

醫療保險

Health Insurance

滙健優越醫療保險計劃

HSBC Flexi Medical Insurance Plan

全面醫療保障 靈活守護您與摯愛

All-round medical protection combining security and flexibility

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HSBC Life
滙豐保險

滙豐人壽保險（國際）有限公司澳門分公司
HSBC Life (International) Limited, Macau Branch

靈活迎合所需 提供全面保障

人生變幻無常，世事未必盡如人意。當醫療通脹不斷加劇，而對優質醫療服務的需求亦不斷上升，這時候，保障自己與摯愛減低未來疾病帶來的影響便顯得更為重要。滙健優越醫療保險計劃（「滙健優越醫療」或「您的保單」）旨在為您與摯愛提供全面的醫療保障。

產品特點概覽



本產品冊子的內容僅供參考之用。您應同時參閱保險計劃建議書及保單條款了解有關詳情。在購買本產品前，您有權索取一份保單樣本。

計劃特點

保障未知的已有病症而不設等候期¹



我們會從保單生效日起，為您合資格的疾病提供全面的醫療保障²，當中包括未知的已有病症。

90 日家中看護服務，支援復康旅程



我們明白家中看護對康復過程十分重要。所以，如您在出院或完成日間手術後需要專業合資格護士的照顧，我們可提供最多 90 日的家中看護服務，協助您專心休養。

全面醫療保障，全方位守護健康



全額支付² 住院及手術費用

當您面對醫療需要，我們將全額支付您的住院及手術費用而不設細項賠償限額，讓您毋須擔心不可預期的醫療開支。



涵蓋手術及非手術癌症治療

假若您不幸確診癌症，我們會為合資格的治療費用提供全額保障，當中包括手術及非手術治療，金額高達您所選計劃的每年總保障限額。



額外保障

計劃更備有例如器官移植的捐贈者保障、醫療裝置及復康保障，全面照顧您的醫療所需。

靈活選項，輕鬆無憂



靈活計劃選項

4 個計劃選項（銅級、銀級、金級和鑽級）、3 個不同地域保障範圍，以及由澳門幣 0 元至澳門幣 100,000 元或 0 美元至 12,500 美元 4 個等級的每年自付費以供選擇，迎合您的醫療所需。



病房級別細則簡單，免卻不滿的索償結果

我們會根據您所選醫院自訂的病房級別作定義。您只需跟從計劃可享病房級別作出選擇，而毋須擔心索償調整。



醫院免找數服務

您只要獲得我們的預先批核，便毋須擔心在指定醫院的預付醫療費用。

計劃特點

增值服務，無論在家或外地均享保障



第二醫療意見³

如您不幸確診保單中所列的任何嚴重疾病，我們可協助您於醫療網絡名單上的網絡醫生或其他醫療專家尋求第二醫療意見。



全球緊急支援⁴

您可自動享有由我們合作夥伴 Allianz Partners 提供的全球緊急支援。當您身處海外公幹或旅行時，一旦遇上緊急事故，只需聯絡 24 小時緊急援助中心，便可獲得協助。

保費折扣，唯您與摯愛專享



無索償折扣⁵

我們為您送上**無索償折扣**的保費優惠，以鼓勵您保持身體健康。如您連續 3 年沒有索償或未曾作出索償，便可以享有保費折扣，而折扣會如下圖所示，隨無索償期的年度逐年遞增：

於續保前的無索償期	無索償折扣百分比
連續 3 個保單年度	5%
連續 4 個保單年度	10%
連續 5 個或往後保單年度	15%



家庭成員投保， 專享折扣優惠

您可獲享 **10% 保費折扣** 優惠，如：

1. 您的「家庭成員」為「滙健優越醫療」的現有受保人；或
2. 您與您的「家庭成員」同時成功投保

符合享有家庭成員保費折扣人士：

- 保單持有人；
- 保單持有人的配偶或伴侶⁶；
- 保單持有人或保單持有人配偶或伴侶⁶ 的子女（包括繼子女及合法領養子女）；
- 保單持有人或保單持有人配偶或伴侶⁶ 的父母（包括繼父母及合法之無血緣關係的父母）；
- 保單持有人或保單持有人配偶或伴侶⁶ 的兄弟姐妹（包括繼兄弟姐妹及合法之無血緣關係的兄弟姐妹）；或
- 保單持有人或保單持有人配偶或伴侶⁶ 的祖父母/ 外祖父母（包括繼祖父母/ 外祖父母及合法之無血緣關係的祖父母/ 外祖父母）

參考 Chris 的個案



Chris, 40 歲, 在一間跨國企業擔任人事部經理, 作為一家之主, 生活節奏緊張, 工作忙碌、壓力大。

他的太太今年 35 歲, 二人育有一名 6 歲的兒子。在努力工作的同時, Chris 也希望為自己及家人擁有全面的醫療保障, 以面對突如其來的事情。有見及此, 他投保了「滙健優越醫療保險計劃」。

Chris 投保了「滙健優越醫療保險計劃」, 以滿足他所需。

保單持有人及受保人	Chris	每年保障限額	澳門幣 5,000,000 元
投保年齡 ⁷	40	每年自付費	無
保障級別	銅級	每年保費	澳門幣 10,926 元

情境：有一天, Chris 突然感到呼吸不暢順及手臂麻痺, 經診斷後不幸發現心臟血管閉塞。醫生建議他進行俗稱「通波仔」的球囊動脈成形術, 並需要住院三天。在「滙健優越醫療」的保障下, 澳門幣 279,460 元的醫療開支總額可獲得全數賠償並沒有等候期, 守護 Chris 面對財務重擔, 更讓他無後顧之憂, 專心復康之旅。

醫院及手術項目	實際醫療開支	「滙健優越醫療 – 銅級」的實際賠償
病房及膳食 (三天)	澳門幣 3,180 元	全額支付
指定醫療裝置及雜項開支	(澳門幣 60,000 元 X 3 + 澳門幣 12,100 元) 澳門幣 192,100 元	全額支付
主診醫生巡房費	澳門幣 3,180 元	全額支付
外科醫生費	澳門幣 55,000 元	全額支付
手術室費	澳門幣 25,000 元	全額支付
入院前或出院後/ 日間手術前後的門診護理	澳門幣 1,000 元	全額支付
費用總額/ 賠償總額	澳門幣 279,460 元	澳門幣 279,460 元 (索償比率 100%)

上述例子僅供說明, 並未包括任何折扣優惠。以上賠償還視乎項目的保障範圍及限額, 由本公司根據逐一個案而定。詳情請參閱「保障表」部分。

保障表

以下是保單的保障重點摘要。請參閱保單條款，以獲取完整的條款、保障、相關細則及不保事項。

滙健優越醫療保險計劃

	銅級	銀級	金級	鑽級
計劃摘要				
保單年期	保證每年續保至受保人 100 歲			
投保年齡⁷	15 天至 80 歲			
保障級別				
保障項目 (a) - (I) 及額外保障 (I) - (VI) 的每年保障限額	每保單年度 澳門幣 5,000,000 元/ 625,000 美元	每保單年度 澳門幣 25,000,000 元/ 3,125,000 美元	每保單年度 澳門幣 30,000,000 元/ 3,750,000 美元	每保單年度 澳門幣 40,000,000 元/ 5,000,000 美元
保障項目 (a) - (I) 及額外保障 (I) - (VI) 的終身保障限額	澳門幣 20,000,000 元/ 2,500,000 美元		無	
每年自付費選項	無/澳門幣 16,000 元 / 澳門幣 50,000 元 / 澳門幣 100,000 元或 無/ 2,000 美元/ 6,250 美元/ 12,500 美元			
地域範圍限制	大中華 ⁽¹⁾	亞洲 ⁽¹⁾ 、澳洲及紐西蘭		全球 ⁽¹⁾
可享病房級別	普通房	半私家房	標準私家房	
保障項目⁽²⁾				
(a) 病房及膳食	全額支付 ⁽³⁾			
(b) 雜項開支	全額支付 ⁽³⁾ (受規限於額外保障 (II) 「醫療裝置」的保障限額)			
(c) 主診醫生巡房費	全額支付 ⁽³⁾			
(d) 專科醫生費 ⁽⁴⁾	全額支付 ⁽³⁾			
(e) 深切治療	全額支付 ⁽³⁾ (每保單年度最多 30 日)			
(f) 外科醫生費	全額支付 ⁽³⁾ 不論手術的分類			
(g) 麻醉科醫生費	全額支付 ⁽³⁾ 不論手術的分類			
(h) 手術室費	全額支付 ⁽³⁾ 不論手術的分類			
(i) 訂明診斷成像 檢測 ^{(4) (5)}	全額支付 ⁽³⁾			
(j) 訂明非手術癌症 治療 ⁽⁶⁾	全額支付 ⁽³⁾			
(k) 入院前或出院 後/日間手術 前後的門診 護理 ⁽⁴⁾	全額支付 ⁽³⁾ 以下列明之診症： • 住院/日間手術前最多一次門診或急症診症 • 出院/日間手術後 90 日內最多三次跟進門診			
(l) 精神科治療	每保單年度 澳門幣 30,000 元 / 3,750 美元		每保單年度 澳門幣 50,000 元 / 6,250 美元	
額外保障				
(l) 出院後/日間 手術後的門診 物理治療 ⁽⁴⁾	每保單年度 澳門幣 3,000 元 / 375 美元	每保單年度 澳門幣 6,000 元 / 750 美元	每保單年度 澳門幣 10,000 元 / 1,250 美元	每保單年度 澳門幣 30,000 元 / 3,750 美元
	(出院/日間手術後 90 日內及只有當保障項目 (k) 的保障耗盡時 才作出賠償，最多每日一次)			

保障表

滙健優越醫療保險計劃

	銅級	銀級	金級	鑽級
(II) 醫療裝置	指定項目：全額支付 ⁽³⁾ 其他項目：每保單年度澳門幣 150,000 元 / 18,750 美元			指定項目：全額支付 ⁽³⁾ 其他項目：每保單年度 澳門幣 300,000 元 / 37,500 美元
(III) 住院陪床	全額支付 ⁽³⁾			
(IV) 門診洗腎	全額支付 ⁽³⁾			
(V) 家中看護 ⁽⁴⁾	全額支付 ⁽³⁾ (出院 / 日間手術後 90 日內；限於每日由一位合資格護士提供家中看護服務及 每保單年度最多 90 日)			
(VI) 器官移植的捐贈者保障	器官移植總額之 30%			
(VII) 私人看護 ⁽⁴⁾	全額支付 ⁽³⁾ (限於每日由一位合資格護士提供私人看護服務及每保單年度最多 30 日)			
(VIII) 復康保障 ⁽⁴⁾	每保單年度澳門幣 80,000 元 / 10,000 美元，每保單年度最多 90 日			
(IX) 善終服務和安寧療護 ⁽⁴⁾	不適用			每保單年度 澳門幣 80,000 元 / 10,000 美元， 每保單年度最多 30 日
(X) 中醫門診	不適用			每次澳門幣 600 元 / 75 美元 每日最多一次門診， 每次出院後 / 日間手術 後最多十次門診 (出院後 / 日間手術後 90 日內適用)
(XI) 意外急症門診治療	全額支付 ⁽³⁾			

其他保障

(I) 恩恤身故賠償	澳門幣 10,000 元 / 1,250 美元		
(II) 較低級別病房現金保障	不適用	每日澳門幣 2,000 元 / 250 美元 (每次住院最多十日)	
(III) 身體檢查保障	不適用	每保單年度 澳門幣 1,000 元 / 125 美元 (由第二保單年度開始)	每保單年度 澳門幣 2,000 元 / 250 美元 (由第二保單年度開始)

註：

- (1) 大中華是指中國內地、香港特別行政區、澳門特別行政區及台灣。亞洲是指阿富汗、孟加拉、不丹、汶萊、大中華、印度、印尼、日本、哈薩克、吉爾吉斯、老撾、馬來西亞、馬爾代夫、蒙古、緬甸、尼泊爾、菲律賓、新加坡、南韓、塔吉克、泰國、東帝汶、土庫曼、烏茲別克及越南。全球是指無地域限制範圍。只適用於澳門及香港的精神科治療及較低級別病房現金保障除外。詳情請參閱「額外保障條款」批註。
- (2) 同一項目的合資格費用不可獲上述表中多於一個保障項目的賠償(另有說明除外)。
- (3) 全額支付是指按本計劃的條款及保障應支付的合資格費用及其他費用。
- (4) 本公司有權要求有關書面建議的證明，例如轉介信或由主診醫生或註冊醫生在索償申請表內提供的陳述。
- (5) 檢測只包括電腦斷層掃描("CT" 掃描)、磁力共振掃描("MRI" 掃描)、正電子放射斷層掃描("PET" 掃描)、PET-CT 組合及 PET-MRI 組合。
- (6) 治療只包括放射性治療(包括質子治療)、化療、標靶治療、免疫治療及荷爾蒙治療。

此保障表受限於保單條款的條款和保障，並應與保單條款一併閱讀。

重要事項

核保的披露責任 您必須披露所有影響本公司作出核保決定的資料。本公司有權就故意失實陳述或欺詐的情況宣告保單無效。若您在提交文件中，錯誤申報非健康資料（包括但不限於年齡），本公司有權根據正確資料調整過去、現在及將來的保費或根據法律規定宣告保單無效或終止保單。

冷靜期 「滙健優越醫療保險計劃」是一份醫療保險計劃，其並非等同於或類似任何類型的銀行存款。部分保費將付作保險及相關之費用，包括但不限於開立保單，售後服務及索償之費用。

如您對保單不滿意、或保單之保障跟您原有的保險計劃之保障重疊或高於您的需要，您有權以書面通知要求滙豐人壽保險（國際）有限公司澳門分公司* 取消保單及取回所有已繳交的保費。如要取消，您要求取消保單的書面通知必須由您簽署並由滙豐人壽保險（國際）有限公司澳門分公司位於澳門南灣大馬路 619 號時代商業中心 1 字樓的辦事處於「冷靜期」內直接收到（即是為緊接本條款及保障和保單資料頁或冷靜期通知書交付予您或您的指定代表之日起計的 21 個曆日內（以較早者為準））。

若曾獲賠償或將獲得賠償，則不獲發還保費。上述取消的權利並不適用於續保。在此情況下，本條款及保障將被視為由保單生效日起終止，本公司亦無須承擔任何賠償責任。

取消保單 冷靜期過後，您可以在 30 日前以書面方式通知本公司要求取消本保單。

保費調整 首次保費將根據您於保單簽發時的年齡及其他因素（包括但不限於您的風險級別，以及保單之保障級別）計算。保費並非保證不變，本公司可在任何一個保單週年日更改保費。根據「滙健優越醫療保險計劃」的條款及保障第四部分第二節所述，本公司將有權在續保時按當時採用的標準保費表向所有同一類別保單調整標準保費。我們考慮的因素包括但不限於 (i) 本公司的索償及保單續保率及 (ii) 預期未來的理賠支出（反映所有保單因醫療趨勢、醫療成本通脹及計劃內容改動所帶來的影響）。

自殺條款 若受保人於本計劃的保單生效日起計一年內自殺身故，無論自殺當時受保人的神志是否正常，將不獲支付本保單應付的恩恤身故賠償。

* 滙豐人壽保險（國際）有限公司澳門分公司是滙豐人壽保險（國際）有限公司於澳門特別行政區成立的分公司。

重要事項

保單終止條款

我們有權於以下任何情況之下終止您的保單：

- 保單持有人在 31 天的寬限期屆滿時仍未繳交保費；
 - 受保人身故翌日；或
 - 若本保單在適用於保單持有人或受保人的法律下已經或將會不合法
- 有關終止條款的詳情請參閱保單條款。

醫療所需

「醫療所需」是指按照一般公認的醫療標準，就診斷或治療相關傷病接受醫療服務的需要，而醫療服務必須符合下列條件

- (a) 需要註冊醫生的專業知識或轉介；
- (b) 符合該傷病的診斷及治療所需；
- (c) 按良好而審慎的醫學標準及主診註冊醫生審慎的專業判斷提供，而非主要為對您、其家庭成員、照顧人員或主診註冊醫生帶來方便或舒適而提供；
- (d) 在環境最適當及符合一般公認的醫療標準的設備下，提供醫療服務；及
- (e) 按主診註冊醫生審慎的專業判斷，以最適當的水平向您安全及有效地提供

合理及慣常

本公司必須參照以下資料（如適用）以釐定合理及慣常收費：

- 由保險或醫學業界進行的治療或服務費用統計及調查；
- 公司內部或業界的賠償統計；
- 政府憲報；及/ 或
- 提供治療、服務或物料當地的其他相關參考資料

適用法例

規管您的保單的法律為澳門法律。然而，如在澳門特別行政區內提出任何爭議，則澳門特別行政區法院的非專屬司法管轄權將適用。

主要風險及不保事項

信貸風險及無力償債風險

「滙健優越醫療」乃一份由滙豐人壽保險(國際)有限公司澳門分公司簽發的保單。您須承受我們的信貸風險，因您支付的所有保費將成為我們資產的一部分，惟您對我們的任何資產均沒有任何權利或擁有權。在任何情況下，您只可向我們追討賠償。

延誤或漏繳到期保費的風險

如有任何延誤或漏繳到期保費，可能會導致保單終止。若您的保單失效，將不獲發還已繳保費。

通脹風險

您必須考慮通貨膨脹風險，因為這可能導致將來的生活費較今天的為高。由於通貨膨脹風險的緣故，您須預期即使我們已盡其所能履行保單責任，您或您所指定的受益人將來收到的實質金額仍可能較低。

主要不保事項

本公司將不會賠償與下列項目相關或由其引致的費用：

- 非醫療所需治療、治療程序、藥物、檢測或服務。
- 純粹為接受診斷程序或專職醫療服務(包括但不限於物理治療、職業治療及言語治療)而住院，該住院期間所招致的全部或部分費用。
- 在保單生效日前，因感染或出現人體免疫力缺乏病毒("HIV")及其相關的傷病，惟因性侵犯、醫療援助、器官移植、輸血或捐血、或出生時受 HIV 感染所引致的傷病則除外。
- 倚賴或過量服用藥物、酒精、毒品或類似物質(或受其影響)、故意自殘身體或企圖自殺、參與非法活動、或性病及經由性接觸傳染的疾病或其後遺症。
- 以美容或整容為目的的服務，惟因意外而受傷除外，或矯正視力或屈光不正的服務，而該等視力問題可透過驗配眼鏡或隱形眼鏡矯正，包括但不限於角膜激光矯視手術。
- 預防性治療及預防性護理，包括但不限於並無症狀下的一般身體檢查、定期檢測或篩查程序。
- 牙科醫生進行的牙科治療及口腔頷面手術，惟因意外引致在住院期間接受的急症治療及手術則除外。
- 醫療服務及輔導服務的費用 - 產科狀況及其併發症，包括但不限於懷孕、分娩、墮胎或流產的診斷檢測；節育或恢復生育。
- 購買屬耐用用品的醫療設備及儀器，包括但不限於輪椅、助聽器及非處方藥物等。
- 傳統中醫治療(適用於鑽級之中醫門診除外)，包括但不限於中草藥治療、跌打、針灸以及另類治療，包括但不限於氣功、按摩治療、香薰治療。
- 實驗性或未經證實醫療成效的醫療技術或治療程序。
- 受保人 8 歲前發病或確診的先天性疾病。
- 已獲任何法律，或由任何政府、僱主或第三方提供的醫療或保險計劃賠償的合資格費用。
- 戰爭(不論宣戰與否)、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義、或軍事政變或奪權事故。

上述只供參考，有關全部及詳細不保事項，請參閱此計劃之保單條款。

註

1. 「投保前已有病症」是指受保人於保單簽發日或保單生效日（以較早日期為準）前已存在的任何不適、疾病、受傷、生理、心理或醫療狀況或機能退化，包括先天性疾病。在以下情況發生時，一般審慎人士理應已可察覺到投保前已有病症 - (a) 病症已被確診；或 (b) 病症已出現清楚明顯的病徵或症狀；或 (c) 已尋求、獲得或接受病症的醫療建議或治療。本公司可對在投保申請文件及任何其後就相關申請提交予本公司的資料或文件中披露的投保前已有病症加設個別不保項目。「未知的投保前已有病症」指保單持有人及/或受保人在投保時不察覺，及理應不察覺的投保前已有病症。有關詳細條款及細則，請參閱保單條款。
2. 全額支付指根據本保單的條款及保障所支付的實際合資格醫療費用及其他費用。
3. 第二醫療意見是由獨立的醫療服務機構提供。該機構為獨立的承辦商，並非本公司的代理。本公司不須就該醫療機構及/或醫院向保單持有人或任何受保人士所提供的醫療意見及任何有關事項而承擔責任。本公司不時修訂有關條款及細則之權利而不作預先通知。
4. 此服務受全球緊急支援服務之條款及細則約束。本公司保留不時修訂有關條款及細則之權利而不作預先通知。這項是自選服務，客戶可以書面通知本公司退出這項服務。
5. 若在扣除無索償折扣後，本公司須就前 5 個保單年度作出的索償按「本保單」支付賠償，則無索償折扣應納入相關應付索償而重新計算，及保單持有人須向本公司交回重新計算的金額與實際支付予保單持有人的無索償折扣之間的差額。
6. 伴侶是指與保單持有人忠誠地保持持續、以及唯一的關係的人士（不論同性或異性），及/或兩人自願在類似夫妻狀況下生活。
7. 除文義另有所指外，本產品冊子提及的年齡均指受保人上一次生日的年齡。

更多資料

策劃未來的理財方案，是人生的重要一步。我們樂意助您評估目前及未來的需要，讓您進一步了解「滙健優越醫療」如何助您實現目標。歡迎與我們聯絡，以安排進行理財計劃評估。

瀏覽 www.hsbc.com.mo/insurance

親臨 任何一間滙豐分行

預約 會面，馬上掃描二維碼



滙健優越醫療保險計劃

滙豐人壽保險(國際)有限公司

HSBC Life (International) Limited 滙豐人壽保險(國際)有限公司是於百慕達註冊成立之有限公司,及為滙豐集團旗下從事承保業務的附屬公司之一。

香港特別行政區辦事處

香港九龍深旺道 1 號滙豐中心 1 座 18 樓

滙豐人壽保險(國際)有限公司澳門分公司

HSBC Life (International) Limited, Macau Branch 滙豐人壽保險(國際)有限公司澳門分公司(「本公司」或「我們」)是根據澳門法律成立之分公司。本公司為滙豐集團旗下從事承保業務的附屬公司之一。

澳門特別行政區辦事處

澳門南灣大馬路 619 號時代商業中心 1 字樓

本公司獲澳門金融管理局授權及受其監管,於澳門特別行政區經營長期保險業務。

對於滙豐人壽保險(國際)有限公司(「滙豐保險」)與您之間因銷售過程或處理有關交易而產生的合資格爭議(定義見金融消費糾紛調解計劃的受理範圍),滙豐保險須與您進行金融消費糾紛調解計劃程序;此外,有關涉及您上述保單條款及細則的任何糾紛,將直接由本公司與您共同解決。

本公司對本產品冊子所刊載資料的準確性承擔全部責任,並確認在作出一切合理查詢後,盡其所知所信,本產品冊子並無遺漏足以令其任何聲明具誤導成份的其他事實。本產品冊子所刊載之資料乃一摘要。有關詳盡的條款及細則,請參閱您的保單。

2022 年 1 月

滙豐人壽保險(國際)有限公司榮獲以下獎項:



Flexible and comprehensive coverage to meet your needs

Life can be surprising, but not always in desirable ways. At a time when medical inflation is accelerating with the rising demand for quality medical services, it is important to safeguard your future and that of your loved ones against the consequences of unexpected illnesses. HSBC Flexi Medical Insurance Plan ("HSBC Flexi Medical" or "your policy") is designed to provide you and your loved ones with all-round medical coverage.

Product features at a glance



The contents of this product brochure are for reference only, and should be read in conjunction with the relevant insurance proposal and policy provisions. Before committing to this product, you have the right to request a sample policy contract.

Key features

No waiting period for unknown pre-existing conditions¹



We will provide you with the full medical coverage² immediately starting from the policy's effective date for any eligible illnesses, including those arising from unknown pre-existing conditions.

90-day home nursing services to support your recovery journey



We understand the importance of home nursing services to recovering patients. We will provide up to 90 days of home nursing service if you need a qualified nurse after your hospital discharge or the completion of a day case procedure.

All-round medical protection to provide comprehensive care



Full coverage² for hospitalisation and surgical fees

In the event that you require medical care, we will fully cover your **hospitalisation and surgical fees without sub-limits**, thus removing any uncertainty about out-of-pocket expenses.



Surgical and non-surgical cancer treatments are both covered

If you are unfortunately diagnosed with cancer, we will provide **full coverage of eligible treatment expenses**, both surgical or non-surgical, up to the total annual benefit limit of your chosen plan.



Additional benefits

Such as **donor's benefit for organ transplantation, medical implants and rehabilitation benefit** can give you a more comprehensive medical care.

Flexible options for your peace of mind



Flexible plan options

4 plan options (Bronze, Silver, Gold and Diamond), coverage for 3 geographic locations/regions and 4 levels of annual deductibles ranging from MOP0 to MOP100,000 or USD0 to USD12,500 are available to suit your medical needs.



Simple hospital-defined ward class levels to avoid undesirable claim outcome

We will follow your chosen **hospital's own definitions** of ward class levels. You just need to choose the room type as per your plan coverage, secure in the knowledge that no claim adjustment will be applied.



Cashless Arrangement in hospitals

You won't need to worry about any upfront out-of-pocket expenses in a medical situation in designated hospitals as long as you have **obtained pre-authorisation** from us.

Key features

Value-added services for your protection at home and abroad



Second medical opinion³

If you are unfortunately diagnosed with any of the critical illnesses covered in your policy, we can help you obtain a second medical opinion upon request from a network doctor or other medical experts.



Worldwide emergency assistance⁴

You will automatically be entitled to the worldwide emergency assistance service provided by our partner, Allianz Partners. In the event of an emergency during a business trip or holiday, you can simply call the 24-hour worldwide emergency and medical helpline for assistance.

Premium discounts for you and your loved ones



No claim discount⁵

You can enjoy a **no-claim discount** on your premium for taking good care of your health. If you have not received any benefits or submitted a claim for 3 consecutive policy years, you will start to enjoy a premium discount which increases each year with your claim-free period as follows:

Claim-free period preceding a renewal date	No-claim discount percentage
3 consecutive policy years	5%
4 consecutive policy years	10%
5 or more consecutive policy years	15%



Family discount

A **10% premium discount** will be offered if

1. Your family member(s) is currently insured under HSBC Flexi Medical; or
2. You and your family member(s) successfully enrol for the policy at the same time

Eligibility for enjoying the family discount:

- The policyholder;
- Spouse or partner⁶ of the policyholder;
- Child of the policyholder or the policyholder's spouse or partner⁶ (including any step-child and legally adopted child);
- Parents of the policyholder or the policyholder's spouse or partner⁶ (including any step-parents and legally adoptive parents);
- Siblings of the policyholder or the policyholder's spouse or partner⁶ (including any step-siblings and legally adoptive siblings); and
- Grandparents of the policyholder or the policyholder's spouse or partner⁶ (including any step-grandparents and legally adoptive grandparents)

For more details of the pre-authorisation, medical claim procedures and value-added services, please refer to the User Guide on www.hsbc.com.mo (HSBC Macau > Insurance > HSBC Flexi Medical Insurance Plan).

Let's look at Chris's story



Chris, a 40-year-old senior human resources manager of a multinational company, lives a stressful life as the head of the family.

He has a 35-year-old wife and a 6-year-old son. While he is working hard for his career, he also wants to ensure comprehensive medical protection for himself and his family against the unexpected. He has therefore purchased a HSBC Flexi Medical Insurance Plan to enjoy the protection.

Chris chooses HSBC Flexi Medical Insurance Plan to meet his needs:

Policyholder and insured person	Chris	Annual benefit limit	MOP5,000,000
Issue age⁷	40	Annual deductible amount	Nil
Benefit level	Bronze	Annual premium	MOP10,926

Scenario: One day, Chris is unfortunately found to have blocked heart blood vessels after experiencing shortness of breath and arm paralysis. His doctor recommends Percutaneous Coronary Intervention surgery with stents and a 3-day hospital stay. With HSBC Flexi Medical, **the total amount of MOP279,460** is fully covered with no waiting period, protecting Chris against the serious financial burden and giving him peace of mind during his recovery journey.

Hospital and surgical items	Actual medical expenses	Actual reimbursement of HSBC Flexi Medical (Bronze)
Room and board (3 days)	MOP3,180	Full cover
Specified medical implants and miscellaneous charges	(MOP60,000 x 3 + MOP12,100) MOP192,100	Full cover
Attending doctor's visit fee	MOP3,180	Full cover
Surgeon's fee	MOP55,000	Full cover
Operating theatre charges	MOP25,000	Full cover
Pre- and post-confinement/ Day case procedure outpatient care	MOP1,000	Full cover
Total fees/Claimable amount	MOP279,460	MOP279,460 (Claim ratio 100%)

The above example is for illustrative purposes only without discounts. The above is also subject to plan coverage and item sub-limit, which will be determined by the Company at the discretion on a case by case basis. Please refer to the "Benefit schedule" section for details.

Benefit schedule

Below is a summary of the key benefits of the policy. Please refer to your Policy Provisions for the full list of benefits, terms, conditions and exclusions.

HSBC Flexi Medical Insurance Plan				
	Bronze level	Silver level	Gold level	Diamond level
Product summary				
Policy term	Guaranteed renewable annually up to age 100 of the insured person			
Issue age⁷	15 days to age 80			
Benefit level				
Annual benefit limit for benefit items (a) - (I) and enhanced benefits (I) - (VI)	MOP5,000,000/ USD625,000 per policy year	MOP25,000,000/ USD3,125,000 per policy year	MOP30,000,000/ USD3,750,000 per policy year	MOP40,000,000/ USD5,000,000 per policy year
Lifetime benefit limit for benefit items (a) - (I) and enhanced benefits (I) - (VI)	MOP20,000,000/ USD2,500,000	Nil		
Annual deductible option	Nil/MOP16,000/MOP50,000/MOP100,000 or Nil/USD2,000/USD6,250/USD12,500			
Geographic limitation	Greater China ⁽¹⁾	Asia ⁽¹⁾ , Australia and New Zealand		Worldwide ⁽¹⁾
Entitled ward class	General ward	Semi-private room	Standard private room	
Benefit items⁽²⁾				
(a) Room and board	Full cover ⁽³⁾			
(b) Miscellaneous charges	Full cover ⁽³⁾ (subject to limit of benefit (II) "medical implants" under enhanced benefits)			
(c) Attending doctor's visit fee	Full cover ⁽³⁾			
(d) Specialist's fee ⁽⁴⁾	Full cover ⁽³⁾			
(e) Intensive care	Full cover ⁽³⁾ (Maximum 30 days per policy year)			
(f) Surgeon's fee	Full cover ⁽³⁾ regardless of the surgical category			
(g) Anaesthetist's fee				
(h) Operating theatre charges				
(i) Prescribed diagnostic imaging tests ^{(4) (5)}	Full cover ⁽³⁾			
(j) Prescribed non-surgical cancer treatments ⁽⁶⁾	Full cover ⁽³⁾			
(k) Pre- and post-confinement/Day case procedure outpatient care ⁽⁴⁾	Full cover ⁽³⁾ for the following specified visits: <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) 			
(l) Psychiatric treatments	MOP30,000/USD3,750 per policy year			MOP50,000/ USD6,250 per policy year
Enhanced benefits				
(l) Post-confinement/Day case procedure outpatient physiotherapy ⁽⁴⁾	MOP3,000/ USD375 per policy year	MOP6,000/ USD750 per policy year	MOP10,000/ USD1,250 per policy year	MOP30,000/ USD3,750 per policy year
(within 90 days after discharge from hospital or completion of day case procedure and payable only if benefit item (k) is exhausted, maximum 1 visit per day)				

Benefit schedule

HSBC Flexi Medical Insurance Plan			
	Bronze level	Silver level	Diamond level
(II) Medical implants		Specified items: Full cover ⁽³⁾ Other items: MOP150,000/USD18,750 per policy year	Specified items: Full cover ⁽³⁾ Other items: MOP300,000/ USD37,500 per policy year
(III) Companion bed		Full cover ⁽³⁾	
(IV) Outpatient kidney dialysis		Full cover ⁽³⁾	
(V) Home nursing ⁽⁴⁾	(within 90 days after discharge from hospital or completion of day case procedure; home nursing services provided by 1 qualified nurse per day for a maximum of 90 days per policy year)	Full cover ⁽³⁾	
(VI) Donor's benefit for organ transplantation		30% of total transplantation cost	
(VII) Private nursing ⁽⁴⁾	(private nursing services provided by 1 qualified nurse per day for a maximum of 30 days per policy year)	Full cover ⁽³⁾	
(VIII) Rehabilitation benefit ⁽⁴⁾		MOP80,000/USD10,000 per policy year, up to 90 days per policy year	
(IX) Hospice and palliative ⁽⁴⁾		N/A	MOP80,000/USD10,000 per policy year, up to 30 days per policy year
(X) Chinese medicine practitioner outpatient care		N/A	MOP600/USD75 per visit Maximum 1 follow-up outpatient visit per day, maximum 10 follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)
(XI) Emergency outpatient treatment for accident		Full cover ⁽³⁾	
Other benefits			
(I) Compassionate death benefit		MOP10,000/USD1,250	
(II) Cash benefit for lower ward class	N/A		MOP2,000/USD250 per day (Maximum 10 days per confinement)
(III) Check-up benefit	N/A		MOP1,000/USD125 per policy year (Starting from the 2 nd policy year)
			MOP2,000/USD250 per policy year (Starting from the 2 nd policy year)

Notes:

- (1) Greater China shall mean mainland China, Hong Kong SAR, Macau SAR and Taiwan. Asia shall mean Afghanistan, Bangladesh, Bhutan, Brunei, Greater China, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Philippines, Singapore, South Korea, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam. Worldwide shall mean no geographical limitation. Except for psychiatric treatment and cash benefit for lower ward class are applicable to Macau and Hong Kong only. Please refer to the Additional Benefit Provisions Endorsement for more details.
- (2) 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.
- (3) Full cover shall mean the actual amount of eligible expenses and other expenses charged and payable in accordance to the terms and benefits of your policy.
- (4) The Company shall have the right to ask for proof of recommendation, eg a written referral or testifying statement on the claim form by the attending doctor or a registered medical practitioner.
- (5) 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.
- (6) Treatments covered here only include radiotherapy (including proton therapy), chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

This benefit schedule is subject to and shall be read together with the terms and benefits of the Policy Provisions.

Important notes

Disclosure obligation for underwriting

You are required to declare all requisite information that would affect the underwriting decisions of the Company. The Company has the right to declare the policy void due to any misrepresentation or fraud. If the non-health related information of the insured person (including but not limited to age) is misstated in the application, the Company may adjust the premium, for the past, current or future policy year, on the basis of the correct information, or declare the policy void or terminate the policy in accordance with the law.

Cooling-off period

HSBC Flexi Medical Insurance Plan is a health insurance plan, which is not equivalent or similar to any kind of bank deposit. Part of the premium pays for the insurance and related costs including, but not limited to, policy acquisition, maintenance and claims costs.

If you are not satisfied with your policy, or our plan's coverage overlaps with your other existing protection plans coverage or exceed your needs, you have a right to cancel it within the cooling-off period and obtain a refund of any premiums by giving a written notice to HSBC Life (International) Limited, Macau Branch*. Your request to cancel must be signed by you and received directly by the office of HSBC Life (International) Limited, Macau Branch at 1/F, Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau within the cooling-off period (that is, a period of 21 calendar days immediately following the day of the delivery to you or your nominated representative of these terms and benefits and the policy schedule or the cooling-off notice; whichever is the earlier).

No refund can be made if a benefit payment has been made, is to be made or impending. The above cancellation right shall not apply at renewal. In such event, these terms and benefits shall be deemed to have been TERMINATED from the policy effective date and the Company shall not be liable to pay any benefit.

Policy cancellation

You can request to cancel the policy after the cooling-off period by giving 30 days prior written notice to the Company.

Premium adjustment

The initial premium is based on the age of the insured person at the time of policy issuance and other factors including but not limited to risk class of the insured person and the benefit level of your policy. Premiums are not guaranteed and may be changed by the Company at any of the policy anniversaries. In accordance with Section 2 of Part 4 of the Terms and Benefits of HSBC Flexi Medical Insurance Plan, the Company shall have the right to adjust the standard premium at renewal according to the prevailing standard premium schedule adopted by the Company on an overall portfolio basis. We consider factors including but not limited to (i) the Company's claims and policy persistency experience and (ii) expected claim outgo in future (reflecting the impact of medical trend, medical cost inflation and product feature revisions).

Suicide

If the insured person commits suicide within 1 year from the policy effective date of the policy, whether sane or insane, no compassionate death benefit will be payable under this policy.

* HSBC Life (International) Limited, Macau Branch is the branch office established by HSBC Life (International) Limited in the Macau SAR.

Important notes

Termination conditions

We have the right to terminate your policy under any of the following circumstances:

- Non-payment of premiums after a grace period of 31 days after the premium due date;
- The day immediately following the death of the insured person; or
- If this policy is or becomes illegal under the law applicable to the policyholder or the insured person

Please refer to the Policy Provisions for detailed terms and conditions on termination.

Medically necessary

It refers to 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

- (a) Require the expertise of, or be referred by, a registered medical practitioner;
- (b) Be consistent with the diagnosis and necessary for the investigation and treatment of the disability;
- (c) 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;
- (d) 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
- (e) 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

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

Applicable laws

The laws governing your policy are the laws of Macau. However, in the event of any dispute arising in the Macau SAR, the non-exclusive jurisdiction of the Macau SAR courts will apply.

Key risks and exclusions

Credit and insolvency risks

HSBC Flexi Medical is an insurance policy issued by HSBC Life (International) Limited, Macau Branch. **You are subject to our credit risk** because all your premiums paid become part of our assets. You do not have any rights or ownership over any of our assets. You can only claim against us under all circumstances.

Risk from the delay or missing the payment of premiums due

Delayed or missed payments **may lead to a discontinuation of your policy**. If your policy is lapsed, you will not get back the premium you have paid.

Inflation risk

You must take into account the **risk of inflation, which will likely cause the future cost of living to rise**. With inflation in place, you should expect that **you or your assigned beneficiary(ies) will receive an amount that is less in real terms in the future**, even if we have done our best to serve your policy.

Key exclusions

Under these terms and benefits, the Company shall not pay any benefits in relation to or arising from the following expenses:

- Treatments, procedures, medications, tests or services which are not medically necessary.
- For the whole or part of the confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy.
- 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.
- The dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae.
- 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 diagnostic tests for pregnancy or resulting childbirth, 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 and over-the-counter drugs etc.
- Traditional Chinese medicine treatment, except for the Chinese Medicine Practitioner outpatient care benefit payable under Diamond plan, including but not limited to herbal treatment, bone-setting, 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 8 years.
- Eligible expenses which have been reimbursed under any law, or medical programme 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.

The above list is for reference only. Please refer to your Policy Provisions for the full list of exclusions.

Endnotes

1. Pre-existing condition(s) shall mean, in respect of the insured person, any sickness, disease, injury, physical, mental or medical condition or physiological degradation, including congenital condition, that has existed prior to the policy issuance date or the policy effective date, whichever is earlier. An ordinary prudent person shall be reasonably aware of a pre-existing condition, where - (a) it has been diagnosed; (b) it has manifested clear and distinct signs or symptoms; or (c) medical advice or treatment has been sought, recommended or received. The Company may impose case-based exclusion(s) to the pre-existing condition(s) notified to the Company in the application for the plan and any subsequent information or document submitted to the Company for the purpose of the application. Unknown pre-existing condition(s) refers to any pre-existing condition(s) that the policyholder and/or insured person was not aware and would not reasonably have been aware of at the time of application. Please refer to the Policy Provisions for the full and detailed terms and conditions.
2. Full coverage shall mean the actual amount of eligible expenses and other expenses charged and payable in accordance to the terms and benefits of this policy.
3. The second medical opinion is provided by a medical service provider which is an independent contractor and is not an agent of the Company. The Company shall not be held responsible for or liable to the policyholder or of the insured person for anything in relation to such medical opinion given by the medical service provider and/or hospital. The Company reserves the right to amend the terms and conditions thereof from time to time without prior notice.
4. The provision of services is subject to the terms and conditions of the worldwide emergency assistance. The Company reserves the right to amend the terms and conditions thereof from time to time without prior notice. This is an optional service. Clients can opt-out the services by writing to the Company.
5. If after a no claim discount has been deducted, a claim incurred in respect of previous five (5) policy years becomes payable under this policy, the no claim discount shall be re-calculated by taking into account the relevant claim payable, and the policyholder shall return to the Company immediately the difference between the recalculated amount (in respect of no claim discount) and the no claim discount actually paid to the policyholder.
6. Partner shall mean a person (of the same or opposite gender) with whom an individual is committed in a continuous and exclusive relationship, and/or with whom an individual is voluntarily living in terms similar to a spouse.
7. Unless otherwise specified, all ages mentioned in this product brochure refer to the age of the insured person on his or her last birthday.

More information

Planning for your financial future is important. Let us review your current and future needs to help you decide if HSBC Flexi Medical is the right product to help you fulfil your goals. You are welcome to contact us and arrange for a financial planning review.

Click www.hsbc.com.mo/insurance

Visit any HSBC branch

Book an appointment by scanning the QR code now



HSBC Flexi Medical Insurance Plan

HSBC Life (International) Limited

HSBC Life (International) Limited is incorporated in Bermuda with limited liability, and is one of the HSBC Group's insurance underwriting subsidiaries.

Hong Kong Special Administrative Region office

18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong

HSBC Life (International) Limited, Macau Branch

HSBC Life (International) Limited, Macau Branch ("the Company", "we" or "us") is a branch incorporated in accordance with Macau laws, and is one of the HSBC Group's insurance underwriting subsidiaries.

Macau Special Administrative Region office

1/F, Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau

The Company is authorised and regulated by the Autoridade Monetária de Macau to carry on long-term insurance business in the Macau Special Administrative Region.

In respect of an eligible dispute (as defined in the admissibility scope in the Mediation Scheme for Financial Consumption Disputes) arising between HSBC Life (International) Limited ("HSBC Life") and you out of the selling process or processing of the related transaction, HSBC Life is required to enter into a Financial Consumption Dispute Mediation process with you; however, any dispute over the contractual terms of the above insurance product should be resolved between the Company and you directly.

The Company accepts full responsibility for the accuracy of the information contained in the product brochure and confirms, having made all reasonable enquiries, that to the best of its knowledge and belief there are no other facts the omission of which would make any statement misleading. The information shown therein is intended as a general summary. Please refer to your insurance policy for the detailed terms and conditions.

January 2022

HSBC Life (International) Limited is the proud winner of the following awards:

