FWD insurance

Celebrate living
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vCare Medical Plan

is a Flexi Plan certified by the Hong Kong Special Administrative Region Government (the "Government") under the Voluntary Health Insurance Scheme ("VHIS")
(Certification Number: F00015)

Take a Big Step towards Better Health

FWD Life Insurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability) ("FWD") is the VHIS Provider

vCare Medical Plan

Unexpected financial burdens created by healthcare spending can interfere with your life plans. Medical costs are ever on the rise and will increase with age. Our Government-Certified vCare Medical Plan ("the Plan") offers exclusive features and comprehensive protection against a wide range of hospitalisation and surgical expenses, providing you with higher-quality medical services to meet your needs.

Key Features of vCare Medical Plan

Guaranteed Renewable[1] to Age 100 (attained age) of the Insured Person

Covers unknown Pre-existing Conditions

Tax savings[2]

Simplified Application

Emergency outpatient dental treatment[3]

Cash benefits for Day Case Procedure and top-up subsidy[4]

No claims premium discount available

Add-On Features

FWD Care
Third-party professional health assistance services for the support you need[5,6]

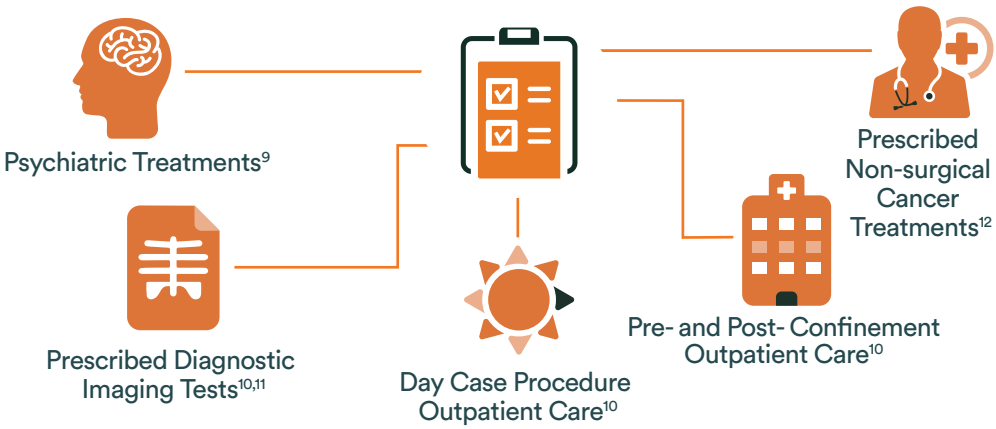
Option to upgrade to designated medical insurance plan at specific Ages[5,7]

Protection for your precious newborns[5,8]

Guaranteed Renewable[1] to Age 100 (attained age) of the Insured Person

The Plan reimburses a wide range of hospitalisation and surgical expenses without any Lifetime Benefit Limit, and psychiatric treatments[9], Prescribed Diagnostic Imaging Tests[10,11] and pre- and post- Confinement/Day Case Procedure outpatient care[10]. In the unfortunate case of cancer, the Plan covers Prescribed Non-surgical Cancer Treatments[12]. Starting from the date of your approved Application, your hospitalisation and surgical expenses are reimbursed up to an Annual Benefit Limit of HKD520,000, which is reset every Policy Year. And the plan is guaranteed Renewable[1] until you reach Age 100 (attained age).

vCare Medical Plan



Covers unknown Pre-existing Conditions

Even if an illness, Disease or Congenital Condition[13] happens to be a Pre-existing Condition that was unknown at the time of Application, it will still be covered by the Plan according to the reimbursement schedule below:

1st Policy Year	2nd Policy Year	3rd Policy Year	4th Policy Year and thereafter
No coverage	25%	50%	100%

Tax savings[2]

The Plan has been formulated to meet all Government regulatory standards to protect your benefits, allowing you to enjoy tax deduction. Tax deduction is subject to the latest rules and regulations of the Inland Revenue Department of Hong Kong Special Administrative Region.

For details of tax deduction, please refer to the “Tax deduction” section under Important Notes.

Easy and simplified application

Apply for the Plan easily by simply answering a few questions. If you meet the underwriting requirements, no medical examination or health proof is required[14]. It's that simple!

Emergency outpatient dental treatment[3]

Healthy teeth go hand in hand with a healthy lifestyle. The Plan's comprehensive protection includes emergency outpatient dental treatment. If your teeth suffer an injury caused by an Accident, the Plan will reimburse your emergency dental treatment up to HKD20,000 per Policy Year.

Cash benefits for Day Case Procedure and top-up subsidy[4]

The Plan goes the extra mile for you. The Plan will reimburse you with HKD500 for any Day Case Procedure (in addition to the Surgeon's fee, Anaesthetist's fee and operating theatre charges that have been reimbursed to you), and subsidise an extra HKD500 per day for Hospital Confinements (up to 60 days per Policy Year) if you have already claimed from another licensed insurance company.

No claims premium discount available

If you haven't made any claim for the Plan for 2 or more consecutive Policy Years immediately prior to Renewal[1], the Plan will offer you a discount of up to 15% on your next Renewal[1] premium regardless of your Age to encourage you to stay healthy. No claims premium discounts apply as follows:

No claims period immediately prior to the Policy's Renewal[1]	No claims premium discount (Discount rate on Renewal[1] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 or more consecutive Policy Years	15%

Add-On Feature

FWD Care

Third-party professional health assistance services for the support you need[5,6]

With the Plan, you can rest assured that your wellbeing is in good hands. Whenever you need information or assistance, the professional health assistance services are always here to help:

- A top-notch CANcierge team provides end-to-end cancer treatment services
- 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

Add-On Feature

Option to upgrade to designated medical insurance plan at specific Ages[5,7]

We understand that your medical needs can change over time. To ensure your future needs are well catered for, you can upgrade your Policy once to a designated plan with higher medical coverage, when you turn 50, 55, 60 or 65 (attained age), without re-underwriting or having to provide proof of insurability. With this convertibility option, you can flexibly increase your medical coverage when you need to!

Add-On Feature

Protection for your precious newborns[5,8]

Your next generation is just as important to us, that's why we've added a designated medical plan's coverage for your newborn baby for one year without additional charge after your Policy has been in force for 2 consecutive Policy Years. This benefit can be exercised unlimited times, but only one time for each newborn.

The product information in this brochure 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.

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

vCare Medical Plan – General Information

Plan type	Standalone Plan
Issue age	Age 0 (from 15 days) – 80 (attained age)
Benefit term	Guaranteed yearly Renewable[1] to Age 100 (attained age)
Premium structure	• Based on Insured Person's attained age at issue and gender • Renewal[1] premiums are non-guaranteed and will be determined annually according to the Insured Person's attained age at the time of Renewal[1]
Premium payment term	To Age 100 (attained age)
Premium payment mode	Monthly / Semi-annually / Annually
Currency	HKD
Certification Number	F00015-01-000-02

vCare Medical Plan – Benefit Schedule[15,16,17]

Area of cover	Worldwide[18]
Ward class	No restrictions
I. Benefit items	Benefit limit
(a) Room and board	HKD850 per day Maximum 180 days per Policy Year
(b) Miscellaneous charges	HKD14,500 per Policy Year
(c) Attending doctor's visit fee	HKD850 per day Maximum 180 days per Policy Year
(d) Specialist's fee[10]	HKD6,000 per Policy Year
(e) Intensive care	HKD4,500 per day Maximum 25 days per Policy Year
(f) Surgeon's fee	Per surgery, subject to surgical category for the surgery/procedure in the Schedule of Surgical Procedures : • Complex HKD70,000 • Major HKD30,000 • Intermediate HKD15,000 • Minor HKD6,500
(g) Anaesthetist's fee	35% of Surgeon's fee payable[19]
(h) Operating theatre charges	35% of Surgeon's fee payable[19]
(i) Prescribed Diagnostic Imaging Tests[10,11]	HKD20,000 per Policy Year Subject to 30% Coinsurance

vCare Medical Plan – Benefit Schedule[15,16,17]

(j) Prescribed Non-surgical Cancer Treatments[12]	HKD120,000 per Policy Year
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care[10]	HKD580 per visit, up to HKD6,000 per Policy Year • 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure • 6 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments[9]	HKD30,000 per Policy Year
Other limits	
Annual Benefit Limit for benefit items (a) – (l)	HKD520,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) – (l)	Nil
II. Other benefits	
(I) Death benefit	HKD15,000
(II) Accidental death benefit	HKD15,000
(III) Emergency outpatient dental treatment[3]	HKD20,000 per Policy Year
(IV) Cash benefit for Day Case Procedure	HKD500 per procedure
(V) Cash benefit for top-up subsidy[4]	HKD500 per day Maximum 60 days per Policy Year
III. Premium Discount	
No claims premium discount	If you do not make any claims in 2 or more consecutive Policy Years immediately before Renewal[1], you will be eligible for the no claims premium discount. Please refer to the following table for discount on the Renewal[1] premium.

No claims period immediately prior to the Policy's Renewal[1]	No claims premium discount (Discount rate on Renewal[1] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 consecutive Policy Years and thereafter	15%

vCare Medical Plan – Benefit Schedule[15,16,17]

IV. Add-On Features (not part of the Certified Plan)		
FWD Care	CANcierge[5,6]	Applicable
	Second Medical Opinion Service[5,6]	Applicable
	International SOS 24-hour Worldwide Assistance Services[5,6]	Applicable
Option to upgrade to designated medical insurance plan at specific Ages[5,7]	Insured Person can upgrade the vCare Policy once to a designated plan with higher medical coverage when he/she turns 50, 55, 60 or 65 (attained age), without re-underwriting or having to provide proof of insurability.	
Special benefit for infant[5,8]	While this Policy is in force, if the Insured Person or the Insured Person's spouse gives birth to a child after the Policy has been in force for 2 or more consecutive Policy Years from the Policy Effective Date, the newborn baby can enjoy a designated medical plan's coverage for 1 year without additional charges and providing proof of insurability. Each child is eligible for this benefit once only but there is no restriction on the number of newborns who can enjoy the benefit.	

You may refer to the coinsurance example or other information at FWD's website.

The above product information is indicative of the key features of the product and is for reference only. It 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.

Remarks

1. FWD shall guarantee the Renewal at each policy anniversary up to the Age of 100 (attained age) of the Insured Person. As long as FWD maintains the registration as a VHIS provider, FWD guarantees that the Terms and Benefits will not be less favourable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of Renewal.

   FWD reserves the right to revise the Terms and Benefits, subject to the prior approval and re-certification by the Government, upon Renewal by giving a 30 days advance notice.
2. If you are a Hong Kong taxpayer, you may be eligible for tax deduction of up to HKD8,000 per Insured Person per year of assessment for premium you paid for yourself and your specified relatives. Tax deduction is subject to the latest rules and regulation of Inland Revenue Department of Hong Kong Special Administrative Region. Please refer to the website of the Inland Revenue Department ("IRD") of Hong Kong Special Administrative Region (www.ird.gov.hk/eng/) and VHIS (www.vhis.gov.hk/en/) or contact the IRD directly for any tax related enquiries. FWD and the intermediaries do not provide tax advice. You should always consult with a professional tax advisor if you have any doubts.
3. This benefit is payable for the Reasonable and Customary charges of Emergency Treatment of the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 2 weeks of the Accident causing such Injury by a registered dentist in a legally registered dental clinic. FWD shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Hong Kong or the relevant jurisdictions outside Hong Kong where the medical service is provided to the Insured Person, as effective, appropriate and essential based upon recognised standards of the health care specialty involved; and (c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit.
4. For the Insured Person covered by any other hospital reimbursement plans offered by other licensed insurance companies, other than the individual medical policies provided by FWD, if FWD reimburses after any reimbursement has been paid from other licensed insurance companies, this benefit shall be payable as extra cash for each day of Confined period in Hospital as specified in the Benefit Schedule.
5. This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan – vCare Medical Plan (Certification Number: F00015). 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.
6. CANcierge, Second Medical Opinion Services and International SOS 24-hour Worldwide Assistance Services are provided by third party service provider(s) 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 services, please refer to the leaflet of FWD Professional Health Assistance Services.
7. This option is only applicable if this Plan has been in force for 2 Policy Years or above and the application shall be subject to the designated medical insurance plan with higher protection coverage available at that time and such terms and conditions as determined by FWD from time to time.
8. This additional benefit is available if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 or more consecutive Policy Years from the Policy Effective Date ("Covered Child"). A one-year coverage by a designated medical insurance plan for the Covered Child shall be offered without further evidence of insurability and at no additional charge.

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

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

   For more details, please refer to Section (i) of the Endorsement - Special benefit for infant and convertibility option to designated medical insurance plan at specified ages under the Policy provisions.
9. This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist. The benefit shall be payable in lieu of other benefit items under (a) to (k) of Basic benefits in the Benefit Schedule. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under (a) to (k) of Basic benefits in the Benefit Schedule.
10. 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.
11. 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.
12. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
13. Congenital Condition is only covered for condition which has manifested or been diagnosed after the Age of 8 (attained age) of the Insured Person.
14. It is subject to relevant underwriting requirements, otherwise, normal underwriting applies.
15. 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 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.
16. 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.
17. All benefits described in these Terms and Benefits are not subject to any restriction in the choice of health care services providers, including but not limited to Registered Medical Practitioner and Hospital.
18. Except for the psychiatric treatments as stated in benefit item (l) of Basic benefits in the Benefit Schedule, all benefits described in the benefit items shall be applicable worldwide.
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, whichever is the lower.

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 attained age 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 Term and Non-Payment of Premium

The premium payment term of the Plan is up to the Age of 100 years (attained age) 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 the first unpaid premium was due. Please note that once the Plan 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

Immediately following the termination of this 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.

Where the Policy is terminated pursuant to (b) or (c), FWD shall refund the relevant premium paid for the current Policy Year on a pro rata basis.

Moreover, the Policy shall also be terminated if you decide to cancel the Policy or not to renew the Policy in accordance with Section 3 of Part 2 or Section 1 of Part 4 of the Terms and Benefits of the Policy provisions, as the case may be, by giving the requisite written notice to FWD. If the Policy is terminated for cancellation after cooling-off period, the effective date of termination shall be the date as stated in the cancellation notice given by you. However, such date shall not be within or earlier than the 30-day notice period. If the Policy is not renewed, the effective date of termination shall be the renewal date immediately following the expiry of the Policy Year during which the Policy remains valid.

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.

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 Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by FWD under Section 8 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 Effective 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 5 years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such 5 years shall be presumed to be contracted or occur after the Policy Effective Date.
   However, the exclusion under this Section 3 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 this Section 3 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 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 does not apply to:
   (a) treatments, monitoring, investigation 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. 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.

General Exclusions

10. 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 8 years (attained age).
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.

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

Important Notes

Tax deduction

Please note that the VHIS status of the Plan does not necessarily mean you are eligible for tax deduction available for VHIS premiums paid. The Plan's VHIS status is based on the features of the product as well as certification by the Government and not the facts of your own situation. You must also meet all the eligibility requirements set out under the Inland Revenue Ordinance and any guidance issued by the Inland Revenue Department ("IRD") of Hong Kong Special Administrative Region before you can claim these tax deductions. Please refer to the website of the IRD (www.ird.gov.hk/eng/) or contact the IRD directly for any tax related enquiries.

Any general tax information provided is for your reference only, and you should not make any tax-related decisions based on such information alone. You should always consult with a professional tax advisor if you have any doubts. Please note that the tax law, regulations or interpretations are subject to change and may affect related tax benefits including the eligibility criteria for tax deduction. FWD does not take any responsibility to inform you about any changes in the laws and regulations or interpretations, and how they may affect you. Further information on tax concessions applicable to VHIS may be found in VHIS's website at www.vhis.gov.hk/en/

Please note that these tax deduction benefits may not be applicable to you if you are a retiree who is not subject to salaries tax or tax under personal assessment.

Your Right under Cooling off Period

If you are not fully satisfied with this Policy, you have the right to change your mind.
FWD trusts that this Policy will satisfy your needs. However, if you are not completely satisfied then you should (a) return the Policy, and (b) provide us with written notice signed by you, requesting cancellation. The Policy will then be cancelled and the premium paid and levy will be refunded.

Your request to cancel the Policy must be signed by you and received directly by our office at 18/F., Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong within 21 days immediately following the day of Delivery of the Policy or the cooling-off notice to you or your nominated representative (whichever is the earlier). The cooling-off notice is the notice sent to you or your nominated representative (separate from the Policy) notifying you of your right to cancel within the stated 21-day period.

No refund can be made if a benefit payment has been made, is to be made or impending.

Should you have any further queries, you may (1) call FWD Service Hotline on 3123 3123; (2) visit FWD Insurance Solutions Centres; or (3) email to cs.hk@fwd.com and FWD will be happy to explain your cancellation rights further.

Important Notes

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.

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.

Obligation to provide 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 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 Holder 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.

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.

Important Words

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 judgment 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 judgment 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 judgment 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 judgment 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 Issuance Date or the Policy Effective Date, whichever is the earlier. 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.

Declarations

- FWD reserves the right to revise, modify or adjust the Terms and Benefits under the Policy subject to the prior approval and re-certification by the Government. FWD also reserves the right to adjust the Standard Premium at each Policy Renewal on an overall Portfolio basis. In addition, FWD can revise, modify or adjust the terms and conditions for the add-on services subject to its prevailing rules and regulations from time to time at its sole discretion.
- 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 100 (attained age) 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 judgment 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 Effective 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 under the Policy provisions.
- Effective from 1 January 2018, all Policy Holder 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.

Address of FWD office: 18/F., Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong

FWD insurance

Celebrate living
fwd.com.hk

For more information

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

fwd.com.hk

Service Hotline
3123 3123

Learn more about vCare Medical Plan and comparison between the benefit items of our VHIS plans

FWD insurance

更衛您醫療計劃（獨立保單）
vCare Medical Plan (Standalone Plan)

(2023年8月1日起生效 Effective from 1 August, 2023)

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

		年供 Annual		半年供 Semi-annual		月供 Monthly	
實際年齡 Attained Age	下次生日年齡 Age at next birthday	男性 Male	女性 Female	男性 Male	女性 Female	男性 Male	女性 Female
72	73	18,153.00	16,779.00	9,439.56	8,725.08	1,633.77	1,510.11
73	74	18,911.00	17,362.00	9,833.72	9,028.24	1,701.99	1,562.58
74	75	19,671.00	18,096.00	10,228.92	9,409.92	1,770.39	1,628.64
75	76	20,434.00	18,839.00	10,625.68	9,796.28	1,839.06	1,695.51
76	77	21,197.00	19,592.00	11,022.44	10,187.84	1,907.73	1,763.28
77	78	21,960.00	20,358.00	11,419.20	10,586.16	1,976.40	1,832.22
78	79	22,592.00	21,126.00	11,747.84	10,985.52	2,033.28	1,901.34
79	80	23,410.00	22,108.00	12,173.20	11,496.16	2,106.90	1,989.72
80	81	24,525.00	22,926.00	12,753.00	11,921.52	2,207.25	2,063.34
81^	82^	25,660.00	23,676.00	13,343.20	12,311.52	2,309.40	2,130.84
82^	83^	26,784.00	24,383.00	13,927.68	12,679.16	2,410.56	2,194.47
83^	84^	27,934.00	25,074.00	14,525.68	13,038.48	2,514.06	2,256.66
84^	85^	28,564.00	25,716.00	14,853.28	13,372.32	2,570.76	2,314.44
85^	86^	29,202.00	26,311.00	15,185.04	13,681.72	2,628.18	2,367.99
86^	87^	29,711.00	26,651.00	15,449.72	13,858.52	2,673.99	2,398.59
87^	88^	30,218.00	26,991.00	15,713.36	14,035.32	2,719.62	2,429.19
88^	89^	30,738.00	27,325.00	15,983.76	14,209.00	2,766.42	2,459.25
89^	90^	31,221.00	27,627.00	16,234.92	14,366.04	2,809.89	2,486.43
90^	91^	31,696.00	27,923.00	16,481.92	14,519.96	2,852.64	2,513.07
91^	92^	32,165.00	28,214.00	16,725.80	14,671.28	2,894.85	2,539.26
92^	93^	32,602.00	28,441.00	16,953.04	14,789.32	2,934.18	2,559.69
93^	94^	33,037.00	28,668.00	17,179.24	14,907.36	2,973.33	2,580.12
94^	95^	33,480.00	28,889.00	17,409.60	15,022.28	3,013.20	2,600.01
95^	96^	33,921.00	29,049.00	17,638.92	15,105.48	3,052.89	2,614.41
96^	97^	34,364.00	29,195.00	17,869.28	15,181.40	3,092.76	2,627.55
97^	98^	34,794.00	29,344.00	18,092.88	15,258.88	3,131.46	2,640.96
98^	99^	35,212.00	29,446.00	18,310.24	15,311.92	3,169.08	2,650.14
99^	100^	35,630.00	29,547.00	18,527.60	15,364.44	3,206.70	2,659.23

^ 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.