

VHIS Certified Plans – Making Claims



Protection of Certified Plans under Voluntary Health Insurance Scheme (VHIS) may help alleviate the burden arising from the unexpected medical expenses.

Points to
note before
making claims



Claim on a reimbursement basis

VHIS Certified Plans are individual indemnity hospital insurance products which provide compensation for an eligible insured person on a reimbursement basis.

Check whether the medical service concerned is “medically necessary”

Medical insurance policies include a “medically necessary” clause. Insured persons should check whether the hospitalisation treatment, operations or other medical services they are planning to proceed are considered as being “medically necessary”.

Understand the “reasonable and customary” clause

“Reasonable and customary” clause is one of the principles the insurance companies follow when handling claims, by making reference to a series of data and relevant information, including relevant fee data announced by the Government, treatment or service fee statistics and survey in the insurance or medical sectors, as well as the claim statistics from the internal team of insurance companies and the industry, etc. If insured persons’ medical expenses exceed the “reasonable and customary” level, they will have to pay the excess amount themselves.

○ Tips on making claims:



1. Be aware of the deadline for lodging a claim

2. Prepare the required documents

3. Read the policy terms and conditions carefully

Thoroughly understand the coverage, benefit items (such as whether there is a benefit limit, coinsurance or deductible, etc.), claim procedures and exclusions of your policy, etc.

4. Consult first when in doubt

Claim procedures and guidelines of different insurance companies may vary, and the individual policy terms and conditions apply. Consult your insurance company or agent/broker for more information.

For more information about the VHIS, please
visit the official website www.vhis.gov.hk



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