

# ZA VHS

(Plan certification number: S00045-01-000-01 )

## Product Summary Table

Basic Feature	
Policy Currency	HKD
Issue Age <sup>1</sup>	15 days - 80 years
Maximum Coverage Age <sup>1</sup>	100
Benefit Term & Premium Payment Term	1 year
Premium Payment Frequency	Monthly / Annual
Premium Adjustment	<ul style="list-style-type: none"> <li>The premium will remain unchanged throughout the premium payment term.</li> <li>The premium rate will depend on age, gender and health conditions.</li> <li>At the end of the premium payment term, upon policy renewal, standard premiums will be adjusted based on the applicable premium rate for the insured's attained age and other factors including but not limited to medical inflation or claim performance of the plan as a whole. Be assured that we will not impose any additional rate of premium loading or apply any new benefit exclusions due to any change in your health condition during the life of your policy.</li> </ul>
Policy Renewal	<ul style="list-style-type: none"> <li>Policy renewal<sup>2</sup> is guaranteed before insured attains age 100.</li> </ul>

<sup>1</sup> Age means age of last birthday

<sup>2</sup> If the policy benefit term is longer than the number of years between the insured's attained age and the maximum coverage age (100) at the time of policy renewal, the renewed policy benefit term and premium payment term will be reduced to match the maximum coverage age.

Benefits items <sup>3</sup>	Benefit limit (in HKD)
(a) Room and board	\$750 per day (Maximum 180 days per policy year)
(b) Miscellaneous charges	\$14,000 per policy year
(c) Attending doctor's visit fee	\$750 per day (Maximum 180 days per policy year)
(d) Specialist's fee <sup>4</sup>	\$4,300 per policy year
(e) Intensive care	\$3,500 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: <ul style="list-style-type: none"> <li>• Complex: \$50,000</li> <li>• Major: \$25,000</li> <li>• Intermediate: \$12,500</li> <li>• Minor: \$5,000</li> </ul>
(g) Anaesthetist's fee	35% of surgeon's fee payable <sup>7</sup>
(h) Operating theatre charges	35% of surgeon's fee payable <sup>7</sup>
(i) Prescribed diagnostic imaging tests <sup>4,5</sup>	\$20,000 per policy year subject to 30% coinsurance
(j) Prescribed non-surgical cancer treatments <sup>4</sup>	\$80,000 per policy year
(k) Pre- and post-confinement / day case procedure outpatient care	\$580 per visit, up to \$3,000 per policy year <ul style="list-style-type: none"> <li>• 1 prior outpatient visit or emergency consultation per confinement/day case procedure</li> <li>• 3 follow-up outpatient visits per confinement/day case procedure (within 90 days after discharge from hospital or completion of day case procedure)</li> </ul>
(l) Psychiatric treatments	\$30,000 per policy year
<b><u>Other Limits</u></b>	
Annual benefit limit for benefit items (a) – (l)	\$420,000 per policy year
Lifetime benefit limit for benefit items (a) – (l)	Nil
<b><u>Other benefits: Accidental Dismemberment Benefits</u></b>	
Accidental Dismemberment Benefits will be payable when the insured person becomes Incapacitated <sup>8</sup> in consequence of sustaining injury as a result of an	

accident. The benefit items included:	
(1) Lump sum payment	\$300,000 per policy year
(2) Rehabilitation daily cover (from the day of starting rehabilitation till the end of the program, capped by 180 days. The program shall last for at least 10 days.)	\$1,000 per day
Both (1) and (2) can be claimed for a single incapacitated event.	

<sup>3</sup> Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

<sup>7</sup> 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.

<sup>8</sup> Incapacitated means

- i. the loss of a limb (physical severance at or above the wrist or ankle); or
- ii. the permanent, irrecoverable and total loss of use of the limb (at or above the wrist or ankle).

VHIS Certified Plans are officially certified by the Food and Health Bureau to have met a number of standard features to enhance consumer protection, including:

- a) Standardised policy terms and conditions with minimum benefit coverage and benefit amounts
- b) Guaranteed renewal up to the age of 100 years
- c) No lifetime benefit limit
- d) Cooling-off period of at least 21 days
- e) Premium transparency

- f) Coverages extended to include:
- i. Unknown pre-existing conditions
  - ii. Treatment of congenital conditions
  - iii. Day case procedures
  - iv. Prescribed diagnostic imaging tests
  - v. Prescribed non-surgical cancer treatments
  - vi. Psychiatric inpatient treatments in local hospitals

Moreover, taxpayer who or whose any specified relative is the policyholder of a policy issued under a Certified Plan of VHIS may claim tax deductions up to HK\$8,000 per insured person in the year of assessment for the premiums paid in relation to the Certified Plan.

For additional details of VHIS standards, please visit official Office of VHIS website ([www.vhis.gov.hk](http://www.vhis.gov.hk)).

## Important Notes

ZA VHIS (the “Plan”) is underwritten by ZA Life Limited (the “Company”). In the product summary, “we”, “our”, and “us” refer to the Company; “you” and “your” refer to the policy holder.

This brochure is for reference only. It is not, and does not form part of, a contract of insurance and is designed to provide an overview of the key features of this product. It does not contain the full set of terms and conditions of the Plan. Please refer to the policy provisions for the precise terms and conditions of this Plan.

This Plan is a hospitalization reimbursement insurance which does not provide any guaranteed cash value, dividend or maturity benefit. The benefits will only be paid according to insured event when the insured person suffers from an insured event. All premiums are paid for the insurance and related costs.

### Eligibility

Hong Kong residents with Hong Kong Identity Card.

### Key Exclusions

Under this Plan, we will not pay any benefits in relation to or arising from the following expenses:

- treatments, procedures, medications, tests or services which are not medically necessary;
- solely for the purpose of diagnostic procedures;
- solely for the purpose of 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 abortion or miscarriage, birth control or reversal of birth control;
- purchase of durable medical equipment or appliances including but not limited to wheelchairs, hearing aids or over-the-counter drugs;
- traditional Chinese medicine treatment including but not limited to herbal treatment, bone-setting and acupuncture, and other forms of alternative treatment including but not limited to qigong, massage therapy and aromatherapy;
- experimental or unproven medical technology or procedure;
- congenital condition(s) which have manifested or been diagnosed before the insured person attained the age of 8 years;
- eligible expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party; or
- war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Under this Plan, we will not pay Accidental Dismemberment Benefit resulting directly or indirectly from any of the following:

- engagement in or taking part in any naval, military or air force operation;
- participation in hazardous activities by the Insured Person including but not limited to:
  - (i) scuba diving;
  - (ii) engaging in or taking part in any kind of race other than on foot (such as car racing, horse racing);  
or
  - (iii) mountaineering involving the use of ropes or guides;
- aviation, gliding or any form of aerial flight other than as a fare paying passenger in a licensed passenger aircraft operated by a recognised airline or a charter service company;
- Injury caused by nuclear explosion;
- involvement in any underwater activity involving the use of underwater breathing apparatus;
- participation in any criminal offence or terrorist act; or
- bacterial or fungal infection contracted by an Accident.

The above list is for reference only. Please refer to the policy provisions for the complete list and details of exclusions.

## Cover on Unknown Pre-existing Conditions

Expenses arising from pre-existing conditions that the insured was not aware of and would not reasonably have been aware of are covered, but are subject to the following reimbursement arrangement:

First policy year:	no coverage
Second policy year:	25% reimbursement
Third policy year:	50% reimbursement
Fourth policy year onwards:	full coverage

The above is for reference only. Please refer to the policy provisions for the details of the clause.

## Policy Termination

The policy will be automatically terminated upon the occurrence of any of the following:

- the insured passes away;
- the Company accepts a request to terminate the policy;
- you do not pay the premium within 30 days after the premium due date;
- anniversary of your cover immediately following the insured's 100<sup>th</sup> birthday.

## Purchase Conditions

The policy must be bought within the Hong Kong Special Administrative Region.

## Cooling-off Period

You may cancel the policy by sending us a notice within 30 days after the delivery of the policy or issuance of a notice to you, informing you of the availability of the policy, whichever is earlier. Cancellation during the cooling-off period will result in a full return, to you, of premium(s) and levy paid without interest.

## Governing Law

The policy is governed by the laws of the Hong Kong Special Administrative Region.

## Key Product Risks

### Credit Risk

We underwrite the Plan and you are subject to our credit risk. If we are unable to satisfy the financial obligations of the policy, you may lose your premium paid and benefits.

### Medical Inflation Risk

Your current planned benefit may not be sufficient to meet your future needs since the future medical expenses may become higher than they are today due to inflation. Where the actual rate of inflation is higher than expected, you may receive less in real terms even if we meet all of our contractual obligations.

### Failure to Pay Premiums Risk

If you do not pay the premium within 30 days of the premium due date, the policy will be terminated and you / the insured will lose the cover.

### Premium Adjustment Risk

In order to provide you with continuous protection, we will review the price and cost of this Plan from time to time and adjust the standard premium accordingly upon policy renewal if necessary, especially in respect to increases in the cost of medical care. During the review, we may consider factors including but not limited to the following:

- claim costs incurred from all policies under this Plan and the expected claim outgo in the future;
- policy surrenders and lapses; or
- expenses directly related to the policy and indirect expenses allocated to this product.

For the avoidance of doubt, if any additional premium that has been added to your policy based on your disclosed risks (i.e. premium loading) and is set as a percentage of the standard premium (i.e. rate of premium loading), the rate will not change, but the amount of Premium Loading payable shall be automatically adjusted due to the change in standard premium.

Also, be assured that we will not impose any additional rate of premium loading or apply any new benefit exclusions due to any change in your health condition during the life of your policy.

Levies for insurance premiums are payable by policy holders to the Insurance Authority through insurance companies. For details of the levy, please visit Insurance Authority's website at [www.ia.org.hk](http://www.ia.org.hk).