Comparison between the benefit items of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan, vCANsurance Medical Plan and vPrime Medical Plan

Below product information does not contain and is subject to the terms and benefits of the Policy. For the full terms, conditions, benefits and exclusions, please refer to the Policy provisions.

Below is a comparison between the benefit terms of vCore, vCare, vCare Supreme, vCANsurance and vPrime Medical Plans, which are issued by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD").

<table>
<tr><th rowspan="3">Plan / Benefit limit (HKD)</th><th rowspan="3">vCore Medical Plan
–
VHIS Standard Plan Certification Number: S00036-01-000-02</th><th rowspan="3">vCare Medical Plan
–
VHIS Flexi Plan Certification Number: F00015-01-000-02</th><th rowspan="3">vCare Supreme Medical Plan
–
VHIS Flexi Plan Certification Number: F00032-01-000-03</th><th colspan="2">vCANsurance Medical Plan
–
VHIS Flexi Plan Certification Number:
F00051-01-000-01 for Standard benefit level
F00051-02-000-01 for Superior benefit level</th><th colspan="2">vPrime Medical Plan
–
VHIS Flexi Plan Certification Number</th></tr>
<tr><th rowspan="2">Standard benefit level</th><th rowspan="2">Superior benefit level</th><th>Dedutible (HKD)</th><th>Certification Number</th></tr>
<tr><td>0</td><td>F00045-01-000-03</td></tr>
<tr><td>Geographical limitation[1]</td><td colspan="3">Worldwide[2] (except for psychiatric treatments)</td><td>Worldwide[2] (except for psychiatric treatments)</td><td>Worldwide[2] (Except for psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong)</td><td colspan="2">Except for psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong
- For non-Emergency Treatment (all benefit items): Asia[3]
- For Emergency Treatment: Worldwide[2]</td></tr>
<tr><td>Annual Benefit Limit for benefit items (a) - (l) of I. Basic benefits</td><td>$420,000 per Policy Year</td><td>$520,000 per Policy Year</td><td rowspan="2">$520,000 per Policy Year</td><td rowspan="3">Not applicable</td><td rowspan="3">Not applicable</td><td rowspan="3" colspan="2">$10,000,000 per Policy Year</td></tr>
<tr><td>Annual Benefit Limit for benefit items 1 - 12 of II. Enhanced benefits</td><td>Not applicable</td><td>Not applicable</td></tr>
<tr><td>Annual Benefit Limit for benefit items 3 – 6 of III. Other benefits</td><td>Not applicable</td><td colspan="2">No restriction on Annual Benefit Limit</td></tr>
<tr><td>Lifetime Benefit Limit for benefit items (a) - (l) of I. Basic benefits, 1 - 12 of II. Enhanced benefits and 3 – 6 of III. Other benefits</td><td colspan="4">No restriction on Lifetime Benefit Limit</td><td colspan="2">$60,000,000</td></tr>
</table>

Plan / Benefit limit (HKD)	**vCore Medical Plan** – VHIS Standard Plan Certification Number: S00036-01-000-02	**vCare Medical Plan** – VHIS Flexi Plan Certification Number: F00015-01-000-02	**vCare Supreme Medical Plan** – VHIS Flexi Plan Certification Number: F00032-01-000-03	**vCANsurance Medical Plan** – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		**vPrime Medical Plan** – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
Aggregate limit per Disability[4] per Policy Year for benefit items (a) – (l) of I. Basic benefits, 1 – 12 of II. Enhanced benefits and 3 of III. Other benefits	Not applicable			$500,000 per Disability[4] per Policy Year	$650,000 per Disability[4] per Policy Year	Not applicable	
Deductible[5] for benefit items (a) – (l) of I. Basic benefit, 1 – 6, 7(a), 7(b) and 8 – 12 of II. Enhanced benefits and 3 of III. Other benefits	Not applicable					$0 / $16,000 / $25,000 / $50,000 / $100,000 / $250,000 per Policy Year	
First-dollar coverage – Deductible waived for designated crises[5,6,7]	Not applicable					The remaining balance of Deductible[5] (if any) shall be reduced to zero dollar ($0) for the Medical Services if the Insured Person – • suffers any of the designated crises as stated in the Supplement – First-dollar coverage – Deductible[5] waived for designated crises of the Policy provisions; and • upon the recommendation of the attending Registered Medical Practitioner in writing, receives any Medical Services as a result of the designated crises for which benefits are payable under benefit items (a) to (l) of I. Basic benefits and/or 1 to 12 under II. Enhanced benefits.	

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-02	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-02	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-03	vCANsurance Medical Plan – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		vPrime Medical Plan – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
Entitled ward class	No restriction		No restriction (except supplementary major medical benefit of vCare Supreme Medical Plan is limited to Standard Ward Room)	Standard Ward Room[8]	Semi-private Room[8]	- For Hong Kong, Macau and Mainland China: Standard semi-private room[8] - For Asia[3] (excluding Hong Kong, Macau and Mainland China) and Emergency Treatment outside Asia[3]: Standard private room[8]	
A. Benefit items [9]							
I. Basic benefits							
(a) Room and board	$750 per day (Maximum 180 days per Policy Year)	$850 per day (Maximum 180 days per Policy Year)		Full cover[10]			
(b) Miscellaneous charges	$14,000 per Policy Year	$14,500 per Policy Year		Full cover[10]			
(c) Attending doctor's visit fee	$750 per day (Maximum 180 days per Policy Year)	$850 per day (Maximum 180 days per Policy Year)		Full cover[10]			
(d) Specialist's fee [6]	$4,300 per Policy Year	$6,000 per Policy Year		Full cover[10]			
(e) Intensive care	$3,500 per day (Maximum 25 days per Policy Year)	$4,500 per day (Maximum 25 days per Policy Year)		Full cover[10]			
(f) Surgeon's fee	(Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures)			Full cover[10], regardless of the surgical category			
- Complex	$50,000	$70,000					
- Major	$25,000	$30,000					
- Intermediate	$12,500	$15,000					
- Minor	$5,000	$6,500					

Plan / Benefit limit (HKD)	**vCore Medical Plan** – VHIS Standard Plan Certification Number: S00036-01-000-02	**vCare Medical Plan** – VHIS Flexi Plan Certification Number: F00015-01-000-02	**vCare Supreme Medical Plan** – VHIS Flexi Plan Certification Number: F00032-01-000-03	**vCANsurance Medical Plan** – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		**vPrime Medical Plan** – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Deductible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
(g) Anaesthetist's fee	35% of Surgeon's fee payable[11]			Full cover[10]			
(h) Operating theatre charges	35% of Surgeon's fee payable[11]			Full cover[10]			
(i) Prescribed Diagnostic Imaging Tests[6,12]	$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement)		HKD20,000 per Policy Year • Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement • Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance	Full cover[10]			
(j) Prescribed Non-surgical Cancer Treatments[13]	$80,000 per Policy Year	$120,000 per Policy Year		Full cover[10]			

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				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care[6]	$580 per visit, $3,000 per Policy Year - 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	$580 per visit, $6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure	$580 per visit, $6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with benefit item 12. Post-Confinement/ Day Case Procedure Chinese medicine treatment of II. Enhanced benefits	Full cover[10] - 3 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 20 follow-up outpatient visits per Confinement/ Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, and maximum $600 per visit for physiotherapy or chiropractic treatment		Full cover[10] - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 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[14]	$30,000 per Policy Year			$40,000 per Disability[4] per Policy Year		$40,000 per Policy Year	

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-02	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-02	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-03	vCANsurance Medical Plan – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		vPrime Medical Plan – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
II. Enhanced benefits							
1. Reconstructive surgery benefit[6]	**Non beautification or cosmetic purposes** Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the benefit limit **For beautification or cosmetic purposes** - For medically necessary services caused by Accident (within 90 days after the Accident): covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the benefit limit - If the injury is not caused by Accident or the medically necessary service is received over 90 days after the Accident: not applicable			**Non beautification or cosmetic purposes** Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover[10] **For beautification or cosmetic purposes** - If the injury is caused by Accident and receive medically necessary service within 90 days after the Accident: covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover[10] - If the injury is not caused by Accident or the medically necessary service is received over 90 days after the Accident: not applicable		**Non beautification or cosmetic purposes** Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover[10] **For beautification or cosmetic purposes** - If the injury is caused by Accident and receive medically necessary service within 90 days after the Accident: covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover[10] - If the injury is caused by Accident and receive medically necessary service within the period of 90 days – 12 months after the Accident or mastectomy caused by Disability and receive medically necessary service within 12 months: $160,000 per Accident/ mastectomy	

<table>
<tr><th rowspan="2">Plan / Benefit limit (HKD)</th><th rowspan="2">vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-02</th><th rowspan="2">vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-02</th><th rowspan="2">vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-03</th><th colspan="2">vCANsurance Medical Plan – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level</th><th colspan="2">vPrime Medical Plan – VHIS Flexi Plan Certification Number</th></tr>
<tr><th>Standard benefit level</th><th>Superior benefit level</th><th>Dedutible (HKD)</th><th>Certification Number</th></tr>
<tr><td rowspan="5">2. Medical appliances benefit for reconstructive surgery</td><td colspan="3" rowspan="5"><u>Non beautification or cosmetic purposes</u>
Covered under miscellaneous charges, subject to the benefit limit

<u>For beautification or cosmetic purposes</u>
- For medically necessary services caused by Accident (within 90 days after the Accident): covered under miscellaneous charges, subject to the benefit limit
- If the injury is not caused by Accident or the medically necessary service is received over 90 days after the Accident: not applicable</td><td colspan="2" rowspan="5"><u>Non beautification or cosmetic purposes</u>
Covered under miscellaneous charges, subject to the benefit limit, which means Full cover[10]

<u>For beautification or cosmetic purposes</u>
- If the injury is caused by Accident and receive medically necessary service within 90 days after the Accident: covered under miscellaneous charges, which means: Full cover[10]
- If the injury is not caused by Accident or the medically necessary service is received over 90 days after the Accident: not applicable</td><td colspan="2" rowspan="5"><u>Non beautification or cosmetic purposes</u>
Covered under miscellaneous charges, subject to the benefit limit, which means Full cover[10]

<u>For beautification or cosmetic purposes</u>
- If the injury is caused by Accident and receive medically necessary service within 90 days after the Accident: covered under miscellaneous charges, which means: Full cover[10]
- If the injury is caused by Accident and receive medically necessary service within the period of 90 days – 12 months after the Accident or mastectomy caused by Disability and receive medically necessary service within 12 months: $96,000 each item per Policy Year</td></tr>
<tr></tr><tr></tr><tr></tr><tr></tr>
<tr><td>3. Donor's benefit</td><td colspan="3">Not applicable</td><td colspan="2">30% of total transplantation cost
(For transplantation of heart, kidney, liver, lung or bone marrow)</td></tr>
<tr><td>4. Emergency outpatient accidental treatment</td><td colspan="2">Not applicable</td><td>$5,000 per Policy Year</td><td colspan="3">Full cover[10]</td></tr>
<tr><td>5. Kidney dialysis[6] (applicable to vCare Supreme Medical Plan) / Outpatient Kidney Dialysis[6] (applicable to vCANsurance Medical Plan / vPrime Medical Plan)</td><td colspan="2">Covered under miscellaneous charges and only applicable to eligible expenses incurred in hospital confinement, subject to the benefit limit</td><td>$200,000 per Policy Year
(Include the Medical Services or treatments received during Confinement (when exceeding the limit of miscellaneous charges) or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home)</td><td colspan="3">Full cover[10]
(Only include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home as kidney dialysis charges is fully reimbursed under the miscellaneous charges during confinement)</td></tr>
</table>

Plan / Benefit limit (HKD)	**vCore Medical Plan** – VHIS Standard Plan Certification Number: S00036-01-000-02	**vCare Medical Plan** – VHIS Flexi Plan Certification Number: F00015-01-000-02	**vCare Supreme Medical Plan** – VHIS Flexi Plan Certification Number: F00032-01-000-03	**vCANsurance Medical Plan** – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		**vPrime Medical Plan** – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Deductible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
6. Rehabilitation treatment[6]	Not applicable		$10,000 per Policy Year	$10,000 per Disability[4] per Policy Year	$30,000 per Disability[4] per Policy Year	$100,000 per Policy Year	
7. Stroke rehabilitation treatment	No specific coverage for stroke rehabilitation treatment					Applicable	
(a) Home facility enhancement benefit[6]	Not applicable					$80,000 per Incident	
(b) Stroke ancillary benefit[6]	Covered under Pre- and post-Confinement/ Day Case Procedure outpatient care, subject to the benefit limit		Covered under Pre- and post-Confinement/ Day Case Procedure outpatient care, Post-Confinement/ Day Case Procedure Chinese medicine treatment and Rehabilitation treatment, subject to the benefit limit			Covered the expenses exceed the benefit limit of Pre- and post-Confinement/ Day Case Procedure outpatient care, Post-Confinement/ Day Case Procedure Chinese medicine treatment and Rehabilitation treatment, $1,000 per visit (Maximum 30 visits per Policy Year, subject to 1 visit per day, up to $100,000 per Incident)	
(c) Disability subsidy benefit	Not applicable					$10,000 per month (Maximum 24 months per Incident)	
8. Hospice care	Not applicable		$10,000 per Policy Year	Not applicable		$100,000 per Policy Year	
9. Private nurse's fee[6]	Not applicable			Full cover[10] (Maximum 30 days per Disability[4] Policy Year, subject to services provided by 1 Registered Nurse per day)		Full cover[10] (Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day)	
10. Post-Confinement home nursing[6]	Not applicable		$800 per day (Maximum 30 days per Policy Year)	Full cover[10] (Maximum 30 days per Disability[4] Policy Year, subject to services provided by 1 Registered Nurse per day)		Full cover[10] (Maximum 196 days per Policy Year, within 196 days after discharge from Hospital following surgery or admission to Intensive Care Unit, subject to services provided by 1 Registered Nurse per day)	
11. Companion bed	Not applicable		$500 per day (Maximum 30 days per Policy Year)	Full cover[10]			

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				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
12. Post-Confinement/ Day Case Procedure Chinese medicine treatment	Not applicable		$580 per visit, $6,000 per Policy Year - 6 follow-up outpatient visits per Confinement/ Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with benefit item (k) of I. Basic benefits	$600 per visit - Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, 1 follow-up outpatient visit per day		$600 per visit - Maximum 15 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, 1 follow-up outpatient visit per day	

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						Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
				Standard benefit level	Superior benefit level	250,000	F00045-06-000-01
13. Additional benefit[15] for Prescribed Non-surgical Cancer Treatments[13] and kidney dialysis[6]	Not applicable		- Eligible Expenses in excess of the amounts payable under benefit items (j) of I. Basic benefit and (B) of II. Enhanced benefits - Maximum benefit limit per Policy Year: $50,000 per Policy Year **Payment order of Eligible Expenses payable for Prescribed Non-surgical Cancer Treatments** (1) Benefit item (j) Prescribed Non-surgical Cancer Treatments of I. Basic benefits (2) This additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis (3) Benefit item 14 supplementary major medical benefit of II. Enhanced benefits **Payment order of Eligible Expenses payable for kidney dialysis** (1) Benefit item (b) miscellaneous charges of I. Basic benefits (applicable to Eligible Expenses incurred during Confinement only) (2) Benefit item 5 kidney dialysis of II. Enhanced benefits (3) This additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis; and (4) Benefit item 14 supplementary major medical benefit of II. Enhanced benefits	- Eligible Expenses in excess of the amounts payable under benefit items (b) (applicable to Eligible Expenses for kidney dialysis incurred during Confinement only) and (j) of I. Basic benefit and (B) of II. Enhanced benefits **Payment order of Eligible Expenses payable for Prescribed Non-surgical Cancer Treatments** (1) Benefit item (j) Prescribed Non-surgical Cancer Treatments of I. Basic benefits (2) This additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis **Payment order of Eligible Expenses payable for kidney dialysis** (1) Benefit item (b) miscellaneous charges of I. Basic benefits (applicable to Eligible Expenses incurred during Confinement only) (2) Benefit item (B) Outpatient kidney dialysis of II. Enhanced benefits (3) This additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis		Not applicable
				$350,000 per Disability[4] per Policy Year	$500,000 per Disability[4] per Policy Year		

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<tr><th>Standard benefit level</th><th>Superior benefit level</th><th>Certification Number</th></tr>
<tr><td>14. Supplementary major medical benefit (SMM)[14]</td><td colspan="2">Not applicable</td><td>- Eligible Expenses in excess of any of the respective benefit limit (including excess over per surgery limit, per day limit, maximum number of days per Policy Year or per Policy Year benefit limit) under benefit items (a) to (h) and (j) of I. Basic benefits and 5, 10 and 13 of II. Enhanced benefits
- Maximum benefit limit per Disability[4] per Policy Year: $100,000 per Disability[4] per Policy Year
- Coinsurance: 15%

<u>Entitled ward class</u>
- Standard Ward Room[8]
- If on any day of Confinement, the Insured Person is voluntarily Confined in a ward class of Hospital accommodation higher than standard ward room[8], the ward class adjustment factor set below shall be applied to the Eligible Expenses payable under this benefit.
- This benefit shall be payable according to the following formula, subject to the benefit limit of this benefit –
(excess Eligible Expenses x (1 - supplementary major medical benefit Coinsurance) x ward class adjustment factor (if applicable)

<table><tr><th>Entitled ward class</th><th>Actual ward class occupied by the Insured Person during Confinement</th><th>Ward class adjust-ment factor</th></tr><tr><td>Standard ward room[8]</td><td>Standard semi-private room[8]</td><td>50%</td></tr><tr><td>Standard ward room[8]</td><td>Standard private room[8]</td><td>25%</td></tr><tr><td>Standard ward room[8]</td><td>Above standard private room[8]</td><td>12.5%</td></tr></table>
The ward class adjustment factor shall not apply under the following circumstances:
- unavailability of accommodation at the specified ward class due to ward or room shortage for emergency treatment;
- isolation reasons that require a specific class of accommodation; or
- other reasons not involving personal preference of the Policy Holder and/or the Insured Person.</td><td colspan="3">Not applicable</td></tr>
</table>

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				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
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						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
III. Other benefits							
1. Death benefit	$10,000	$15,000		$20,000	$30,000	$40,000	
2. Accidental death benefit	$10,000	$15,000		$20,000	$30,000	$40,000	
3. Emergency outpatient dental treatment[17]	Not applicable	$20,000 per Policy Year		Full cover[10]			
4. Cash benefit for Day Case Procedure	Not applicable	$500 per procedure		$500 per procedure		For $0 / $16,000 / $25,000 / $50,000 Deductible $1,600 per procedure (Maximum 1 Day Case Procedure per day) For $100,000 / $250,000 Deductible $800 per procedure (Maximum 1 Day Case Procedure per day)	
5. Cash benefit for top-up subsidy[18]	Not applicable	$500 per day of Confinement (Maximum 60 days per Policy Year)		$500 per day of Confinement (Maximum 60 days per Disability[4] per Policy Year)		For $0 / $16,000 / $25,000 / $50,000 Deductible $800 per day of Confinement (Maximum 60 days per Policy Year) For $100,000 / $250,000 Deductible $500 per day of Confinement (Maximum 60 days per Policy Year)	
6. Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong[19]	Not applicable				$800 per day of Confinement (Maximum 30 days per Disability[4] per Policy Year)	For $0 / $16,000 / $25,000 / $50,000 Deductible $1,600 per day of Confinement (Maximum 30 days per Policy Year) For $100,000 / $250,000 Deductible $800 per day of Confinement (Maximum 30 days per Policy Year)	

Plan / Benefit limit (HKD)	**vCore Medical Plan** – VHIS Standard Plan Certification Number: S00036-01-000-02	**vCare Medical Plan** – VHIS Flexi Plan Certification Number: F00015-01-000-02	**vCare Supreme Medical Plan** – VHIS Flexi Plan Certification Number: F00032-01-000-03	**vCANsurance Medical Plan** – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		**vPrime Medical Plan** – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01

B. No claims Premium discount

No claims premium discount - individual

If:
(a) this Policy has been in force for two or more consecutive Policy Years; and
(b) no claims have been incurred under this Policy during two or more consecutive Policy Years immediately prior to the Policy's Renewal[20] and shall be settled by FWD (for the purpose of this clause, a claim is considered as incurred on
(i) the admission date for Confinement service; or
(ii) the treatment date for non-Confinement service);
then the Policy Holder shall be eligible for a no claims premium discount on the Renewal[20] premium under this Policy at the following rate:

No claims period immediately prior to the Policy's Renewal[20]	No claims premium discount (Discount rate on Renewal[20] premium)
Two consecutive Policy Years	10%
Three consecutive Policy Years	10%
Four consecutive Policy Years	10%
Five or more consecutive Policy Years	15%

If a claim is incurred prior to the Renewal[20] Date but is not made or settled until after the Renewal[20] Date, the Policy Holder shall upon demand immediately repay FWD the difference between the no claims premium discount amount already given and the eligible discount amount as recalculated according to this no claims premium discount section.

<table>
<tr><th rowspan="3">Plan / Benefit limit (HKD)</th><th rowspan="3">vCore Medical Plan
–
VHIS Standard Plan Certification Number: S00036-01-000-02</th><th rowspan="3">vCare Medical Plan
–
VHIS Flexi Plan Certification Number: F00015-01-000-02</th><th rowspan="3">vCare Supreme Medical Plan
–
VHIS Flexi Plan Certification Number: F00032-01-000-03</th><th colspan="2" rowspan="2">vCANsurance Medical Plan
–
VHIS Flexi Plan Certification Number:
F00051-01-000-01 for Standard benefit level
F00051-02-000-01 for Superior benefit level</th><th colspan="2">vPrime Medical Plan
–
VHIS Flexi Plan Certification Number</th></tr>
<tr><th>Dedutible (HKD)</th><th>Certification Number</th></tr>
<tr><th>Standard benefit level</th><th>Superior benefit level</th><td>0</td><td>F00045-01-000-03</td></tr>
<tr><td>Extra no claims premium discount</td><td>Not applicable</td><td colspan="5">If the Policy fulfills the conditions below:
- if the Policy Holder is eligible for the individual no claims premium discount stated above on the Renewal[20] Date of vCare Supreme Medical Plan policy or vCANsurance Meidcal Plan policy or vPrime Medical Plan policy; and
- the Policy Holder is at the same time eligible for individual no claims premium discount under other in-force vCare Supreme Medical Plan policy(ies) or vCANsurance Medical Plan policy(ies) or vPrime Medical Plan policy(ies);

the Policy Holder shall be eligible for an extra no claims premium discount on the Renewal[20] premium of this vCare Supreme Medical Plan policy or vCANsurance Medical Plan policy or vPrime Medical Plan policy at the following rate:

<table><tr><th>Number of in-force policies (including vCare Supreme Medical Plan policy, vCANsurance Medical Plan policy or vPrime Medical Plan policy) issued to the Policy Holder which are eligible to the individual no claims premium on any Renewal[20] Date</th><th>Extra no claims premium discount under all eligible policies (discount rate on Renewal[20] premium)</th></tr><tr><td>Two or Three</td><td>2.5%</td></tr><tr><td>Four</td><td>5%</td></tr><tr><td>Five or above</td><td>10%</td></tr></table>
If a claim under vCare Supreme Medical Plan/ vCANsurance Medical Plan/ vPrime Medical Plan policy is incurred prior to the Renewal[20] Date but is not made or settled until after the Renewal[20] Date, the Policy Holder shall upon demand immediately repay FWD the difference between the no claims premium discount amount already given and the eligible discount amount as recalculated according to this no claims premium discount section.
For the avoidance of doubt, the extra no claims premium discount of vCare Supreme Medical Plan , vCANsurance Medical Plan and vPrime Medical Plan are individually calculated. Taking vPrime Medical Plan as an example, Policy Holder is eligible for an extra no claims premium discount if he/she has more than 1 policy of vPrime Medical Plan eligible in which both can be entitled to the individual no claims premium discount. Even Policy Holder has a policy of vCare Supreme Medical Plan or vCANsurance Medical Plan, which is eligible for the individual no claims premium discount, this policy will not be included in the calculation of extra no claims premium discount of vCare Supreme Medical Plan or vCANsurance Medical Plan.</td></tr>
</table>

Plan / Benefit limit (HKD)	**vCore Medical Plan** – VHIS Standard Plan Certification Number: S00036-01-000-02	**vCare Medical Plan** – VHIS Flexi Plan Certification Number: F00015-01-000-02	**vCare Supreme Medical Plan** – VHIS Flexi Plan Certification Number: F00032-01-000-03	**vCANsurance Medical Plan** – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		**vPrime Medical Plan** – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
C. Others							
Convertibility option to designated medical insurance plan at specified ages[21]	- If this Policy has been in force for two Policy Years or above, the Policy Holder has the right to convert this Policy to a designated medical insurance plan with higher protection coverage upon the Policy anniversary which immediately comes on or after the Age of 50, 55, 60 or 65 years of the Insured Person, with not required to provide further evidence of insurability on the Insured Person. The application of this option shall be subject to the designated medical insurance plan with higher protection coverage available at that time and such terms and conditions as determined by FWD from time to time. - This right can only be exercised once under this Policy and is irrevocable.		- Not applicable			- Not applicable	
Option to reduce or remove the Deductible at specified ages[21]	- Not applicable		- Not applicable			- If this Policy has been in force for two Policy Years or above, the Policy Holder has the right to reduce or remove the Deductible without re-underwriting immediately following the date that the Insured Person attains the attained age of 50, 55, 60, 65, 70, 75 or 80. - This right can only be exercised once under this Policy and is irrevocable.	

Plan / Benefit limit (HKD)	**vCore Medical Plan** – VHIS Standard Plan Certification Number: S00036-01-000-02	**vCare Medical Plan** – VHIS Flexi Plan Certification Number: F00015-01-000-02	**vCare Supreme Medical Plan** – VHIS Flexi Plan Certification Number: F00032-01-000-03	**vCANsurance Medical Plan** – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		**vPrime Medical Plan** – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
						0	F00045-01-000-03
						16,000	F00045-02-000-03
						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
Special benefit for infant[21,22]	Not applicable	While this Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for two consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage by a designated medical insurance plan for the Covered Child shall be offered without further evidence of insurability and at no additional charge. (a) Once the coverage for the Covered Child is in effect and if the Covered Child suffers from Disability during the coverage period, FWD shall pay the benefits based on the terms and benefits of the designated medical insurance plan. (b) The benefit amount shall not be deducted from this Policy and shall not affect the coverage available to the Insured Person under this Policy.					While this Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for two consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 2-year coverage by a designated medical insurance plan for the Covered Child shall be offered without further evidence of insurability and at no additional charge. (a) Once the coverage for the Covered Child is in effect and if the Covered Child suffers from Disability during the coverage period, FWD shall pay the benefits based on the terms and benefits of the designated medical insurance plan. (b) The benefit amount shall not be deducted from this Policy and shall not affect the coverage available to the Insured Person under this Policy.	
Second Medical Opinion[21,23]	Available						
International SOS 24-hour Worldwide Assistance Services[21,23]	Available						
Cancierge[21,23]	Available			Available[24] (including cashless facility for covered cancer)		Not applicable	
PREMIER THE ONEcierge[21,23]	Not applicable					Available	
Life Enrichment Program[21,23]	Not applicable					Available	

Plan / Benefit limit (HKD)	vCore Medical Plan – VHIS Standard Plan Certification Number: S00036-01-000-02	vCare Medical Plan – VHIS Flexi Plan Certification Number: F00015-01-000-02	vCare Supreme Medical Plan – VHIS Flexi Plan Certification Number: F00032-01-000-03	vCANsurance Medical Plan – VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard benefit level F00051-02-000-01 for Superior benefit level		vPrime Medical Plan – VHIS Flexi Plan Certification Number	
				Standard benefit level	Superior benefit level	Dedutible (HKD)	Certification Number
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						25,000	F00045-03-000-03
						50,000	F00045-04-000-03
						100,000	F00045-05-000-01
						250,000	F00045-06-000-01
Wellness Joy Benefit [21,25] (reimbursement of expenses for travelling, fitness / wellness course or health check-up)	Not applicable			$1,000 Once for every 5 consecutive Policy Years	$2,000 Once for every 5 consecutive Policy Years	Not applicable	

Remark: The above comparison is based on the data compiled on 24 January 2022. The product features will be changed from time to time without notification. All are subject to the terms and conditions of the policy and the applicable administrative rules at the time. The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and condition.

Remarks:

1. For vPrime Medical Plan, Eligible Expenses incurred for any non-Emergency Treatments performed outside Asia shall be payable up to the benefit limits as stated in the benefit schedule attached to the Standard Plan Terms and Benefits. Psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong shall only be payable for Confinement in Hong Kong. Please refer to Section 1 of Part 1 of the Supplement – Limitation of benefits for details.
2. For vCore Medical Plan, vCare Medical Plan, and vCare Supreme Medical Plan, except for the psychiatric treatments as stated in benefit item (l) of I. Basic benefits in the Benefit Schedule, all benefits described in the benefit items shall be applicable worldwide. For vCANsurance Medical Plan, Eligible Expenses incurred for psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong (for Superior benefit level only) shall only be payable for Confinement in Hong Kong. Please refer to Section 3(l) of Part 6 of the Terms and Benefits and Section 6 of the Supplement – Other benefits under the Policy provisions for details. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under (a) to (k) of I. Basic benefits in the Benefit Schedule.
3. Asia shall mean Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, Mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.
4. a. The applicable benefit limit and/or aggregate limit per Disability per Policy Year shall be counted anew for each Confinement or Day Case Procedure for the same Disability provided that the Confinement or Day Case Procedure does not occur within 90 consecutive days following the Last Date (as defined in the Supplement – Calculation and limitation of benefits under the Policy provisions) of the previous Confinement or Day Case Procedure concerning the same Disability.

   b. Where the Insured Person is Confined or receives any Day Case Procedures involving more than 1 Disability, all Disabilities involved in the same Confinement or Day Case Procedure would be subject to 1 applicable benefit limit and/or aggregate limit per Disability per Policy Year.

   For details, please refer to Section 1 of Part 1 of the Supplement – Calculation and limitation of benefits under the Policy provisions.
5. Deductible shall mean a fixed amount of Eligible Expenses or expenses that, in a Policy Year, the Policy Holder must pay before FWD shall reimburse the remaining Eligible Expenses or remaining expenses.
6. FWD 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.
7. Designated crises shall include Cardiac Impairment Caused By Cardiomyopathy, Cardiac Impairment Due To Primary Pulmonary Arterial Hypertension, Chronic Liver Disease, Coronary Artery Bypass Operation, End Stage Lung Disease, Fulminant Hepatitis, Heart Attack (Acute Myocardial Infarction), Kidney Failure, Major Organ Transplantation, Open Heart Valve Surgery, Parkinson's Disease, Severe Rheumatoid Arthritis, Specified Cancer, Stroke, Surgery to Aorta and Terminal Illness. For details of the benefit, including the definition of the designated crises, please refer to the Supplement – First-dollar coverage – Deductible waived for designated crises of the Policy provisions.

8. Standard ward room shall mean a room type in a Hospital that is below a standard semi-private room. Standard Semi-private Room shall mean a single or double occupancy room in a Hospital, with a shared bath or shower room. Standard Private Room shall mean a standard single occupancy room with an adjoining bathroom for the Insured Person's use during his or her Confinement, but does not include any Hospital room with separate kitchen, dining room or living room.
9. Unless otherwise specified, the Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above.
10. For vCANsurance Medical Plan, full cover / full coverage shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged is subject to the aggregate limit per Disability per Policy Year. Full cover / Full coverage applies to selected benefit items only, while other benefit items are not fully covered and are subject to respective benefit item's limits. Please refer to Benefit Schedule and Terms and Benefits for details.
11. For vPrime Medical Plan, full cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged after deducting the remaining Deductible (if any) and is subject to the Annual Benefit Limit and the Lifetime Benefit Limit. Full cover applies to selected benefit items only, while other benefit items are not fully covered and are subject to respective benefit item's limits. Please refer to Benefit Schedule and Policy provisions for details.
12. 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.
13. 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.
14. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

    This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist. The benefit shall be payable in lieu of other benefit items under (a) to (k) of I. Basic benefits in the Benefit Schedule. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under (a) to (k) of I. Basic benefits in the Benefit Schedule.
15. For details, please refer to Section (H) of Part 1 of the Supplement - Enhanced benefits under the Policy provisions of vCare Supreme Medical Plan.
16. For details, please refer to Section (I) of Part 1 of the Supplement - Enhanced benefits under the Policy provisions of vCare Supreme Medical Plan.
17. For vCare Medical Plan and vCare Supreme Medical Plan, this benefit is payable for the reasonable and customary charges of emergency treatment to the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 2 weeks of the Accident causing such Injury by a registered dentist in a legally registered dental clinic. For more details of this benefit, please refer to the Policy provisions.

    For vCANsurance Medical Plan and vPrime Medical Plan, this benefit is payable for the Reasonable and Customary charges of Emergency Treatment of the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 3 months of the Accident causing such Injury by a registered dentist in a legally registered dental clinic. FWD shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Hong Kong or the relevant jurisdictions outside Hong Kong where the medical service is provided to the Insured Person, as effective, appropriate and essential based upon recognised standards of the health care specialty involved; and (c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit.
18. For the Insured Person covered by any other hospital reimbursement plans offered by a licensed insurance company other than FWD, regardless of whether it is an individual or group policy, if the Eligible Expenses incurred for any Confinement of the Insured Person are payable under this Policy after any reimbursement has been paid by such other licensed insurance companies, this benefit shall be payable for each day of Confined period in Hospital, subject to the limits as specified in the Benefit Schedule.

    This benefit shall be payable in the amount as specified in the Benefit Schedule for each day when the Insured Person is Confined in a room of a private Hospital in Hong Kong where the ward class is below the entitled ward class as specified in the Benefit Schedule during the whole Confinement period, provided that:

    (a) such Confinement is considered Medically Necessary upon the recommendation of the Insured Person's attending Registered Medical Practitioner; and

    (b) the Eligible Expenses incurred for such Confinement are payable under the Terms and Benefits.
20. FWD shall guarantee the Renewal at each policy anniversary up to the Age of 100 (attained age) of the Insured Person. As long as FWD maintains the registration as a VHIS provider, FWD guarantee that the Terms and Benefits will not be less favourable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of renewal.

    FWD reserves the right to revise the terms and benefits, subject to the prior approval and re-certification by the Government, upon renewal by giving a 30 days advance notice.
21. This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service
22. This additional benefit is available if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 or more consecutive Policy Years from the Policy Effective Date ("Covered Child"). A one-year coverage (for vCare Medical Plan, vCare Supreme Medical Plan and vCANsurance Medical Plan) / a two-year coverage (for vPrime Medical Plan) by a designated medical insurance plan for the Covered Child shall be offered without further evidence of insurability and at no additional charge.

Once the coverage for the Covered Child is in effect and if the Covered Child suffers from disability during the coverage period, FWD shall pay the benefits based on the terms and benefits of the designated medical insurance plan. The benefit amount shall not be deducted from this Policy and shall not affect the coverage available to the Insured Person under this Policy.

This benefit is subject to the terms and benefits of the designated medical insurance plan and FWD's prevailing rules and regulations which are determined by FWD from time to time at its sole discretion.

For more details, please refer to the Endorsement related to Special benefit for infant under the Policy provisions.

24. The Service is provided by external third party provider(s) which are not guaranteed renewable. It does not form a part of the Policy or benefit item under the Policy provisions and only applicable to the designated insurance plan. FWD shall not be responsible for any act, negligence or omission of medical advice, opinion, service or treatment on the part of them. FWD reserves the right to amend, suspend or terminate the service without further notice. For details of the services, please refer to the leaflet of FWD Professional Health Assistance Services.

    CANcierge, provided by HealthMutual Group Limited ("HMG") and its healthcare network team, is provided by external third party and does not form part of the Policy or benefit item under the Policy provisions and only applicable to this Plan. FWD reserves the right to suspend, terminate or vary CANcierge in its sole discretion without further notice. FWD is not the supplier of the service and shall have no obligation or responsibility for any act, negligence or failure to act on the part of HMG and its healthcare network team. CANcierge is only available in Hong Kong region.

    Cashless Facility is an administrative arrangement to pay the covered expenditures when the Insured Person is hospitalised, but not a benefit item under Policy provisions or guaranteed successful arrangement. Cashless Facility is only applicable if the Insured Person requires hospitalisation, treatment and supportive therapies at the designated hospital due to a covered cancer. FWD reserves the right to suspend, terminate or amend relevant terms and conditions for Cashless Facility in its sole discretion without further notice. FWD would pay the medical cost to the relevant hospital on behalf of the Insured Person after successful arrangement of Cashless Facility. If the medical cost paid by FWD is higher than the maximum claimable amount, FWD will seek reimbursement from the Policy Holder for such amount.

    This hotline is operated by HMG. Please note that this hotline is for non-emergency reservation of doctor consultation instead of for emergencies.

25. If this Policy has been in force for 5 consecutive Policy Years from the Policy Effective Date; and if the Insured Person undertakes any of the following Wellness Activity(ies) in the next Policy Year following the 5-year period:

    (a) travel;

    (b) fitness or wellness course; or

    (c) health check-up,

    FWD shall, upon receiving satisfactory evidence of participation, reimburse the actual expenses for such Wellness Activity(ies), up to a maximum limit of HKD1,000 for Standard benefit level or HKD2,000 for Superior benefit level. This benefit shall be payable once every 5 consecutive Policy Years only, and any unused benefit will be forfeited and cannot be carried forward or refunded by cash.