkbox"/> HK\$50,000
Semi-Private Room 半私家病房 (Deductible Option 墊底費選擇)	<input type="checkbox"/> HK\$75,000 <input type="checkbox"/> HK\$50,000 <input type="checkbox"/> HK\$25,000	<input type="checkbox"/> HK\$75,000 <input type="checkbox"/> HK\$50,000 <input type="checkbox"/> HK\$25,000	<input type="checkbox"/> HK\$75,000 <input type="checkbox"/> HK\$50,000 <input type="checkbox"/> HK\$25,000	<input type="checkbox"/> HK\$75,000 <input type="checkbox"/> HK\$50,000 <input type="checkbox"/> HK\$25,000
Ward Bed 大房病床 (Deductible Option 墊底費選擇)	<input type="checkbox"/> HK\$25,000	<input type="checkbox"/> HK\$25,000	<input type="checkbox"/> HK\$25,000	<input type="checkbox"/> HK\$25,000
Optional Hospital & Surgical Plan 自選住院及手術保障計劃 (Please "✓" the appropriate boxes 請於適當方格內填上「✓」號)				
Premium 保費 (HK\$ 港幣\$) (Please refer to Table of Premium 請查閱保費表)				
				Total Annual Premium (HK\$) 每年總保費(港幣\$)

Details of Usual Doctor 私人/ 家庭醫生詳情

Relationship with Applicant 與申請人關係	Name of Clinic and Doctor 診所名稱及醫生姓名	Address 地址	Telephone No. 電話號碼
Applicant 申請人			
Spouse 配偶			
Child (1) 子女 (1)			
Child (2) 子女 (2)			

Period of Insurance 保險期

Policy commences on
本保單由

(dd/mm/yy) for one year.
(日/月/年) 起生效，為期一年。

Declaration 聲明

(Please ensure you have completed all details of all persons to be covered before signing this declaration. 請先填妥所有受保人之完整資料後，才簽署此聲明。)

Please read the following questions carefully and tick as appropriate. Please sign next to the box whenever any correction is made.

請詳閱以下問題，並在適當空格內填上“✓”號。如有塗改，請於方格旁簽署作實。

	No 否	Yes 是
1 Has any person to be covered had any symptoms, illness or disorders of the following: 本申請表內所包括之受保人曾否有下列病徵、疾病或問題：		
a The musculoskeletal system or skin, e.g. arthritis, rheumatism, gout, sciatica or any disorder of the bones or spine? 與肌肉及骨骼系統或皮膚有關的疾病，如：關節炎、風濕病、痛風、坐骨神經痛、或其他骨骼或脊椎問題?	<input type="checkbox"/>	<input type="checkbox"/>
b The nervous system, psychiatric or brain function disorder, or impairment of the eyes or ears, e.g. paralysis, anxiety states, blindness, deafness, giddiness or epilepsy? 與神經系統、精神或與腦有關的功能障礙，眼或耳損傷，如：癱瘓、精神緊張、失明、失聰、暈眩或癲癇?	<input type="checkbox"/>	<input type="checkbox"/>
c The circulatory system, heart or blood, e.g. palpitation, murmur, chest discomfort, abnormal blood pressure, stroke or anaemia? 與循環系統、心臟或血液有關的疾病，如：心跳不正常、心雜音、胸部不適、血壓不正常、中風或貧血?	<input type="checkbox"/>	<input type="checkbox"/>
d The respiratory system or endocrine system, e.g. asthma, bronchitis, emphysema, diabetes or goitre? 與呼吸系統或內分泌系統有關的疾病，如：哮喘、支氣管炎、肺氣腫、糖尿病或甲狀腺腫脹?	<input type="checkbox"/>	<input type="checkbox"/>
e The digestive system or urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), mastitis, cervicitis, endometriosis, other disorders of the stomach, liver, bowels, kidneys or bladder? 與消化系統或泌尿系統、乳房或生殖器官有關的疾病，如：潰瘍、肝炎(包括乙型肝炎帶菌者)、乳房炎、子宮頸炎、子宮內膜移位或其他胃、肝、腸、腎或膀胱有問題?	<input type="checkbox"/>	<input type="checkbox"/>
f Enlarged glands, tumours, cysts, cancer, growth or other malignancy? 腺脹大、腫瘤、水囊、癌或其他惡性病變?	<input type="checkbox"/>	<input type="checkbox"/>
2 Apart from the symptoms, illness or disorders mentioned in question 1, has any person to be covered had any other illness, injury, physical impairment/ deformity or condition requiring in-patient treatment, operation, or consultation with a doctor? 除於問題 1 提及之病徵、疾病或問題外，本申請表內所包括之受保人曾否因任何疾病、受傷、身體受損/ 畸形或其他情況，而需入院接受治療、手術，或向醫生求診?	<input type="checkbox"/>	<input type="checkbox"/>
3 Has any person to be covered taken or been advised to have X-ray, ECG or blood tests, biopsies, ultrasound, mammogram or PAP smears, etc? 本申請表內所包括之受保人曾否接受或被建議接受 X 光、心電圖或抽血檢查、活體檢視、超聲波、乳房 X 光或子宮頸細胞塗片檢查等?	<input type="checkbox"/>	<input type="checkbox"/>
4 Has any person to be covered had or been recommended for tests or counselling in connection with HIV, sexually transmitted diseases, AIDS, AIDS related complex or any other AIDS related conditions? 本申請表內所包括之受保人曾否被建議接受與人體免疫力缺乏病毒、性病、愛滋病、愛滋衍生疾病及其他因愛滋病而引致之疾病的有關測試或忠告?	<input type="checkbox"/>	<input type="checkbox"/>
5 Has any person to be covered taken or been advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason? 本申請表內所包括之受保人曾否因血友病或其他原因，被禁止捐血、接受輸血或其它血類產品?	<input type="checkbox"/>	<input type="checkbox"/>
6 Does any person to be covered have any foreseeable need for treatment or for consulting any doctor? 本申請表內所包括之受保人是否有可預見之治療或診視需要?	<input type="checkbox"/>	<input type="checkbox"/>
7 Is any person to be covered currently under medical attention or receiving medical treatment or medication? 本申請表內所包括之受保人是否現正接受治療、或有就診需要、或服用藥物?	<input type="checkbox"/>	<input type="checkbox"/>
8 Apart from group medical insurance, has any person to be covered ever been insured against any individual medical insurance? If yes, please specify the name of insurance company and advise whether the person's application has been declined, deferred or accepted at special terms. 除團體醫療保障計劃外，本申請表內所包括之受保人是否曾購買任何個人醫療保險? 若「是」，請列明保險公司之名稱及該受保人之申請曾否不被接納或被拖延或附加特別條款後方得接受。 Name of insurance company: 保險公司名稱：	<input type="checkbox"/>	<input type="checkbox"/>

If you reply "YES" in any of the questions, please give name(s), date and full details in the spaces provided below. Please also provide the relevant medical report, if any.

如任何問題回答「是」，請列出其姓名、日期及詳細情況，如有醫療報告，請連同此申請表一併遞交。

If you need more than one sheet, please tick this box. 如需另加紙填寫，請在此格填上“✓”號。

Question No. 問題號碼	Name/ Relationship with the Applicant 姓名/ 與申請人之關係	Nature of Condition, Diagnosis and Related Treatment/ Name of Medication 情況、診斷及相關治療/ 藥物名稱	Date of Onset/ Recovery 病發/ 痊癒日期	Degree of Recovery 痊癒程度	Name & Address of Doctor 醫生姓名及地址	Name of Insurance Company/ Policy No./ Special Conditions 保險公司名稱/ 保單號碼/ 附加條款

- I hereby apply to be the Insured with myself and/ or spouse and/ or children as the person to be insured under the **PRUChoice MediExtra Medical Insurance**.
本人茲申請為保單持有人並為本人及/ 或配偶及/ 或子女申請為**保誠精選「健康寶」**醫療保障計劃之受保人。
- I/ we declare that I/ we am/ are currently covered by a group medical insurance provided by my current employer/ personal medical insurance.
本人/ 吾等聲明本人/ 吾等現時正獲僱主提供團體醫療保險/ 受保於個人醫療保險。
- I acknowledge that benefits are not payable under the **PRUChoice MediExtra Medical Insurance** for any costs of treatment arising from any existing illnesses, injuries or other conditions unless complete details are fully disclosed by me in this Application Form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential").
本人知道，根據**保誠精選「健康寶」**醫療保障計劃之規定，凡因已存在之疾病、損傷或其他情況而引致之治療，除非本人在申請表內已完全詳細列出及獲得保誠財險有限公司(「保誠」)接納，否則一律不予賠償。
- The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential.
就本人/ 吾等知悉範圍內，此申請表上填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作為本人與保誠之間所訂合約的根據。
- Prudential reserves the right to ask for submission of more details of health status or medical reports for me and other person(s) to be covered as listed above at my own cost.
保誠有權要求本人提供有關本人及上述其他受保人之健康狀況或醫療報告，一切費用將由本人支付。
- I declare and agree that the insurance will not be in-force until the application has been accepted by Prudential and the premium has been paid.
本人聲明及同意，保障需在保誠覆核、接納申請表及已收妥保費後才能生效。
- I authorise that any doctor, hospital, clinic, insurance company, organisation or any person that has any medical history or record or knowledge of me/ the person(s) to be covered by **PRUChoice MediExtra Medical Insurance** has attended or may hereafter attend to disclose such information to Prudential for the purpose of assessing and processing this application or claims or subsequent services. A photocopy of this authorisation shall be valid as the original.
本人茲授權任何醫生、醫院、診所、保險公司、機構或任何人士，將已經或準備存錄的本人/ 其他受保人之病歷、紀錄或其他資料給予保誠，作為評估及辦理此**保誠精選「健康寶」**醫療保障計劃之申請、索償和售後服務之用。此授權書之影印本與正本均具同等效力。
- I/ We hereby declare that I have read and understood the content of the brochure, and have the right to request for a policy specimen for the details of the coverage.
本人/ 吾等聲明已細閱及清楚明白有關小冊子內容，及有權要求索取保單樣本以了解有關保障詳細範圍。

Important Notes to Applicant 申請人須知

- Disclosure - The applicant is requested to disclose any other facts known to the applicant which are likely to affect acceptance or assessment of the insurance cover the applicant is applying for. Should the applicant have any doubts about what should be disclosed, please feel free to contact us or your financial consultant/ broker. The applicant is recommended to keep a record (including copies of letters) of any additional information given for the applicant's future reference. Failure to disclose may mean that the Policy will not provide with the cover the applicant requires, or perhaps may invalidate the Policy altogether.
披露 - 申請人必須就申請表內所有問題作出確實回答，並就申請需要提供一切有關資料，如有懷疑請向本公司或有關理財顧問/ 經紀查詢。如作出或不確實回答或提供不正確資料，會令本保單作廢及不能生效。請保留申請表副本(包括信件影印本)以作日後參照。
- A 30-day Policy Review Period counting from the effective date of the Policy is available for the applicant to review the coverage. If the applicant would like to cancel the Policy for any reason, simply return the Policy, the Certificate of Insurance together with a written notice to us; premium and levy paid will be fully refunded provided that the said documents are received by us within the Policy Review Period and the applicant has not filed any claims under the Policy.
申請人可享有由保單生效日起計算為期三十日的保單審候期以細閱保單。如需取消保單，申請人只須在保單審候期內將保單、保單證書及書面通知交回，本公司將取消保單及退回所繳保費及徵費，惟該保單必須無任何索償申請紀錄。
- A waiting period of 15 days from the effective date of the Policy and the effective date of optional plan subsequently and separately enrolled is applicable except for treatment relating to bodily injury as a direct result of an accident.
此保障計劃設有由保障生效日起計及就其後另外參加自選計劃的生效日起計為期十五日的等候期，惟此等候期將不適用於因意外而導致身體損傷之治療。
- A specimen copy of the Policy and a copy of the applicant's completed Application Form will be supplied on request.
如有需要，本公司可提供保單樣本及投保書副本予申請人作參考。
- All benefits and exclusions are only briefly outlined here. For more details, please refer to the Policy.
上述保障及不保項目並未包括所有細節，欲知詳情請參閱保單。
- The application form must be signed by a person who has attained the age of 18 or above.
申請表必須由年滿 18 歲或以上的申請人簽署。
- The application covers any applicant's spouse or unmarried child who has not yet attained age 18, and a new application will be needed which is signed and submitted by such applicant's spouse or unmarried child when he/ she has attained the age of 18.
本申請表可包括申請人的配偶及所有未滿 18 歲之未婚子女。當此申請表的受保子女年滿 18 歲後，該子女屆時必須簽署及遞交另一張申請表。
- Any bodily injury or sickness which exists prior to the effective date of the Policy will not be covered under the Policy.
任何在有關保障生效前已經存在的身體損傷或疾病，一概不受保障。
- This product is underwritten by Prudential General Insurance Hong Kong Limited ("Prudential"). The copyrights of the contents of this document are owned by Prudential.
此產品由保誠財險有限公司(「保誠」)承保。此文件內容之版權是由保誠所擁有。
- This document is for Hong Kong distribution only. It is not an offer to sell or solicitation to buy or provision of any insurance product outside Hong Kong. Prudential does not offer or sell any insurance product in any jurisdictions outside Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.
此文件僅旨在香港派發，並不能詮釋為在香港境外提供或出售或遊說購買任何保險產品。如在香港境外之任何司法管轄區提供或出售任何保險產品屬於違法，保誠不會在該司法管轄區提供或出售該保險產品。
- Collection of Levy by the Insurance Authority ("IA") - From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to IA by policy holders. IA will collect the levy from policy holders through insurance companies. The amount of the levy may be subject to change depending on the applicable levy rate, which shall be determined by when the first premium is due which is the date when the policy becomes effective. Policy holder shall commit an offence and be liable to a pecuniary penalty not exceeding HK\$5,000 for failure to timely pay the levy. Levy must be paid when the premium is paid. To avoid any doubt, you must pay us the premium and levy once policy is effective.

In this connection, notwithstanding anything contained in this form, policy provision or any other agreements between us, you agree us with the following assistance as may be necessary to enable us to collect any outstanding levy payable to IA in respect of the policy applied under this application form to the extent applicable and relevant, subject to the terms hereof:

- you agree the prepayment of levy on prepaid premiums if you pre-pay any premium.
- The corresponding levy rate (based on premium payable) and cap per policy per policy year for insurance policies with effective date falling in the period from 1 January 2018 till 31 March 2019 (both dates inclusive) are 0.04% and HK\$2,000; from 1 April 2019 till 31 March 2020 (both dates inclusive) are 0.06% and HK\$3,000; from 1 April 2020 till 31 March 2021 (both dates inclusive) are 0.085% and HK\$4,250; and from 1 April 2021 onwards (date inclusive) are 0.1% and HK\$5,000. For details of levy information, please visit www.prudential.com.hk/levy.

All premiums listed in this application form exclude levy.

保險業監管局(「保監局」)收取的徵費 - 由 2018 年 1 月 1 日起，保單持有人必須向保監局繳付保單之保費徵費。保監局將透過保險公司向保單持有人收取徵費，徵費金額會因應適用徵費比率而有所變更，而該比率則以首期保費須繳付當日，即是保單生效日而定。如保單持有人未能依時繳交徵費，即屬違法，可被罰款不超過港幣五千元。徵費需於繳交保費時同時繳交。為免任何疑問，閣下必須於保單生效之日向本公司繳交保費及徵費總額。

有見及此，儘管載於本表格、保單條款或我們之間其他任何協議所包含的任何內容，閣下同意我們在需要時提供以下協助，使我們能夠就閣下透過此申請書申請之保單適當地及相關地根據以下條款，收取任何應向保監局繳付之未繳徵費：

- 閣下同意如繳付預繳保費，將同時被收取預繳徵費。
- 於 2018 年 1 月 1 日至 2019 年 3 月 31 日(包括首尾兩日)期間生效的保單的徵費比率(以保費為基準)及每份保單每保單周年徵費上限為 0.04% 及港幣二千元；於 2019 年 4 月 1 日至 2020 年 3 月 31 日(包括首尾兩日)期間生效為 0.06% 及港幣三千元；於 2020 年 4 月 1 日至 2021 年 3 月 31 日(包括首尾兩日)期間生效為 0.085% 及港幣四千二百五十元；而於 2021 年 4 月 1 日起(包括該日)生效為 0.1% 及港幣五千元。有關徵費詳情請瀏覽 www.prudential.com.hk/levy。

本表格內列出的所有保費並不包括徵費。

Payment Method 付款方法

Yearly by Credit Card 以信用卡年繳

Monthly by Credit Card 以信用卡月繳

Yearly by Cheque 以支票年繳 (Please attach a cheque* for first year premium and levy 請連同首年保費及徵費之支票*寄回)

* Cheque payment must accompany this Application Form. Please make the cheque payable to "Prudential General Insurance Hong Kong Limited".
* 申請表須連同支票一併繳交。請註明支票抬頭人為「保誠財險有限公司」。

This Policy will be automatically renewed upon each policy anniversary regardless of whether the premium payment mode is yearly or monthly. If the monthly or yearly premium and levy is settled by Credit Card, the applicant and cardholder are deemed to have agreed Prudential General Insurance Hong Kong Limited to deduct such premium and levy automatically from the designated credit card account as according to below signature and mentioned sign date for new application and forthcoming renewal(s); without further notice. This Policy is on yearly basis and no mid-term cancellation is allowed regardless of whether the premium payment mode is yearly or monthly. No refund of premium and levy shall be allowed once the Policy has been effected.

不論以月供或年供方法繳付保費，本保單會於每保單周年自動續保。如以信用卡繳付月供或年供之保費及徵費，則申請人及信用卡持有人均應以下之簽署及簽署日期同意保誠保險有限公司於指定信用卡戶口自動扣除新成立之保單及其後的續保保費及徵費，而毋須另行通知。本保單以每年度形式計算。無論按年或按月繳付保費，中途終止保單亦不獲受理。保單生效後，所有已繳保費及徵費均不可退回。

Credit Card Account Details 信用卡戶口資料

Applicable to payment by credit card only. 只供選擇以信用卡繳費之客戶填寫。

 VISA Card VISA 卡  MasterCard 萬事達卡 Credit Card Number 信用卡號碼 Credit Card Expiry Date 信用卡有效日期至 (mm/yy) (月/年)

I/ We hereby authorise Prudential General Insurance Hong Kong Limited to collect from my/ our designated credit card account for all payment(s), recurring payment(s) and levy(ies) of this Insurance including that/ those related to initial instalment, subsequent endorsement(s) and its renewal(s).

本人/ 吾等授權保誠財險有限公司，經由本人/ 吾等指定的信用卡戶口內，扣除有關本保單的所有及首期保費及徵費，包括因其後背書所需的保費及徵費以及每年續保的保費及徵費。

Cardholder's Name
信用卡持有人姓名

Cardholder's Signature
信用卡持有人簽名

Date
日期

Checklist 清單 (covered by group medical insurance 受保於團體醫療保險)

Before submission, kindly check if you have attached the following documents for each person to be covered with this application

遞交申請前，請檢查您是否已一併遞交以下屬於每位受保人的文件：

- A copy of membership card issued by the group medical insurance company.
由提供團體醫療保障之保險公司所發出之會員咭影印副本。
- A confirmation letter issued by the employer stating the name of the group medical insurance company.
由僱主發出並列有提供團體醫療保障之保險公司的確認信。
- A copy of staff card, a copy of employment letter or a copy of recent pay slip and relationship proof when applying for dependent(s). (If you are a civil servant) 工作證影印本、聘用書影印本或最近期糧單影印本，及就家屬投保時提交關係證明。(如閣下為公務員)

(Any one of the above 以上任擇其一)

Covered by a Personal Medical Insurance 受保於個人醫療保險 (required 必須填寫)

Before submission, kindly check if you have attached the following documents for each person to be covered with this application

遞交申請前，請檢查您是否已一併遞交以下屬於每位受保人的文件：

- A copy of the latest anniversary statement or renewal notice stating the insurance period and the name of insurance company which issued the personal medical insurance.
最近期之年結或續保通知書列明保障期及提供個人醫療保險之保險公司名稱。

I acknowledge that the addition of an Optional Hospital and Surgical Plan is only allowed upon renewal at attained age 55, 60 or 65.

本人知道，自選住院及手術保障計劃只可年滿 55、60 或 65 歲續保時參加。

Signature of Applicant
申請人簽署



Personal Information Collection Statement ("PICS") 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "**Company**", "**our**", "**we**", or "**us**") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/ medical records, credit information, product history, claims history, financial and medical information ("**Personal Information**") to provide you with the insurance or financial products or services. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/ reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

保誠財險有限公司(簡稱「本公司」或「我們」)認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要的個人資料。為向閣下提供保險或金融產品或服務，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身份證副本及資料、旅遊證件資料、健康/ 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、財務及醫療資料(「**個人資料**」)。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/ 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related products and services; (f) to communicate with you; (g) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in section 2 below); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

我們可能會使用閣下的個人資料作下列目的：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的產品和服務；(f) 與閣下進行通訊；(g) 遵守任何監管或其他法律規定或其他內部業務規定(不論是向我們或下述第2部分所列的任何第三方實施)；(h) 就索償進行調查及和解，以及偵查及防止欺詐(不論是否有關就本申請簽發的保單)；(i) 使用代理機構(包括信貸資料服務機構)、追蹤公司或公開可得資料以執行核查；(j) 提供客戶服務；(k) 執行自動決策或資料剖析；(l) 進行保單審查或需求分析；(m) 進行研究和統計分析(包括使用新科技)；及(n)與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下說明使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下(或閣下的聯名保單持有人)仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") and to our financial/ health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) regulators and government agencies, law enforcement agencies and the courts. We may also disclose your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/ or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

我們可能會向該公司集團，包括本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」），及我們的金融/ 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能還會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核查現有資料與後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人）；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及 (n) 監管機構及政府機構、執法機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/ 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

3. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

4. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or using the details on "Contact Us" section of the Company website or our Privacy Notice.

If you move/ moved to a European Union ("EU") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請發送電郵至 service@prudential.com.hk 或使用本公司網站或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/ 已搬遷至歐洲聯盟（「歐盟」）司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。該私隱通知可在本公司網站 <https://www.prudential.com.hk/scws/pages/ta/privacy-policy/index.html> 上查閱。

Opting-out of Marketing Communications or Materials 拒絕接收促銷信息或資料

We intend to send you marketing communications but we can only do so with your consent. If you consent, we may use your contact details and information about the products you have purchased (including the sales channel from which such products were purchased).

我們有意向閣下發送促銷信息或資料，但僅經閣下同意我們才可以這樣做。如閣下同意，我們將可能使用閣下的聯絡資料及有關閣下已購買的產品的資料（包括購買有關產品的銷售渠道）。

If we do not wish to receive any marketing communications from Prudential General Insurance Hong Kong Limited.

本人/ 我們不希望收到保誠財險有限公司發出的任何促銷信息。

Signature of Applicant* 申請人簽署*	Financial Consultant's Name (Please complete in BLOCK LETTERS) 理財顧問名稱 (請用正楷填寫)	
X	Financial Consultant's Division and Code 理財顧問組別及編號	
Application Date 投保日期	Mobile Number 流動電話號碼	Office Location 辦公地點

* The signature of this application form is only valid for 30 days from the date of your signature. 此申請表上的簽署只於簽署日期起30日內有效。

For Office Use Only 本公司專用

Approved by

Date

Effective Date

Restrictions No Yes

PRUChoice MediExtra Medical Insurance Plan

保誠精選「健康寶」醫療保障計劃



Table of Premium 保費表 (Applicable on or after 31 Dec 2019 / 2019年12月31日或之後適用)

Basic Top Up Medical Plan 基本住院附加醫療保障計劃

Level of Cover 投保等級	All figures in HK\$ / 以港幣\$計算													
	Ward Bed 大房病床		Semi-Private Room 半私家病房				Private Room 私家病房							
	Deductible 墊底費 25,000	Deductible 墊底費 75,000	Deductible 墊底費 50,000	Deductible 墊底費 25,000	Deductible 墊底費 250,000	Deductible 墊底費 150,000	Deductible 墊底費 50,000							
Age Groups (Inclusive) 年齡組別 (首尾歲數計算在內)	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳	Annually / Monthly 年繳 / 月繳			
15 days 天 - 5 ages 歲	581	53	918	84	1,106	101	1,333	122	1,647	151	2,060	189	2,574	236
6 - 12	565	52	893	83	1,076	99	1,296	119	1,602	147	2,003	184	2,503	230
13 - 17	570	52	901	83	1,086	100	1,307	120	1,616	148	2,021	185	2,525	232
18 - 24	455	42	754	69	909	83	1,095	100	1,337	123	1,672	153	2,090	192
25 - 29	470	43	779	71	939	86	1,131	104	1,381	127	1,727	158	2,159	198
30 - 34	838	77	1,462	134	1,802	165	2,128	195	2,671	245	3,339	306	4,173	383
35 - 39	882	81	1,539	141	1,897	174	2,240	205	2,812	258	3,514	322	4,393	403
40 - 44	972	89	1,696	156	2,090	192	2,468	226	3,098	284	3,872	355	4,841	444
45 - 49	1,134	104	1,978	181	2,439	224	2,880	264	3,615	331	4,518	414	5,648	518
50 - 54	1,782	163	3,097	284	3,732	342	4,496	412	5,684	521	7,104	651	8,881	814
55 - 59	1,832	168	3,183	292	3,837	352	4,622	424	5,843	536	7,304	670	9,130	837
60	1,882	173	3,270	300	3,941	361	4,748	435	6,003	550	7,503	688	9,379	860
61	1,932	177	3,357	308	4,046	371	4,874	447	6,162	565	7,702	706	9,628	883
62	1,982	182	3,444	316	4,151	381	5,000	459	6,322	580	7,902	725	9,877	906
63	2,032	186	3,531	324	4,255	390	5,126	470	6,481	594	8,101	743	10,127	929
64	2,082	191	3,618	332	4,360	400	5,252	482	6,641	609	8,300	761	10,376	951
65 ⁺	2,610	239	4,677	429	5,635	517	6,789	623	8,174	750	10,218	937	12,772	1,171
66 ⁺	3,138	288	5,623	516	6,775	621	8,163	749	9,827	901	12,285	1,127	15,356	1,408
67 ⁺	3,438	315	6,161	565	7,423	681	8,943	820	10,767	987	13,460	1,234	16,824	1,543
68 ⁺	3,738	343	6,698	614	8,071	740	9,723	892	11,706	1,073	14,634	1,342	18,292	1,677
69 ⁺	4,138	379	7,415	680	8,935	819	10,764	987	12,959	1,188	16,200	1,486	20,249	1,857
70 ⁺	4,408	404	8,178	750	9,853	904	11,871	1,089	14,851	1,362	18,563	1,702	23,203	2,128
71 ⁺	4,678	429	8,679	796	10,457	959	12,599	1,155	15,760	1,445	19,700	1,806	24,625	2,258
72 ⁺	4,948	454	9,180	842	11,061	1,014	13,326	1,222	16,670	1,529	20,837	1,911	26,046	2,388
73 ⁺	5,218	478	9,681	888	11,664	1,070	14,053	1,289	17,579	1,612	21,974	2,015	27,467	2,519
74 ⁺	5,488	503	10,182	934	12,268	1,125	14,780	1,355	18,489	1,695	23,111	2,119	28,888	2,649
75 ⁺	5,758	528	10,723	983	12,921	1,185	15,567	1,427	19,579	1,795	24,475	2,244	30,593	2,805
76 ⁺	6,028	553	11,226	1,029	13,526	1,240	16,297	1,494	20,497	1,880	25,622	2,350	32,027	2,937
77 ⁺	6,298	578	11,729	1,076	14,132	1,296	17,027	1,561	21,416	1,964	26,770	2,455	33,462	3,068
78 ⁺	6,568	602	12,232	1,122	14,738	1,351	17,757	1,628	22,334	2,048	27,918	2,560	34,896	3,200
79 ⁺	6,838	627	12,735	1,168	15,344	1,407	18,486	1,695	23,252	2,132	29,065	2,665	36,331	3,332
80 ⁺	7,108	652	13,237	1,214	15,950	1,463	19,216	1,762	24,170	2,216	30,213	2,771	37,765	3,463
81 ⁺	7,378	677	13,740	1,260	16,556	1,518	19,946	1,829	25,088	2,301	31,361	2,876	39,200	3,595
82 ⁺	7,648	701	14,243	1,306	17,162	1,574	20,676	1,896	26,006	2,385	32,508	2,981	40,634	3,726
83 ⁺	7,918	726	14,746	1,352	17,767	1,629	21,406	1,963	26,924	2,469	33,656	3,086	42,069	3,858
84 ⁺	8,188	751	15,249	1,398	18,373	1,685	22,136	2,030	27,842	2,553	34,804	3,192	43,503	3,989
85 ⁺	8,458	776	15,751	1,444	18,979	1,740	22,866	2,097	28,760	2,637	35,951	3,297	44,938	4,121
86 ⁺	9,394	861	18,201	1,669	21,930	2,011	26,420	2,423	31,704	2,907	39,630	3,634	49,538	4,543
87 ⁺	9,494	871	18,395	1,687	22,163	2,032	26,701	2,448	32,041	2,938	40,052	3,673	50,065	4,591
88 ⁺	9,594	880	18,589	1,705	22,396	2,054	26,982	2,474	32,379	2,969	40,474	3,711	50,592	4,639
89 ⁺	9,694	889	18,782	1,722	22,630	2,075	27,264	2,500	32,716	3,000	40,896	3,750	51,120	4,688
90 ⁺	9,794	898	18,976	1,740	22,863	2,097	27,545	2,526	33,054	3,031	41,317	3,789	51,647	4,736
91 ⁺	9,894	907	19,170	1,758	23,097	2,118	27,826	2,552	33,391	3,062	41,739	3,827	52,174	4,784
92 ⁺	9,994	916	19,364	1,776	23,330	2,139	28,107	2,577	33,729	3,093	42,161	3,866	52,702	4,833
93 ⁺	10,094	926	19,557	1,793	23,564	2,161	28,389	2,603	34,066	3,124	42,583	3,905	53,229	4,881
94 ⁺	10,194	935	19,751	1,811	23,797	2,182	28,670	2,629	34,404	3,155	43,005	3,944	53,756	4,929
95 ⁺	10,294	944	19,945	1,829	24,031	2,204	28,951	2,655	34,741	3,186	43,427	3,982	54,284	4,978
96 ⁺	10,394	953	20,139	1,847	24,264	2,225	29,232	2,681	35,079	3,217	43,849	4,021	54,811	5,026
97 ⁺	10,494	962	20,332	1,864	24,497	2,246	29,514	2,706	35,416	3,248	44,270	4,060	55,338	5,074
98 ⁺	10,594	971	20,526	1,882	24,731	2,268	29,795	2,732	35,754	3,279	44,692	4,098	55,866	5,123
99 ⁺	10,694	980	20,720	1,900	24,964	2,289	30,076	2,758	36,091	3,310	45,114	4,137	56,393	5,171
100 ⁺	10,794	990	20,914	1,918	25,198	2,311	30,357	2,784	36,429	3,341	45,536	4,176	56,920	5,220



Table of Premium 保費表 (Applicable on or after 31 Dec 2019 / 2019年12月31日或之後適用)

Optional Hospital & Surgical Plan 自選住院及手術保障計劃

Level of Cover 投保等級	All figures in HK\$ / 以港幣\$計算					
	Ward Bed 大房病床		Semi-Private Room 半私家病房		Private Room 私家病房	
	Annually 年繳	Monthly 月繳	Annually 年繳	Monthly 月繳	Annually 年繳	Monthly 月繳
Age Groups (Inclusive) 年齡組別 (首尾歲數計算在內)						
15 days 天 – 5 ages 歲	1,790	164	2,837	260	4,978	456
6 - 12	1,657	152	2,623	241	4,611	423
13 - 17	1,657	152	2,623	241	4,611	423
18 - 24	1,572	144	2,738	251	4,946	454
25 - 29	1,572	144	2,738	251	4,946	454
30 - 34	2,702	248	4,787	439	8,569	786
35 - 39	2,752	252	4,887	448	8,719	800
40 - 44	3,233	296	5,726	525	10,250	940
45 - 49	3,620	332	6,413	588	11,480	1,053
50 - 54	5,057	464	8,568	786	15,729	1,442
55 - 59	5,346	490	9,074	832	16,585	1,521
60	5,743	527	9,718	891	17,833	1,635
61	6,002	550	10,156	931	18,638	1,709
62	6,166	565	10,434	957	19,147	1,756
63	6,334	581	10,718	983	19,669	1,804
64	6,506	597	11,009	1,010	20,203	1,853
65*	9,425	864	16,063	1,473	30,415	2,789
66*	9,545	875	16,996	1,559	30,915	2,835
67*	9,665	886	18,013	1,652	31,415	2,881
68*	9,785	897	19,121	1,753	31,915	2,927
69*	9,905	908	20,329	1,864	32,415	2,972
70*	10,025	919	21,245	1,948	32,915	3,018
71*	10,145	930	21,880	2,006	33,415	3,064
72*	10,265	941	22,189	2,035	33,915	3,110
73*	10,385	952	22,254	2,041	34,415	3,156
74*	10,505	963	22,320	2,047	34,915	3,202
75*	10,625	974	22,385	2,053	35,415	3,248
76*	10,745	985	22,450	2,059	35,915	3,293
77*	10,865	996	22,516	2,065	36,415	3,339
78*	10,985	1,007	22,795	2,090	36,915	3,385
79*	11,105	1,018	23,074	2,116	37,415	3,431
80*	11,225	1,029	23,354	2,142	37,915	3,477
81*	11,345	1,040	23,418	2,147	38,415	3,523
82*	11,465	1,051	23,482	2,153	38,915	3,569
83*	11,585	1,062	23,546	2,159	39,415	3,614
84*	11,705	1,073	23,610	2,165	39,915	3,660
85*	11,825	1,084	23,674	2,171	40,415	3,706
86*	11,945	1,095	23,738	2,177	40,915	3,752
87*	12,065	1,106	23,802	2,183	41,415	3,798
88*	12,185	1,117	23,866	2,189	41,915	3,844
89*	12,305	1,128	23,930	2,194	42,415	3,889
90*	12,425	1,139	23,994	2,200	42,915	3,935
91*	12,545	1,150	24,058	2,206	43,415	3,981
92*	12,665	1,161	24,122	2,212	43,915	4,027
93*	12,785	1,172	24,186	2,218	44,415	4,073
94*	12,905	1,183	24,250	2,224	44,915	4,119
95*	13,025	1,194	24,314	2,230	45,415	4,165
96*	13,145	1,205	24,378	2,235	45,915	4,210
97*	13,265	1,216	24,442	2,241	46,415	4,256
98*	13,385	1,227	24,506	2,247	46,915	4,302
99*	13,505	1,238	24,570	2,253	47,415	4,348
100 and over 100 歲或以上*	13,625	1,249	24,634	2,259	47,915	4,394

Premiums as shown above are for per person covered. 以上所示的保費按每位受保人計算。

* For renewal only. 只供續保之用。