

Benefits table (HK\$)

(Effective from 1 March 2025)

 Hospitalisation & surgical benefit	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled room level	General ward	General ward	General ward	Semi-private	Standard private	Standard private
Reimbursement percentage	100%	100%	100%	100%	100%	100%
1. Room and board - Limit per day - Maximum days per disability per year	330 120	650 120	1,200 120	1,950 120	2,600 120	4,100 120
2. Inpatient physician's fees - Limit per day - Maximum days per disability per year	330 120	650 120	1,200 120	1,950 120	2,600 120	4,100 120
3. Companion bed - Limit per day - Maximum days per disability per year	165 120	330 120	490 120	980 120	1,300 120	2,050 120
4. Miscellaneous hospital services Limit per disability per year	5,400	10,800	21,500	32,200	43,000	85,500
5. Surgeon's fees - Limit per disability per year - Complex - Major - Intermediate - Minor	10,800 10,800 5,400 2,700	42,900 21,500 10,800 5,400	64,400 32,200 16,100 8,100	85,800 42,900 21,500 10,800	107,200 53,600 26,800 13,400	192,800 96,400 48,200 24,100
6. Anaesthetist's fees - Limit per disability per year - Complex - Major - Intermediate - Minor	3,750 3,750 1,900 950	15,000 7,500 3,750 1,900	22,500 11,300 5,650 2,850	30,000 15,000 7,500 3,750	37,500 18,800 9,400 4,700	67,500 33,700 16,900 8,400
7. Operating theatre fees - Limit per disability per year - Complex - Major - Intermediate - Minor	3,750 3,750 1,900 950	15,000 7,500 3,750 1,900	22,500 11,300 5,650 2,850	30,000 15,000 7,500 3,750	37,500 18,800 9,400 4,700	67,500 33,700 16,900 8,400
8. Inpatient specialist's fees¹ Limit per disability per year	1,350	2,700	5,400	8,100	10,800	16,100
9. Intensive care Limit per disability per year	10,000	20,000	30,000	40,000	50,000	80,000
10. Private nursing¹ - Limit per day - Maximum days per disability per year	150 90	300 90	450 90	600 90	750 90	1,500 90
11. Cancer treatment and renal dialysis benefit¹ Limit per disability per year	10,000	20,000	40,000	60,000	80,000	150,000

¹ Written referral from the attending registered medical practitioner is required.

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 Hospitalisation & surgical benefit	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled room level	General ward	General ward	General ward	Semi-private	Standard private	Standard private
Reimbursement percentage	100%	100%	100%	100%	100%	100%
12. Increased overseas accidental hospitalisation benefit • Reimbursement percentage	200%	200%	200%	200%	200%	200%
13. Inpatient psychiatric treatment² • Limit per year	5,000	10,000	20,000	30,000	40,000	50,000
14. Pre-admission and post-hospitalisation outpatient care³ • Limit per disability per year	500	1,000	1,500	2,000	2,500	5,000
15. Day surgery cash allowance⁴ • Limit per day surgery (maximum one claim per day, regardless of the number of surgical procedure performed)	600	600	1,200	1,200	2,000	2,000
16. Daily hospital cash for government public ward • Limit per day • Maximum days per disability per year	600 120	600 120	1,200 120	1,200 120	2,000 120	2,000 120
17. Second claim cash benefit • Limit per day • Maximum days per disability per year	600 120	600 120	1,200 120	1,200 120	2,000 120	2,000 120
18. Endoscopy day surgery benefit⁵ • Limit per disability per year • Applicable to upper and lower gastrointestinal endoscopy and small intestinal endoscopy procedure performed at a day procedure centre or day-case unit of a hospital	4,600	9,200	13,800	18,300	22,800	40,900

² Written referral from a specialist is required.

³ Pre-admission and post-hospitalisation outpatient care includes one outpatient consultation fee within 30 days before hospitalisation/day care surgery and all outpatient follow-up visits (consultation fee, western medication, diagnostic test and physiotherapy only) within 6 weeks after discharge from the hospital or day care surgery.

⁴ Day surgery cash allowance is applicable to the following day case procedures:

- Endoscopic Retrograde Cholangio-pancreatography (ERCP)
- Extracorporeal Shock Wave Lithotripsy (ESWL)
- Cystoscopy
- Arthroscopic examination of joint
- Colposcopy
- Bronchoscopy
- Extracapsular/intracapsular extraction of lens (Cataract)

⁵ For endoscopy procedure performed at a day procedure centre or day-case unit of a hospital, the eligible expenses incurred will be payable exclusively up to benefit limit of endoscopy day surgery benefit. Pre-authorisation is required for endoscopy procedure performed during hospital confinement with an overnight stay. Without pre-authorisation, endoscopy procedure performed during hospital confinement with an overnight stay shall be exclusively paid under endoscopy day surgery benefit, and no benefit shall be payable under other benefit items of hospitalisation and surgical benefit and supplementary major medical benefit.

Benefits table (HK\$)

(Effective from 1 March 2025)

 Hospitalisation & surgical benefit	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled room level	General ward	General ward	General ward	Semi-private	Standard private	Standard private
Reimbursement percentage	100%	100%	100%	100%	100%	100%
19. Viral warts and skin lesions benefit⁶ - Limit per year - Applicable to removal/destruction and biopsy procedure of benign or pre-malignant skin lesions performed at a clinic, day procedure centre, day-case unit of a hospital or during hospital confinement	4,600	9,200	13,800	18,300	22,800	40,900
20. 24-hour worldwide assistance services	Included	Included	Included	Included	Included	Included

 Supplementary major medical benefit ⁷ (optional)	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Entitled room level	General ward	General ward	General ward	Semi-private	Standard private	Standard private
Reimbursement percentage	80%	80%	80%	80%	80%	80%
Deductible per disability per year	1,000	1,000	1,000	1,000	1,000	1,000
Maximum limit per disability per year	30,000	60,000	80,000	100,000	120,000	200,000

If an insured person has chosen a level of hospital facilities and services higher than the entitled room level, the following scale of adjustment factor shall be applied in addition to reimbursement percentage for supplementary major medical benefit. The supplementary major medical benefit shall not be payable for hospital confinement in class of suite, VIP and deluxe room of a hospital.

Entitled room level	Actual room level	Adjustment factor
General ward	Semi-private room	50%
General ward	Standard private room	25%
Semi-private room	Standard private room	50%
General ward, semi-private room, standard private room	any room level above standard private room (including suite, VIP and deluxe)	0% (no benefit shall be payable)

⁶ Viral warts and skin lesions procedure performed at a clinic, day procedure centre, day-case unit of a hospital or during hospital confinement shall be exclusively paid under viral warts and skin lesions benefit, and no benefit shall be payable under other benefit items of hospitalisation and surgical benefit and supplementary major medical benefit.

⁷ Supplementary major medical benefit is payable for any eligible expenses incurred during hospital confinement, day care surgery, non-surgical cancer treatment or renal dialysis in excess of the benefit payable under item 1 to 12 of hospitalisation and surgical benefit, up to the maximum limit of this benefit.

Benefits table (HK\$)

(Effective from 1 March 2025)

 Outpatient benefit⁸ (optional)	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Reimbursement percentage	100%/ 80%	100%/ 80%	100%/ 80%	100%/ 80%	100%/ 80%	100%/ 80%
1. General medical practitioner - Limit per day per visit - Network provider co-payment per visit - Maximum visits per year	205 45 30	245 25 30	325 0 30	385 0 30	485 0 30	910 0 30
2. Chinese herbalist, bone-setting, acupuncture & Tui Na - Limit per day per visit - Network provider co-payment per visit (applicable to Chinese herbalist only) - Network provider co-payment per visit (applicable to bone-setting only) - Maximum visits per year	175 60 N/A 15	200 35 N/A 15	235 0 100 15	305 0 30 15	385 0 0 15	730 0 0 15
Maximum visits per day (1+2)	1	1	1	1	1	1
3. Specialist medical practitioner⁹ - Limit per day per visit - Network provider co-payment per visit - Maximum visits per year	425 105 30	495 45 30	580 0 30	770 0 30	960 0 30	1,800 0 30
4. Physiotherapist & chiropractor¹⁰ - Limit per day per visit - Network doctor co-payment per visit (applicable to physiotherapist only) - Maximum visits per year	300 75 15	375 0 15	425 0 15	575 0 15	730 0 15	1,360 0 15
Maximum visits per year (1+2+3+4)	30	30	30	30	30	30
5. Diagnostic imaging & laboratory tests¹¹ Maximum limit per year	960	1,490	2,130	2,760	3,400	10,600
6. Prescribed medication¹² Maximum limit per year	600	1,000	1,400	1,800	2,200	6,900
7. Routine medical check-up & vaccination Maximum limit per year	200	250	300	350	400	600

⁸ An insured person can access our outpatient network of general medical practitioner, Chinese herbalist, bone-setting, specialist medical practitioner and physiotherapist, depending on the chosen plan level. Members can present the MSIG e-Medical card to the clinic and we will pay for eligible expenses for doctor visits. Please submit claim for reimbursement of acupuncture, Tui Na and chiropractor visits.

⁹ Written referral from a registered medical practitioner is required except for visiting the following specialist medical practitioners:

- Gynaecology
- Ophthalmology
- Paediatrics
- Otorhinolaryngology
- Orthopaedics and traumatology
- Dermatology
- Urology
- Oncology
- Family medicine
- Psychiatry

¹⁰ Written referral from a registered medical practitioner is required.

¹¹ Written referral from a registered medical practitioner is required. Written referral from a registered Chinese medical practitioner/registered chiropractor is accepted for x-ray examination and laboratory test.

¹² Prescribed by a registered medical practitioner and is obtained at legitimate source other than registered medical practitioner's clinic. Written referral from a registered medical practitioner is required.

Benefits table (HK\$)

(Effective from 1 March 2025)

 Dental benefit (optional)	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Reimbursement percentage	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%
Limit per year - Oral examination - Scaling, polishing and cleansing - Filling and extraction - Oral X-ray - Medication - Drainage of abscesses - Pins for cusp restoration - Root canal fillings - Apicoectomy - Dentures, crowns and bridges (only if necessitated by an accident)	1,060	1,600	2,130	3,200	5,300	10,600

 Personal accident benefit (optional)	Maximum benefits payable					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Accidental death & permanent disablement Limit per life	50,000	100,000	150,000	200,000	250,000	300,000



Eligibility & requirements:

- Minimum 2 employees
- Individual health declaration is required for group with 4 employees or below
- Eligibility:
 - Full time employees aged under 65 can enroll the scheme, with renewal up to aged 69
 - Employees' spouse aged under 65 can enroll the scheme, with renewal up to aged 69
 - Employees' unmarried child(ren) aged between 15 days and 17 years, or below 26 years if in full-time education (with valid student identification for 18 years or above)
- All eligible permanent full-time employees must be enrolled
- Premiums are payable annually in advance



Plan groupings of employee:

- The company can assign eligible employees to different plans by grade, class or service, depending on the number of full-time employees and subject to their Human Resources policy.
- All employees with the same eligibility must be enrolled into the same plan.
- If dependant coverage is provided, all eligible dependants must also be enrolled into the same plan as the employees.
- The company can set a maximum of 5 plans depending on the number of employees as shown below.
 - 2 Employees: 1 Plan
 - 3 - 6 Employees: 2 Plans
 - 7 - 10 Employees: 3 Plans
 - 11 - 20 Employees: 4 Plans
 - 21 Employees or above: 5 Plans
- Maximum number of plans per scheme is 5.



Flexibility of plan selection:



Step 1

Select a plan level for the hospitalisation & surgical benefit



Step 2

Select optional benefits:

- | | |
|--|--|
| • Supplementary major medical benefit | Must be the same level as the hospitalisation & surgical benefit |
| • Outpatient benefit | Plan level can be the same, one level above or one level below the plan level of the hospitalisation & surgical benefit.

There are 2 reimbursement percentages to choose from:
• 100%
• 80% |
| • Dental benefit | Free choice from plan level 1 to 6

There are 2 reimbursement percentages to choose from:
• 100%
• 80% |
| • Personal accident benefit | Free choice from plan level 1 to 6 |

Major exclusions:

1. Pre-existing condition. This exclusion shall not apply to an insured person who has not undergone any medical underwriting for the policy and has been insured under the policy continuously for a minimum of 12 months.
2. Congenital and hereditary conditions
3. Drug addiction or alcoholism
4. Suicide or self-inflicted injury
5. Cosmetic surgery
6. Dental (unless covered under dental benefit) and optical treatment
7. Pregnancy, childbirth, birth control and treatment for infertility.
8. Sexually transmitted disease
9. Routine medical check-ups (unless covered under outpatient benefit)
10. Professional and hazardous sports
11. Appliances and equipment
12. War or warlike operation, strike, riot and civil revolution.

The above is a summary of major exclusions only. For details, please refer to policy provisions.

Remarks:

1. The premium rates may be adjusted based on the factors including but not limited to the medical cost inflation, our overall claims experience and expenses incurred by and in relation to this product.
2. This brochure is only a summary of the coverage. For details of terms, conditions and exclusions, please refer to the policy wording.
3. In the event of any inconsistency or conflict between English and Chinese language versions of this material, the English version shall prevail. All terms and conditions are subject to the contract.

MSIG 明白您的僱員是您最重要的資產。我們的中小企團體醫療保險讓您可因應僱員的保險需要提供度身訂造的保障，同時切合您的預算。

我們設有6個級別的住院及手術計劃，涵蓋由基本至尊貴的保障，每個級別都能提供均衡的住院保障組合。

為滿足僱員的其他醫療需要，您可附加自選門診保障，此保障的獨有特點是可讓您把保障上調或下調一級。我們提供高度的靈活性，您可自由配搭更多不同的自選保障，包括附加醫療保障、牙科保障及人身意外保障。

在日益數碼化的世界中，我們致力為客戶提供更佳的服務，我們推出網上醫療平台MediGo，僱主及僱員均可透過此一站式的平台管理保單內的各項事宜。

1. 靈活保障以提供更佳的保護



靈活自選保障

✓ 創新的「級別可升/可降」設計

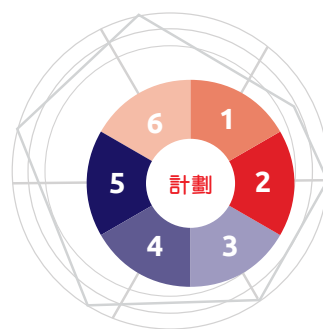
一個嶄新的設計，讓僱主可靈活地為不同級別的僱員選擇不同的住院及手術保障計劃，與此同時亦可揀選配合他們級別的自選門診保障。舉例，如您選擇住院及手術保障計劃3，您可選擇相同（計劃3）、較高（計劃4）或較低（計劃2）一級別的自選門診保障。

✓ 可負擔但全面的保障

為獲得最佳的保障，您可選擇100%賠償率的門診醫療索償（最高為計劃上限）或80%賠償率以節省保費。

✓ 可選擇的自選保障

因應您的需要，您可為僱員自由選擇不同級別的牙科及人身意外保障。



舉例：

	住院及手術保障	附加醫療保障	自選門診保障	牙科保障	人身意外保障
計劃A（管理層）	計劃6	計劃6	計劃6， 100%賠償率	計劃4， 100%賠償率	計劃5
計劃B（普通員工）	計劃3	計劃3	計劃4， 80%賠償率	計劃2， 80%賠償率	不適用



具競爭力的保費

我們提供具競爭力的保費，按照每位僱員的年齡並以五年為一個年齡組別去計算保費，特別適合需要有靈活彈性及自訂保障計劃的初創和中小企業。

2. 簡易的電子服務平台

我們的電子醫療平台讓每一位僱主及僱員都能快捷及簡易地去管理他們的保單。您的MediGo平台讓您輕易地處理由尋找網絡診所以至查詢索償進度的各項事宜。



MediGo成員網上服務平台

☆☆ 特色

- 尋找網絡診所
- 提交索償及查詢索償進度
- 上載索償所需文件
- 下載索償表格
- 查閱電子醫療卡
- 查閱保障
- 網上查詢



☑ 優點

- 快捷及簡單地查閱保單資料
- 簡易地尋找網絡診所
- 無論身處何地都能於網上提交索償及查詢索償進度



MediGo僱主網上服務平台

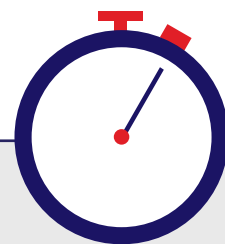
☆☆ 特色

- 查閱保單及僱員資料
- 下載索償表格
- 尋找網絡診所
- 網上查詢



☑ 優點

- 快捷及簡單地查閱保單資料
- 一個醫療平台處理各項事宜



3. 周全的保障讓您增添多一份安心

我們明白當您面對醫療需要時保障的重要性，所以我們提供全面的醫療保障以減輕您的擔憂。



額外保障

- 器官移植
- 住院精神科治療
- 第二索償現金津貼保障
- 提升癌症治療及洗腎療程保障
- 保障之前已存在的傷病（適用於沒有進行醫療核保及已連續受保於此計劃12個月的受保人）



受保人可於我們超過2,600間普通科醫生、中醫、跌打、專科醫生及物理治療師的門診醫療網絡診所使用醫療服務。只需向診所出示MSIG電子醫療卡，我們便會直接為您結算。



入院付款保證。
不論入院或出院，
您都無需即時付款。

4. 簡易投保程序

為簡化投保程序，僱員人數為5名或以上的公司毋須個別申報健康狀況。



 住院及手術保障	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可享有的病房級別	普通房	普通房	普通房	半私家房	標準私家房	標準私家房
賠償率	100%	100%	100%	100%	100%	100%
1. 住院及膳食 • 每日最高限額 • 每年每症最多日數	330 120	650 120	1,200 120	1,950 120	2,600 120	4,100 120
2. 住院醫生巡房費用 • 每日最高限額 • 每年每症最多日數	330 120	650 120	1,200 120	1,950 120	2,600 120	4,100 120
3. 加床 • 每日最高限額 • 每年每症最多日數	165 120	330 120	490 120	980 120	1,300 120	2,050 120
4. 住院雜費 • 每年每症最高限額	5,400	10,800	21,500	32,200	43,000	85,500
5. 外科手術費用 • 每年每症最高限額 ▸ 複雜手術 ▸ 大型手術 ▸ 中型手術 ▸ 小型手術	10,800 10,800 5,400 2,700	42,900 21,500 10,800 5,400	64,400 32,200 16,100 8,100	85,800 42,900 21,500 10,800	107,200 53,600 26,800 13,400	192,800 96,400 48,200 24,100
6. 麻醉師費用 • 每年每症最高限額 ▸ 複雜手術 ▸ 大型手術 ▸ 中型手術 ▸ 小型手術	3,750 3,750 1,900 950	15,000 7,500 3,750 1,900	22,500 11,300 5,650 2,850	30,000 15,000 7,500 3,750	37,500 18,800 9,400 4,700	67,500 33,700 16,900 8,400
7. 手術室費用 • 每年每症最高限額 ▸ 複雜手術 ▸ 大型手術 ▸ 中型手術 ▸ 小型手術	3,750 3,750 1,900 950	15,000 7,500 3,750 1,900	22,500 11,300 5,650 2,850	30,000 15,000 7,500 3,750	37,500 18,800 9,400 4,700	67,500 33,700 16,900 8,400
8. 住院專科醫生費用¹ • 每年每症最高限額	1,350	2,700	5,400	8,100	10,800	16,100
9. 深切治療 • 每年每症最高限額	10,000	20,000	30,000	40,000	50,000	80,000
10. 私家看護¹ • 每日最高限額 • 每年每症最多日數	150 90	300 90	450 90	600 90	750 90	1,500 90
11. 癌症治療及洗腎療程保障¹ • 每年每症最高限額	10,000	20,000	40,000	60,000	80,000	150,000

¹ 需提供由相關註冊醫生發出的書面轉介信。

 住院及手術保障	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可享有的病房級別	普通房	普通房	普通房	半私家房	標準私家房	標準私家房
賠償率	100%	100%	100%	100%	100%	100%
12. 海外意外住院額外保障 • 賠償率	200%	200%	200%	200%	200%	200%
13. 住院精神科治療² • 每年最高限額	5,000	10,000	20,000	30,000	40,000	50,000
14. 入院前及出院後之門診護理³ • 每年每症最高限額	500	1,000	1,500	2,000	2,500	5,000
15. 日間手術現金津貼⁴ • 每宗日間手術最高限額（不論日間手術宗數，每日最多賠償一次）	600	600	1,200	1,200	2,000	2,000
16. 政府醫院公眾病房每日住院現金 • 每日最高限額 • 每年每症最多日數	600 120	600 120	1,200 120	1,200 120	2,000 120	2,000 120
17. 第二索償現金津貼保障 • 每日最高限額 • 每年每症最多日數	600 120	600 120	1,200 120	1,200 120	2,000 120	2,000 120
18. 內窺鏡日間手術保障⁵ • 每年每症最高限額 • 適用於在日間醫療中心或醫院日症房進行的上、下消化道內窺鏡及小腸內窺鏡程序	4,600	9,200	13,800	18,300	22,800	40,900
19. 病毒性疣及皮損保障⁶ • 每年最高限額 • 適用於在診所、日間醫療中心、醫院日症房或住院期間進行的良性或癌前皮膚病變的去除/破壞和活檢程序	4,600	9,200	13,800	18,300	22,800	40,900
20. 24小時全球支援服務	包括	包括	包括	包括	包括	包括

² 需提供由專科醫生發出的書面轉介信。

³ 入院前及出院後之門診護理包括一次入院/日間手術前30天內的門診診金及出院/日間手術後6星期內所有與住院/日間手術有關的門診跟進療程費用（只限診金、西醫藥物、診斷性服務及物理治療）。

⁴ 日間手術現金津貼適用於以下日間手術：

- 逆行內窺鏡膽胰管造影術
- 體外衝擊波碎石術
- 膀胱鏡檢查
- 關節鏡檢查
- 陰道鏡檢查
- 支氣管鏡檢查
- 囊外/囊內晶狀體摘除術（白內障）

⁵ 對於在日間醫療中心、醫院日症房進行的內窺鏡程序，所產生的合資格費用將會根據內窺鏡日間手術保障的賠償限額作出賠償。在需要過夜的住院期間進行的內窺鏡程序需要預先申請初步保障審核。在未經初步保障審核的情況下，在需要過夜的住院期間進行的內窺鏡程序將只於內窺鏡日間手術保障作出賠償，而不會於住院及手術保障的其他項目和附加醫療保障作出賠償。

⁶ 在診所、日間醫療中心、醫院日症房或住院期間進行的病毒性疣及皮損程序將會根據病毒性疣及皮損保障的賠償限額作出賠償，而不會於住院及手術保障的其他項目和附加醫療保障作出賠償。

保障概覽（港幣）

(由2025年3月1日起生效)

 附加醫療保障 ⁷ （自選保障）	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
可享有的病房級別	普通房	普通房	普通房	半私家房	標準私家房	標準私家房
賠償率	80%	80%	80%	80%	80%	80%
每年每症自付額	1,000	1,000	1,000	1,000	1,000	1,000
每年每症最高限額	30,000	60,000	80,000	100,000	120,000	200,000

如受保人實際入住的病房級別高於其保障可享有的病房級別，附加醫療保障將於賠償率外，另按以下調整系數再作調整。附加醫療保障並不會就入住總統套房、貴賓房及豪華房的住院費用作出賠償。

可享有的病房級別	實際入住的病房級別	調整系數
普通房	半私家房	50%
普通房	標準私家房	25%
半私家房	標準私家房	50%
普通房、半私家房、標準私家房	標準私家房以上 (包括總統套房、貴賓房及豪華房)	0% (不會作出賠償)

⁷ 附加醫療保障只適用於住院期間、日間手術、非手術之癌症治療或洗腎療程下產生的合資格費用，而其金額超出住院及手術保障項目第1-12項的賠償額。賠償金額上限為附加醫療保障範圍的最高賠償額。

保障概覽（港幣）

(由2025年3月1日起生效)

 門診保障 ⁸ （自選保障）	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
賠償率	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%
1. 普通科醫生 • 每日每次最高限額 • 網絡診所每次自付費 • 每年最高賠償次數	205 45 30	245 25 30	325 0 30	385 0 30	485 0 30	910 0 30
2. 中醫、跌打、針灸及推拿 • 每日每次最高限額 • 網絡診所每次自付費（只適用於中醫） • 網絡診所每次自付費（只適用於跌打） • 每年最高賠償次數	175 60 不適用 15	200 35 不適用 15	235 0 100 15	305 0 30 15	385 0 0 15	730 0 0 15
每日的最高賠償次數 (1+2)	1	1	1	1	1	1
3. 專科醫生⁹ • 每日每次最高限額 • 網絡診所每次自付費 • 每年最高賠償次數	425 105 30	495 45 30	580 0 30	770 0 30	960 0 30	1,800 0 30
4. 物理治療師及脊醫¹⁰ • 每日每次最高限額 • 網絡診所每次自付費（只適用於物理治療） • 每年最高賠償次數	300 75 15	375 0 15	425 0 15	575 0 15	730 0 15	1,360 0 15
每年最高賠償次數 (1+2+3+4)	30	30	30	30	30	30
5. 診斷性影像及化驗服務¹¹ • 每年最高限額	960	1,490	2,130	2,760	3,400	10,600
6. 處方藥物¹² • 每年最高限額	600	1,000	1,400	1,800	2,200	6,900
7. 例行健康檢查及接種疫苗 • 每年最高限額	200	250	300	350	400	600

⁸ 受保人可按已選擇的保障級別於門診醫療網絡的普通科醫生、中醫、跌打、專科醫生及物理治療師使用醫療服務。只需向診所出示MSIG電子醫療卡，我們便會支付合資格的醫生診治費用。針灸、推拿及脊醫的診治費用，請遞交索償申請。

⁹ 除以下專科醫生診症外，需提供由註冊醫生發出的書面轉介信：

- 婦科
- 眼科
- 兒科
- 耳鼻喉科
- 骨科及創傷外科
- 皮膚科
- 泌尿科
- 腫瘤科
- 家庭醫學
- 精神病學

¹⁰ 需提供由註冊醫生發出的書面轉介信。

¹¹ 需提供由註冊醫生發出的書面轉介信。X光檢查及化驗接受由註冊中醫/註冊脊醫發出的書面轉介信。

¹² 由註冊醫生以書面處方，並於註冊醫生診所以外的合法來源獲得，並需提供由註冊醫生發出的書面轉介信。

保障概覽（港幣）

(由2025年3月1日起生效)

 牙科保障（自選保障）	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
賠償率	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%	100%/80%
每年的賠償額 □腔檢查 - 洗牙 - 補牙及脫牙 □腔X光 - 藥物 - 膿瘡排放 - 齒尖或齒邊修復 - 齒根管的填補 - 齒根尖切除術 - 活動假牙、牙冠及牙橋 (只適用於因意外而導致)	1,060	1,600	2,130	3,200	5,300	10,600

 人身意外保障（自選保障）	最高賠償額					
	計劃 1	計劃 2	計劃 3	計劃 4	計劃 5	計劃 6
意外死亡及永久傷殘 終身最高限額	50,000	100,000	150,000	200,000	250,000	300,000



投保資格及要求：

- 1. 僱員人數最少2人
- 2. 僱員人數為4人或以下的公司，必須申報個人健康狀況
- 3. 投保資格：
 - a. 未滿65歲的全職僱員可投保此計劃，續保年齡至69歲
 - b. 僱員未滿65歲的配偶可投保此計劃，續保年齡至69歲
 - c. 僱員的未婚子女，年齡介乎15日至17歲，或26歲以下的全日制學生（18歲或以上須提供有效學生證明文件）
- 4. 所有合資格的全職僱員必須投保
- 5. 保費為每年預繳



僱員計劃級別：

- 1. 根據全職僱員的數量及人力資源政策，公司可以按職級、職位或服務將符合資格的僱員分配至不同的計劃級別。
- 2. 擁有同一資格級別的所有僱員必須投保同一計劃。
- 3. 如提供家屬成員保障，所有合資格的家屬成員亦必須投保與僱員相同的計劃。
- 4. 公司可根據下列僱員人數, 設置最多5個保障計劃：
 - a. 2名僱員：1 個計劃
 - b. 3 - 6名僱員：2個計劃
 - c. 7 - 10名僱員：3個計劃
 - d. 11 - 20名僱員：4個計劃
 - e. 21名僱員或以上：5個計劃
- 5. 每個計劃最多可以有5個計劃級別。



計劃級別選擇的靈活性：



步驟 1

選擇住院及手術保障
計劃級別



步驟 2

選擇自選保障：

• 附加醫療保障

計劃級別必須與住院及手術保障相同

• 門診保障

計劃級別可以是住院及手術保障相同、高一級或低一級的級別

有兩種賠償率可供選擇：

- 100%
- 80%

• 牙科保障

可自由選擇一至六的計劃級別

有兩種賠償率可供選擇：

- 100%
- 80%

• 人身意外保障

可自由選擇一至六的計劃級別

主要不承保項目：

1. 之前已存在之傷病。此不承保項目不適用於沒有進行醫療核保及已連續受保於此計劃最少12個月的受保人。
2. 先天或遺傳性異常
3. 吸毒或酗酒
4. 自殺或蓄意自殘
5. 美容手術
6. 牙科（除非已投保牙科保障）及視力治療
7. 懷孕、分娩、節育及醫治不育。
8. 性病
9. 例行健康檢查（除非已投保門診保障）
10. 專業及危險運動
11. 輔助設備及裝置
12. 戰爭或任何類似戰爭行動、罷工、暴亂或民事騷亂。

以上項目為主要不承保項目的摘要，詳情請參閱保單條款。

注意：

1. 保費會根據各因素調整，包括但不限於醫療費用的通漲，客戶的整體索償表現及此產品的相關營運開支。
2. 本小冊子僅為保單摘要，有關的條文細節及不承保項目，請參閱正式保單。
3. 中、英文版內容如有歧義，概以英文版為準。所有條款及細則以合約為準。