

Zurich VHIS Series



Table of benefits

		HealthSure Voluntary Health Insurance Plan	HealthFlexi Voluntary Health Insurance Plan		HealthFlexi Plus Voluntary Health Insurance Plan
Plan information					
Plan type		Standard plan	Flexi plan		Flexi plan
Plan level		Standard	Essential	Advanced	Prestige
Territorial scope of cover		Worldwide*	Worldwide*		Asia^/Worldwide excluding the United States (US)*
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
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	Actual cost
(b)	Miscellaneous charges	14,000 per policy year	16,000 per policy year	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	
(d)	Specialist's fee ⁽²⁾	4,300 per policy year	6,000 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	
(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⁾		
(h)	Operating theatre charges	35% of surgeon's fee payable ⁽⁵⁾	35% of surgeon's fee payable ⁽⁵⁾		
(i)	Prescribed diagnostic imaging tests ⁽²⁾⁽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	40,000 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	Actual cost

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Benefit items⁽¹⁾		Benefit limit (HKD)			
(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	1,600 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 consultations 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)
(l)	Psychiatric treatments ⁽⁶⁾	30,000 per policy year	30,000 per policy year		Actual cost
Enhanced benefits					
1	Emergency outpatient benefit for accident	Not applicable	3,000 per policy year	5,000 per policy year	5,000 per policy year
2	Home nursing fees		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
5	Hospice care benefit		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				Actual cost
	(a) Specific medical aids		5,000 per policy year	10,000 per policy year	
	(b) Other medical aids		5,000 per policy year	10,000 per policy year	
8	Post-confinement rehabilitative care		10,000 per policy year	15,000 per policy year	25,000 per policy year
Optional enhanced benefit					
9	Supplementary major medical	Not applicable			Not applicable
	(a) Eligible expenses incurred in excess of the limits on the number of days under basic benefits (a), (c) or (e)				
	- Room and board		900 per day (starting from the 181 st day per policy year)	1,800 per day (starting from the 181 st day per policy year)	
	- Attending doctor's visit fee		900 per day (starting from the 181 st day per policy year)	1,800 per day (starting from the 181 st day per policy year)	
	- Intensive care		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)	

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Optional enhanced benefit					
9	(b) Reimbursement percentage of the remaining eligible expenses in excess of the benefit limits for basic benefits (b), (d), (f), (g), (h) or (j) 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	Not applicable	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	6,000,000 per policy year
	Lifetime benefit Limit for basic benefits (a) – (l), enhanced benefits 1. – 9. and other benefits 1. – 2.	Not applicable	Not applicable		25,000,000

Notes

- (1) Eligible expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above unless otherwise specified.
- (2) The company shall have the right to ask for proof of recommendation, e.g. written referral or testifying statement on the claim form by the attending doctor or registered medical practitioner.
- (3) Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
- (4) Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
- (5) The percentage here applies to the surgeon's fee actually payable or the benefit limit for the surgeon's fee according to the surgical categorisation, whichever is the lower.
- (6) This benefit shall be payable for the eligible expenses charged on the psychiatric treatment during confinement in Hong Kong as recommended by a specialist.

* Except psychiatric treatments.

^ Except psychiatric treatments. "Asia" includes Australia and New Zealand.

HealthSure Voluntary Health Insurance Plan Certification Number: S00024-01-000-02

HealthFlexi Voluntary Health Insurance Plan Certification Numbers: F00044-01-000-02, F00044-01-001-02, F00044-02-000-02, F00044-02-001-02

HealthFlexi Plus Voluntary Health Insurance Plan Certification Numbers: F00036-01-000-02, F00036-02-000-02, F00036-03-000-02, F00036-04-000-02, F00036-05-000-02, F00036-06-000-02, F00036-07-000-02, F00036-08-000-02

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