### Comparison between the benefit terms of vCANsurance Medical Plan and FWD medical products

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

Below is a comparison between the benefit terms of vCANsurance Medical Plan, Embrace Medical Plan with Optional Medical Booster Benefit – Superior and Premier Plan, CANsurance Full Medical Plan – Economy, Standard, Superior and Premier Plan and TheOne Medical Solution (Standard Plan). These products are issued by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD").

Benefit Terms	VHIS F Certfication F00051-01-000 Benefi F00051-02-000	nce Medical lan — lexi Plan on Number: 0-02 for Standard fit Level 0-02 for Superior fit Level	Embrace Medical Plan^ (with Optional Medical Booster Benefit)		CANsurance Full Medical Plan <sup>^</sup>			TheOne Medical Solution – Standard Plan	
	Standard Benefit Level	Superior Benefit Level	Superior Plan Premier Plan		Economy Plan	Standard Plan	Superior Plan	Premier Plan	3.0.1.0.1.0.1
Area of cover	Worldwide (except for psychiatric treatments)	Except for psychiatric treatments and cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong: Worldwide	Worldwide		Asia (excluding Australia Worldwide (excluding USA) and New Zealand)		Asia (excluding Australia and New Zealand)		
Ward class	Standard Ward room	Standard Semi-private room	Standard Semi-private room Standard Private room		Standard Ward room Standard Semi-private room		Standard Private room		
Reimbursement calculation basis	Per Disability	Per Policy Year	Per D	visability	Per Disability				Per Policy Year
Lifetime Benefit Limit	Not ap	plicable	HKD420,000 per policy Only applicable to Optional Medical Booster Benefit – after the Insured Person reaches the age of 74 (age next birthday)	HKD700,000 per policy Only applicable to Optional Medical Booster Benefit – after the Insured Person reaches the age of 74 (age next birthday)			Applicable		

Benefit Terms	vCANsurance Medica Plan  - VHIS Flexi Plan Certfication Number: F00051-01-000-02 for Standar Benefit Level F00051-02-000-02 for Superio	Embrace Medical Plan <sup>^</sup> (with Optional Medical Booster Benefit)	ith Optional Medical Booster CANsurance Full Medical Plan Medical	
	Standard Superior Benefit Benefit Level Level	Superior Plan Premier Plan	Economy Standard Superior Premier Plan Plan Plan Plan	Stalluaru Plali
Deductible option	Not applicable	Not applicable	Not applicable	Applicable (HKD0 / 40,000 / 80,000)
Waiting period	Congenital Conditions and Unknown Pre-existing Conditions: - First 30 days of the first Policy Year: 0% - Starting from the 31st da of the first Policy Year: 100  HIV and its related Disability: 2 years	(i) Treatment or surgery for tonsils, adenoids or any diseases peculiar to the female generative organs: 120 days; (ii) Radiotherapy and	<ul> <li>Accident: 0 day</li> <li>Disease: 30 days (except that a 2-year waiting period is applicable to HIV and its related Disability)</li> </ul>	<ul> <li>Accident: 0         day</li> <li>Disease: 30         days (except         that a 5-year         waiting         period is         applicable to         HIV and its         related         Disability)</li> </ul>
Congenital Conditions	Covered, but waiting periodapplies  First 30 days of the first Policy Year: 0%  Starting from the 31st day of the first Policy Year: 100%	Not covered	Covered	Covered (subject to Congenital Condition(s) which have manifested or been diagnosed at or after Insured Person's attained age of 16 years (age next birthday))
Unknown Pre- existing Conditions	Covered, but waiting period applies  - First 30 days of the first Policy Year: 0%  - Starting from the 31st day of the first Policy Year: 100%	Not covered	Not covered	Not covered
Prescribed Diagnostic Imaging Tests (e.g. "CT" scan, "MRI" scan, etc.)	Include Confinement and non-Confinement (Full cove	) Include only Confinement	Include only Confinement (Full cover)	Include only Confinement (Full cover)
Psychiatric treatments	Covered	Not covered	Not covered	Not covered
Self-inflicted injuries	Not covered	Not covered	Covered	Not covered

Benefit Terms	VHIS FI Certficatio F00051-01-000 Benef F00051-02-000	nce Medical lan — lexi Plan on Number: -02 for Standard it Level l-02 for Superior it Level	Embrace Medical Plan^ (with Optional Medical Booster Benefit)  Superior Plan Premier Plan		CANsurance Full Medical Plan <sup>^</sup>				TheOne Medical Solution  — Standard Plan
	Standard Benefit Level	Superior Benefit Level			Economy Plan	Standard Plan	Superior Plan	Premier Plan	Standard Flan
Kidney dialysis	(Include the Mor treatments Confinement of case proced Hospital (non-and rental codialysis mack	icable Medical Services received during or at a clinic, day lure centre or -Confinement), ost of a kidney nine for use at me)	Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)		Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)			Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non- Confinement) only)	
Supplementary major medical benefit	Not ap	plicable	Applicable		Not applicable			Not applicable	
Underwriting	Full und	erwriting	Full underwriting		Full underwriting			Full underwriting	

<sup>&</sup>lt;sup>^</sup> Closed for new application.

### Comparison between the benefit items of vCansurance Medical Plan and CANsurance Full Medical Plan<sup>^</sup> – Economy and Standard Plan

Below is a comparison between the benefit items of vCansurance Medical Plan (Standard Benefit Level and Superior Benefit Level) and CANsurance Full Medical Plan<sup>^</sup> – Economy and Standard Plan:

and entrance raint	ledical Plan — Economy and Standai	a i iaii.		
Benefit items	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level Benefit Level Benefit Level	CANsurance Full Medical Plan^  — Economy Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Standard Plan  Benefit limit (HKD) (reimbursement per Disability)	
Issue age (age next birthday)	1 (15 days) to age 81	1 (15 days) to age 70	1 (15 days) to age 70	
Premium payment term (age next birthday)	To age 101 To age 100		To age 100	
Hospitalisation benefit	ts			
Room and board	Full cover	Full cover	Full cover	
Intensive care	Full cover	Full cover Full cover		
Attending doctor's visit fee	Full cover	Full cover	Full cover	
Specialist's fee	Full cover	Full cover	Full cover	
Miscellaneous charges	Full cover	Full cover Full cover		
Home nursing	Disability per Policy Year, subject to services provided by 1 Registered Nurse per day) - Post-Confinement home nursing	Full cover (Maximum 30 days per Disability per Policy Year, subject to services provided by 1 Registered Nurse per day) Post-Confinement home nursing Full cover (Maximum 30 days per Disability per Policy Year, subject to services provided by 1  - Private nurse's fee Full cover  - Post-Confinement home nursing Full cover (within 31 days after discharge from Hospital following surgery or admission to Intensive Care Unit)		
Companion bed	Full cover	Full cover	Full cover	
Daily hospital cash benefit (for Confinement in general ward of public Hospital in Hong Kong)	\$300 per day (Maximum 60 days per Disability)		\$800 per day (Maximum 60 days per Disability)	

Cash benefit for room and board Confinement below	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level  \$800 per day of Confinement (Maximum 30)		VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level  \$800 per day of Confinement		VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level  \$800 per day of Confinement (Maximum 30)		— Economy Plan Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Standard Plan  Benefit limit (HKD) (reimbursement per Disability)
entitled ward class in a private Hospital in Hong Kong	Not applicable days per Disability per Policy Year)		ног аррисавіе	Not applicable				
Surgical benefits								
Surgeon's fee	Full cover regardless of the surgical category		Full cover	Full cover				
Anaesthetist's fee	Full cover		Full cover	Full cover				
Operating theatre charges	Full cover		Full cover	Full cover				
Other medical benefits	S							
Pre- and post- Confinement/ Day Case Procedure outpatient care	Full cover  - 3 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure  - 20 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure and maximum \$600 per visit for physiotherapy or chiropractic treatment)		Full cover  - 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery  - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery	Full cover  - 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery  - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery				
Prescribed Diagnostic Imaging Tests	Full confine Confine	ement and non-	Full cover (including Confinement only)	Full cover (including Confinement only)				
Prescribed Non- surgical Cancer Treatments	Full c	over	Full cover	Full cover				
Psychiatric treatments	Full c	Full cover Not applicable		Not applicable				
Emergency outpatient accidental treatment	Full cover Full cover		Full cover	Full cover				

	vCansurance Medical Pla	n		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Bene Level F00051-02-000-02 for Superior Benef Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level  Superior Benefit Level	Plan^  Economy Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^ — Standard Plan  Benefit limit (HKD) (reimbursement per Disability)	
Emergency outpatient dental treatment	Full cover	Full cover	Full cover	
Cash benefit for Day Case Procedure	i. Designated Day Case Procedures performed at a Designated Healthcare Service Provider#: HKD1,000 per procedure ii. For any Day Case Procedure(s) other than designated Day Ca Procedure(s) which is/are preformed at a Designated Healthcare Services Provider# any Day Case Procedure(s) which is/are performed at a non-Designated Healthcare Services Provider: HKD500 per procedure	se Not applicable or	Not applicable	
Cash benefit for top- up subsidy	\$500 per day of Confinement (Maximum 60 days per Disabili per Policy Year)	y Not applicable	Not applicable	
Cash benefit for major and complex surgeries	Per surgery, subject to the categorisation of such surgery under the Schedule of Surgica Procedures -  HKD3,000 per major surgery HKD6,000 per complex surgery  Maximum 1 major or complex surgery per day and the Eligib Expenses incurred during such Confinement period and payabin accordance with the Terms a Benefits	Not applicable	Not applicable	
Cash benefit for confinement in Intensive Care Unit in Hong Kong	HKD6,000 per Confinement  Provided that: the Insured Pers is Confined in a Hospital in Hor Kong during which he/she is	Not applicable	Not applicable	

Benefit items	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level Superior Benefit Level		VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard  Superior		CANsurance Full Medical Plan^  — Economy Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Standard Plan  Benefit limit (HKD) (reimbursement per Disability)
	admitted to Intens at least 3 consecut Eligible Expenses such Confineme payable in accord Terms and Bend benefit is payable of the whole Confin	tive days and the incurred during ent period are dance with the efits; and this once only during				
Kidney dialysis	(Include the Med treatments rec Confinement or case procedure ce (non-Confineme cost of a kidney d for use at	lical Services or ceived during at a clinic, day entre or Hospital ent), and rental lialysis machine	Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)	Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)		
Additional benefit for Prescribed Non- surgical Cencer Treatments, kidney dialysis and organ or bone marrow transplantation	- Reimburse Eligible Expenses in excess of the amounts payable under Prescribed Non-surgical Cancer Treatments, Miscellaneous charges for kidney dialysis incurred during Confinement, outpatient kidney dialysis or organ or bone marrow transplantation		Not applicable	Not applicable		
	HKD650,000 per Disability per Policy Year  \$600 per visit - Maximum 10 follow-up					
Post-Confinement/ Day Case Procedure Chinese medicine treatment	- Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 follow- up outpatient visit per day		\$300 per visit  - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery	\$400 per visit  - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery		

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per		CANsurance Full Medical Plan^  — Economy Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Standard Plan  Benefit limit (HKD) (reimbursement per Disability)
	Policy Year)  Standard Superior  Benefit Level Benefit Level		(remisorsement per bisability)	(reimbarsement per bisability)
Physiotherapist or chiropractor consultation	Applicable (covered under Pre- and Post- Confinement/ Day Case Procedure outpatient care, which means: \$600 per visit - 3 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure - 20 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)		\$300 per visit  - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery	\$400 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery
Rehabilitation treatment	\$10,000 per Disability per Policy Year	\$30,000 per Disability per Policy Year	Applicable (covered under Physiotherapist or chiropractor consultation or Post-Confinement/ Day Case Procedure Chinese medicine treatment, which means: \$300 per visit  - 1 visit per day and maximum 20 visits in total within 60 days after discharge or clinical surgery)	Applicable (covered under Physiotherapist or chiropractor consultation or Post-Confinement/ Day Case Procedure Chinese medicine treatment, which means: \$400 per visit  - 1 visit per day and maximum 20 visits in total within 60 days after discharge or clinical surgery)
Self-inflicted injuries	Not co	overed	\$10,000 per Disability	\$10,000 per Disability
Total benefit limit				
Per Disability Limit / Per Disability Per Policy Year Limit of Hospitalisation benefits, surgical benefits and other medical benefits	\$650,000 per Disability per Policy Year (The Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation with maximum \$650,000 per Disability per Policy Year is not counted)	\$850,000 per Disability per Policy Year (The Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation with maximum \$850,000 per Disability per Policy Year is not counted)	\$250,000 per Disability (\$500,000 per covered cancer)	\$350,000 per Disability (\$700,000 per covered cancer)
Death benefit				
Death benefit	\$20,000	\$30,000	\$10,000	\$20,000

Benefit items	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level Benefit Level Benefit Level		CANsurance Full Medical Plan^ — Economy Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Standard Plan  Benefit limit (HKD) (reimbursement per Disability)
Accidental death benefit	\$20,000	\$30,000	\$10,000	\$20,000
Other services and be	nefits			
Second Medical Opinion	Avail	able*	Available	Available
International SOS 24- hour Worldwide Assistance Services	Available*		Available	Available
Ancillary service	CANcierge *		CANcierge	CANcierge
Wellness course/ medical check-up	\$1,000* Once for every 5 consecutive Policy Years	\$2,000* Once for every 5 consecutive Policy Years	\$800 per Policy (waiting period: 5 Policy Years)	\$1,000 per Policy (waiting period: 5 Policy Years)
No claims benefit booster	Not applicable		If no claim is paid or payable in the 10 consecutive years immediately before Renewal, per Disability limit will be increased by 20% once on the next Policy anniversary without any additional charges (applicable for all future Policy Years thereafter)	If no claim is paid or payable in the 10 consecutive years immediately before Renewal, per Disability limit will be increased by 20% once on the next Policy anniversary without any additional charges (applicable for all future Policy Years thereafter)
No claims premium discount	<ol> <li>If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium -         <ul> <li>2 to 4 consecutive years: 10%</li> <li>5 or more consecutive years: 15%</li> </ul> </li> <li>If the Policy Holder holds other inforce vCANsurance Medical Plan policy(ies), and at least 2 of the policies (including this Policy) are eligible for the 1) no claims premium discount stated above on any Renewal Date, the Policy originally held would then be entitled to extra premium discount below according to the corresponding number of policies held –         <ul> <li>2 or 3: 2.5%</li> <li>4: 5%</li> <li>5 or above: 10%</li> </ul> </li> </ol>		If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium 2 or more consecutive years: 10%	If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium 2 or more consecutive years: 10%

Benefit items	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)		CANsurance Full Medical Plan^  — Economy Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Standard Plan  Benefit limit (HKD) (reimbursement per Disability)
	Standard Benefit Level	Superior Benefit Level		
Special benefit for infant	While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.*		Not applicable	Not applicable

<sup>^</sup> Closed for new application.

<sup>\*</sup> This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this freeadditional benefit/service.

<sup>\*</sup> Designated Healthcare Services Provider shall mean a healthcare services provider that has entered into valid written agreements with the Company, 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 designated Medical Services to the Insured Person. The list of designated Day Case Procedures and Designated Healthcare Services Providers is published on the Company's website (www.fwd.com.hk/en/). The List 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 List. The Policy Holder and/or Insured Person is recommended to refer to FWD's website for the latest List before receiving the designated Day Case Procedures. Please refer to Section 4 of the Supplement – Other benefits for details.

# Comparison between the benefit items of vCANsurance Medical Plan and CANsurance Full Medical Plan<sup>^</sup> – Superior and Premier Plan

Below is a comparison between the benefit items of vCANsurance Medical Plan and CANsurance Full Medical Plan<sup>^</sup> – Superior and Premier Plan:

Premier Plan:				
Benefit items	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Superior Benefit Level Benefit Level		CANsurance Full Medical Plan^  - Superior Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Premier Plan  Benefit limit (HKD) (reimbursement per Disability)
Issue age (age next birthday)	1 (15 days)	to age 81	1 (15 days) to age 70	1 (15 days) to age 70
Premium payment term (age next birthday)	To age 101		To age 101 To age 100	
Hospitalisation benefi	ts			
Room and board	Full cover		Full cover	Full cover
Intensive care	Full cover		Full cover	Full cover
Attending doctor's visit fee	Full cover		Full cover	Full cover
Specialist's fee	Full c	over	Full cover	Full cover
Miscellaneous charges	Full c	over	Full cover	Full cover
Home nursing	<ul> <li>Private nurse's fee         <ul> <li>Full cover (Maximum 30 days per</li> <li>Disability per Policy Year, subject to services provided by 1 Registered</li> <li>Nurse per day)</li> </ul> </li> <li>Post-Confinement home nursing         <ul> <li>Full cover (Maximum 30 days per</li> <li>Disability per Policy Year, subject to services provided by 1 Registered</li> <li>Nurse per day)</li> </ul> </li> </ul>		<ul> <li>Private nurse's fee         <ul> <li>Full cover</li> </ul> </li> <li>Post-Confinement home         <ul> <li>nursing</li> <li>Full cover (within 31 days after discharge from Hospital following surgery or admission to Intensive Care Unit)</li> </ul> </li> </ul>	<ul> <li>Private nurse's fee         <ul> <li>Full cover</li> </ul> </li> <li>Post-Confinement home         nursing         <ul> <li>Full cover (within 31 days after discharge from Hospital following surgery or admission to Intensive Care Unit)</li> </ul> </li> </ul>
Companion bed	Full c	over	Full cover	Full cover
Daily hospital cash benefit (for Confinement in general	Not applicable		\$800 per day (Maximum 60 days per Disability)	\$1,000 per day (Maximum 60 days per Disability)

Benefit items	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level  Superior Benefit Level		CANsurance Full Medical Plan^  — Superior Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Premier Plan  Benefit limit (HKD) (reimbursement per Disability)
in Hong Kong)  Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong	Not applicable	\$800 per day of Confinement (Maximum 30 days per Disability per Policy Year)	\$800 per day (Maximum 60 days per Disability)	\$1,000 per day (Maximum 60 days per Disability)
Surgical benefits				
Surgeon's fee	Full cover regardless of the surgical category		Full cover	Full cover
Anaesthetist's fee	Full o	cover	Full cover	Full cover
Operating theatre charges	Full c	cover	Full cover	Full cover
Other medical benefit	S			
Pre- and post- Confinement/ Day Case Procedure outpatient care	Full cover  - 3 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure  - 20 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure and maximum \$600 per visit for physiotherapy or chiropractic treatment)		Full cover  - 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery  - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery	Full cover  - 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery  - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery
Prescribed Diagnostic Imaging Tests	Full cover (including Confinement and non- Confinement)		Full cover (including Confinement only)	Full cover (including Confinement only)
Prescribed Non- surgical Cancer Treatments	Full cover		Full cover	Full cover
Psychiatric treatments	Full c	cover	Not applicable	Not applicable
Emergency outpatient accidental treatment	Full c	cover	Full cover	Full cover

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)		CANsurance Full Medical Plan^  - Superior Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Premier Plan  Benefit limit (HKD) (reimbursement per Disability)
	Standard Benefit Level	Superior Benefit Level		
Emergency outpatient dental treatment	Full o	cover	Full cover	Full cover
Cash benefit for Day Case Procedure	i. Designated Day Case Procedures performed at a Designated Healthcare Service Provider*: HKD1,000 per procedure ii. For any Day Case Procedure(s) other than designated Day Case Procedure(s) which is/are preformed at a Designated Healthcare Services Provider* or any Day Case Procedure(s) which is/are performed at a non-Designated Healthcare Services Provider: HKD500 per procedure		Not applicable	Not applicable
Cash benefit for top- up subsidy	\$500 per day of Confinement (Maximum 60 days per Disability per Policy Year)		Not applicable	Not applicable
	Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures -			
Cash benefit for major and complex surgeries	HKD3,000 per major surgery HKD6,000 per complex surgery	HKD4,000 per major surgery HKD8,000 per complex surgery	Not applicable	Not applicable
	Maximum 1 major or complex surgery per day and the Eligible Expenses incurred during such Confinement period and payable in accordance with the Terms and Benefits			
	HKD6,000 per Confinement	HKD8,000 per Confinement		
Cash benefit for confinement in Intensive Care Unit in Hong Kong	Provided that: 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		Not applicable	Not applicable
Kidney dialysis	Full	cover	Full cover	Full cover

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Superior		CANsurance Full Medical Plan^  - Superior Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Premier Plan  Benefit limit (HKD) (reimbursement per Disability)
	Benefit Level (Include the Me	Benefit Level	(Include the Medical Services or	(Include the Medical Services or
	(Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non- Confinement), and rental cost of a kidney dialysis machine for use at home)		treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non- Confinement) only)	treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non- Confinement) only)
Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dialysis and organ or bone marrow	- Reimburse Eligible Expenses in excess of the amounts payable under Prescribed Non-surgical Cancer Treatments, Miscellaneous charges for kidney dialysis incurred during Confinement, outpatient kidney dialysis or organ or bone marrow transplantation		Not applicable	Not applicable
transplantation	Maximum HKD650,000 per Disability per Policy Year	Maximum HKD850,000 per Disability per Policy Year		
Post-Confinement/ Day Case Procedure Chinese medicine treatment	\$600 per visit  - Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 follow-up outpatient visit per day		\$600 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery	\$800 per visit  - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery
Physiotherapist or chiropractor consultation	Applicable (covered under Pre- and Post- Confinement/ Day Case Procedure outpatient care, which means: \$600 per visit - 3 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure - 20 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)		\$600 per visit  - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery	\$800 per visit  - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery
Rehabilitation treatment	\$10,000 per Disability per Policy Year	\$30,000 per Disability per Policy Year	Applicable (covered under Physiotherapist or chiropractor consultation or Post- Confinement/ Day Case Procedure Chinese medicine treatment, which means: \$600 per visit	Applicable (covered under Physiotherapist or chiropractor consultation or Post-Confinement/ Day Case Procedure Chinese medicine treatment, which means: \$800 per visit

Benefit items	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level Benefit Level  Superior Benefit Level		CANsurance Full Medical Plan^  - Superior Plan  Benefit limit (HKD) (reimbursement per Disability)  - 1 visit per day and maximum 20 visits in total within 60 days after discharge or clinical surgery)	CANsurance Full Medical Plan^  Premier Plan  Benefit limit (HKD) (reimbursement per Disability)  - 1 visit per day and maximum 20 visits in total within 60 days after discharge or clinical surgery)
Self-inflicted injuries	Not co	overed	\$10,000 per Disability	\$10,000 per Disability
Total benefit limit				
Per Disability Limit / Per Disability Per Policy Year Limit of Hospitalisation benefits, surgical benefits and other medical benefits	\$650,000 per Disability per Policy Year  (The Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation with maximum \$650,000 per Disability per Policy Year is not counted)	\$850,000 per Disability per Policy Year  (The Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation with maximum \$850,000 per Disability per Policy Year is not counted)	\$500,000 per Disability (\$1,000,000 per covered cancer)	\$800,000 per Disability (\$1,600,000 per covered cancer)
Death benefit				
Death Benefit	\$20,000	\$30,000	\$20,000	\$30,000
Accidental death benefit	\$20,000	\$30,000	\$20,000	\$30,000
Other services and ber	nefits			
Second Medical Opinion	Available*		Available	Available
International SOS 24- hour Worldwide Assistance Services	Available*		Available	Available
Ancillary service	CANci	erge*	CANcierge	CANcierge
Wellness course/ medical check-up	\$1,000*	\$2,000*	\$2,0000 per Policy (waiting period: 5 Policy Years)	\$4,000 per Policy (waiting period: 5 Policy Years)

	<b>v</b> Cansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit items Benefit limit (HKD) (reimbursement per Disability per Policy Year)		CANsurance Full Medical Plan^  - Superior Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  Premier Plan  Benefit limit (HKD) (reimbursement per Disability)
	Standard Benefit Level	Superior Benefit Level		
	Once for every 5 consecutive Policy Years	Once for every 5 consecutive Policy Years		
No claims benefit booster	Not applicable		If no claim is paid or payable in the 10 consecutive years immediately before Renewal, per Disability limit will be increased by 20% once on the next Policy anniversary without any additional charges (applicable for all future Policy Years thereafter)	If no claim is paid or payable in the 10 consecutive years immediately before Renewal, per Disability limit will be increased by 20% once on the next Policy anniversary without any additional charges (applicable for all future Policy Years thereafter)
No claims premium discount	<ol> <li>If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium -         <ul> <li>2 to 4 consecutive years: 10%</li> <li>5 or more consecutive years: 15%</li> </ul> </li> <li>If the Policy Holder holds other in-force vCANsurance Medical Plan policy(ies), and at least 2 of the policies (including this Policy) are eligible for the 1) no claims premium discount stated above on any Renewal Date, the Policy originally held would then be entitled to extra premium discount below according to the corresponding number of policies held –</li></ol>		If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium 2 or more consecutive years: 10%	If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium 2 or more consecutive years: 10%
Special benefit for infant	Insured Person or spouse gives birt the Policy has be	is in force, if the r Insured Person's th to a child after een in force for 2 by Years from the	Not applicable	Not applicable

Benefit items	Lev F00051-02-000-02 f Lev Benefit lii	exi Plan n Number: for Standard Benefit vel for Superior Benefit vel mit (HKD) per Disability per	CANsurance Full Medical Plan^  — Superior Plan  Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^  — Premier Plan  Benefit limit (HKD) (reimbursement per Disability)
	Standard Benefit Level	Superior Benefit Level		
	Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.*			

<sup>&</sup>lt;sup>^</sup> Closed for new application.

- \* This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service.
- \* Designated Healthcare Services Provider shall mean a healthcare services provider that has entered into valid written agreements with the Company, 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 designated Medical Services to the Insured Person. The list of designated Day Case Procedures and Designated Healthcare Services Providers is published on the Company's website (www.fwd.com.hk/en/). The List 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 List. The Policy Holder and/or Insured Person is recommended to refer to FWD's website for the latest List before receiving the designated Day Case Procedures. Please refer to Section 4 of the Supplement Other benefits for details.

# Comparison between the benefit items of vCANsurance Medical Plan and Embrace Medical Plan with Optional Medical Booster Benefit – Superior and Premier Plan

Below is a comparison between the benefit items of vCANsurance Medical Plan and Embrace Medical Plan<sup>^</sup> with Optional Medical Booster Benefit – Superior and Premier Plan:

Booster Benefit – Super	ior and Premier Pla	n:			
Benefit items	vCansurance Medical Plan  VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Superior Benefit Level Benefit Level		Embrace Medical Plan^  —  Superior Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)	Embrace Medical Plan^  — Premier Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)	
Issue age (age next birthday)	1 (15 days)	to age 81	1 (15 days) to age 65	1 (15 days) to age 65	
Premium payment term (age next birthday)	To age 101		To age 100	To age 100	
Hospitalisation benefits					
Room and board	Full cover		\$1,450 per day (up to a maximum of 150 days)	\$3,000 per day (up to a maximum of 150 days)	
Intensive care	Full cover		\$4,000 per day (up to a maximum of 30 days)	\$5,000 per day (up to a maximum of 30 days)	
Attending doctor's visit fee	Full cover		\$1,450 per day (up to a maximum of 150 days)	\$3,000 per day (up to a maximum of 150 days)	
Specialist's fee	Full cover		\$7,500	\$12,500	
Miscellaneous charges	Full cover		\$16,500	\$27,000	
Home nursing	<ul> <li>Private nurse's fee         <ul> <li>Full cover (Maximum 30 days per Disability per Policy Year, subject to services provided by 1 Registered Nurse per day)</li> </ul> </li> <li>Post-Confinement home nursing Full cover (Maximum 30 days per Disability per Policy Year, subject to services provided by 1 Registered Nurse per day)</li> </ul>		\$1,100 per day (up to a maximum of 30 days within 30 days after hospitalisation)	\$2,000 per day (up to a maximum of 30 days within 30 days after hospitalisation)	
Companion bed	Full c (with no restriction of reimburseme Person	on number of days ent and Insured	\$900 per day (up to a maximum of 30 days and restricted to Insured Person aged below 12 (age next birthday))	\$1,800 per day (up to a maximum of 30 days and restricted to Insured Person aged below 12 (age next birthday))	

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Superior		Embrace Medical Plan^  —  Superior Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)	Embrace Medical Plan^  — Premier Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)
	Benefit Level	Benefit Level		
Daily hospital cash benefit (for Confinement in general ward of public Hospital in Hong Kong)	Not applicable		\$500 per day (up to a maximum of 60 days per Disability)	\$900 per day (up to a maximum of 60 days per Disability)
Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong	Not applicable	\$800 per day of Confinement (Maximum 30 days per Disability per Policy Year)	Not applicable	Not applicable
Surgical benefits				
Surgeon's fee	Full cover regardless of the surgical category		- Class 5 \$96,000 - Class 4 \$54,800 - Class 3 \$30,500 - Class 2 \$16,000 - Class 1 \$6,500	- Class 5 \$130,000 - Class 4 \$72,000 - Class 3 \$40,000 - Class 2 \$20,000 - Class 1 \$8,500
Anaesthetist's fee	Full	cover	35% of Surgeon's fee payable	35% of Surgeon's fee payable
Operating theatre charges	Full (	cover	35% of Surgeon's fee payable	35% of Surgeon's fee payable
Other medical benefits				
Pre- and post- Confinement/ Day Case Procedure outpatient care	Full cover  - 3 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure  - 20 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure and maximum \$600 per visit for physiotherapy or chiropractic treatment)		\$350 per visit (1 visit per day)  - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery	\$400 per visit (1 visit per day)  - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery
Prescribed Diagnostic Imaging Tests	Full cover (including Confinement and non- Confinement)		Covered under Miscellaneous charges, which means: \$16,500 per Disability (Including Confinement only)	Covered under Miscellaneous charges, which means: \$27,000 per Disability (Including Confinement only)
Prescribed Non- surgical Cancer Treatments	Full c	cover	\$130,000	\$200,000

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Superior Benefit Level Benefit Level		Embrace Medical Plan^  — Superior Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)	Embrace Medical Plan^  — Premier Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)
Psychiatric treatments	Full o	cover	Not applicable	Not applicable
Emergency outpatient accidental treatment	Full o	cover	\$6,500	\$14,000
Emergency outpatient dental treatment	Full o	cover	Not applicable	Not applicable
Cash benefit for Day Case Procedure	<ul> <li>i. Designated Day Case         Procedures performed at a         Designated Healthcare Services         Provider*: HKD1,000 per         procedure     </li> <li>ii. For any Day Case Procedure(s)         other than designated Day Case         Procedure(s) which is/are         preformed at a Designated         Healthcare Services Provider* or any Day Case Procedure(s)         which is/are performed at a non-Designated Healthcare         Services Provider: HKD500 per procedure     </li> </ul>		Not applicable	Not applicable
Cash benefit for top- up subsidy	\$500 per day of Confinement (Maximum 60 days per Disability per Policy Year)		Not applicable	Not applicable
Cash benefit for major and complex surgeries	categorisation under the Sche Proced  HKD3,000 per major surgery HKD6,000 per complex surgery  Maximum 1 masurgery per day Expenses incur Confinement per accordace with	HKD4,000 per major surgery HKD8,000 per complex surgery  ajor or complex and the Eligible red during such to dare payable in the Terms and efits	Not applicable	Not applicable
	HKD6,000 per Confinement	HKD8,000 per Confinement	Not applicable	Not applicable

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Superior Benefit Level Benefit Level		Embrace Medical Plan^  —  Superior Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)	Embrace Medical Plan^  — Premier Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)
Cash benefit for Confinement in Intensive Care Unit in Hong Kong	Provided that: the Insured Person in 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.			
Kidney dialysis	Full cover  (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home)		\$350,000 (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)	\$500,000 (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)
Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation	- Reimburse Eligible Expenses in excess of the amounts payable under Prescribed Non-surgical Cancer Treatments, Miscellaneous charges for kidney dialysis incurred during Confinement, outpatient kidney dialysis or organ or bone marrow transplantation  Maximum HKD650,000 per Disability per Policy Year		Not applicable	Not applicable
Supplementary major medical benefit (SMM)	ajor		<ul> <li>Entitled ward class:         <ul> <li>Standard Semi-private Room</li> </ul> </li> <li>Benefit term:         <ul> <li>To age 100 (age next birthday)</li> </ul> </li> <li>Pays up to 85% of Eligible         <ul> <li>Expenses in excess of the</li> <li>benefits paid by Embrace, with</li> <li>per Disability limit up to</li> <li>\$150,000</li> </ul> </li> <li>Hospitalisation benefits:         <ul> <li>Room and board and</li> </ul> </li> </ul>	<ul> <li>Entitled ward class:         <ul> <li>Standard Private Room</li> </ul> </li> <li>Benefit term:         <ul> <li>To age 100 (age next birthday)</li> </ul> </li> <li>Pays up to 85% of Eligible         <ul> <li>Expenses in excess of the</li> <li>benefits paid by Embrace, with</li> <li>per Disability limit up to</li> <li>\$250,000</li> </ul> </li> <li>Hospitalisation benefits:         <ul> <li>Room and board and</li> </ul> </li> <li>Formal private Room</li> <li>Hospitalisation benefits:</li> <li>Room and board and</li> </ul>

	vCansurance Medical Plan		
	– VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit	Embrace Medical Plan^ _	Embrace Medical Plan <sup>^</sup> –
Benefit items	Level F00051-02-000-02 for Superior Benefit Level	Superior Plan (with Optional Medical Booster Benefit)	Premier Plan (with Optional Medical Booster Benefit)
	Benefit limit (HKD) (reimbursement per Disability per Policy Year)	Benefit limit (HKD) (reimbursement per Disability)	Benefit limit (HKD) (reimbursement per Disability)
	Standard Superior Benefit Level Benefit Level		
		Attending doctor's visit fee are covered under Supplementary major medical benefit only if the reimbursement exceeds 150 days  • Surgical benefits: Get reimbursed up to 50% of the per Disability limit in Optional medical booster benefit  - The overall Lifetime Benefit Limits per life and per policy apply to the aggregate amounts paid on or after the policy anniversary immediately following the 74th birthday of the Insured Person (age next birthday)  • Overall Lifetime Benefit Limit per Policy is \$420,000  • Overall Lifetime Benefit Limit per life is \$1,200,000	Attending doctor's visit fee are covered under Supplementary major medical benefit only if the reimbursement exceeds 150 days  • Surgical benefits: Get reimbursed up to 50% of the per Disability limit in Optional medical booster benefit  - The overall Lifetime Benefit Limits per life and per policy apply to the aggregate amounts paid on or after the policy anniversary immediately following the 74th birthday of the Insured Person (age next birthday)  • Overall Lifetime Benefit Limit per Policy is \$700,000  • Overall Lifetime Benefit Limit per life is \$1,200,000
Road ambulance to and/ or from the Hospital	Covered under Miscellaneous charges, which means: Full cover	\$300 per Disability (to Hospital only)	\$350 per Disability (to Hospital only)
Post-Confinement/ Day Case Procedure Chinese medicine treatment	\$600 per visit  - Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 follow-up outpatient visit per day	Applicable (covered under Post-hospitalization Consultation, which means: \$350 per visit (1 visit per day) - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery)	Applicable (covered under Post-hospitalization Consultation, which means: \$400 per visit (1 visit per day) - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery)
Physiotherapist or chiropractor consultation	Applicable  (covered under Pre- and Post- Confinement/ Day Case Procedure outpatient care, which means: \$600 per visit - 3 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure	Applicable  (covered under Posthospitalization Consultation, which means: \$350 per visit (1 visit per day)  - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery)	Applicable  (covered under Posthospitalization Consultation, which means: \$400 per visit (1 visit per day)  - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery)

	vCansurance	Medical Plan		
Benefit items	Le <sup>.</sup> Benefit lii	n Number: for Standard Benefit for Superior Benefit	Embrace Medical Plan^  — Superior Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)	Embrace Medical Plan^  — Premier Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)
	<ul> <li>20 follow-up outpatient visits per Confinement/Day Case</li> <li>Procedure (within 90 days after discharge from Hospital or completion of Day Case</li> <li>Procedure)</li> </ul>			
Rehabilitation treatment	\$10,000 per Disability per Policy Year	\$30,000 per Disability per Policy Year	Not applicable	Not applicable
Total benefit limit				
Per Disability Limit / Per Disability Per Policy Year Limit of hospitalisation benefits, surgical benefits and other medical benefits	\$650,000 per Disability per Policy Year (The Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation with maximum \$650,000 per Disability per Policy Year is not counted)	\$850,000 per Disability per Policy Year (The Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation with maximum \$850,000 per Disability per Policy Year is not counted)	Not applicable	Not applicable
Death benefit				
Death benefit	\$20,000	\$30,000	\$15,000	\$20,000
Accidental death benefit	\$20,000	\$30,000	\$15,000	\$20,000
Other services and ben	efits			
Second Medical Opinion	Avail	able*	Not available	Not available
International SOS 24- hour Worldwide Assistance Services	Avail	able*	Available	Available

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Superior		Embrace Medical Plan^  —  Superior Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)	Embrace Medical Plan^  — Premier Plan (with Optional Medical Booster Benefit)  Benefit limit (HKD) (reimbursement per Disability)
Ancillary service	Benefit Level CANci	Benefit Level erge*	Not available	Not available
Wellness course/ medical check-up	\$1,000*  Once for every 5 consecutive Policy Years	\$2,000*  Once for every 5 consecutive Policy Years	Not available	Not available
No claims premium discount	<ol> <li>If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15%</li> <li>If the Policy Holder holds other in-force vCANsurance Medical Plan policy(ies), and at least 2 of the policies (including this Policy) are eligible for the 1) no claims premium discount stated above on any Renewal Date, the Policy originally held would then be entitled to extra premium discount below according to the corresponding number of policies held –</li> <li>2 or 3: 2.5% - 4: 5%</li> </ol>		If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15%	If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15%
Special benefit for infant	- 4:5% - 5 or above: 10%  While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.*		Not applicable	Not applicable

<sup>^</sup> Closed for new application.

- \* This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service.
- \* Designated Healthcare Services Provider shall mean a healthcare services provider that has entered into valid written agreements with the Company, 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 designated Medical Services to the Insured Person. The list of designated Day Case Procedures and Designated Healthcare Services Providers is published on the Company's website (www.fwd.com.hk/en/). The List 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 List. The Policy Holder and/or Insured Person is recommended to refer to FWD's website for the latest List before receiving the designated Day Case Procedures. Please refer to Section 4 of the Supplement Other benefits for details.

#### Comparison between the benefit items of vCANsurance Medical Plan and TheOne Medical Solution – Standard Plan

Below is a comparison between the benefit items of vCANsurance Medical Plan and TheOne Medical Solution – Standard Plan: vCansurance Medical Plan VHIS Flexi Plan **TheOne Medical Solution** F00051-01-000-02 for Standard Benefit Level Standard Plan Benefit items (reimbursement per Disability per Policy Year) Standard Benefit Level Superior Benefit Level Issue age 1 (15 days) to age 70 1 (15 days) to age 81 (age next birthday) Premium payment term To age 101 To age 100 (age next birthday) **Hospitalisation benefits** Room and board Full cover Full cover Intensive care Full cover Full cover Attending doctor's Full cover Full cover visit fee Specialist's fee Full cover Full cover Miscellaneous Full cover Full cover charges - Private nurse's fee Full cover (Maximum 30 days per Disability per - During Confinement Policy Year, subject to services provided by 1 Full cover (Maximum 30 days per Policy Year and Registered Nurse per day) 180 days per lifetime) Home nursing **Post-Confinement home nursing** - Post-Confinement Full cover (Maximum 30 days per Disability per Full cover (Within 31 days after discharge from Hospital, maximum 31 days per Policy Year) Policy Year, subject to services provided by 1 Registered Nurse per day) Companion bed Full cover Full cover Daily hospital cash benefit (for Confinement in \$1,500 per day Not applicable general ward of (Maximum 30 days per Policy Year) public Hospital in Hong Kong) Cash benefit for \$800 per day of room and board \$1,500 per day Confinement Confinement below (Maximum 30 days per Policy Year, for voluntary Not applicable (Maximum 30 days per entitled ward class in room and board stay below Standard Private Room) Disability per Policy a private Hospital in Year) Hong Kong

	vCansurance	Medical Plan				
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level  Benefit limit (HKD) (reimbursement per Disability per Policy Year)  Standard Benefit Level  Superior Benefit Level		TheOne Medical Solution  — Standard Plan  Benefit limit (HKD) (reimbursement per Policy Year)			
Surgical benefits						
Surgeon's fee	Full cover regardless o	Full cover				
Anaesthetist's fee	Full o	cover	Full cover			
Operating theatre charges	Full o	cover	Full cover			
Other medical benefits						
Pre- and post- Confinement/ Day Case Procedure outpatient care	Full of a prior outpatient visits or land confinement/ Day Case Procedure (within 90 Hospital or completion of Day maximum \$600 per visit for chiropractic treatment)	ocedure its per Confinement/ Day days after discharge from Day Case Procedure and	Full cover  - Within 31 days before hospitalisation or clinical surgery and maximum 1 visit per day  - Within 60 days immediately after discharge from hospitalisation or clinical surgery and maximum 1 visit per day			
Prescribed Diagnostic Imaging Tests	Full of function of the functi	cover and non-Confinement)	Full cover (including Confinement only)			
Prescribed Non- surgical Cancer Treatments	Full c	cover	Full cover			
Psychiatric treatments	Full o	cover	Not applicable			
Medical appliances benefit		aneous Charges, which Full cover	- Specified items (including Pace maker, Stents for Percutaneous Transluminal Coronary Angioplasty, Intraocular lens, Artificial cardiac valve, Metallic or artificial joints for joint replacement, Prosthetic ligaments for replacement or implantation between bones; and Prosthetic intervertebral disc):  Full cover  - Other items: \$96,000 per item per life			
Donor's Benefit	Not Ap	plicable	Full Cover (Organ and Bone Marrow Transplantation) Only cover the Eligible Expenses of the surgical procesure performed on the Insured Person as a recipient			
Emergency outpatient accidental treatment	Full c	cover	Not applicable			

	vCansurance	Medical Plan				
Benefit items	- VHIS Flo Certificatio F00051-01-000-02 for F00051-02-000-02 for Benefit lin (reimbursement per Di	n Number: Standard Benefit Level Superior Benefit Level mit (HKD)	TheOne Medical Solution  — Standard Plan  Benefit limit (HKD) (reimbursement per Policy Year)			
	Standard Benefit Level	Superior Benefit Level	(reimbursement per Policy Tear)			
Emergency outpatient dental treatment	Full c	cover	Full cover			
Cash benefit for Day Case Procedure	i. Designated Day Case Properties of the Designated Healthcare Statements of the Designated HKD1,000 per procedure. For any Day Case Properties of the Day Case Properties of the Designate Provider of the Designate Provider of the Designate Designate Provider of the Designate	Service Provider#:  e dure(s) other than ocedure(s) which is/are ted Healthcare Services se Procedure(s) which on-Designated Healthcare	Not applicable			
Cash benefit for top- up subsidy	\$500 per day o (Maximum 60 days per E		Not applicable			
Cash benefit for major and complex surgeries	Per surgery, subject to the surgery under the Schedur HKD3,000 per major surgery HKD6,000 per complex surgery  Maximum 1 major or complex the Eligible Expenses Confinement period are put the Terms a	HKD4,000 per major surgery HKD8,000 per complex surgery nplex surgery per day and incurred during such ayable in accordance with	Not applicable			
Cash benefit for Confinement in Intensive Care Unit in Hong Kong	HKD6,000 per Confinement  Provided that: the Insure Hospital in Hong Kong admitted to Inten	during which he/she is	Not applicable			
Kidney dialysis	(Include the Medical S received during Confinem procedure centre or Hos and rental cost of a kidne at ho	Services or treatments ent or at a clinic, day case pital (non-Confinement), y dialysis machine for use	Full cover  (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)			
Additional benefit for Prescribed Non- surgical Cancer Treatments, kidney dislysis and organ or	amounts payable un surgical Cancer Treat charges for kidney di	ments, Miscellaneous alysis incurred during tient kidney dialysis or	Provide additional \$1,000,000 annual limit on organ and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and kidney dialysis.			

	vCansurance	Medical Plan			
Benefit items	F00051-01-000-02 for	- exi Plan n Number: Standard Benefit Level Superior Benefit Level	TheOne Medical Solution  — Standard Plan		
	Benefit li (reimbursement per Di	mit (HKD) sability per Policy Year)	Benefit limit (HKD) (reimbursement per Policy Year)		
	Standard Benefit Level	Superior Benefit Level			
bone marrow transplantation	Maximum HKD650,000 per Disability per Policy Year	Maximum HKD850,000 per Disability per Policy Year			
Additional Annual Benefit Limit for organ and bone marrow transplantation	Not app	olicable			
Pregnancy Complications	Not app	olicable	Full cover		
Post-Confinement/ Day Case Procedure Chinese medicine treatment	- Maximum 10 follow-up	Procedure within 90 days spital or completion of	Not applicable		
Physiotherapist or chiropractor consultation	(covered under Pre- and P Case Procedure outpatient \$600 per visit - 3 prior outpatient visits consultations per Confin Procedure - 20 follow-up outpatient Confinement/Day Case F after discharge from Hos Day Case Procedure)	ost-Confinement/ Day t care, which means: or Emergency ement/Day Case visits per Procedure (within 90 days	Applicable  (covered under Post-Confinement/ Day Case Procedure outpatient care, which means: Full cover - Within 60 days immediately after discharge from hospitalisation or clinical surgery and maximum 1 visit per day)		
HIV / AIDS treatment benefit		cover iod: 2 years)	\$800,000 per lifetime (Waiting period: 5 years)		
Rehabilitation treatment	\$10,000 per Disability per Policy Year	\$30,000 per Disability per Policy Year	Not applicable		
Total benefit limit					
Per Policy Limit / Per Disability Per Policy Year Limit of hospitalisation benefits, surgical benefits and other medical benefits	\$650,000 per Disability per Policy Year (The Additional benefit for Prescribed Non-surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation with maximum \$650,000 per Disability per Policy Year is not counted) \$850,000 per Disability per Policy Year (The Additional benefit for Prescribed Non-surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation with maximum \$850,000 per Disability per Policy Year is not counted)		\$8,000,000 per Policy Year (additional \$1,000,000 benefit limit for organ and bone marrow transplantation, chemotherapy and radiotherapy and kidney dialysis)		

Benefit items	vCansurance VHIS Fle Certificatio F00051-01-000-02 for F00051-02-000-02 for Benefit lin (reimbursement per Di	- exi Plan n Number: Standard Benefit Level Superior Benefit Level mit (HKD)	TheOne Medical Solution  — Standard Plan  Benefit limit (HKD) (reimbursement per Policy Year)				
Lifetime Limit of hospitalisation benefits, surgical benefits and other medical benefits	Not apı		\$40,000,000				
Death benefit							
Death benefit	\$20,000	\$30,000	\$80,000				
Accidental death benefit	\$20,000	\$30,000	\$80,000				
Other services and benefits							
Second Medical Opinion	Availa	able*	Available				
International SOS 24- hour Worldwide Assistance Services	Availa	able*	Available				
Ancillary service	CANci	erge*	PREMIER THE ONEcierge				
Wellness course/ medical check-up	\$1,000* Once for every 5 consecutive Policy Years	\$2,000* Once for every 5 consecutive Policy Years	Not applicable				
No claims premium discount	1) If no claim has been mayears or more, the disc granted on Renewal pre- 2 to 4 consecutive years 5 or more consecutive years Unit the Policy Holder hold vCANsurance Medical Pleast 2 of the policies (in eligible for the 1) no clastated above on any Recoriginally held would the premium discount below corresponding number- 2 or 3: 2.5% 4: 5% 5 or above: 10%	ount listed below will be emium - : 10% ears: 15%  Is other in-force lan policy(ies), and at including this Policy) are ims premium discount inewal Date, the Policy en be entitled to extra w according to the	Not applicable				
Option to reduce or remove the Deductible at specified ages	Not app	olicable	Applicable (allowed to switch to a lower annual Deductible option on or after the respective age next birthday				

	vCansurance	Medical Plan			
Benefit items	Certificatic F00051-01-000-02 for F00051-02-000-02 for Benefit li	exi Plan on Number: Standard Benefit Level Superior Benefit Level mit (HKD) Isability per Policy Year)	TheOne Medical Solution  — Standard Plan  Benefit limit (HKD) (reimbursement per Policy Year)		
	Standard Benefit Level	Superior Benefit Level			
			of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time)		
First-dollar coverage  – Deductible waived for designated crises	Not ap	plicable	While this Policy is in force, if the Insured Person suffers the following designated crises and is Confined in a Hospital or undergoes a Day Case Procedure as a direct result of the designated crises, in calculation of benefits payable under this Policy, the payment of the remaining balance of Deductible (if any) will be waived in respect of such Confinement, Day Case Procedure or treatment.  The designated crises include Cancer, Cardiomyopathy, Chronic Liver Disease, Coronary Artery Disease Surgery, End Stage Lung Disease, Fulminant Hepatitis, Heart Attack, Heart Valve Surgery, Kidney Failure, Major Organ Transplantation, Parkinson's Disease, Primary Pulmonary Arterial Hypertension, Severe Rheumatoid Arthritis, Stroke, Surgery to Aorta and Terminal Illness.		
Special benefit for infant	Insured Person's spouse; the Policy has been in fore Years from the Policy E Child"), a 1-year cover medical insurance plan Covered Child withou	e, if the Insured Person or gives birth to a child after ce for 2 consecutive Policy ffective Date ("Covered age for the designated a shall be offered to the put further evidence of additional charge.*	Not applicable		

<sup>\*</sup> This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan. You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service.

Remark: The above comparison is based on data compiled on 15 April 2024. Product features may change from time to time without prior notice and all are subject to the terms and conditions of the policy at the time. The product information in the table does not contain the full terms and conditions, key product risks and full list of exclusions of the policy, please refer to the product brochure and policy provisions for details.

<sup>#</sup> Designated Healthcare Services Provider shall mean a healthcare services provider that has entered into valid written agreements with the Company, 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 designated Medical Services to the Insured Person. The list of designated Day Case Procedures and Designated Healthcare Services Providers is published on the Company's website (www.fwd.com.hk/en/). The List 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 List. The Policy Holder and/or Insured Person is recommended to refer to FWD's website for the latest List before receiving the designated Day Case Procedures. Please refer to Section 4 of the Supplement – Other benefits for details.

### Premium Comparison – The premium comparison of vCANsurance Medical Plan and FWD medical products

Below is the premium comparison of vCANsurance Medical Plan, Embrace Medical Plan with Optional Medical Booster Benefit – Superior and Premier Plan, CANsurance Full Medical Plan – Economy, Standard, Superior and Premier Planand TheOne Medical Solution – Standard Plan:

Male (HKD – annual premium)

Age (age next birthday)	Medica VHIS Fle Certifi Num F00051-01- Standard Be	vCANsurance Medical Plan— VHIS Flexi Plan  Certification Number: 00051-01-000-02 for andard Benefit Level 00051-02-000-02 for perior Benefit Level				Embrace Plan^ with Medical Ben	Optional Booster	TheOne Medical Solution			
	Standard Benefit Level	Superior Benefit Level	Economy	Standard	Superior	Premier	Superior	Premier	Standard Plan (Deductibl e HKD80,000 )	Standard Plan (Deductibl e HKD40,000 )	Standard Plan (Deductibl e HKD0)
11	4,863	7,595	3,892	4,335	7,494	8,993	4,745	8,749	3,687	4,403	10,422
21	3,861	7,166	2,982	3,321	6,330	7,597	5,254	9,585	3,736	4,459	10,499
31	5,057	9,425	4,226	4,706	9,563	11,476	6,878	12,925	4,950	5,881	13,512
41	5,851	11,043	5,011	5,580	11,483	13,781	9,192	17,095	6,187	7,316	16,418
51	9,053	18,148	7,696	8,572	17,482	21,042	13,734	25,817	9,464	11,171	24,910
61	15,680	32,040	14,387	16,025	30,931	37,233	22,119	39,935	15,662	18,553	42,093
71	31,612	57,369	27,972	31,157	59,040	71,056	37,321	58,965	28,793	34,189	78,380
81	51,285	86,620	43,273	48,199	92,354	111,122	58,150	98,066	45,106	53,563	122,791

<sup>^</sup> Closed for new application.

The above product information and premium rates are as of 15 April 2024 and for reference only, please refer to the relevant leaflet / brochure and policy provisions for product details. The above premium does not include the insurance levy collected by the Insurance Authority, any promotional offers, premium discounts or no claims premium discounts. The Standard Premium is non-guaranteed and will be determined annually based on the Age Next Birthday of the Insured Person at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to Age, medical inflation, and claims experience and policy persistency in the same portfolio.

### Premium Comparison – The premium comparison of vCANsurance Medical Plan and FWD medical products

Below is the premium comparison of vCANsurance Medical Plan, Embrace Medical Plan<sup>^</sup> with Optional Medical Booster Benefit – Superior and Premier Plan, CANsurance Full Medical Plan<sup>^</sup> – Economy, Standard, Superior and Premier Plan and TheOne Medical Solution – Standard Plan:

Female (HKD – annual premium)

Age (age next birthday)	vCANsurance Medical Plan— VHIS Flexi Plan  Certification Number: F00051-01-000-02 for Standard Benefit Level F00051-02-000-02 for Superior Benefit Level Level				Plan <sup>^</sup> with Medical	Medical Optional Booster lefit	TheOne Medical Solution				
	Standard Benefit Level	Superior Benefit Level	Economy	onomy Standard Superior Premier				Premier	Standard Plan (Deductible HKD80,000)	Standard Plan (Deductible HKD40,000)	Standard Plan (Deductible HKD0)
11	4,519	6,886	3,593	4,002	6,919	8,303	5,587	10,312	3,687	4,403	10,422
21	4,600	7,188	3,708	4,130	6,928	8,314	7,180	12,668	3,736	4,459	10,499
31	6,648	9,589	5,676	6,322	9,870	11,846	9,718	17,788	4,950	5,881	13,512
41	7,757	11,719	6,532	7,275	12,060	14,472	12,838	23,046	6,187	7,316	16,418
51	10,524	17,698	9,144	10,184	18,215	21,925	18,272	32,052	9,464	11,171	24,910
61	15,782	28,958	14,522	16,175	29,440	35,437	24,970	44,984	15,662	18,553	42,093
71	27,521	48,476	24,145 26,893 49,888 60,039				34,683	66,944	28,793	34,189	78,380
81	42,337	74,657	35,620	39,676	73,447	88,373	54,742	103,547	45,106	53,563	122,791

<sup>&</sup>lt;sup>^</sup> Closed for new application.

The above product information and premium rates are as of 15 April 2024 and for reference only, please refer to the relevant leaflet / brochure and policy provisions for product details. The above premium does not include the insurance levy collected by the Insurance Authority, any promotional offers, premium discounts or no claims premium discounts. The Standard Premium is non-guaranteed and will be determined annually based on the Age Next Birthday of the Insured Person at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to Age, medical inflation, and claims experience and policy persistency in the same portfolio.