FWD insurance

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EBeyond Medical Insurance Solution
智員善醫療保險方案

Protection beyond group medical insurance coverage.
Care beyond life's transitions.

FWD Life Insurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability)

EBeyond
Medical Insurance Solution

EBeyond Medical Insurance Solution (“the Plan”) is designed to help bridge this gap. Tailored primarily for employees, their spouses and children as members ("Eligible Member(s)")[1] of our group medical insurance schemes (“Eligible Group Medical Insurance Scheme(s)”)[1] with two flexible plan options to meet different needs and life stages. It supplements existing group medical benefits through **EBoost Plans** that deliver full coverage[2] support for major medical expenses; while **EBridge Plans** provide first dollar protection to help maintain medical coverage beyond career transitions and retirement. With no health underwriting for Eligible Members[1], the Plan reinforces protection today and safeguards continuity for the future with clarity and confidence.

We also recognise that your healthcare needs may evolve over time. To support this, the Plan offers a **first-in-market** **first-dollar conversion option**[+], allowing Eligible Members[1] to convert their in-force EBoost Plan to an EBridge Plan without the need for health underwriting. After the Policy has been in-force for two consecutive years from the Policy Date and subject to the applicable eligibility criteria, Eligible Members[1] may exercise this one-off option at designated policy anniversaries, adding flexibility to their changing needs.

Beyond financial protection, the Plan embraces a forward-looking approach to healthcare support through a suite of **first-in-market**[+] initiatives. From wellness incentives that reward healthy living to enhanced senior-focused benefits, including the elderly inpatient care services provided by a **Healthcare Assistant** and **Alzheimer’s prevention and treatment support**, the Plan reflects a commitment to holistic and sustainable protection. Together with our trusted medical network and care services, the Plan delivers not only stronger safeguards but also a smoother and more reassuring healthcare experience.

At FWD, we believe medical protection should be strengthened when needed and sustained when it matters most, empowering you to move forward with confidence through every stage of life.

Group medical coverage provides a strong foundation of protection. Yet as healthcare costs rise and personal priorities evolve, many begin to consider whether that foundation is sufficient, both for major medical expenses today and for continued protection in the years ahead. Strengthening existing coverage while ensuring long term continuity has become an increasingly important consideration.

Key Features of
EBeyond Medical Insurance Solution

Medical protection that stays with you through your career and life stages[3]

Designed to strengthen health protection as needs change due to job transitions, increasing medical needs or retirement.

EBoost Plan

extra protection on top of your group medical insurance protection

With your existing Eligible Group Medical Insurance Scheme[1] as first-line of protection, EBoost Plan serves as a top-up protection that provides full coverage[2] for major hospitalisation and surgical expenses with Annual Benefit Limit and subject to Deductible[4] and reimbursement percentage.

3 plan levels covering different ward classes available to match your group medical insurance coverage and needs.

EBridge Plan

continue your medical protection beyond employment

Serve as first-line of protection with itemised sub-limits for Eligible Members[1] who are about to change jobs or retire.

4 plan levels covering different ward classes with optional supplementary major medical benefit ("SMM") available to match your group medical insurance coverage and needs.

First-in-market

First-dollar conversion option[+]

as a flexible bridge to the future

Life evolves, and so do your medical protection needs. After the Policy has been in-force for two consecutive years from the Policy Date, the Policy Owner will have the right to convert the **EBoost Plan** to **EBridge Plan** (Plan 1 or other plan levels covering the same or a lower ward class where SMM may also be attached) without health underwriting of the Insured Person. This conversion option can be exercised at Policy Anniversaries immediately following the Insured Person's birthdays at Age 45, 50, 55, 60 or 65 (age next birthday). This option can only be exercised once and is irrevocable if it is exercised.

EBeyond Medical Insurance Solution offers protection for major hospitalisation and surgical expenses, complemented by wellness and senior care benefits – from preventive care and early detection to support for Alzheimer's disease and caregiving needs.

Simple application that provides peace of mind from day one

Eligible Members[1] from 15 days up to Age 70 (age next birthday) can apply without any health underwriting and the need for a medical questionnaire or screening.

Continued coverage for Pre-existing Conditions

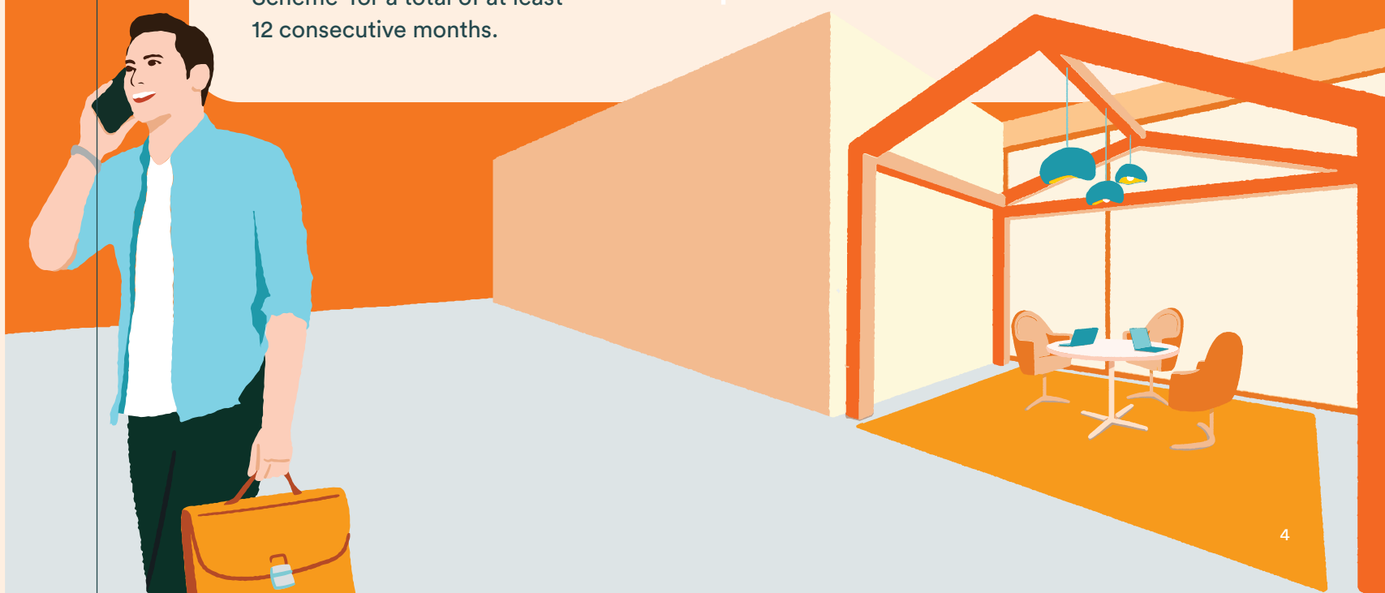
Pre-existing Conditions which are covered under the existing Eligible Group Medical Insurance Scheme[1] will be covered under the Plan, provided that the existing Eligible Members[1] have been continuously insured under the Eligible Group Medical Insurance Scheme[1] for a total of at least 12 consecutive months.

Enhanced benefits when using designated medical network

Enjoy higher benefit limits or lower Coinsurance[5] for Medical Services performed at our Designated Healthcare Services Providers[6]. This not only helps reduce your out-of-pocket expenses for eligible medical services, but also provides convenient access to quality healthcare service providers.

Guaranteed lifetime Renewal[7]

You will enjoy lifetime guaranteed annual Renewal[7] of your Policy of the Plan irrespective of your health condition.



We care about your wellbeing at every life stage, with a range of wellness and senior care benefits designed to encourage healthier living, promote early detection, and provide added support as your needs evolve.

Did you know?^

Wellness and prevention matter more than ever. Early detection can significantly improve health outcomes as reflected in the 5-year survival rates for the top 2 cancers in Hong Kong:

Lung Cancer
Stage I: 72.4%
Stage IV: 7.8%

Colorectal Cancer
Stage I: 95.7%
Stage IV: 9.3%

Staying active also plays a vital role in maintaining good health. The World Health Organization estimates that physical inactivity accounts for:

- **More than 20%** of breast cancer, colorectal cancer and diabetes cases; and
- **Around 30%** of ischemic heart disease cases

Beyond physical activity, taking time to rest and recharge supports overall wellbeing. Studies suggest that individuals who do not take regular vacations may have a **higher risk of heart attack**, with the increase estimated at around **30%** for men and up to **50%** for women.

Wellness joy benefit supporting preventive care and everyday wellness

To encourage you maintain a healthy lifestyle, the Insured Persons can reimburse the actual expenses on any of the following activities after the Policy has been in force for at least 2 consecutive years (applicable to Plans 3 and 4 under EBridge Plans and Plans B and C under EBoost Plans) or 5 consecutive years (applicable to Plans 1 and 2 under EBridge Plans and Plan A under EBoost Plan) from the Policy Date:

1. Travel;
2. Fitness or wellness course; or
3. Health check-up

Extra rewards for staying healthy with no claims premium discount[8] available up to 15%

If you haven't made any claim for the Plan for 2 or more consecutive Policy Years immediately prior to Renewal[7], the Plan will offer you a discount of up to 15% on your next Renewal[7] premium regardless of your Age to encourage you to stay healthy. No claims premium discounts[8] apply as follows:

No claims period immediately prior to the Policy's Renewal[7]	No claims premium discount[8] (Discount rate on Renewal[7] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 consecutive Policy Years and thereafter	15%

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Did you know?^

Hong Kong's ageing population is driving growing Alzheimer's related needs.

By 2043, **around one in three residents** will be **aged 65** or above, and about **10%** of adults aged 60 or above are living with **dementia**, most commonly Alzheimer's Disease.

Image generated by AI

First-in-market

Dedicated support for Alzheimer's Disease preventive care and treatment+

Recognising the importance of early detection and to support you facing evolving health needs, the Plan is designed to offer you the following benefits after the Policy has been in force for 2 consecutive years from the Policy Date:

Alzheimer's Disease preventive care benefit

When the Insured Person reaches Age 51 (age next birthday), the Insured Person can reimburse the actual expenses incurred for undergoing early detection tests for Alzheimer's Disease once per 5 Policy Years.

Additional benefit for Alzheimer's Disease treatment

If the Insured Person has received a first confirmed diagnosis of Alzheimer's Disease, they can reimburse the actual expenses incurred on the cost of medications, non-drug therapies or other forms of treatment recommended in writing by the attending Registered Medical Practitioner for the purpose of treating Alzheimer's disease.

Did you know?^

Caring responsibilities can place significant emotional and physical demands on caregivers. Studies show that around half of working caregivers experience **high levels of stress**, underscoring the growing need for **better care support** as the population ages.

First-in-market

Golden years Hospital companion care helps ease the demands of caregiving+

For Insured Persons aged 60 or above (age next birthday), in addition to the general nursing services provided by the Hospital to the Insured Person during Confinement, the expenses incurred for **inpatient care services** provided by a **Healthcare Assistant** will be covered, subject to the limits stated in the Benefit Schedule. This benefit is payable starting from the 3rd day of Confinement.

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FWD Care

Professional health assistance services to safeguard your health and beyond financial support

You can relax with ease knowing that a series of professional health assistance services are provided to back you up in every way:

CANcierge[9]

- Dedicated cancer care support services tailor-made exclusively to meet your needs
- Cancer Second Medical Opinion: if the Insured Person is diagnosed with cancer, this service will have the arrangement for the Insured Person to have a face-to-face meeting with a doctor from HKSH Cancer Centre, who will review the medical reports and recommend a treatment strategy.

Dementia Support Program[9]

- A designated support program to the Insured Person or a referral service for a designated support program to the parents of Insured Person upon the Insured Person's or the parents of Insured Person's first confirmed diagnosis of Alzheimer's Disease

One-stop global health solution[9]

- Second Medical Opinion Service provided by some of the highest-ranked US medical institutions
- International SOS 24-hour Worldwide Assistance Service ensuring that help is always just a call away

^ The information is for reference only and is a general statement based on observation of market situation and/or various publicly available information from different sources of third parties of which FWD believes to be reliable but has not been independently verified. To the fullest extent permitted by law, FWD makes no express or implied representations, statements or warranties as to the accuracy, suitability, completeness or validity of such information (including its suitability for any particular purpose), and disclaims liability for errors or omissions in such information. Under no circumstances shall FWD be liable for any loss or damages arising from the use of or reliance on the information (including any liability to third parties). You are advised to assess for yourself the accuracy, suitability, completeness or validity of such information (including its suitability for any particular purpose). For any queries, please seek independent professional advice.

+ Per a comparison made by FWD on 6 July 2026 among the medical plans of key insurers available in Hong Kong, first-dollar conversion option, Golden years Hospital companion care, Additional benefit for Alzheimer's Disease treatment and Alzheimer's Disease preventive care benefit are first-in-market. The above statements are made by FWD based on currently available market information and its understanding thereof, and FWD shall not be liable for any errors or omissions.

The product information in this brochure does not contain and is subject to the Terms and Benefits of the Plan. For the full terms, conditions, benefits and exclusions, please refer to the Terms and Benefits of the Plan.

EBeyond Medical Insurance Solution – General Information

Plan type	Standalone plan
Issue age (age next birthday)	Age 1 (from 15 days) – 70
Benefit term (age next birthday)	Guaranteed yearly Renewable[7] to Age 101
Premium structure	• Based on Insured Person's Age at issue • Renewal[7] premiums are non-guaranteed and will be determined annually based on the Age of the Insured Person at the time of Renewal[7]
Premium payment term	To Age 101 (age next birthday)
Premium payment mode	Monthly / Annually
Currency	HKD

The Plan is a standalone medical insurance product. You can purchase this product without bundling with other insurance products.

Enrolment guidelines

Eligibility	• Eligible Members[1] (including employees and dependants (spouses and children) insured under the Eligible Group Medical Insurance Scheme[1] for at least 12 consecutive months. • Enrollment in the Plan is limited to once per lifetime for each Eligible Member[1]. • At least 10 members under the Eligible Group Medical Insurance Scheme[1].
Application submission period	• Within 60 days from the Eligible Group Medical Insurance Scheme[1] policy renewal date • Within 60 days from the Eligible Group Medical Insurance Scheme[1] policy effective date# • Within 30 days prior to or after termination of coverage under the Eligible Group Medical Insurance Scheme[1] policy
Enrollment rule	• Employees and dependants (including spouses and children) can be enrolled independently.
Plan selection rule	Determined at FWD's sole discretion based on designated factors including but not limited to: • Ward class entitlement or room and board coverage of the Eligible Members'[1] coverage under their Eligible Group Medical Insurance Scheme[1] • Whether there is supplementary major medical benefit under the Eligible Group Medical Insurance Scheme[1]

Subject to FWD's approval at its sole discretion based on the prevailing rules as determined by FWD.

The above enrolment guidelines are subject to change from time to time as determined by FWD. FWD reserves the right to amend the enrolment guidelines without further notice.

The following examples are hypothetical and for illustrative purposes only. All figures and amounts (in HKD) are used to demonstrate how Deductible[4] and Coinsurance[5]/reimbursement percentage are calculated, based on assumptions made for REFERENCE only. In certain circumstances, total claim amounts may exceed the actual expenses incurred due to the benefits provided under the Policy. Such outcomes are incidental and should not be interpreted as a source of financial gain.

Illustrative example 1 — Retirement-ready coverage with wellness & senior care support


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Plan level:
EBridge Plan – Plan 4 + SMM

Michael Chan retired at the age of 60 after a long career. Within 30 days of leaving his employer, he arranged continued medical protection under the **EBeyond Medical Insurance Solution**, ensuring a smooth transition from his former employer's Eligible Group Medical Insurance Scheme[1] policy coverage into retirement.

Based on the level of protection under his previous group medical policy, Michael is eligible to select **EBridge Plan** – Plan 4, which provides first-dollar medical coverage. As supplementary major medical benefit ("SMM") was included in his group medical coverage, he is also eligible to attach SMM to his **EBridge Plan**, helping him manage potentially significant healthcare expenses during retirement.

Proactive wellness leading to timely treatment

To support his ongoing health, Michael made use of the Plan's **Wellness Joy benefit**, available once every 2 Policy Years under EBridge Plan - Plan 4, to undergo preventive health screening. During this screening, gallstones were identified, leading to timely treatment and subsequent hospitalisation, where his medical protection and care support became essential.

Hospitalisation experience (where care support begins)

What happened

Condition:	Surgery for gallstones with post-operative complications
Hospital:	Private hospital in Hong Kong
Length of stay:	8 days
Ward choice:	Standard Ward Room (entitled Ward Class: Standard Private Room)

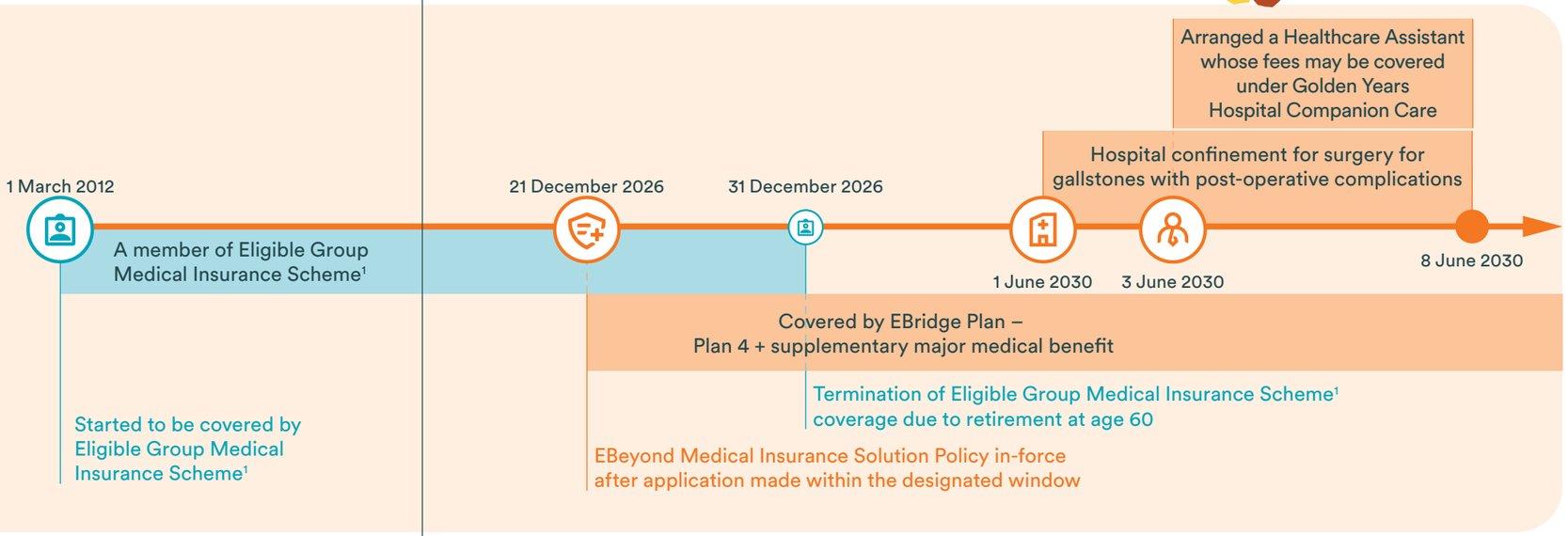
From the 3rd day of confinement, Michael required additional support during his recovery. As he was aged 60 or above, the expenses related to a **Healthcare Assistant** were eligible for coverage under the **Golden Years Hospital Companion Care** benefit. Accordingly, Michael arranged for a Healthcare Assistant to support his daily needs during the hospital stay, helping to reduce physical strain and facilitate smoother recovery.

How the claim was settled (illustrative)

Expense item	Actual medical expenses (HK$)	Reimbursed under EBridge Plan – Plan 4 (HK$)	Reimbursed under SMM (HK$)
Room and board (8 days)	8,000 (1,000 x 8 days)	8,000	-
Surgeon's fee (major surgery)	90,000	54,000	30,600 (90,000 – 54,000) x 85%
Anaesthetist's fee	19,300	18,900 (35% of Surgeon's fee)	340 (19,300 – 18,900) x 85%
Operating theatre charges	19,300	18,900 (35% of Surgeon's fee)	340 (19,300 – 18,900) x 85%
Prescribed Diagnostic imaging tests	20,000	20,000	-
Miscellaneous inpatient charges	15,000	15,000	-
Golden Years Hospital Companion Care	5,040	4,620 (770/day x 6 days)	-
Sub-total	**176,640**	**139,420**	**31,280**
Cash benefit for room and board Confinement below entitled ward class in a private hospital in Hong Kong	-	6,400 (800 x 8 days)	-
Cash benefit - Major surgery	-	6,000	-
Total	**176,640**	**183,100** (139,420 + 6,400 + 6,000 + 31,280)	

Claims

Total actual medical expenses incurred:	HK$176,640
Reimbursed under **EBridge Plan – Plan 4:**	HK$139,420
Reimbursed under SMM:	HK$31,280
Cash benefit	HK$12,400 (HK$6,400 + HK$6,000)
Total claim amount (including cash benefit):	**HK$183,100**
Out-of-pocket:	**HK$0**



Illustrative example 2 — Top-up protection and seamless first-dollar conversion option@

Plan level:
EBoost Plan – Plan B **convert to** EBridge Plan – Plan 3

Daniel Lee is a senior operations manager. While employed, he is entitled to medical coverage under his employer's Eligible Group Medical Insurance Scheme[1] policy.

To strengthen his protection against major medical expenses, Daniel also purchases **EBoost Plan – Plan B** under the **EBeyond Medical Insurance Solution**.

The plan offers comprehensive protection for major hospitalisation and surgical expenses, subject to Deductible[4], reimbursement percentage and the Annual Benefit Limit, and is designed to complement his employment-based group medical benefits.

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Hospitalisation experience

What happened

Condition:	Severe pneumonia with respiratory complications
Hospital:	Daniel contacted the Designated Healthcare Service Provider[6], which arranged his admission to a private hospital in Hong Kong
Length of stay:	10 days
Ward choice:	Standard Ward Room (entitled ward class: Standard Semi-Private Room)

Due to the severity of the condition, Daniel required hospitalisation, diagnostic tests, medications and respiratory therapy.

Claim settlement

Actual medical expenses incurred:
HK$220,000

Reimbursement amount under Eligible Group Medical Insurance Scheme[1]
HK$140,000

Remaining medical expenses to be reimbursed:
HK$80,000

How the remaining medical expenses of HK$80,000 will be reimbursed under **EBoost Plan – Plan B**

- Deductible[4] amount: HK$60,000
- Reimbursement percentage: 90%
- The reimbursement amount will be the lower of:

(Actual medical expenses incurred 220,000 – Deductible[4] amount 60,000) x Reimbursement percentage 90% = 144,000

OR

Actual medical expenses incurred 220,000 – claim amount paid under other insurance policy 140,000 = 80,000

Result

Reimbursed under EBoost Plan – Plan B:
HK$80,000

Cash benefit for room and board Confinement below entitled ward class:
HK$800 × 10 days = HK$8,000

Total claim amount (including cash benefit):
HK$80,000 + HK$8,000 = HK$88,000

Out-of-pocket:
HK$0

Leaving employment and conversion to EBridge Plan

Several years later when Daniel attained age 49, Daniel decided to leave his company to start his own business. After leaving the company, his Eligible Group Medical Insurance Scheme[1] coverage will come to an end.

Due to his medical history, Daniel was unable to purchase new individual medical insurance in the market. By exercising the **first-dollar conversion option@** under the **EBeyond Medical Insurance Solution**, Daniel converted his coverage to **EBridge Plan** – Plan 3, provides him with first layer of protection and an equivalent standard semi-private room entitlement.

This seamless conversion allowed Daniel to maintain continuous medical coverage after leaving employment.

@ This right can only be exercised once and is irrevocable.

EBeyond Medical Insurance Solution Policy in-force after application made within the designated window

Started to be covered by Eligible Group Medical Insurance Scheme[1] at age 41 (ANB42)

A member of Eligible Group Medical Insurance Scheme[1]

10 May 2022

12 May 2027

Covered by EBoost Plan – Plan B **as a top-up coverage for group medical scheme**

1 June 2028

Hospitalisation due to severe pneumonia with respiratory complication

10 June 2028

First-dollar conversion option@
Conversion of **EBoost Plan** to **EBridge Plan** takes effect

12 May 2030

Termination of Eligible Group Medical Insurance Scheme[1] coverage when Daniel left the company

31 May 2030

Covered by EBridge Plan – Plan 3 **as first line of protection**

EBeyond Medical Insurance Solution helps to meet insurance protection needs at different life stages. The Policy Owners can exercise the **first-dollar conversion option#** to convert EBoost Plan to EBridge Plan at designated age of the Insured Person (45, 50, 55, 60 or 65 age next birthday).

EBeyond Medical Insurance Solution – EBridge Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)			
	Plan 1	Plan 2	Plan 3	Plan 4
Territorial scope of cover[12]	Worldwide (Except for psychiatric treatments, network benefits[11], cash benefit for Confinement in general ward in a public Hospital in Hong Kong, cash benefit for Confinement in Intensive Care Unit in Hong Kong and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong, all benefits shall be applicable worldwide.)			
Entitled ward class[13]	No restriction	Standard Ward Room	Standard Semi-Private Room	Standard Private Room
I. Hospitalisation benefits				
1) Room and board (Maximum 150 days per Disability[14])	**Network:** $465 per day **Non-network:** $420 per day	**Network:** $1,020 per day **Non-network:** $925 per day	**Network:** $1,760 per day **Non-network:** $1,600 per day	**Network:** $3,520 per day **Non-network:** $3,200 per day
2) Intensive care (Maximum 30 days per Disability[14])	**Network:** $2,200 per day **Non-network:** $2,000 per day	**Network:** $2,860 per day **Non-network:** $2,600 per day	**Network:** $4,400 per day **Non-network:** $4,000 per day	**Network:** $5,500 per day **Non-network:** $5,000 per day
3) Companion bed (Maximum 30 days per Disability[14])	**Network:** $330 per day **Non-network:** $300 per day	**Network:** $550 per day **Non-network:** $500 per day	**Network:** $990 per day **Non-network:** $900 per day	**Network:** $1,980 per day **Non-network:** $1,800 per day
4) Attending doctor's visit fee (Maximum 150 days per Disability[14])	**Network:** $465 per day **Non-network:** $420 per day	**Network:** $1,020 per day **Non-network:** $925 per day	**Network:** $1,760 per day **Non-network:** $1,600 per day	**Network:** $3,520 per day **Non-network:** $3,200 per day
5) Specialist's fee[15]	**Network:** $3,080 per Disability[14] **Non-network:** $2,800 per Disability[14]	**Network:** $7,150 per Disability[14] **Non-network:** $6,500 per Disability[14]	**Network:** $8,250 per Disability[14] **Non-network:** $7,500 per Disability[14]	**Network:** $13,750 per Disability[14] **Non-network:** $12,500 per Disability[14]
6) Miscellaneous charges	**Network:** $9,020 per Disability[14] **Non-network:** $8,200 per Disability[14]	**Network:** $13,475 per Disability[14] **Non-network:** $12,250 per Disability[14]	**Network:** $21,230 per Disability[14] **Non-network:** $19,300 per Disability[14]	**Network:** $33,385 per Disability[14] **Non-network:** $30,350 per Disability[14]
7) Private nurse's fee[15,16] (Maximum 30 days per Disability[14], subject to services provided by 1 Registered Nurse per day)	**Network:** $330 per day **Non-network:** $300 per day	**Network:** $550 per day **Non-network:** $500 per day	**Network:** $880 per day **Non-network:** $800 per day	**Network:** $1,210 per day **Non-network:** $1,100 per day

EBeyond Medical Insurance Solution – EBridge Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)			
	Plan 1	Plan 2	Plan 3	Plan 4
I. Hospitalisation benefits				
8) Golden years Hospital companion care[15,16] (Maximum 10 days per Disability[14], subject to services provided by 1 Healthcare Assistant per day and payable starting from the 3rd day of Confinement for Insured Persons aged 60 (age next birthday) or above)	**Network:** $231 per day **Non-network:** $210 per day	**Network:** $385 per day **Non-network:** $350 per day	**Network:** $616 per day **Non-network:** $560 per day	**Network:** $847 per day **Non-network:** $770 per day
9) Psychiatric treatments[17]	N/A	**Network:** $33,000 per Disability[14] **Non-network:** $30,000 per Disability[14]	**Network:** $44,000 per Disability[14] **Non-network:** $40,000 per Disability[14]	**Network:** $55,000 per Disability[14] **Non-network:** $50,000 per Disability[14]
II. Surgical benefits				
1) Surgeon's fee[18]	Per surgical procedure, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures and reimbursement rules[18] –			
	Network:			
Complex	$46,200	$77,000	$107,800	$138,600
Major	$19,800	$33,000	$46,200	$59,400
Intermediate	$9,900	$16,500	$23,100	$29,700
Minor	$3,850	$7,150	$9,900	$12,650
	Non-network:			
Complex	$42,000	$70,000	$98,000	$126,000
Major	$18,000	$30,000	$42,000	$54,000
Intermediate	$9,000	$15,000	$21,000	$27,000
Minor	$3,500	$6,500	$9,000	$11,500
2) Anaesthetist's fee	35% of Surgeon's fee payable[19]			
3) Operating theatre charges	35% of Surgeon's fee payable[19]			

EBeyond Medical Insurance Solution – EBridge Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)			
	Plan 1	Plan 2	Plan 3	Plan 4
III. Other medical benefits				
1) Pre- and post-Confinement/ Day Case Procedure outpatient care[15] (including post-Confinement/ Day Case Procedure Chinese medicine consultation)	**Network:** $275 per day **Non-network:** $250 per day	**Network:** $330 per day **Non-network:** $300 per day	**Network:** $385 per day **Non-network:** $350 per day	**Network:** $440 per day **Non-network:** $400 per day
	• Subject to 1 visit per day • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 45 days after discharge from Hospital or completion of Day Case Procedure)			
2) Post-Confinement home nursing[15]	**Network:** $330 per day **Non-network:** $300 per day	**Network:** $550 per day **Non-network:** $500 per day	**Network:** $880 per day **Non-network:** $800 per day	**Network:** $1,210 per day **Non-network:** $1,100 per day
	• Maximum 30 days per Disability[14], subject to services provided by 1 Registered Nurse per day • Within 30 days after discharge from Hospital following surgery or admission to Intensive Care Unit			
3) Emergency outpatient accidental treatment	$1,800 per Disability[14]	$5,000 per Disability[14]	$6,500 per Disability[14]	$14,000 per Disability[14]
4) Emergency outpatient dental treatment[20]	$5,000 per Disability[14]	$15,000 per Disability[14]	$20,000 per Disability[14]	$25,000 per Disability[14]
5) Prescribed Diagnostic Imaging Tests[15,21]	**Network:** $22,000 per Disability[14] **Non-network:** $20,000 per Disability[14]			
	• Coinsurance[5] 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[5]			
6) Prescribed Non-surgical Cancer Treatments[22]	**Network:** $55,000 per Disability[14] **Non-network:** $50,000 per Disability[14]	**Network:** $88,000 per Disability[14] **Non-network:** $80,000 per Disability[14]	**Network:** $143,000 per Disability[14] **Non-network:** $130,000 per Disability[14]	**Network:** $220,000 per Disability[14] **Non-network:** $200,000 per Disability[14]
7) Kidney dialysis[15]	**Network:** $110,000 per Disability[14] **Non-network:** $100,000 per Disability[14]	**Network:** $220,000 per Disability[14] **Non-network:** $200,000 per Disability[14]	**Network:** $385,000 per Disability[14] **Non-network:** $350,000 per Disability[14]	**Network:** $550,000 per Disability[14] **Non-network:** $500,000 per Disability[14]

EBeyond Medical Insurance Solution – EBridge Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)			
	Plan 1	Plan 2	Plan 3	Plan 4
III. Other medical benefits				
8) Rehabilitation treatment[15]	$8,000 per Disability[14]	$10,000 per Disability[14]	$15,000 per Disability[14]	$20,000 per Disability[14]
9) Hospice care	$30,000 per Policy	$50,000 per Policy	$100,000 per Policy	$150,000 per Policy
IV. Wellness and senior care benefits				
1) Wellness joy benefit	$800 (once per 5 Policy Years)	$1,000 (once per 5 Policy Years)	$1,500 (once per 2 Policy Years)	$2,000 (once per 2 Policy Years)
	• Covers expenses for travel, fitness or wellness course or health check-up after the Policy has been in force for at least 5 (for Plan 1 and Plan 2) or 2 (for Plan 3 and Plan 4) consecutive years from the Policy Date			
2) Additional benefit for Alzheimer's Disease treatment	$20,000 per Policy	$50,000 per Policy	$75,000 per Policy	$100,000 per Policy
	• Covers treatment costs for medications and/or non-drug therapies for Insured Person diagnosed with Alzheimer's Disease, provided that the Policy has been in force for 2 consecutive years from the Policy Date			
3) Alzheimer's Disease preventive care benefit	$800 (once per 5 Policy Years)	$1,500 (once per 5 Policy Years)	$3,000 (once per 5 Policy Years)	$4,000 (once per 5 Policy Years)
	• Payable on reimbursement basis for Insured Person aged 51 or above (age next birthday) who has undergone early detection tests for Alzheimer's Disease, provided that the Policy has been in force for 2 consecutive years from the Policy Date			
V. Life/income protection benefits				
1) Death benefit	$5,000	$10,000	$15,000	$20,000
2) Accidental death benefit	$5,000	$10,000	$15,000	$20,000
3) Cash benefit for Confinement in general ward in a public Hospital in Hong Kong[23] (Maximum 60 days per Disability[14])	$150 per day	$300 per day	$500 per day	$900 per day
4) Cash benefit for Day Case Procedure[6] (For each day, payable once for a maximum of 1 Day Case Procedure in accordance with benefit item [4(i)], [4(ii)] or [4(iii)] of V. Life/income protection benefits)	(i) Designated Day Case Procedure(s) performed at a Designated Healthcare Services Provider: $1,600 per procedure (ii) Designated Day Case Procedure(s) performed in mainland China: $1,600 per procedure (iii) For any Day Case Procedure(s) other than designated Day Case Procedure(s) performed at a Designated Healthcare Services Provider or in mainland China; or any Day Case Procedure(s) performed at a non-Designated Healthcare Services Provider outside mainland China: $800 per procedure			

EBeyond Medical Insurance Solution – EBridge Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)			
	Plan 1	Plan 2	Plan 3	Plan 4
V. Life/income protection benefits				
5) Cash benefit for top-up subsidy[24] (Maximum 60 days per Disability[14])	$800 per day			
6) Cash benefit for major and complex surgeries[25] (Maximum 1 major or complex surgery per day)	Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures –			
	N/A	$3,000 per major surgery $6,000 per complex surgery	$4,000 per major surgery $8,000 per complex surgery	$6,000 per major surgery $10,000 per complex surgery
7) Cash benefit for Confinement in Intensive Care Unit in Hong Kong	N/A	$6,000 per Disability[14]	$8,000 per Disability[14]	$10,000 per Disability[14]
	• The Insured Person is Confined in a Hospital in Hong Kong during which he/she is admitted to Intensive Care Unit for at least 3 consecutive days and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits; and • This benefit is payable once only during the whole Confinement period and is subject to once per Disability[14].			
8) Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong[26] (Maximum 30 days per Disability[14])	N/A	$800 per day		

EBeyond Medical Insurance Solution – Supplementary Major Medical Benefit (Optional benefit to be attached to and forming part of the EBridge Plan) – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)		
	EBridge Plan - Plan 2	EBridge Plan - Plan 3	EBridge Plan - Plan 4
Territorial scope of cover[12]	Worldwide (Except for network benefit[11], all benefits shall be applicable worldwide)		
Entitled ward class[13]	Standard Ward Room	Standard Semi-Private Room	Standard Private Room
Maximum benefit limit per Disability[14]	**Network:** $138,000 **Non-network:** $115,000	**Network:** $204,000 **Non-network:** $170,000	**Network:** $336,000 **Non-network:** $280,000
Coinsurance[5]	**Network:** 10%; **Non-network:** 15%		
I. Hospitalisation benefits			
1) Room and board	**Network:** $1,020 per day **Non-network:** $925 per day	**Network:** $1,760 per day **Non-network:** $1,600 per day	**Network:** $3,520 per day **Non-network:** $3,200 per day
	• Payable only after the number of days exceeds the limit (i.e. 150 days per Disability[14] as specified under benefit item 1 of I. Hospitalisation benefits in EBridge Plan – Benefit Schedule above)		
2) Intensive care	Reasonable and Customary charges		
3) Attending doctor's visit fee	**Network:** $1,020 per day **Non-network:** $925 per day	**Network:** $1,760 per day **Non-network:** $1,600 per day	**Network:** $3,520 per day **Non-network:** $3,200 per day
	• Payable only after the number of days exceeds the limit (i.e. 150 days per Disability[14] as specified under benefit item 4 of I. Hospitalisation benefits in EBridge Plan – Benefit Schedule above)		
4) Specialist's fee[15]	Reasonable and Customary charges		
5) Miscellaneous charges			
II. Surgical benefits			
1) Surgeon's fee	Up to 50% of the maximum benefit limit of supplementary major medical Benefit per Disability[14]		
2) Anaesthetist's fee			
3) Operating theatre charges			

EBeyond Medical Insurance Solution – EBoost Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)		
	Plan A	Plan B	Plan C
Territorial scope of cover[12]	Worldwide (Except for psychiatric treatments, network benefits[11], and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong, all benefits shall be applicable worldwide.)		
Entitled ward class[13]	Standard Ward Room	Standard Semi-Private Room	Standard Private Room
Annual benefit limit for I. Hospitalisation benefits, II. Surgical benefits and benefit items 1 to 8 of III. Other medical benefits	**Network:** $200,000 per Policy Year **Non-network:** $150,000 per Policy Year	**Network:** $350,000 per Policy Year **Non-network:** $300,000 per Policy Year	**Network:** $700,000 per Policy Year **Non-network:** $600,000 per Policy Year
Reimbursement percentage for I. Hospitalisation benefits, II. Surgical benefits and benefit items 1 to 8 of III. Other medical benefits	**Network:** 90%; **Non-network:** 80%		
Reimbursement percentage for benefit item 9 of III. Other medical benefits, IV. Wellness and senior care benefits and V. Life/income protection benefits	100%		
Deductible[4] for I. Hospitalisation benefits, II. Surgical benefits and III. Other medical benefits	$30,000 per Policy Year	$60,000 per Policy Year	$90,000 per Policy Year
I. Hospitalisation benefits			
1) Room and board (Maximum 150 days per Policy Year)	Full cover[2]		
2) Intensive care (Maximum 30 days per Policy Year)	Full cover[2]		
3) Companion bed (Maximum 30 days per Policy Year)	Full cover[2]		
4) Attending doctor's visit fee (Maximum 150 days per Policy Year)	Full cover[2]		
5) Specialist's fee[15]	Full cover[2]		
6) Miscellaneous charges	Full cover[2]		

EBeyond Medical Insurance Solution – EBoost Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)		
	Plan A	Plan B	Plan C
I. Hospitalisation benefits			
7) Private nurse's fee[15,16] (Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day)	Full cover[2]		
8) Golden years Hospital companion care[15,16] (Maximum 10 days per Policy Year, subject to services provided by 1 Healthcare Assistant per day and payable starting from the 3rd day of Confinement for Insured Persons aged 60 or above (age next birthday))	Full cover[2]		
9) Psychiatric treatments[17]	Full cover[2]		
II. Surgical benefits			
1) Surgeon's fee	Full cover[2]		
2) Anaesthetist's fee	Full cover[2]		
3) Operating theatre charges	Full cover[2]		
III. Other medical benefits			
1) Pre- and post-Confinement/ Day Case Procedure outpatient care[15] (including post-Confinement/ Day Case Procedure Chinese medicine consultation)	Full cover[2] • Subject to 1 visit per day • 1 prior outpatient visit or Emergency consultation per Confinement/Day Case Procedure • 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 45 days after discharge from Hospital or completion of Day Case Procedure)		
2) Post-Confinement home nursing[15]	Full cover[2] • Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day • Within 30 days after discharge from Hospital following surgery or admission to Intensive Care Unit		
3) Emergency outpatient accidental treatment	Full cover[2]		
4) Emergency outpatient dental treatment[20]	Full cover[2]		

EBeyond Medical Insurance Solution – EBoost Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)		
	Plan A	Plan B	Plan C
III. Other medical benefits			
5) Prescribed Diagnostic Imaging Tests[15,21]	Full cover[2]		
6) Prescribed Non-surgical Cancer Treatments[22]	Full cover[2]		
7) Kidney dialysis[15]	Full cover[2]		
8) Rehabilitation treatment[15]	$10,000 per Policy Year	$15,000 per Policy Year	$20,000 per Policy Year
9) Hospice care	$50,000 per Policy Year	$100,000 per Policy Year	$150,000 per Policy Year
IV. Wellness and senior care benefits			
1) Wellness joy benefit	$1,000 (once per 5 Policy Years)	$1,500 (once per 2 Policy Years)	$2,000 (once per 2 Policy Years)
	• Covers expenses for travel, fitness or wellness course or health check-up after the Policy has been in force for at least 2 (for Plan B and Plan C) or 5 (for Plan A) consecutive years from the Policy Date		
2) Additional benefit for Alzheimer's disease treatment	$50,000 per Policy	$75,000 per Policy	$100,000 per Policy
	• Covers treatment costs for medications and/or non-drug therapies for Insured Person diagnosed with Alzheimer's Disease, provided that the Policy has been in force for 2 consecutive years from the Policy Date		
3) Alzheimer's disease preventive care benefit	$1,500 (once per 5 Policy Years)	$3,000 (once per 5 Policy Years)	$4,000 (once per 5 Policy Years)
	• Payable on reimbursement basis for Insured Person aged 51 or above (age next birthday) who has undergone early detection tests for Alzheimer's disease, provided that the Policy has been in force for 2 consecutive years from the Policy Date		
V. Life/income protection benefits			
1) Death benefit	$10,000	$15,000	$20,000
2) Accidental death benefit	$10,000	$15,000	$20,000
3) Cash benefit for Day Case Procedure[6] (For each day, payable once for a maximum of 1 Day Case Procedure in accordance with benefit item 3(i), 3(ii) or 3(iii) of V. Life/Income protection benefits)	(i) Designated Day Case Procedure(s) performed at a Designated Healthcare Services Provider: $1,600 per procedure (ii) Designated Day Case Procedure(s) performed in mainland China: $1,600 per procedure (iii) For any Day Case Procedure(s) other than designated Day Case Procedure(s) performed at a Designated Healthcare Services Provider or in mainland China; or any Day Case Procedure(s) performed at a non-Designated Healthcare Services Provider outside mainland China: $800 per procedure		

EBeyond Medical Insurance Solution – EBoost Plan – Benefit Schedule[10,11]

Benefit items	Benefit limits (HKD)		
	Plan A	Plan B	Plan C
V. Life/income protection benefits			
4) Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong[26] (Maximum 30 days per Policy Year)	N/A	$800 per day	
VI. Conversion option			
First-dollar conversion option (applicable to EBoost Plans only)	• After the Policy has been in force for two (2) consecutive years from the Policy Date, the Policy Owner will have the right to **convert the EBoost Plan to EBridge Plan** (Plan 1 or any other plan level covering the same or a lower ward class, to which the supplementary major medical benefit (if applicable) may also be attached) without health underwriting of the Insured Person. This conversion option can be exercised at the Policy Anniversary immediately following the Insured Person reaching Age **45, 50, 55, 60 or 65** (age next birthday). • This right can only be exercised once and is irrevocable.		

No claims premium discount[8]

No claims premium discount[8]

If you do not make any claims in 2 or more consecutive Policy Years, immediately prior to Renewal[7], you will be eligible for the no claims premium discount[8]. Please refer to the following table for discount on the Renewal[7] premium.

No claims period immediately prior to the Policy's Renewal[7]	No claims premium discount[8] (Discount on Renewal[7] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 consecutive Policy Years and thereafter	15%

Notwithstanding the above condition, any benefits paid under the following items for any designated Day Case Procedure(s) performed at any Designated Healthcare Services Providers[6], which are performed on the Insured Person during the no claims period, shall not affect the eligibility for no claims premium discount –

- Room and board;
- Miscellaneous charges;
- Surgeon's fee;
- Anaesthetist's fee;
- Operating theatre charges; and/or
- Pre- and post-Confinement/Day Case Procedure outpatient care (excluding Chinese medicine treatments).

Other services

FWD Care

CANcierge[9]	Available
Dementia Support Program[9]	Available
Second Medical Opinion Services[9]	Available
International SOS 24-hour Worldwide Assistance Services[9]	Available

The above product information is indicative of the key features of the product and is for reference only. It does not contain the full terms of the Policy and is subject to the Terms and Benefits of the Policy provisions. For the full terms, conditions, benefits and exclusions, please refer to the Policy provisions.

Remarks

1 Eligible Group Medical Insurance Scheme(s) shall mean group medical insurance schemes with hospitalisation benefits sold through FWD's distribution channels, including group medical insurance schemes underwritten by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD") or Bolttech Insurance (Hong Kong) Company Limited ("Bolttech"), and other group medical insurance schemes approved by FWD. For the avoidance of doubt, group medical insurance schemes offering outpatient benefits only shall not be categorised as Eligible Group Medical Insurance Schemes. FWD reserves the right to change the definition of Eligible Group Medical Insurance Schemes from time to time without prior notice and at its sole discretion.

Eligible Member means a member (including an employee and his/her dependants) covered under an Eligible Group Medical Insurance Scheme who fulfils the applicable application criteria. Such criteria shall be determined by FWD from time to time at its sole discretion. The relevant eligibility criteria are set out in the "Enrollment Guidelines" section of this product brochure and are provided for reference only. FWD reserves the right to revise or amend any such criteria at its sole discretion and without prior notice.

2 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, reimbursement percentage and the number of days limit (where applicable). 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. Full cover is limited to Reasonable and Customary charges or expenses incurred as a result of services which are Medically Necessary. Please refer to the "Important Words" section for the definitions of "Medically Necessary" and "Reasonable and Customary".

3 Where requested by FWD upon submission of a claim, the Policy Owner or the Insured Person must declare whether the Insured Person is covered under any group medical scheme provided by other licensed insurance companies. Claim payments shall first be made under such group medical policy of the Insured Person (if any). Any unpaid portion of the Eligible Expenses and/or expenses shall then be claimable under this Policy, subject to the Terms and Benefits of this Policy.

4 Deductible shall mean a fixed amount of Eligible Expenses or expenses that, in a Policy Year, the Policy Owner must pay before FWD shall reimburse the remaining Eligible Expenses or remaining expenses.

5 Coinsurance shall mean a percentage of Eligible Expenses the Policy Owner must contribute. For the avoidance of doubt, Coinsurance does not refer to any amount that the Policy Owner is required to pay if the actual expenses exceed the benefit limits under these Terms and Benefits.

6 Designated Healthcare Services Provider shall mean a healthcare services provider that has entered into valid written agreements with FWD, with a healthcare network (including but not limited to medical clinic, day case procedure centre or Hospital with a setting for providing Medical Services to a Day Patient) which provides Medical Services to the Insured Person. (1) The list of Designated Healthcare Services Providers for network benefit in Hong Kong ("List 1") and (2) the list of designated Day Case Procedures and Designated Healthcare Services Providers ("List 2") (collectively "Lists") are published on the FWD's website (https://www.fwd.com.hk/en/support/medical-support). The Lists may be added, deleted, amended or replaced from time to time at FWD's sole discretion without prior notification. Any change shall be deemed as effective as of the effective date as stated in the Lists. The Policy Owner and/or Insured Person is recommended to refer to FWD's website for the latest Lists before receiving the Medical Services (including designated Day Case Procedure(s)) or other services. Please refer to Sections 1(c) and 4(e)(iv) of Part 6 of the Terms and Benefits of the Policy provisions for details.

7 FWD shall renew the Policy at each Policy Anniversary up to the Age of 101 (age next birthday) of the Insured Person as long as the requirements as stated in the renewal provisions of the Terms and Benefits of the Policy provisions are met, in particular the change in the Place of Residence and change in the occupation of the Insured Person as mentioned in Section 3 of Part 4 of the Terms and Benefits of the Policy provisions. FWD shall have the right to re-underwrite the Terms and Benefits of the Plan due to a change in the Place of Residence of the Insured Person or change in the occupation of the Insured Person upon Renewal. FWD shall carry out the re-underwriting solely in respect of the change in the Place of Residence or change in occupation of the Insured Person. The re-underwriting result may be more advantageous or adverse to the Policy Owner and the Insured Person.

FWD reserves the right to revise the Terms and Benefits by giving the Policy Owner a written notice of the revised Terms and Benefits not less than 30 days prior to the Policy Anniversary.

8 Where the supplementary major medical benefit is attached after the Policy has come into force, the no claims premium discount applicable to the Renewal premium of such supplementary major medical benefit shall be calculated by reference to the date of attachment, provided that the conditions set out in Sections 6(a) and 6(b) of Part 3 of the Terms and Benefits of the Policy provisions are satisfied. Such calculation shall be subject to the terms and conditions as determined by the Company at its sole discretion from time to time and the prevailing rules adopted by the Company.

9 CANcierge, Second Medical Opinion Services, Dementia Support Program and International SOS 24-hour Worldwide Assistance Services are provided by third-party service providers which are not guaranteed renewable. 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 above services or programs, please refer to relevant service leaflet.

10 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. Eligible Expenses and/or expenses incurred shall be subject to the choice of healthcare services providers and restriction in the choice of ward class as specified in Sections 1(c) and 1(d) of Part 6 of the Terms and Benefits of the Policy provisions.

The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Deductible (if any), Coinsurance (if any), the waiting period for unknown Pre-existing Conditions (if applicable) and the calculation of no claims premium discounts of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.

11 "Network benefits" refer to the benefits payable for Medical Services or other services performed at a Designated Healthcare Services Provider in Hong Kong and are subject to the terms and conditions as specified in Sections 1(c)(i) to 1(c)(iv) of Part 6 of the Terms and Benefits of the Policy provisions. Otherwise, such benefits shall be referred to as "non-network benefits".

"Network" benefit limits, Coinsurance, Annual Benefit Limit and reimbursement percentage (as the case may be) shall apply only to Medical Services or other services performed at a Designated Healthcare Services Provider in Hong Kong. In all other cases, including services performed outside Hong Kong or at a non-Designated Healthcare Services Provider, the applicable "non-network" terms shall apply.

(Applicable to EBridge Plans, including supplementary major medical benefit) For the purpose of determining the applicable limits and/or Coinsurance (if applicable) where "network" and "non-network" categories differ, the following shall apply:

Where Medical Services or other services are performed at a Designated Healthcare Services Provider in Hong Kong and the terms and conditions specified in Sections 1(c)(i) to 1(c)(iv) of Part 6 of the Terms and Benefits are fulfilled, the Eligible Expenses or expenses for the applicable benefit items shall be subject to the limits and Coinsurance (if applicable) specified as "network" in the Benefit Schedule. Otherwise, such Eligible Expenses or expenses shall be subject to the limits and Coinsurance (if applicable) specified as "non-network".

In any event, the sum of the respective limits of the benefit items consumed under the "network" and "non-network" categories shall not exceed the limits specified as "network" in the Benefit Schedule.

(Applicable to EBoost Plans) For benefit items where the Annual Benefit Limit applies and/or where "network" and "non-network" reimbursement percentages differ, the following shall apply:

Where Medical Services or other services are performed at a Designated Healthcare Services Provider in Hong Kong and the terms and conditions specified in Sections 1(c)(i) to 1(c)(iv) of Part 6 of the Terms and Benefits are fulfilled, the Eligible Expenses and expenses for the applicable benefit items shall be subject to the "network" Annual Benefit Limit and reimbursed at the "network" reimbursement percentage as stated in the Benefit Schedule. Otherwise, such Eligible Expenses or expenses shall be subject to the "non-network" Annual Benefit Limit and reimbursed at the "non-network" reimbursement percentage.

In any event, the aggregate benefits payable for the applicable benefit items in any Policy Year shall not exceed the "network" Annual Benefit Limit as specified in the Benefit Schedule.

For details, please refer to Sections 1(c) and 3 of Part 6 of the Terms and Benefits of the Policy provisions.

12 Eligible Expenses incurred for psychiatric treatments, cash benefit for Confinement in general ward in a public Hospital in Hong Kong, cash benefit for Confinement in Intensive Care Unit in Hong Kong 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.

For the purpose of network benefits:

(Applicable to EBridge Plans, including supplementary major medical benefit) Where benefits are reimbursed at the limits and Coinsurance (if applicable) specified as "network" in the Benefit Schedule, the relevant Medical Services or services must be performed at a Designated Healthcare Services Provider in Hong Kong for the "network" limits and Coinsurance (if applicable) to apply.

(Applicable to EBoost Plans) Where benefits are subject to the "network" Annual Benefit Limit and reimbursed at the "network" reimbursement percentage as stated in the Benefit Schedule, the relevant Medical Services or services must be performed at a Designated Healthcare Services Provider in Hong Kong for the "network" Annual Benefit Limit and "network" reimbursement percentage to apply.

13 The benefits described in the Terms and Benefits of the Policy provisions are subject to the restriction in the choice of ward class as stated in the Benefit Schedule and Section 1(d) of Part 6 of the Terms and Benefits of the Policy provisions.

14 (a) The applicable benefit limits 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 of the previous Confinement or Day Case Procedure concerning the same Disability.

(b) Where the Insured Person is Confined or receives any Day Case Procedure involving more than 1 Disability, all Disabilities involved in the same Confinement or Day Case Procedure would be subject to 1 applicable benefit limit.

For details, please refer to Section 1(e) of Part 6 of the Terms and Benefits of the Policy provisions.

15 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.

16 If Eligible Expenses and/or expenses are incurred on the same day for (i) private nursing services provided by a Registered Nurse, which are payable under benefit item 7 of I. Hospitalisation benefits, and (ii) inpatient care services provided by a Healthcare Assistant, which are payable under benefit item 8 of I. Hospitalisation benefits, only the session with the higher fee payable shall be reimbursed for that day. The item that is not reimbursed on that day will not be counted towards the maximum number of days limit of the relevant benefit item. For details, please refer to Sections 4(a)(vii) and 4(a)(viii) of Part 6 of the Terms and Benefits of the Policy provisions.

17 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 benefit items 1 to 2 and 4 to 6 of I. Hospitalisation benefits, benefit items 1 to 3 of II. Surgical benefits, benefit items 1 (excluding Chinese medicine treatments), 5 and 6 of III. Other medical benefits in the Benefit Schedules of EBridge and EBoost Plans. 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 benefit items 1 to 2 and 4 to 6 of I. Hospitalisation benefits, benefit items 1 to 3 of II. Surgical benefits, benefit items 1, 5 and 6 of III. Other medical benefits in the Benefit Schedules of EBridge and EBoost Plans.

18 If 2 or more surgical procedures performed on the Insured Person arise from the same or related Disability, or from any complications thereof, the surgical procedures for such Disability shall be reimbursed in accordance with the rules specified below –

a. For the surgical procedure with the highest Surgeon's fee payable, such fee shall be payable subject to 100% of the benefit limit of the relevant surgical category as specified in the Benefit Schedule;
b. For the surgical procedure with the second highest Surgeon's fee payable, such fee shall be payable subject to 50% of the benefit limit of the relevant surgical category as specified in the Benefit Schedule; and
c. For the surgical procedure(s) with the third highest Surgeon's fee payable and thereafter, the relevant Eligible Expenses shall be payable subject to 25% of the benefit limit(s) of the relevant surgical category(ies) as specified in the Benefit Schedule.

For the same Disability, such rules shall be reset provided that the Confinement or Day Case Procedure occurs 90 consecutive days after the Last Date of the previous Confinement or Day Case Procedure in relation to the same Disability.

When determining the maximum Surgeon's fee payable in relation to surgical procedures performed on the Insured Person, where 2 or more surgical procedures are performed on the Insured Person at the same time for different or unrelated Disabilities, such surgical procedures shall be reimbursed in accordance with the rules specified below –

a. For the surgical procedure with the highest Surgeon's fee payable, such fee shall be payable subject to 100% of the benefit limit of the relevant surgical category as specified in the Benefit Schedule;
b. For the surgical procedure with the second highest Surgeon's fee payable, such fee shall be payable subject to 50% of the benefit limit of the relevant surgical category as specified in the Benefit Schedule; and
c. For the surgical procedure(s) with the third highest Surgeon's fee payable and thereafter, the relevant Eligible Expenses shall be payable subject to 25% of the benefit limit(s) of the relevant surgical category(ies) as specified in the Benefit Schedule.

For details, please refer to Section 4(b)(i) of Part 6 of the Terms and Benefits of the Policy Provisions.

19 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 (subject to the reimbursement rules as specified in Section 4(b)(i) of Part 6 of the Terms and Benefits of the Policy provisions), whichever is the lower.

20 This benefit shall be 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 legally authorised 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. For more details and exclusion of this benefit, please refer to the Policy provisions.

21 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.

22 Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.

23 This benefit shall be payable for the cash benefit amount for each day of the Insured Person's Confinement, provided that:

(a) The Insured Person is Confined in the general ward of a public Hospital in Hong Kong that is run, operated, controlled or subsidised by the Government or the Hospital Authority of Hong Kong;
(b) The Insured Person holds a valid Hong Kong identity card issued by the Immigration Department of Hong Kong; and
(c) Eligible Expenses incurred for the Insured Person's Confinement are payable under these Terms and Benefits

This benefit is payable only if the Confinement is recommended in writing by a Registered Medical Practitioner for Medically Necessary treatment of a Disability, and is subject to the limits as specified in the Benefit Schedule.

24 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.

25 For the avoidance of doubt, if the Insured Person undergoes more than 1 major or complex surgical procedure on the same day, this benefit shall only be payable once in respect of the surgical procedure with the highest surgical category.

26 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 of the Policy provisions.

Key Product Risks

Credit risk

This Plan is an insurance Policy issued by FWD. The Application of this insurance product and all benefits payable under your Policy are subject to the credit risk of FWD. You will bear the default risk in the event that FWD is unable to satisfy its financial obligations under this insurance contract.

Exchange rate and currency risk

The Application of this insurance product with the Policy currency denominated in a foreign currency is subject to that foreign currency's exchange rate and currency risk. The foreign currency may be subject to the relevant regulatory bodies' control (for example, exchange restrictions). If your home currency is different from the Policy currency, please note that any exchange rate fluctuation between your home currency and the Policy currency of this insurance product will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the Policy currency of the insurance product depreciates substantially against your home currency, there is a negative impact on the benefits you receive from this Plan. If the Policy currency of the insurance product appreciates substantially against your home currency, your burden of the premium payment is increased.

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 Plan may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Premium adjustment

The Standard Premium is non-guaranteed and will be determined annually based on the Age of the Insured Person at the time of Renewal[7]. The Standard Premium may increase significantly due to factors including but not limited to Age, medical inflation, and claims experience and policy persistency on an overall basis.

Premium term and non-payment of premium

The premium payment term of the Plan is up to the Policy Anniversary immediately preceding the 101st birthday of the Insured Person.

FWD allows a grace period of 30 days after the premium due date for payment of each premium. This Policy shall continue to be in effect during the grace period but no benefits shall be payable unless the premium is paid. If a premium is still unpaid at the expiration of the grace period, the Policy will be terminated from the date of the first unpaid premium was due. Please note that once the Policy is terminated on this basis, you will lose all of your benefits.

Termination conditions

The Policy shall be automatically terminated on the earliest of the followings:

(a) where the Policy is terminated due to non-payment of premiums after the grace period as specified in Section 13 of Part 2 or Section 3 of Part 3 of the Terms and Benefits of the Policy provisions; or

(b) the day immediately following the death of the Insured Person; or

(c) FWD has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Policy.

If this Policy is terminated pursuant to Section 15 of the Terms and Benefits, the termination shall be effective at 00:00 hours of the effective date of termination.

Immediately following the termination of the Policy, insurance coverage under the Policy shall cease to be in force. No premium paid for the current Policy Year and previous Policy Years shall be refunded, unless specified otherwise.

Where the Policy is terminated pursuant to (a), the effective date of termination shall be the date that the unpaid premium is first due.

For more details, please refer to Section 15 of Part 2 of the Terms and Benefits of the Policy provisions.

General Exclusions

Under the Terms and Benefits of the Policy provisions, FWD shall not pay any benefits in relation to or arising from the following expenses, unless otherwise specified.

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Date. Irrespective of whether it is known or unknown to the Policy Owner or the Insured Person at the time of submission of Application or reinstatement request document, including any updates of and changes to such requisite information (if so requested by FWD under Section 6 of Part 1 of the Terms and Benefits of the Policy provisions) such Disability shall be generally excluded from any coverage of the Terms and Benefits of the Policy provisions if it exists before the Policy Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Date shall be presumed to be contracted or occur before the Policy Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Date.

   However, the exclusion under the entire Section 3 of Part 7 of the Terms and Benefits of the Policy provisions shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of Part 7 of the Terms and Benefits of the Policy provisions applies).
5. Any charges in respect of services for -
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 of Part 7 of the Terms and Benefits of the Policy provisions does not apply to -
   (a) treatments, monitoring, investigations or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous Disability.
7. Except as otherwise provided in Section 4(c)(iv) of Part 6 of the Terms and Benefits of the Policy provisions, expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Expenses incurred for Medical Services and counselling services relating to maternity conditions and its complications, including but not limited to diagnostic tests for pregnancy or resulting childbirth, abortion or miscarriage; birth control or reversal of birth control; sterilisation or sex reassignment of either sex; infertility including in-vitro fertilisation or any other artificial method of inducing pregnancy; or sexual dysfunction including but not limited to impotence, erectile dysfunction or pre-mature ejaculation, regardless of cause.
9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.

10. Except as otherwise provided in Section 4(c)(i) of Part 6 of the Terms and Benefits of the Policy provisions, expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. Expenses incurred for Medical Services provided as a result of Congenital Condition(s) which have manifested or been diagnosed before the Insured Person attained the Age of nine (9) years.
13. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
14. Expenses incurred for treatment for Disability arising from war (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection, or military or usurped power.

Suicide

If the Insured Person commits suicide (whether sane or insane at that time) within 13 calendar months from the Policy Date, FWD's liability under this Policy will be limited to the refund of premiums paid (without interest) less any outstanding insurance levy and any benefit which has been paid under this Policy.

The above list is not exhaustive and is for reference only. Please refer to the Policy provisions for the complete exclusions including but not limited to exclusions for accidental death benefit and Emergency outpatient dental treatment.

Important Notes

Your right under cooling-off period

If you are not fully satisfied with this policy, you have the right to change your mind.

FWD trust that this Policy will satisfy your needs. However, if you are not completely satisfied, you have the right to cancel and obtain a full refund of the insurance premium paid by you and levy paid by you without interest by giving us written notice. Such notice must be signed by you and received directly by the office of FWD within 21 calendar days immediately following either the day of delivery of the Policy or a Cooling-off Notice to you or your nominated representative, whichever is the earlier. The notice is the one sent to you or your nominated representative (separate from the Policy) notifying you of your right to cancel within the stated 21 calendar day period. No refund can be made if a claim payment under the Policy has been made prior to your request for cancellation. Should you have any further queries, you may (1) call our Service Hotline on 3123 3123; (2) visit our FWD Insurance Solutions Centres; (3) email to cs.hk@fwd.com and We will be happy to explain your cancellation rights further.

Cancellation right

After the cooling-off period, you can request cancellation of these Terms and Benefits by giving 30 days prior written notice to FWD, provided that there has been no benefit payment under these Terms and Benefits during the relevant Policy Year.

Other insurance coverage

If you have taken out other insurance coverage besides the Plan, you shall have the right to claim under any such other insurance coverage or the Plan. However, if you or the Insured Person has already recovered all or part of the expenses from any such other insurance coverage, FWD shall only be liable for such amount of Eligible Expense, if any, which is not compensated by any such other insurance coverage.

Notwithstanding the above, where requested by FWD upon submission of a claim, the Policy Owner or the Insured Person must declare whether the Insured Person is covered under any group medical scheme provided by other licensed insurance companies. Claim payments shall first be made under such group medical policy of the Insured Person (if any). Any unpaid portion of the Eligible Expenses and/or expenses shall then be claimable under this Policy, subject to the Terms and Benefits of this Policy.

Notice to Claim

Medical claims

All claims incurred shall be submitted to FWD within 90 days after the date on which the Insured Person is discharged from the Hospital, or the date on which the relevant Medical Service is performed and completed. For this purpose,

(a) all original receipts and/or original itemised bills together with the diagnosis, type of treatment, procedure, test or service provided shall have been submitted to FWD; and

(b) all relevant information, certificates, reports, evidence, referral letter and other data or materials as reasonably required by FWD shall have been furnished to FWD for processing of such claim.

You shall notify FWD if claims cannot be submitted within the above timeframe, otherwise FWD shall have the right to reject claims submitted after the above timeframe. All certificates, information and evidence that are reasonably required by FWD and which can be reasonably provided by you shall be furnished at the expenses of you.

Death/accidental death claims

Death/accidental death benefit is payable to beneficiary upon Insured Person's death if the claimant submits the completed Death Claim Form, the Death Claim - Attending Physician's Report completed by the last attending doctor (only applicable for death occurred within the first 3 Policy Years), due proof of the death and any other documents as reasonably required by FWD (including all relevant certificates, reports, evidence and other data or materials).

All such documents which can be reasonably provided by you shall be furnished at the expenses of you.

Declaration relating to the Foreign Account Tax Compliance Act and Automatic Exchange of Financial Account Information

FWD is obliged to comply with the following legal and/or regulatory requirements in various jurisdictions as promulgated and amended from time to time, such as the United States Foreign Account Tax Compliance Act, and the automatic exchange of financial account information regime ("AEOI") followed by the Inland Revenue Department (the "Applicable Requirements"). These obligations include providing information of clients and related parties (including personal information) to relevant local and international authorities and/or to verify the identity of the clients and related parties. In addition, our obligations under the AEOI are to:

i. identify accounts as non-excluded "financial accounts" ("NEFAs");
ii. identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;
iii. determine the status of NEFA-holding entities as "passive non-financial entities (NFEs)" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
iv. collect information on NEFAs ("Required Information") which is required by various authorities; and
v. furnish Required Information to the Inland Revenue Department.

The Policy Owner must comply with requests made by FWD to comply with the above Applicable Requirements.

Important Words

Accident

shall mean a sudden and unforeseen event occurring entirely beyond the control of the Insured Person and caused by violent, external and visible means.

Age

shall mean the age next birthday of the Insured Person of this Policy, unless otherwise specified.

Confinement or Confined

shall mean an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition.

Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.

Congenital Condition(s)

shall mean (a) any medical, physical or mental abnormalities existed at the time of or before birth, whether or not being manifested, diagnosed or known at birth; or (b) any neo-natal abnormalities developed within 6 months of birth.

Day Case Procedure

shall mean a Medically Necessary surgical procedure for investigation or treatment to the Insured Person performed in a medical clinic, or day case procedure centre or Hospital with facilities for recovery as a Day Patient.

Disability

shall mean a Sickness or Disease or Injury, including any and all complications arising therefrom.

Eligible Expenses

shall mean expenses incurred for Medical Services rendered with respect to a Disability.

Medically Necessary

Medically Necessary shall mean the need to have medical service for the purpose of investigating or treating the relevant Disability in accordance with the generally accepted standards of medical practice and such medical service must –

(a) require the expertise of, or be referred by, a Registered Medical Practitioner;
(b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;
(c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;
(d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and
(e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

For the purpose of these Terms and Benefits, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to –

(i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;
(ii) surgical procedures are performed under general anaesthesia;
(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;
(iv) there is significantly severe co-morbidity of the Insured Person;
(v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgement and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;
(vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or
(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgement and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

For the purpose of exercising his prudent professional judgement in (v) to (vii) above, the attending Registered Medical Practitioner shall have regard to whether the Confinement –

(aa) is in accordance with standards of good and prudent medical practice in the locality for the medical service rendered, and, in the prudent professional judgement of the attending Registered Medical Practitioner, not rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner; and

(bb) is in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice in the locality for the medical service rendered.

Pre-existing Condition(s)

shall mean, in respect of the Insured Person, any Sickness, Disease, Injury, physical, mental or medical condition or physiological degradation, including Congenital Condition, that has existed prior to the Policy Date. An ordinary prudent person shall be reasonably aware of a Pre-existing Condition, where –

(a) it has been diagnosed;

(b) it has manifested clear and distinct signs or symptoms; or

(c) medical advice or treatment has been sought, recommended or received.

Reasonable and Customary

FWD shall only cover charges or expenses which FWD believes are Reasonable and Customary. Reasonable and Customary shall mean, in relation to a charge for Medical Service, such level which does not exceed the general range of charges being charged by the relevant service providers in the locality where the charge is incurred for similar treatment, services or supplies for people with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as FWD reasonably determine in utmost good faith.

The Reasonable and Customary charges will never in any circumstance exceed the actual charges incurred. FWD may exercise the right to determine whether the charges for treatment, medical services and supplies are regarded as Reasonable and Customary with reference to treatment or service fee statistics and surveys in the insurance or medical industry; internal or industry claim statistics; gazette published by the Government; and/or other pertinent source of reference in the locality where the treatments, services or supplies are provided.

FWD may exercise the right to adjust any benefit payable in relation to any charges which are not Reasonable and Customary.

Standard Semi-private Room

shall mean a room categorised as a semi-private room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Standard Semi-private Room shall mean (i) a single or two-bedded room; or (ii) a room with maximum double occupancy, and with a shared bath/shower room in a Hospital. In any case mentioned above, a Standard Semi-private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).

Standard Private Room

shall mean a room categorised as a private room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Standard Private Room shall mean a room for Insured Person's private use during the Confinement with its own private facilities including a bedroom and bath/shower room(s) only. In any case mentioned above, a Standard Private Room shall exclude any room of upper class with its own kitchen, dining or sitting room(s).

Standard Ward Room

shall mean a room categorised as a ward class lower than a Standard Semi-private Room including the room categorised as a general ward or standard room by a Hospital in Hong Kong. For Hospitals without the corresponding ward class categorisation or any Hospitals outside Hong Kong, a Standard Ward Room shall mean a room in a Hospital with more than 2 patient beds (not including companion bed).

Declarations

FWD reserves the right to revise, modify or adjust the Terms and Benefits under the Policy. FWD also reserves the right to adjust the Standard Premium at each Policy Renewal on an overall basis.

- This Plan is underwritten by FWD. FWD is solely responsible for all features, Policy approval, coverage and benefit payment under this Plan. FWD recommends you carefully consider whether this Plan is suitable for you in view of your financial needs and that you fully understand the risk involved in this Plan before submitting your Application. You should not apply for or purchase this Plan unless you fully understand it and you agree it is suitable for you. Please read through the related risks before making any Application of this Plan.
- This Plan is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Hong Kong. All selling and Application procedures of this Plan must be conducted and completed in Hong Kong.
- This Plan is an insurance product. The premium paid is not a bank savings deposit or time deposit. This Plan is not protected under the Deposit Protection Scheme in Hong Kong.
- This Plan is an individual indemnity hospital insurance plan without any savings element. The period of cover of the Plan is 1 year and this Plan is guaranteed Renewable up to the Age of 101 of Insured Person. The costs of insurance and the related costs of the Policy are included in the premium paid under this Plan despite the product brochure/leaflet and/or the illustration documents of this product having no schedule/section of fees and charges or no additional charge noted other than the premium.
- The premium, whether paid for a Policy Year or by instalment as agreed by FWD, shall be paid in advance when due before any benefits shall be paid.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured Person in the insurance Application to decide to accept or decline the Application with a full refund of any premium paid and any insurance levy paid without interest. FWD reserves the right to accept/reject any insurance Application and can decline your insurance Application by giving notification and explanation of Application result.

  You or the Insured Person are/is required to disclose all material facts in response to FWD's underwriting questions. Material facts are the facts, information or circumstances, in particular medically-related facts, e.g. medical history, smoking status, etc., that would influence the judgement of FWD in setting the premium, or in determining whether to insure the risk. If you or the Insured Person are/is uncertain as to whether or not a certain piece of information is material, please take a cautious approach and disclose it to FWD.

  In case incorrect disclosure or non-disclosure of any material facts constitutes misstatement of personal information, misrepresentation or fraud, FWD shall have the right to adjust the premium, for the past, current or future Policy Years on the basis of the correct information or declare the Policy void as from the Policy Date. In case the Policy is declared void, FWD reserves the right to demand refund of the benefits previously paid for the current Policy Year and the previous Policy Years in which this Policy was in force, subject to a reasonable administration charge payable to FWD, and even not to refund the premium received. For details, please refer to Sections 13 and 14 of Part 2 of the Terms and Benefits of the Policy provisions.
- Effective from 1 January 2018, all Policy Owners are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority. For further information on levy, please visit our website at www.fwd.com.hk/en/insurance-levy or contact FWD Service Hotline 3123 3123.

This product material is for reference only and is indicative of the key features of this Plan. For the exact terms, conditions, benefits and exclusions of this Plan, please refer to the Terms and Benefits, Benefit Schedule and other Policy documents. In the event of any ambiguity or inconsistency between the terms of this leaflet and the Terms and Benefits, the Terms and Benefits shall prevail. In case you want to read the Terms and Benefits before making an Application, you can obtain a copy from FWD. The Terms and Benefits of this Plan are governed by the laws of Hong Kong.

FWD insurance

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For more information

Please contact your financial advisor, call our Service Hotline or simply check out our website.

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Service Hotline
3123 3123

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EBeyond Medical Insurance Solution - EBridge Plan

(2026年7月6日起生效 Effective from 6 July, 2026)

標準保費表 (港元)
Standard Premium Schedule (HKD)

計劃級別 Plan levels	計劃1 Plan 1		計劃2 Plan 2		計劃3 Plan 3		計劃4 Plan 4	
下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
1	2,769	249.21	5,069	456.21	10,255	922.95	20,273	1,824.57
2	2,769	249.21	5,069	456.21	10,255	922.95	20,273	1,824.57
3	2,769	249.21	5,069	456.21	10,255	922.95	20,273	1,824.57
4	2,769	249.21	5,069	456.21	10,255	922.95	20,273	1,824.57
5	1,755	157.95	2,990	269.10	5,391	485.19	9,727	875.43
6	1,755	157.95	2,990	269.10	5,391	485.19	9,727	875.43
7	1,755	157.95	2,990	269.10	5,391	485.19	9,727	875.43
8	1,755	157.95	2,990	269.10	5,391	485.19	9,727	875.43
9	1,755	157.95	2,991	269.19	5,391	485.19	9,727	875.43
10	1,755	157.95	2,991	269.19	5,391	485.19	9,727	875.43
11	1,755	157.95	2,991	269.19	5,391	485.19	9,727	875.43
12	1,755	157.95	2,991	269.19	5,391	485.19	9,727	875.43
13	1,755	157.95	2,991	269.19	5,391	485.19	9,727	875.43
14	1,755	157.95	2,991	269.19	5,391	485.19	9,727	875.43
15	1,755	157.95	2,991	269.19	5,391	485.19	9,727	875.43
16	1,770	159.30	3,004	270.36	5,503	495.27	9,922	892.98
17	1,778	160.02	3,107	279.63	5,540	498.60	9,963	896.67
18	1,809	162.81	3,236	291.24	5,603	504.27	10,040	903.60
19	1,821	163.89	3,253	292.77	5,703	513.27	10,131	911.79
20	1,872	168.48	3,319	298.71	5,872	528.48	10,436	939.24
21	1,909	171.81	3,359	302.31	6,063	545.67	10,798	971.82
22	1,959	176.31	3,400	306.00	6,233	560.97	11,171	1,005.39
23	2,010	180.90	3,468	312.12	6,391	575.19	11,584	1,042.56
24	2,060	185.40	3,563	320.67	6,555	589.95	12,026	1,082.34
25	2,112	190.08	3,677	330.93	6,779	610.11	12,473	1,122.57
26	2,150	193.50	3,728	335.52	6,954	625.86	12,904	1,161.36
27	2,207	198.63	3,815	343.35	7,183	646.47	13,329	1,199.61
28	2,265	203.85	3,922	352.98	7,399	665.91	13,729	1,235.61
29	2,324	209.16	4,015	361.35	7,630	686.70	14,130	1,271.70
30	2,391	215.19	4,127	371.43	7,862	707.58	14,525	1,307.25
31	2,420	217.80	4,190	377.10	8,025	722.25	14,791	1,331.19
32	2,488	223.92	4,292	386.28	8,260	743.40	15,173	1,365.57
33	2,559	230.31	4,399	395.91	8,499	764.91	15,552	1,399.68
34	2,633	236.97	4,520	406.80	8,737	786.33	15,915	1,432.35
35	2,709	243.81	4,663	419.67	8,982	808.38	16,279	1,465.11
36	2,789	251.01	4,791	431.19	9,227	830.43	16,669	1,500.21
37	2,872	258.48	4,895	440.55	9,487	853.83	17,090	1,538.10
38	2,957	266.13	5,036	453.24	9,749	877.41	17,572	1,581.48
39	3,048	274.32	5,175	465.75	10,017	901.53	18,105	1,629.45
40	3,142	282.78	5,318	478.62	10,149	913.41	18,674	1,680.66
41	3,237	291.33	5,464	491.76	10,451	940.59	19,322	1,738.98
42	3,340	300.60	5,621	505.89	10,765	968.85	19,998	1,799.82
43	3,458	311.22	5,849	526.41	11,348	1,021.32	20,784	1,870.56
44	3,581	322.29	6,100	549.00	11,805	1,062.45	21,574	1,941.66
45	3,713	334.17	6,421	577.89	12,284	1,105.56	22,370	2,013.30
46	3,845	346.05	6,689	602.01	12,801	1,152.09	23,290	2,096.10
47	3,988	358.92	6,960	626.40	13,323	1,199.07	24,221	2,179.89
48	4,136	372.24	7,227	650.43	13,860	1,247.40	25,157	2,264.13
49	4,292	386.28	7,455	670.95	14,414	1,297.26	26,131	2,351.79
50	4,457	401.13	7,722	694.98	15,019	1,351.71	27,161	2,444.49

此標準保費表並未包括由保險業監管局徵收的保費徵費。
This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

FWD insurance

智員善醫療保險方案 - 智・承計劃

EBeyond Medical Insurance Solution - EBridge Plan

(2026年7月6日起生效 Effective from 6 July, 2026)

標準保費表 (港元)
Standard Premium Schedule (HKD)

計劃級別 Plan levels	計劃1 Plan 1		計劃2 Plan 2		計劃3 Plan 3		計劃4 Plan 4	
下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
51	4,575	411.75	8,024	722.16	15,432	1,388.88	27,848	2,506.32
52	4,735	426.15	8,414	757.26	16,020	1,441.80	28,802	2,592.18
53	4,903	441.27	8,749	787.41	16,601	1,494.09	29,784	2,680.56
54	5,078	457.02	9,101	819.09	17,209	1,548.81	30,824	2,774.16
55	5,262	473.58	9,551	859.59	18,625	1,676.25	33,314	2,998.26
56	5,448	490.32	10,000	900.00	19,338	1,740.42	34,585	3,112.65
57	5,651	508.59	10,415	937.35	20,114	1,810.26	36,010	3,240.90
58	5,861	527.49	10,878	979.02	20,944	1,884.96	37,558	3,380.22
59	6,086	547.74	11,359	1,022.31	21,818	1,963.62	39,178	3,526.02
60	6,321	568.89	11,981	1,078.29	22,706	2,043.54	40,863	3,677.67
61	6,562	590.58	12,554	1,129.86	23,659	2,129.31	42,611	3,834.99
62	6,819	613.71	13,210	1,188.90	24,654	2,218.86	44,428	3,998.52
63	7,085	637.65	13,875	1,248.75	25,718	2,314.62	46,265	4,163.85
64	7,365	662.85	14,550	1,309.50	26,741	2,406.69	48,166	4,334.94
65	7,656	689.04	15,308	1,377.72	27,838	2,505.42	50,136	4,512.24
66	7,962	716.58	16,039	1,443.51	29,020	2,611.80	52,136	4,692.24
67	8,277	744.93	16,818	1,513.62	30,304	2,727.36	54,190	4,877.10
68	8,607	774.63	17,647	1,588.23	31,660	2,849.40	56,278	5,065.02
69	8,944	804.96	18,517	1,666.53	33,086	2,977.74	58,457	5,261.13
70	9,296	836.64	19,425	1,748.25	34,568	3,111.12	60,771	5,469.39
71^	9,655	868.95	20,181	1,816.29	35,537	3,198.33	62,093	5,588.37
72^	10,027	902.43	21,097	1,898.73	37,187	3,346.83	64,683	5,821.47
73^	10,407	936.63	21,828	1,964.52	38,914	3,502.26	67,485	6,073.65
74^	10,794	971.46	22,613	2,035.17	40,751	3,667.59	70,246	6,322.14
75^	11,191	1,007.19	23,328	2,099.52	42,757	3,848.13	73,159	6,584.31
76^	11,606	1,044.54	23,719	2,134.71	44,618	4,015.62	76,050	6,844.50
77^	12,033	1,082.97	24,334	2,190.06	46,522	4,186.98	78,691	7,082.19
78^	12,489	1,124.01	24,882	2,239.38	48,159	4,334.31	81,291	7,316.19
79^	12,962	1,166.58	25,389	2,285.01	49,666	4,469.94	83,836	7,545.24
80^	13,466	1,211.94	25,998	2,339.82	51,020	4,591.80	86,416	7,777.44
81^	13,988	1,258.92	26,602	2,394.18	51,947	4,675.23	88,273	7,944.57
82^	14,479	1,303.11	27,101	2,439.09	53,308	4,797.72	90,665	8,159.85
83^	14,987	1,348.83	27,593	2,483.37	54,686	4,921.74	93,014	8,371.26
84^	15,512	1,396.08	28,087	2,527.83	56,096	5,048.64	95,400	8,586.00
85^	15,982	1,438.38	28,615	2,575.35	57,497	5,174.73	97,677	8,790.93
86^	16,346	1,471.14	29,138	2,622.42	58,864	5,297.76	99,961	8,996.49
87^	16,589	1,493.01	29,635	2,667.15	60,205	5,418.45	102,198	9,197.82
88^	16,716	1,504.44	30,110	2,709.90	61,523	5,537.07	104,409	9,396.81
89^	16,799	1,511.91	30,581	2,752.29	62,837	5,655.33	106,648	9,598.32
90^	16,886	1,519.74	31,065	2,795.85	64,175	5,775.75	108,858	9,797.22
91^	16,937	1,524.33	31,552	2,839.68	64,958	5,846.22	109,996	9,899.64
92^	16,992	1,529.28	32,052	2,884.68	65,738	5,916.42	111,100	9,999.00
93^	17,043	1,533.87	32,560	2,930.40	67,100	6,039.00	113,036	10,173.24
94^	17,097	1,538.73	33,081	2,977.29	68,478	6,163.02	114,961	10,346.49
95^	17,148	1,543.32	33,617	3,025.53	69,880	6,289.20	116,855	10,516.95
96^	17,200	1,548.00	34,159	3,074.31	71,305	6,417.45	118,774	10,689.66
97^	17,254	1,552.86	34,719	3,124.71	72,751	6,547.59	120,657	10,859.13
98^	17,306	1,557.54	35,289	3,176.01	74,226	6,680.34	122,545	11,029.05
99^	17,359	1,562.31	35,873	3,228.57	75,723	6,815.07	124,483	11,203.47
100^	17,412	1,567.08	36,458	3,281.22	77,220	6,949.80	126,422	11,377.98

^ 只適用於續保。
^ For Renewal only.

此標準保費表並未包括由保險業監管局徵收的保費徵費。
This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

智員善醫療保險方案 - 智・承計劃 (額外醫療保障 *)
EBeyond Medical Insurance Solution - EBridge Plan (Supplementary Major Medical Benefit *)

(2026年7月6日起生效 Effective from 6 July, 2026)

標準保費表 (港元)
Standard Premium Schedule (HKD)

計劃級別 Plan levels	計劃2 Plan 2		計劃3 Plan 3		計劃4 Plan 4	
下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
1	1,734	156.06	3,621	325.89	7,254	652.86
2	1,734	156.06	3,621	325.89	7,254	652.86
3	1,734	156.06	3,621	325.89	7,254	652.86
4	1,734	156.06	3,621	325.89	7,254	652.86
5	979	88.11	1,859	167.31	3,435	309.15
6	979	88.11	1,859	167.31	3,435	309.15
7	979	88.11	1,859	167.31	3,435	309.15
8	979	88.11	1,859	167.31	3,435	309.15
9	979	88.11	1,859	167.31	3,435	309.15
10	979	88.11	1,859	167.31	3,435	309.15
11	979	88.11	1,859	167.31	3,435	309.15
12	979	88.11	1,859	167.31	3,435	309.15
13	979	88.11	1,859	167.31	3,435	309.15
14	979	88.11	1,859	167.31	3,435	309.15
15	979	88.11	1,859	167.31	3,435	309.15
16	986	88.74	1,901	171.09	3,506	315.54
17	1,025	92.25	1,916	172.44	3,524	317.16
18	1,070	96.30	1,941	174.69	3,555	319.95
19	1,079	97.11	1,977	177.93	3,587	322.83
20	1,100	99.00	2,040	183.60	3,697	332.73
21	1,118	100.62	2,110	189.90	3,830	344.70
22	1,133	101.97	2,169	195.21	3,965	356.85
23	1,157	104.13	2,226	200.34	4,111	369.99
24	1,193	107.37	2,283	205.47	4,269	384.21
25	1,233	110.97	2,363	212.67	4,429	398.61
26	1,253	112.77	2,429	218.61	4,585	412.65
27	1,283	115.47	2,509	225.81	4,736	426.24
28	1,323	119.07	2,589	233.01	4,884	439.56
29	1,356	122.04	2,672	240.48	5,029	452.61
30	1,395	125.55	2,757	248.13	5,171	465.39
31	1,420	127.80	2,813	253.17	5,267	474.03
32	1,457	131.13	2,899	260.91	5,404	486.36
33	1,495	134.55	2,986	268.74	5,540	498.60
34	1,540	138.60	3,072	276.48	5,674	510.66
35	1,592	143.28	3,160	284.40	5,806	522.54
36	1,636	147.24	3,250	292.50	5,946	535.14
37	1,676	150.84	3,344	300.96	6,099	548.91
38	1,726	155.34	3,439	309.51	6,272	564.48
39	1,776	159.84	3,536	318.24	6,468	582.12
40	1,827	164.43	3,584	322.56	6,671	600.39
41	1,880	169.20	3,694	332.46	6,904	621.36
42	1,938	174.42	3,810	342.90	7,157	644.13
43	2,013	181.17	4,003	360.27	7,407	666.63
44	2,094	188.46	4,149	373.41	7,661	689.49
45	2,200	198.00	4,304	387.36	7,912	712.08
46	2,285	205.65	4,465	401.85	8,201	738.09
47	2,370	213.30	4,632	416.88	8,496	764.64
48	2,455	220.95	4,804	432.36	8,791	791.19
49	2,527	227.43	4,978	448.02	9,098	818.82
50	2,609	234.81	5,165	464.85	9,416	847.44

* 只適用於智・承計劃 - 計劃 2, 3 及 4。
* Applicable to EBridge Plan - Plans 2, 3 and 4.

此標準保費表並未包括由保險業監管局徵收的保費徵費。
This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

FWD insurance

智員善醫療保險方案 - 智・承計劃 (額外醫療保障 *)
EBeyond Medical Insurance Solution - EBridge Plan (Supplementary Major Medical Benefit *)

(2026年7月6日起生效 Effective from 6 July, 2026)

標準保費表 (港元)
Standard Premium Schedule (HKD)

計劃級別 Plan levels	計劃2 Plan 2		計劃3 Plan 3		計劃4 Plan 4	
下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
51	2,715	244.35	5,311	477.99	9,658	869.22
52	2,851	256.59	5,519	496.71	9,992	899.28
53	2,966	266.94	5,722	514.98	10,335	930.15
54	3,092	278.28	5,933	533.97	10,699	962.91
55	3,248	292.32	6,426	578.34	11,567	1,041.03
56	3,404	306.36	6,676	600.84	12,011	1,080.99
57	3,550	319.50	6,945	625.05	12,510	1,125.90
58	3,713	334.17	7,237	651.33	13,052	1,174.68
59	3,881	349.29	7,543	678.87	13,619	1,225.71
60	4,097	368.73	7,853	706.77	14,210	1,278.90
61	4,297	386.73	8,187	736.83	14,820	1,333.80
62	4,526	407.34	8,536	768.24	15,455	1,390.95
63	4,759	428.31	8,909	801.81	16,099	1,448.91
64	4,997	449.73	9,265	833.85	16,765	1,508.85
65	5,263	473.67	9,649	868.41	17,454	1,570.86
66	5,520	496.80	10,065	905.85	18,154	1,633.86
67	5,792	521.28	10,514	946.26	18,874	1,698.66
68	6,081	547.29	10,987	988.83	19,604	1,764.36
69	6,386	574.74	11,486	1,033.74	20,367	1,833.03
70	6,704	603.36	12,007	1,080.63	21,177	1,905.93
71^	6,969	627.21	12,348	1,111.32	21,641	1,947.69
72^	7,289	656.01	12,925	1,163.25	22,547	2,029.23
73^	7,545	679.05	13,528	1,217.52	23,529	2,117.61
74^	7,821	703.89	14,172	1,275.48	24,494	2,204.46
75^	8,345	751.05	15,414	1,387.26	27,290	2,456.10
76^	9,247	832.23	17,220	1,549.80	30,493	2,744.37
77^	10,094	908.46	18,794	1,691.46	33,282	2,995.38
78^	10,661	959.49	19,852	1,786.68	35,156	3,164.04
79^	11,248	1,012.32	20,946	1,885.14	37,091	3,338.19
80^	11,657	1,049.13	21,708	1,953.72	39,079	3,517.11
81^	12,416	1,117.44	22,493	2,024.37	44,671	4,020.39
82^	13,193	1,187.37	23,848	2,146.32	49,787	4,480.83
83^	13,947	1,255.23	25,163	2,264.67	54,987	4,948.83
84^	14,746	1,327.14	26,245	2,362.05	57,902	5,211.18
85^	15,556	1,400.04	26,689	2,402.01	60,304	5,427.36
86^	16,437	1,479.33	27,143	2,442.87	63,120	5,680.80
87^	17,314	1,558.26	27,565	2,480.85	64,662	5,819.58
88^	18,229	1,640.61	28,016	2,521.44	65,846	5,926.14
89^	19,156	1,724.04	28,471	2,562.39	67,341	6,060.69
90^	20,010	1,800.90	28,918	2,602.62	68,283	6,145.47
91^	20,661	1,859.49	29,038	2,613.42	68,629	6,176.61
92^	21,128	1,901.52	29,135	2,622.15	68,749	6,187.41
93^	21,498	1,934.82	29,217	2,629.53	69,359	6,242.31
94^	21,536	1,938.24	29,411	2,646.99	70,208	6,318.72
95^	21,641	1,947.69	29,605	2,664.45	70,816	6,373.44
96^	21,817	1,963.53	29,799	2,681.91	71,419	6,427.71
97^	21,908	1,971.72	30,002	2,700.18	71,700	6,453.00
98^	21,998	1,979.82	30,188	2,716.92	71,964	6,476.76
99^	22,087	1,987.83	30,402	2,736.18	72,296	6,506.64
100^	22,177	1,995.93	30,616	2,755.44	72,628	6,536.52

^ 只適用於續保。
^ For Renewal only.

* 只適用於智・承計劃 - 計劃 2, 3 及 4。
* Applicable to EBridge Plan - Plans 2, 3 and 4.

此標準保費表並未包括由保險業監管局徵收的保費徵費。
This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

智員善醫療保險方案 - 智・升計劃
EBeyond Medical Insurance Solution - EBoost Plan

(2026年7月6日起生效 Effective from 6 July, 2026)

標準保費表 (港元)
Standard Premium Schedule (HKD)

計劃級別 Plan levels	計劃A Plan A		計劃B Plan B		計劃C Plan C	
下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
1	1,646	148.14	3,398	305.82	6,400	576.00
2	1,646	148.14	3,398	305.82	6,400	576.00
3	1,646	148.14	3,398	305.82	6,400	576.00
4	1,646	148.14	3,398	305.82	6,400	576.00
5	1,283	115.47	2,436	219.24	4,494	404.46
6	1,283	115.47	2,436	219.24	4,494	404.46
7	1,283	115.47	2,436	219.24	4,494	404.46
8	1,283	115.47	2,436	219.24	4,494	404.46
9	1,283	115.47	2,436	219.24	4,494	404.46
10	1,283	115.47	2,436	219.24	4,494	404.46
11	1,283	115.47	2,436	219.24	4,494	404.46
12	1,283	115.47	2,436	219.24	4,494	404.46
13	1,283	115.47	2,436	219.24	4,494	404.46
14	1,283	115.47	2,436	219.24	4,494	404.46
15	1,283	115.47	2,436	219.24	4,494	404.46
16	1,309	117.81	2,468	222.12	4,585	412.65
17	1,344	120.96	2,516	226.44	4,681	421.29
18	1,378	124.02	2,557	230.13	4,684	421.56
19	1,409	126.81	2,626	236.34	4,748	427.32
20	1,437	129.33	2,705	243.45	4,832	434.88
21	1,468	132.12	2,794	251.46	5,001	450.09
22	1,486	133.74	2,872	258.48	5,175	465.75
23	1,516	136.44	2,946	265.14	5,366	482.94
24	1,560	140.40	3,059	275.31	5,571	501.39
25	1,610	144.90	3,165	284.85	5,700	513.00
26	1,647	148.23	3,210	288.90	5,828	524.52
27	1,685	151.65	3,335	300.15	6,055	544.95
28	1,733	155.97	3,449	310.41	6,263	563.67
29	1,775	159.75	3,557	320.13	6,461	581.49
30	1,825	164.25	3,660	329.40	6,650	598.50
31	1,869	168.21	3,760	338.40	6,836	615.24
32	1,916	172.44	3,860	347.40	7,021	631.89
33	1,965	176.85	3,963	356.67	7,210	648.90
34	2,020	181.80	4,071	366.39	7,405	666.45
35	2,085	187.65	4,187	376.83	7,616	685.44
36	2,143	192.87	4,302	387.18	7,798	701.82
37	2,192	197.28	4,424	398.16	7,996	719.64
38	2,256	203.04	4,590	413.10	8,222	739.98
39	2,319	208.71	4,770	429.30	8,473	762.57
40	2,384	214.56	4,930	443.70	8,739	786.51
41	2,453	220.77	5,291	476.19	9,043	813.87
42	2,526	227.34	5,384	484.56	9,364	842.76
43	2,627	236.43	5,477	492.93	9,721	874.89
44	2,737	246.33	5,569	501.21	10,081	907.29
45	2,854	256.86	5,662	509.58	10,442	939.78
46	2,969	267.21	5,755	517.95	10,859	977.31
47	3,086	277.74	5,864	527.76	11,119	1,000.71
48	3,185	286.65	5,973	537.57	11,380	1,024.20
49	3,286	295.74	6,081	547.29	11,640	1,047.60
50	3,358	302.22	6,190	557.10	11,900	1,071.00

此標準保費表並未包括由保險業監管局徵收的保費徵費。
This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

FWD insurance

智員善醫療保險方案 - 智・升計劃
EBeyond Medical Insurance Solution - EBoost Plan

(2026年7月6日起生效 Effective from 6 July, 2026)

標準保費表 (港元)
Standard Premium Schedule (HKD)

計劃級別 Plan levels	計劃A Plan A		計劃B Plan B		計劃C Plan C	
下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
51	3,575	321.75	6,494	584.46	12,471	1,122.39
52	3,715	334.35	6,816	613.44	13,095	1,178.55
53	3,860	347.40	7,155	643.95	13,684	1,231.56
54	4,014	361.26	7,513	676.17	14,443	1,299.87
55	4,175	375.75	7,891	710.19	14,961	1,346.49
56	4,368	393.12	8,290	746.10	15,532	1,397.88
57	4,549	409.41	8,712	784.08	16,173	1,455.57
58	4,750	427.50	9,157	824.13	16,870	1,518.30
59	4,960	446.40	9,629	866.61	17,599	1,583.91
60	5,190	467.10	9,800	882.00	18,200	1,638.00
61	5,406	486.54	10,351	931.59	19,050	1,714.50
62	5,691	512.19	10,901	981.09	19,961	1,796.49
63	5,981	538.29	11,452	1,030.68	20,788	1,870.92
64	6,280	565.20	12,002	1,080.18	21,644	1,947.96
65	6,612	595.08	12,496	1,124.64	22,530	2,027.70
66	6,936	624.24	13,028	1,172.52	23,430	2,108.70
67	7,279	655.11	13,606	1,224.54	24,354	2,191.86
68	7,643	687.87	14,216	1,279.44	25,294	2,276.46
69	8,021	721.89	14,858	1,337.22	26,275	2,364.75
70	8,412	757.08	15,525	1,397.25	27,316	2,458.44
71^	8,810	792.90	16,232	1,460.88	28,384	2,554.56
72^	9,207	828.63	16,987	1,528.83	29,570	2,661.30
73^	9,601	864.09	17,777	1,599.93	30,852	2,776.68
74^	9,946	895.14	18,618	1,675.62	32,115	2,890.35
75^	10,359	932.31	19,719	1,774.71	34,051	3,064.59
76^	10,880	979.20	20,962	1,886.58	36,116	3,250.44
77^	11,371	1,023.39	22,141	1,992.69	37,957	3,416.13
78^	11,751	1,057.59	23,055	2,074.95	39,474	3,552.66
79^	12,127	1,091.43	23,936	2,154.24	40,992	3,689.28
80^	12,478	1,123.02	24,654	2,218.86	42,541	3,828.69
81^	12,956	1,166.04	25,450	2,290.50	45,451	4,090.59
82^	13,395	1,205.55	26,378	2,374.02	48,018	4,321.62
83^	13,824	1,244.16	27,299	2,456.91	50,599	4,553.91
84^	14,267	1,284.03	28,151	2,533.59	52,411	4,716.99
85^	14,733	1,325.97	28,781	2,590.29	54,011	4,860.99
86^	15,230	1,370.70	29,404	2,646.36	55,754	5,017.86
87^	15,723	1,415.07	30,007	2,700.63	57,046	5,134.14
88^	16,225	1,460.25	30,612	2,755.08	58,207	5,238.63
89^	16,737	1,506.33	31,216	2,809.44	59,483	5,353.47
90^	17,237	1,551.33	31,826	2,864.34	60,561	5,450.49
91^	17,686	1,591.74	32,412	2,917.08	61,595	5,543.55
92^	18,064	1,625.76	32,956	2,966.04	62,556	5,630.04
93^	18,426	1,658.34	33,502	3,015.18	63,442	5,709.78
94^	18,683	1,681.47	34,049	3,064.41	64,407	5,796.63
95^	18,975	1,707.75	34,603	3,114.27	65,277	5,874.93
96^	19,354	1,741.86	35,167	3,165.03	66,154	5,953.86
97^	19,665	1,769.85	35,740	3,216.60	66,907	6,021.63
98^	19,985	1,798.65	36,318	3,268.62	67,655	6,088.95
99^	20,314	1,828.26	36,913	3,322.17	68,445	6,160.05
100^	20,649	1,858.41	37,491	3,374.19	69,237	6,231.33

^ 只適用於續保。
^ For Renewal only.

此標準保費表並未包括由保險業監管局徵收的保費徵費。
This Standard Premium Schedule does not include levy which is collected by the Insurance Authority.

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