



動力

源於健康

CARING 僱員福利保險計劃

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選擇富衛人壽的 **CARING 僱員福利保險計劃**，為員工送上關懷。計劃設有住院保障，亦可選擇附加門診及牙科等更切合僱員需要的保障，令他們倍感安心。

保障員工的健康，才能讓他們發揮應有的實力。我們靈活的 **CARING 僱員福利保險計劃**，可根據您的預算及要求，度身訂造全年的團體醫療保障計劃。即使公司規模小亦可投保，獲享計劃的全球保障及服務，讓您的員工安心無憂，全力為公司發展業務！

大小同享

投保人數的門檻低，公司員工少至 **4** 位亦可參與。

附加額外保障

除了基本的住院保障外，您亦可自由選擇附加額外醫療保障，以支付因嚴重疾病或受傷而引致的額外住院費用，甚至可增選附加門診及牙科保障。

靈活自在

可因應不同職級的員工及員工家屬*，度身訂造不同級別的住院、附加額外醫療保障、門診及牙科保障。

計劃特色一覽

- 無須醫療批核及健康申報
- 不會因個別索償紀錄而增加保費**
- 不設最低住院時數限制
- 外科手術費包括於診所，醫院門診部或日間治療中心進行之手術
- 醫院雜項費包括於日間治療中心進行之癌症化學療法，放射療法及腎臟透析；先進診斷檢測（磁力共振，電腦斷層掃描及正電子放射斷層掃描）
- 入住香港醫院管理局轄下醫院之大房設有額外每日住院現金保障
- 第二索償住院現金保障（入住香港醫院管理局轄下醫院之大房除外）
- **24** 小時全球醫療保障及緊急支援服務
- 附加門診保障提供中醫治療（包括跌打及針灸治療）
- 於 **6** 項專科（耳鼻喉科、眼科、皮膚科、骨科、兒科及婦科）索償時毋須提供醫生轉介信
- 設有富衛電子醫療^{^^}以享用門診醫療網絡服務，網絡遍佈香港，印尼，馬來西亞，菲律賓及新加坡

* 如提供家屬保障，則同一家庭中所有合資格之家屬必須參加及參與同一計劃。

** 富衛人壽保留一切於保單期滿前會否延續保單的權利，並給予不少於**31**日的書面通知。富衛人壽保留作出更改，修改或調整此保單的保障賠償，條款及/或於每保單續保時的保費率的權利。

^{^^} 富衛電子醫療^{^^}可於富衛eServices 流動應用程式中取得。實體醫療^{^^}將不再提供。

本小冊子乃保障條款之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。如需要保單樣本或手術賠償表，請向本公司索取。

24 小時全球緊急支援服務

若受保人出外旅遊或公幹時遇上緊急事故，而每次旅程期間連續不超過90天，緊急支援可提供以下服務：

- 24 小時電話諮詢服務
 - 緊急醫療撤離
 - 緊急醫療遣返
 - 運送遺體返國或原居地
- } 合共高達 **\$1,000,000** 美元
- 提供高達 **\$5,000** 美元之入院按金保證（包括中國內地指定醫院）
 - 如在外地住院超過 **7** 天，可安排 **1** 位親友前往探望
 - 可安排未成年子女返國或原居地
 - 中國緊急醫療支援服務

此服務由國際思奧思援助(香港)有限公司（「國際思奧思」）提供，富衛人壽將不會就國際思奧思及專業人員的行為或疏忽負上任何責任。而富衛人壽或將不時調整有關服務詳情，恕不提前通知。

以上資料只供參考，有關服務或需經過國際思奧思預先批核。請參閱隨保單附上的緊急支援服務條款。

全天候客戶支援

- 「全新」的 FWD iConnect - 專為僱主而設的服務網站，提供廣泛的保單及理賠服務，範圍包括：
 - 查看保單資料，福利範圍和理賠查詢
 - 成員資料查詢和提交成員變動申請
 - 實用資料包括行政指南，一般不保事項等，及下載表格
- 醫療索償最快**2**天^{##}批核
 - 透過富衛eServices流動應用程式或登入 www.fwd.com.hk 遞交團體醫療保單之住院、門診或牙科索償，如醫療索償金額低於港幣**2,000**元，客戶將不需提交醫療費用正本收據，整個索償過程最快可以於幾分鐘內完成

不包括銀行入賬或發出支票所需時間。如最快批核天數有任何更改，將不作另行通知，富衛人壽保險（百慕達）有限公司（「富衛人壽」）保留隨時修改之權利（適用於由富衛人壽承保之團體醫療保單）。
- 富衛 eServices 流動應用程式或登入 www.fwd.com.hk，客戶亦可享以下服務：
 - 可隨時隨地檢視或查詢保障範圍及下載網上表格
 - 助您快捷地搜尋附近醫療網絡醫生的地址及聯絡資料
 - 以流動應用程式的推送通知服務及電郵，收取有關索償狀況及理賠詳情通知，使保單管理變得更輕鬆
- 致電富衛人壽的服務熱線 **(852) 3123 3123**，我們的客戶服務主任隨時為您服務，處理您的保險需要。



立即下載
富衛 eServices
流動應用程式！

主要不保項目

除非於保單條款或保單資料頁另有註明外，以下情況將不受富衛人壽保障：

適用於基本住院，附加額外醫療保障及門診保障：

1. 受保人或受保家屬在受保生效日期前**90**日內曾接受過醫療或診治之傷病(除非受保人或受保家屬已在此保單下受保連續超過**12**個月)；
2. 參加計劃前已感染的愛滋病或受人類免疫力缺乏病毒感染的任何相關的併發症；
3. 已獲豁免，或由第三方提供的醫療或保險計劃（例如勞工保險）賠償的合資格費用；
4. 美容治療，外科整形手術，配戴眼鏡或鏡片，為矯正視力或屈光不正而進行的任何手術及相關服務，助聽器，購買義肢及輔助儀器；
5. 牙科治療或手術（由意外引起而傷及健全的牙齒或已於本計劃明確列明之保障除外）；
6. 酗酒或濫用藥物；
7. 先天性疾病；
8. 懷孕有關的治療（包括產科檢查），生育（包括手術分娩），墮胎或小產，產前或產後護理，節育或絕育有關的治療；
9. 心理病或精神病（包括任何神經科及其生理或心理上的表現）；
10. 例行體格檢查，接種疫苗，與傷病的治療或診斷無關的測試，或非醫學上必須^o的任何選擇性治療或服務或任何替代治療，包括但不限於順勢療法或足病醫生提供的任何服務，任何預防性治療，藥物或檢查（於本計劃明確列明之保障除外）；
11. 性病及其後遺症，治療女性更年期的荷爾蒙療法；
12. 自殺，自殺未遂或蓄意自我毀傷；及
13. 戰爭，內戰，兵變，騷亂，起義，叛亂，革命謀反，軍事政變或奪權事故，戒嚴法或包圍狀態，參予暴動或非法活動。

附加牙科保障（如適用）的不保項目：

1. 已獲豁免，或由第三方提供的醫療或保險計劃（例如勞工保險）賠償的合資格費用；
2. 自我毀傷；
3. 美容治療（包括但不限於牙齒矯形及漂白）；
4. 酗酒或濫用藥物；
5. 戰爭（宣戰與否），騷亂，叛亂，革命謀反，軍事政變，暴動，罷工或非法活動；及
6. 口腔衛生指引，預防牙菌膜及飲食指引。

所有不保事項詳情，請參閱保單條款。

有哪些主要風險？

信貸風險

此產品是由富衛人壽保險（百慕達）有限公司（於百慕達註冊成立之有限公司）（「富衛人壽」）承保及發出的團體醫療賠償保障計劃。投保本保險產品或其任何保單的應支付權益須承受富衛人壽的信貸風險。你將承擔富衛人壽無法履行保單財務責任的違約風險。

通脹風險

請注意通脹會導致未來生活費用增加。即使富衛人壽履行所有合約責任，此保單之實際保單權益可能不足以應付將來的保障需要。

不保項目

請參閱“主要不保項目”。

保費調整

富衛人壽有權在每次續保時更改保費。每次續保之保費將根據續保時受保人或受保家屬的年齡及當時的保費表釐定。保費表會不時根據各種因素，包括但不受限於相關的醫療費用的通脹及富衛人壽的理賠數據及保單續保情況釐定，並給予不少於31日的預先通知。

保費年期及欠繳保費

保單的保費供款期與權益年期相同。任何到期繳付之保費及有關保費徵費均可獲富衛人壽准予保費到期日起計31天的寬限期。若在寬限期完結時仍未繳付保費及有關保費徵費，保單將由寬限期完結時自動終止。保單持有人需繳付寬限期內應付的保費及有關保費徵費予富衛人壽。

取消保單條款

富衛人壽可通過向保單持有人發出31天的書面通知來取消本保單，但受限於任何受保人或受保家屬對在取消生效之日前發生的任何傷病的權益。如果取消，則保單持有人可獲退還任何已支付的保費及有關保費徵費，惟須先按比例扣除本保單於生效期間的保費和有關徵費。

保單持有人可隨時以掛號信件通知本公司以申請取消保單，並於該信件上指明取消保單之生效日。如在該保單未曾作出賠償或沒有應付之賠償，在扣除行政費用後(即該保單之全年保費之10%)，保單持有人將按比例獲退還部份已付之保費及保費徵費。

終止受保人或受保家屬的保險

受保人或受保家屬的保險將在下列其中一個日期自動終止，以最早者為準：

- 此保單終止日；
- 受保人最後一次支付保費的期限屆滿日；
- 受保人與保單持有人的關係終止日；
- 受保家屬不再是受保人的家屬之日；及
- 受保人或受保家屬在保單資料頁中指定年齡上限的生日後的保單有效日期結束為止。

重要事項

1. *如提供家屬保障，則同一家庭中所有合資格之家屬必須參加及參與同一計劃。
2. **富衛人壽保留一切於保單期滿前會否延續保單的權利，並給予不少於**31**日的書面通知。富衛人壽保留作出更改，修改或調整此保單的保障賠償，條款及/或於每保單續保時的保費率的權利。
3. 申請人必須填報所有可能影響富衛人壽接受承保及評估之重要事實。如未能確定這項事實是否具有實質性的關係，申請人應將該等事實填報。我們建議申請人將有關的資料(包括申請表副本)作記錄，以備日後作參考之用。為確保申請人的利益，申請人應如實呈報所有有關資料，否則此保單將可能無法提供所需的保障，甚至可能會導致此保單無效。
4. ◇醫學上必需的治療或服務是指按照良好的醫療標準，符合該傷病的診斷及慣常治療所需的醫療服務；並非為相關的受保人或受保家屬或醫生帶來方便而提供，有關的收費是公平合理及提供必需的治療的實際費用。
5. ▲正常及慣常就費用而言，是指金額不超過於當地由同等經驗和專業地位的人，在類似情況下提供的服務所收取之合理平均費用，至於就物資或服務相關的正常及慣常的費用是指金額不超過於同一地方就獲取相等質量及經濟考慮之相似物資或服務所收取之合理平均費用。
6. **本小冊子乃保障條款之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。如需要保單樣本或手術賠償表，請向本公司索取。**

(1) 基本住院保障 Hospitalisation Benefits (Basic Cover)

計劃類別 Plan Level	大房 Ward (LHG1)	大房 Ward (LHG2)	半私家房 Semi-Private (LHG3)	半私家房 Semi-Private (LHG4)	私家房 Private (LHG5)
保障金額 (港幣\$) Cover Limit (HK\$)					
每日住院及膳食費 (最高賠償 180 天) Hospital Room & Board per day (Max. 180 days)	\$400	\$600	\$1,000	\$1,500	\$2,500
每日醫生巡房費 (最高賠償 180 天) Physician's Visit per day (Max. 180 days)	\$400	\$600	\$1,000	\$1,500	\$2,500
醫院雜項費 Miscellaneous Hospital Services	\$7,000	\$10,000	\$14,000	\$20,000	\$30,000
外科手術費 Surgeon's Fee 複雜手術 Complex Operation 嚴重手術 Major Operation 普通手術 Intermediate Operation 簡單手術 Minor Operation	\$42,000 \$14,000 \$7,000 \$2,800	\$54,000 \$18,000 \$9,000 \$3,600	\$66,000 \$22,000 \$11,000 \$4,400	\$84,000 \$28,000 \$14,000 \$5,600	\$105,000 \$35,000 \$17,500 \$7,000
麻醉師費 Anaesthetist's Fee 複雜手術 Complex Operation 嚴重手術 Major Operation 普通手術 Intermediate Operation 簡單手術 Minor Operation	\$12,600 \$4,200 \$2,100 \$840	\$16,200 \$5,400 \$2,700 \$1,080	\$19,800 \$6,600 \$3,300 \$1,320	\$25,200 \$8,400 \$4,200 \$1,680	\$31,500 \$10,500 \$5,250 \$2,100
手術室費 Operating Theatre Fee 複雜手術 Complex Operation 嚴重手術 Major Operation 普通手術 Intermediate Operation 簡單手術 Minor Operation	\$12,600 \$4,200 \$2,100 \$840	\$16,200 \$5,400 \$2,700 \$1,080	\$19,800 \$6,600 \$3,300 \$1,320	\$25,200 \$8,400 \$4,200 \$1,680	\$31,500 \$10,500 \$5,250 \$2,100
專科治療費 Specialist's Fee	\$2,000	\$3,000	\$5,000	\$7,000	\$10,000
每日深切治療費 (最高賠償 15 天) Intensive Care Unit per day (Max. 15 days)	\$1,500	\$2,000	\$3,000	\$4,000	\$6,000
每日家庭看護費 (最高賠償 60 天) Home Nursing per day (Max. 60 days)	\$200	\$300	\$500	\$600	\$700
緊急門診費 (意外發生後 24 小時內之醫院門診部之治療費) Emergency Outpatient Treatment (Outpatient treatment in a Hospital within 24 hours of an injury)	\$500	\$800	\$1,200	\$1,600	\$2,000
出院後的治療費 (出院後 31 日內之跟進治療費) Post Hospitalisation Treatment (Follow-up treatment within 31 days after discharge from Hospital)	\$500	\$800	\$1,200	\$1,600	\$2,000
每病症最高賠償額 Overall Limit Per Disability	\$255,700	\$365,000	\$562,000	\$800,600	\$1,244,000
每日住院現金保障 (入住香港醫院管理局轄下醫院之大房，最高賠償 60 天) Daily Cash Benefit (for confinement in general ward of Hospital Authority's Hospital in Hong Kong, Max. 60 days)	\$200	\$300	\$500	\$750	\$1,000
第二索償每日住院現金保障 (受保人需先於其他保險公司獲得賠償；此福利不適用於入住香港醫院管理局轄下醫院之大房，最高賠償 60 天) Hospital Cash Benefit for Second Claim per day (Primary payer must be other insurer; benefit not available for confinement in general ward of Hospital Authority's Hospital in Hong Kong, Max. 60 Days)	\$200	\$300	\$500	\$750	\$1,000
恩恤身故保障 (只適用於僱員) Compassionate Death Benefit (for employee only)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
緊急支援服務 Emergency Assistance Services					
緊急醫療撤離 Emergency medical evacuation 緊急醫療遣返 Emergency medical repatriation 運送遺體返國或原居地 Repatriation of mortal remains	合共高達 \$1,000,000 美元 Up to US\$1,000,000 in total				

(2) 附加額外醫療保障 Supplementary Major Medical Benefits (Optional Cover)

計劃類別 Plan Level	大房 Ward (LMG1)	大房 Ward (LMG2)	半私家房 Semi-Private (LMG3)	半私家房 Semi-Private (LMG4)	私家房 Private (LMG5)
保障金額 (港幣\$) Cover Limit (HK\$)					
每病症最高賠償額 Maximum Limit Per Disability	\$50,000	\$60,000	\$80,000	\$100,000	\$150,000
自付額 Deductible	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
賠償率 Reimbursement %	80%	80%	80%	80%	80%
此附加額外醫療保障為基本住院保障的正常及慣常▲ 支出提供額外保障。若住院期間的醫療費用超過基本住院保障項下之最高賠償額，餘額於扣除自付額後可獲 80% 賠償，而當中之每日住院及膳食費及每日醫生巡房費不受最高賠償日數限制，均可獲得賠償。					
附註： 如選擇附加額外醫療保障，保障等級必須與基本住院保障之等級相同。 如入住之住房等級高於保障等級，賠償率將作以下調整： 大房升至半私家房：50% 大房升至私家房：25% 半私家房升至私家房：50%			Note： If option of Supplementary Major Medical Benefits is taken, the level of benefit must correspond to the same level with Hospitalisation Benefits (Basic Cover). If confinement is at higher accommodation level than the insured benefit level, the reimbursement% shall be reduced as follow： Ward to Semi-Private：50% Ward to Private：25% Semi-Private to Private：50%		

(3) 附加門診保障 Outpatient Benefits (Optional Cover)

計劃類別 Plan Level	經濟 Economic (LOG1/LPG1)	標準 Standard (LOG2/LPG2)	特等 Superior (LOG3/LPG3)	特等 Superior (LOG4/LPG4)	優等 Premier (LOG5/LPG5)
保障金額 (港幣\$) Cover Limit (HK\$)					
醫生診所治療費 (每日 1 次) Consultation at Physician's Office per visit per day	\$140	\$160	\$180	\$250	\$350
賠償率 Reimbursement %	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
每次網絡自付費用△ Network co-payment per visit△	\$40 / \$30	\$20 / \$20	\$0 / \$0	\$0 / \$0	\$0 / \$0
中醫、跌打及針灸治療費 (每日 1 次，每年最多 10 次) Chinese Medicine Practitioner's (Including Bonesetter's & Acupuncturist's Treatment) per visit per day (Max. 10 visits per year)	\$120	\$130	\$150	\$200	\$250
賠償率 Reimbursement %	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
每次網絡自付費用△ Network co-payment per visit△	\$50 / \$40	\$40 / \$30	\$20 / \$10	\$0 / \$0	\$0 / \$0
以上 2 項治療每年合共最多 30 次 Max. 30 visits per year for the above 2 items					
物理治療師及脊椎治療師之治療費 (每日 1 次，每年最多 10 次) Physiotherapist's & Chiropractor's Treatment per visit per day (Max. 10 visits per year)	\$210	\$240	\$270	\$300	\$350
賠償率 Reimbursement %	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
每次網絡自付費用△ Network co-payment per visit△	\$70 / \$50	\$50 / \$20	\$20 / \$0	\$0 / \$0	\$0 / \$0
專科醫生治療費 (每日 1 次，每年最多 10 次) Specialist's Consultation per visit per day (Max. 10 visits per year)	\$280	\$320	\$360	\$500	\$700
賠償率 Reimbursement %	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
每次網絡自付費用△ Network co-payment per visit△	\$90 / \$80	\$60 / \$40	\$20 / \$0	\$0 / \$0	\$0 / \$0
每年 X 光檢驗及化驗費 Diagnostic X-Ray & Laboratory Tests per year	\$1,500	\$1,800	\$2,200	\$3,000	\$4,000
賠償率 Reimbursement %	80% / 100%	80% / 100%	80% / 100%	80% / 100%	80% / 100%
△ 適用於網絡醫生診療費 (包括 3 天西藥或中藥 2 劑)。 Applicable for consultation of network doctors (includes 3 days of medication or 2 packs of Chinese Medicine).					
附註： 物理治療師及脊椎治療師治療費、專科診治費、X 光檢驗及化驗費須由主診醫生以書面推薦才可獲得賠償 (耳鼻喉科醫生、眼科醫生、皮膚科醫生、骨科醫生、兒科醫生及婦科醫生之專科可獲豁免)。 網絡醫生只限普通科醫生、物理治療師、脊椎治療師、專科醫生及中醫師，並不包括針灸及跌打治療。					
Note: Written referral by the attending physician is required for Physiotherapist's & Chiropractor's Treatment, Specialist's Consultation and Diagnostic X-ray & Laboratory Tests (Consultation of Otorhinolaryngologist, Ophthalmologist, Dermatologist, Orthopaedist & Traumatologist, Paediatrician and Gynaecologist can be waived). Network doctors include General Practitioners, Physiotherapist, Chiropractor, Specialist and Chinese Medicine Practitioner excluding acupuncture and Chinese bonesetter treatment.					

(4) 附加牙科保障 Dental Benefits (Optional Cover)

計劃類別 Plan Level	標準 Standard (LDG1)	優等 Premier (LDG2)
保障金額 (港幣\$) Cover Limit (HK\$)		
例行口腔檢查 (洗牙及預防治療，每年 1 次) Routine Oral Examination (Scaling, Polish & Prophylaxis, 1 visit per year)	\$350	\$500
賠償率 Reimbursement %	100%	
牙科服務前之 X 光檢驗 (每片) X-rays required prior to the performance of dental service (Each film)	\$100	\$150
賠償率 Reimbursement %	80%	
牙齦膿腫 (每膿腫) Abscesses (Each abscess)	\$350	\$500
賠償率 Reimbursement %	80%	
補牙 (每顆牙齒) Fillings (Each tooth)	\$350	\$500
賠償率 Reimbursement %	80%	
脫牙 (每顆牙齒) Extractions (Each tooth)	\$350	\$500
賠償率 Reimbursement %	80%	
整體每年最高賠償限額 Overall Maximum Limit per year	\$3,000	\$5,000

What are the key product risks?

Credit risk

This product is a group indemnity medical insurance plan underwritten and issued by FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD Life"). The application of this insurance product and all benefits payable under your policy are subject to the credit risk of FWD Life. You will bear the default risk in the event that FWD Life is unable to satisfy its financial obligations under this insurance contract.

Inflation risk

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under this Policy may not be sufficient for the increasing protection needs in the future even if FWD Life fulfills all of its contractual obligations.

Exclusions

Please refer to the section for "Major Exclusions".

Premium adjustment

FWD Life shall have the right to change the rate at which premium shall be calculated on Renewal Date. Premium for each renewal are determined based on the Age of the Insured Person and Insured Dependant and the premium rate on the applicable premium table upon renewal. Premium table is subject to change from time to time based on factors including but not limited to the inflation of related medical expenses, FWD Life's medical claims experience and persistency of policies, and FWD Life shall notify the Policyholder at least 31 days in advance of the change.

Premium term and non-payment of premium

The premium payment period of the Policy is same as the benefit term. A grace period of thirty one (31) days following the premium due date shall be allowed to the Policyholder for the payment of each premium and applicable levy after the first. If any premium and applicable levy is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to FWD Life for the premium and applicable levy for the time the Policy was in force during the grace period.

Cancellation conditions

FWD Life may cancel this Policy by giving thirty one (31) days notice in writing to the Policyholder subject to the rights of any Insured Person or Insured Dependant in respect of any Disability which had occurred prior to the effective date of cancellation of this Policy. In the event of cancellation the Policyholder is entitled to a refund of any premium and applicable levy paid by him after a deduction of a proportionate part of the period during which this Policy has been in force.

The Policyholder may cancel this Policy at any time by notifying FWD Life of such intent by posting a registered letter addressed to FWD Life, specifying the effective date of cancellation of this Policy; and provided that no claim have been paid or are payable under this Policy, he shall be entitled to a refund of a proportionate amount of the premium and applicable levy paid by him less an administration charge of 10% of the annual premium in respect of this Policy.

Termination of insurance of Insured Person/Insured Dependant:

The Insurance of an Insured Person/Insured Dependant shall automatically cease on the earliest of the following dates:

- the date of termination of this Policy;
- the date of expiration of the period for which the last premium payment is made in respect of such Insured Person/Insured Dependant;
- the date on which the Insured Person's relationship with the Policyholder shall cease;
- the date the Insured Dependant ceases to be a Dependant of the Insured Person; and
- the end of Insurance Period following the Insured Person's/Insured Dependant's birthday of the Upper Age Limit as specified in the Policy Schedule.

Important Notes

1. *If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.
2. **FWD Life reserves the right to offer renewal before the expiry of the Policy by giving no less than 31 days prior written notice. FWD Life also reserves the right to revise, modify or adjust the benefits and terms and conditions under the Policy and/or premium rates at each Policy Renewal.
3. The applicant is required to disclose all material facts which is likely to influence the acceptance and assessment of the Application. If the applicant is in doubt whether certain facts are material, the applicant should disclose them. We recommend the applicant to keep a record (including a copy of the completed application form) for future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may affect your coverage and may even invalidate the Policy altogether.
4. [°]Medically Necessary Treatment or Service in relation to a Disability means a medical service which is consistent with the diagnosis and customary medical treatment for such Disability in accordance with standards of good medical practice; not for the convenience of the relevant Insured Person or Insured Dependant or the Physician, and for which the charges are fair and reasonable for such Disability, and Medically Necessary shall be construed accordingly.
5. [^]Normal and Customary in relation to fees means a sum not exceeding a reasonable average of the fees charged under similar conditions by persons of equivalent experience and professional status in the area in which the service was provided; and when in relation to material or services means a sum not exceeding a reasonable average of the charges for similar material or services in equivalent circumstances of quality and economic consideration in the same area as that in which any such material or services were obtained.
6. The product information in this brochure does not contain the full terms of the Policy and full terms can be found in the Policy document. Policy document as well as the surgical schedule under the Policy can be provided upon request.

Major Exclusions

Unless otherwise specified in the Policy provisions or Policy Schedule, FWD Life shall not be liable to pay any benefits under the Policy in the following circumstances:

Applicable to Hospitalisation Benefits, Supplementary Major Medical Benefits and Outpatient Benefits

1. Pre-existing conditions for which the Insured Person or Insured Dependant received medical treatment during the 90 days prior to the date he first becomes insured under this Policy, unless such Insured Person or Insured Dependant affected by these conditions has been insured under this Policy continuously for 12 months;
2. Disabilities arising as a result of or in connection with AIDS (Acquired Immune Deficiency Syndrome) and ARC (AIDS Related Complex) or any sequela, contracted before participation in the plan;
3. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
4. Any charges of services for beautification purposes, cosmetic surgery or treatment, fitting of eye glasses or lens, any surgery and related services for the purpose of correcting visual acuity or refractive error, hearing aids and prescriptions therefor, purchase of artificial limbs and prosthetic devices;
5. Dental care and treatment, except necessitated by accidental Injuries to sound natural teeth (unless the benefit is available and specified in the Benefit Schedule);
6. Disabilities arising out of consumption of alcohol or narcotics or similar drugs or agents;
7. Congenital Conditions;
8. Pregnancy (including pregnancy test), childbirth (including surgical delivery), abortion, miscarriage, pre-natal or post-natal care and conditions arising from surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to infertility;
9. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestations);
10. Routine physical examinations, vaccinations, health check-ups or tests not incidental to treatment or diagnosis of a Disability or any elective treatments or services which are not Medically Necessary[◇] or any alternative treatment including but not limited to homeopathy or any services rendered by a Podiatrist, or any preventive treatments, medicines or examinations (unless the benefit is available and specified in the Benefit Schedule);
11. Conditions related to sexually transmitted diseases, sexual dysfunction or their sequela; hormone therapy for climacteric or menopause;
12. Suicide, attempted suicide or intentionally self-inflicted injury; and
13. Any Disabilities arising from the followings: war, civil war, mutiny, civil commotions, insurrection, rebellion, revolution conspiracy, military or usurped power, martial law or state of siege, participation in riots or illegal activities.

Applicable to Dental Benefits

1. Care or treatment for which payment is not required or is waived or is recoverable from a third party or under any other insurance including (without limitation) Employees' Compensation Insurance;
2. Self-inflicted Injury;
3. Cosmetic treatment (including but not limited to orthodontic treatment and bleaching);
4. Conditions or Injury arising out of consumption of alcohol or narcotics or similar drugs or agents;
5. Conditions or Injury caused by declared or undeclared war, civil commotions, rebellion, revolution conspiracy, military, riot, strikes or illegal acts; and
6. Oral hygiene instructions, plague control program and dietary instructions.

For all the exclusions under the Policy, please refer to the Policy provisions.

24-Hour Worldwide Emergency Assistance Services

In case emergency assistance is needed while travelling abroad for a period not exceeding 90 consecutive days per trip, the Worldwide Emergency Assistance Services provide the following services:

- 24-hour hotline service
 - Emergency medical evacuation
 - Emergency medical repatriation
 - Repatriation of mortal remains
- } Up to US\$1,000,000 in total
- Guarantee of any required hospital admission deposit up to US\$5,000 (including designated hospital in Mainland China)
 - Compassionate visit can be arranged for a relative or a friend for overseas hospitalisation of more than 7 days
 - Return of minor children to home country or usual country of residence
 - Emergency Medical Assistance Services in China

The service is provided by International SOS Assistance (HK) Limited (“International SOS”). FWD Life shall not be responsible for any act or failure to act on the part of International SOS and the professionals. FWD Life may revise the details of the services from time to time without prior notice.

The information above is for reference only and pre-approval from International SOS for some services may be necessary. Please refer to the terms and conditions of the Emergency Assistance Services which are provided to you with the Policy.

Ubiquitous Customer Support

- (“NEW”) FWD iConnect – a dedicated employer services portal with a wide range of policy and claims services include:
 - viewing policy information, benefits schedule and claims enquiry
 - member information enquiry and member movement submission
 - useful information including administration guide, general exclusions etc and downloading forms
 - **Group Medical claims with speedy approval within 2 days^{##}**
 - via FWD eServices Mobile App or www.fwd.com.hk for submission of group medical insurance claims including hospitalisation, outpatient and dental claims without needing to provide original receipt for claims incurred amount under HK\$2,000. E-claims application can be completed in a matter of minutes.
- ^{##} Excluding the time of making bank deposit and cheque issuance. The speedy approval time is subject to change without prior notice. FWD Life Insurance Company (Bermuda) Limited (“FWD Life”) reserves the right to change the approval time at any time (Applicable to group medical policies underwritten by FWD Life).
- FWD eServices Mobile App or www.fwd.com.hk also allows you
 - to access the benefit schedule and online forms anytime, anywhere;
 - to search for location and contact details of nearby panel doctors quickly; and
 - keep you posted of claim status and settlement details via mobile app’s push notification and email
 - Just call us at (852)3123 3123 and our Customer Service Representatives are at your service to address your insurance needs



Download
FWD eServices
Mobile App now!

CARING Employee Benefits Insurance Plan

Show your care when you provide your employees with our **CARING Employee Benefits Insurance Plan**. The plan provides coverage for hospitalisation, while add-ons like outpatient and dental coverage give your staff that extra comfort.

Help your employees stay healthy so they can put their best foot forward. With our flexible **CARING Employee Benefits Insurance Plan**, you can provide your staff with a yearly affordable group medical coverage that has been tailored to your specific budget and requirements. Coverage is possible even for small businesses, with protection and services extending around the world. Protect your employees, and they will do their best for you.

Small is beautiful

You can set up a plan with as few as 4 employees.

Optional benefits

In addition to basic Hospitalisation Benefits, you can opt for Supplementary Major Medical Benefits for extra protection for serious illnesses and injuries in excess of basic hospitalisation coverage. You can also opt for Outpatient Benefits and/or Dental Benefits.

Complete flexibility

Customise your plan with different levels of hospitalisation, supplementary major medical, outpatient and/or dental benefits for different categories of employees and their dependants*.

Plan features at a glance

- Waiver of medical underwriting and health declaration
- No additional premium loading will be imposed for your company's own claims history upon policy renewal**
- No minimum hours of hospital confinement
- Day case surgery and clinical operation conducted at registered clinic or hospital are covered under Surgeon's Fee under Hospitalisation Benefits (Basic Cover)
- Day case chemotherapy, radiotherapy, kidney dialysis and advanced diagnostic tests (MRI, CT Scan, PET scan) are covered under Miscellaneous Hospital Services under Hospitalisation Benefits (Basic Cover)
- Additional Daily Cash Benefit for each day of confinement in general ward of hospitals under Hong Kong Hospital Authority
- Hospital Cash Benefit for Second Claim (except for confinement in general ward of hospitals under Hong Kong Hospital Authority)
- 24-hour worldwide medical coverage and emergency assistance services
- Optional Outpatient Benefits cover Chinese medicine practitioner's treatment (including bone setting and acupuncture)
- Doctor referral letter is waived for 6 specialties (Otorhinolaryngologist, Ophthalmologist, Dermatologist, Orthopaedist & Traumatologist, Paediatrician and Gynaecologist)
- Offer of FWD eHealthcare card^^ to enjoy the outpatient panel network services in Hong Kong, Indonesia, Malaysia, Philippines and Singapore.

* If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.

**FWD Life reserves the right to offer renewal before the expiry of the Policy by giving no less than 31 days prior written notice. FWD Life also reserves the right to revise, modify or adjust the benefits and terms and conditions under the Policy and/or premium rates at each Policy Renewal.

^^ The FWD eHealthcare card can be accessed from the FWD eServices Mobile App. Physical card is not available.



Be healthy

be productive

CARING Employee Benefits Insurance Plan

CARING 僱員福利保險計劃 CARING Employee Benefits Insurance Plan

每年保費表 (港幣\$) Annual Premium Table (HK\$)

(以下保費並未包括保費徵費 Insurance levy is not included in the below premium)

(1) 基本住院保障 Hospitalisation Benefits (Basic Cover)		大房 Ward (LHG1)		大房 Ward (LHG2)		半私家房 Semi-Private (LHG3)		半私家房 Semi-Private (LHG4)		私家房 Private (LHG5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡^ Age^	1# - 19		\$701		\$970		\$1,422		\$2,080		\$3,576
	20 - 41		\$930		\$1,285		\$1,884		\$2,757		\$4,737
	42 - 65		\$1,084		\$1,498		\$2,197		\$3,215		\$5,524
	66 - 70		\$3,252		\$4,494		\$6,589		\$9,646		\$16,573
(2) 附加額外醫療保障 Supplementary Major Medical Benefits (Optional Cover)		大房 Ward (LMG1)		大房 Ward (LMG2)		半私家房 Semi-Private (LMG3)		半私家房 Semi-Private (LMG4)		私家房 Private (LMG5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡^ Age^	1# - 19		\$268		\$370		\$541		\$793		\$1,363
	20 - 41		\$334		\$461		\$676		\$991		\$1,703
	42 - 65		\$491		\$679		\$996		\$1,413		\$2,428
	66 - 70		\$1,282		\$1,771		\$2,597		\$3,688		\$6,334
(3a) 附加門診保障 (賠償率 80%) Outpatient Benefits (Optional Cover) (80% reimbursement)		經濟 Economic (LOG1)		標準 Standard (LOG2)		特等 Superior (LOG3)		特等 Superior (LOG4)		優等 Premier (LOG5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡^ Age^	1# - 19		\$1,882		\$2,136		\$2,409		\$3,299		\$4,538
	20 - 41		\$1,595		\$1,812		\$2,043		\$2,797		\$3,849
	42 - 65		\$1,595		\$1,812		\$2,043		\$2,797		\$3,849
	66 - 70		\$1,995		\$2,264		\$2,554		\$3,497		\$4,810
(3b) 附加門診保障 (賠償率 100%) Outpatient Benefits (Optional Cover) (100% reimbursement)		經濟 Economic (LPG1)		標準 Standard (LPG2)		特等 Superior (LPG3)		特等 Superior (LPG4)		優等 Premier (LPG5)	
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium
年齡^ Age^	1# - 19		\$2,241		\$2,543		\$2,868		\$3,928		\$5,402
	20 - 41		\$1,900		\$2,157		\$2,432		\$3,331		\$4,581
	42 - 65		\$1,900		\$2,157		\$2,432		\$3,331		\$4,581
	66 - 70		\$2,375		\$2,696		\$3,040		\$4,164		\$5,726
(4) 附加牙科保障 Dental Benefits (Optional Cover)		標準 Standard (LDG1)		優等 Premier (LDG2)							
		受保人數 No. of insured	每年保費 Annual premium	受保人數 No. of insured	每年保費 Annual premium						
年齡^ Age^	1# - 19		\$497		\$714						
	20 - 70		\$621		\$892						

^ 下次生日年齡 Age at next birthday
「1」歲指出生滿 15 日 “1” year old means 15 days of age
附註 Note :
子女：任何未婚而年齡超過 14 日但少於 19 歲(實際年齡)之子女，如屬全日制學生在認可教育機構就讀，可包括至 25 歲(實際年齡)(請附上有效證明文件)。
Child : Any unmarried children aged more than 14 days but less than 19 years old (attained age), or up to 25 years old (attained age) if registered as full time student at a recognised educational institution (please provide evidence).

全年保費總額 (港幣\$) Total Annual Premium (HK\$) : _____
(不包括保費徵費 excluding Insurance levy)

保費徵費表 Insurance Levy Rate Table

保單起保日 Date of Policy Inception	徵費率 Rate	最高徵費 (港幣\$) Cap (HK\$)
由 2020 年 4 月 1 日至 2021 年 3 月 31 日 From 1 April 2020 till 31 March 2021	0.085%	\$4,250
由 2021 年 4 月 1 日之後 From 1 April 2021 onwards	0.100%	\$5,000

保監局將按照適用之徵費率就此保單收取徵費。如有任何查詢，請瀏覽 www.fwd.com.hk 或致電：(852) 3123 3123。
Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please visit www.fwd.com.hk or contact : (852) 3123 3123.