

Comparison between the benefit terms of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and existing FWD Medical products (cont'd)

Below is the comparison between the benefit terms of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and Hospital Benefits Rider. These products are issued by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) ("FWD").

Benefit terms	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03	Hospital Benefits Rider
Area of cover	Worldwide (except that psychiatric treatments are only applicable in Hong Kong)			Worldwide
Ward class	No restriction (except supplementary major medical benefit of vCare Supreme Medical Plan is limited to Standard Ward Room)			No restriction
Reimbursement calculation basis	Per Policy Year			Per confinement/ Per surgery
Lifetime Benefit Limit	Not applicable			Not applicable
Deductible option	Not applicable			Not applicable
Waiting period	No restriction (except that a 5-year waiting period is applicable to HIV and its related Disability)			- Daily Hospital Income Benefit: the first 24 hours of hospital confinement due to sickness - HIV and its related Disability: 5 years - Others: no restriction
Congenital Conditions	Covered (subject to Congenital Condition(s) which have manifested or been diagnosed at or after Insured Person's attained age of 8 years)			Not covered
Unknown Pre-existing Conditions	Covered, but subject to the following waiting periods - First Policy Year: 0% - Second Policy Year: 25% - Third Policy Year: 50% - Fourth Policy Year onwards: 100%			Not covered

Benefit terms	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03	Hospital Benefits Rider
Prescribed Diagnostic Imaging Tests (e.g. “CT” scan, “MRI” scan, etc.)	Include Confinement and non-Confinement (subject to 30% Coinsurance)		Include Confinement and non-Confinement - Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement - Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance	Not applicable
Psychiatric treatments	Applicable			Not applicable
Self-inflicted injuries	Not covered			Not covered
Kidney dialysis	Applicable (Include only Confinement and covered under miscellaneous charges)		Applicable (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)	Not applicable
Additional benefit for Prescribed Diagnostic Imaging Tests and kidney dialysis	Not applicable		Applicable	Not applicable
Supplementary major medical benefit	Not applicable		Applicable	Not applicable
Underwriting	Simplified underwriting		Full underwriting	Full underwriting

Remarks: This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy and the full terms can be found in the policy document.

Benefit items	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year)	Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery)
Daily hospital cash benefit	Not applicable	Not applicable	Not applicable	Plan 1: \$400 Plan 2: \$800 Plan 3: \$1,200 Plan 4: \$1,600 Maximum 365 days per hospital confinement
Surgical benefits				
Surgeon's fee	Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$50,000 - Major \$25,000 - Intermediate \$12,500 - Minor \$ 5,000	Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500	Per procedure, subject to surgical category for the surgery/ procedure in the Schedule of Surgical Procedures: - Complex \$70,000 - Major \$30,000 - Intermediate \$15,000 - Minor \$6,500	Plan 1: \$4,000 Plan 2: \$8,000 Plan 3: \$12,000 Plan 4: \$16,000
Anaesthetist's fee	35% of Surgeon's fee payable	35% of Surgeon's fee payable	35% of Surgeon's fee payable	
Operating theatre charges	35% of Surgeon's fee payable	35% of Surgeon's fee payable	35% of Surgeon's fee payable	
Other medical benefits				
Pre- and post-Confinement/ Day Case Procedure outpatient care	\$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)	\$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)	\$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with Post-Confinement/ Day Case Procedure Chinese medicine treatment	Not applicable

Benefit items	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year)	Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery)
Prescribed Diagnostic Imaging Tests	\$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement)	\$20,000 per Policy Year, subject to 30% Coinsurance (including Confinement and non-Confinement)	\$20,000 per Policy Year - Coinsurance is not applicable to Prescribed Diagnostic Imaging Test performed during Confinement - Prescribed Diagnostic Imaging Test performed in a setting for providing Medical Services to a Day Patient is subject to 30% Coinsurance	Not applicable
Prescribed Non-surgical Cancer Treatments	\$80,000 per Policy Year	\$120,000 per Policy Year	\$120,000 per Policy Year	Not applicable
Psychiatric treatments	\$30,000 per Policy Year	\$30,000 per Policy Year	\$30,000 per Policy Year	Not applicable
Emergency outpatient accidental treatment charges	Not applicable	Not applicable	\$5,000 per Policy Year	Not applicable
Emergency outpatient dental treatment	Not applicable	\$20,000 per Policy Year	\$20,000 per Policy Year	Not applicable
Cash benefit for Day Case Procedure	Not applicable	\$500 per procedure	\$500 per procedure	Not applicable
Cash benefit for top-up subsidy	Not applicable	\$500 per day (Maximum 60 days per Policy Year)	\$500 per day (Maximum 60 days per Policy Year)	Not applicable
Kidney dialysis	Applicable (Include only Confinement and covered under miscellaneous charges)	Applicable (Include only Confinement and covered under miscellaneous charges)	\$200,000 per Policy Year (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)	Not applicable

Benefit items	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year)	Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery)
Additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis	Not applicable	Not applicable	- Reimburse Eligible Expenses in excess of the amounts payable under Prescribed Non-surgical Cancer Treatments and kidney dialysis - Maximum benefit limit per Policy Year is \$50,000	Not applicable
Supplementary major medical benefit (SMM)	Not applicable	Not applicable	- Entitled ward class: Standard Ward Room - Reimburse 85% of the Eligible Expenses in excess of any of the respective benefit limits under specific hospitalisation, surgical and/ or other medical benefits (including Prescribed Non-surgical Cancer Treatments, kidney dialysis and additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis) - Maximum benefit limit per Disability per Policy Year is \$100,000	Not applicable
Road ambulance to and/ or from the Hospital	Applicable (covered under miscellaneous charges, which means: \$14,000 per Policy Year)	Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year)	Applicable (covered under miscellaneous charges, which means: \$14,500 per Policy Year)	Not applicable

Benefit items	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year)	Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery)
Post- Confinement/ Day Case Procedure Chinese medicine treatment	Not applicable	Not applicable	\$580 per visit, up to \$6,000 per Policy Year - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure) The maximum benefit amount per Policy Year and 6 follow-up outpatient visits per Confinement/ Day Case Procedure shall be shared with pre- and post-Confinement/ Day Case Procedure outpatient care	Not applicable
Physiotherapist or chiropractor consultation	Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$3,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 3 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure))	Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure))	Applicable (covered under pre- and post-Confinement/ Day Case Procedure outpatient care, which means: \$580 per visit, \$6,000 per Policy Year - 1 prior outpatient visit or Emergency consultation per Confinement/ Day Case Procedure - 6 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure))	Not applicable
Rehabilitation treatment	Not applicable	Not applicable	\$10,000 per Policy Year	Not applicable
Hospice care	Not applicable	Not applicable	\$10,000 per Policy Year	Not applicable

Benefit items	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year)	Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery)
Total benefit limit				
Annual Benefit Limit of hospitalisation benefits, surgical benefits and other medical benefits	\$420,000 per Policy Year	\$520,000 per Policy Year	\$520,000 per Policy Year	Not applicable
Lifetime Benefit Limit	Not applicable	Not applicable	Not applicable	Not applicable
Death benefit				
Death benefit	\$10,000	\$15,000	\$15,000	Not applicable
Accidental death benefit	\$10,000	\$15,000	\$15,000	Not applicable
Other services				
Second Medical Opinion	Available*	Available*	Available*	Not available
International SOS 24-hour Worldwide Assistance Services	Available*	Available*	Available*	Not available
Ancillary service	CANcierge* (excluding cashless facility)	CANcierge* (excluding cashless facility)	CANcierge* (excluding cashless facility)	Not available

Benefit items	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year)	Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery)
No claims premium discount	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%	1) 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% 2) If the Policy Holder holds other in-force vCare Supreme 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 – - 2 or 3: 2.5% - 4: 5% - 5 or above: 10%	Not applicable
Convertibility option to designated medical insurance plan at specified ages	Applicable (allowed to convert to a designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time)	Applicable (allowed to convert to a designated medical insurance plan with higher protection coverage immediately on or after the respective attained age of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time)	Not applicable	Not applicable

Benefit items	vCore Medical Plan – VHIS Standard Plan Certification number: S00036-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Medical Plan – VHIS Flexi Plan Certification number: F00015-01-000-02 Benefit limit (HKD) (reimbursement per Policy Year)	vCare Supreme Medical Plan – VHIS Flexi Plan Certification number: F00032-01-000-03 Benefit limit (HKD) (reimbursement per Policy Year)	Hospital Benefits Rider Benefit limit (HKD) (reimbursement per confinement/ surgery)
Special benefit for infant	Not applicable	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.*	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

*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.

Remarks: This comparison gives only a brief description on the product features and is for reference only. The above product information does not contain the full terms of the policy and the full terms can be found in the policy document.

Premium Comparison – The premium comparison of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan and FWD medical products

Below is the premium comparison of vCore Medical Plan, vCare Medical Plan, vCare Supreme Medical Plan, Embrace Medical Plan[^] – Standard Plan (with Optional Medical Booster Benefit), CANsurance Full Medical Plan – Standard Plan and TheOne Medical Solution – Standard Plan (Annual Deductible: \$0).

Age (age next birthday)	vCore Medical Plan - VHIS Standard Plan Certification Number: S00036-01-000-02 (HKD - Annual premium)		vCare Medical Plan - VHIS Flexi Plan Certification Number: F00015-01-000-02 (HKD - Annual premium)		Embrace Medical Plan [^] - Standard Plan (with Optional Medical Booster Benefit) (Non-smoker) (HKD - Annual premium)		vCare Supreme Medical Plan - VHIS Flexi Plan Certification Number: F00032-01-000-03 (HKD - Annual premium)		CANsurance Full Medical Plan [^] - Standard Plan (Non-smoker) (HKD - Annual premium)		TheOne Medical Solution - Standard Plan (Annual Deductible: \$0) (HKD - Annual premium)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
11	1,604	1,909	1,893	2,214	2,106	2,528	2,485	2,983	3,651	3,370	8,509	8,509
21	1,728	2,307	2,025	2,658	2,361	3,200	2,786	3,776	2,797	3,478	8,572	8,572
31	2,170	2,994	2,522	3,449	3,022	4,060	3,566	4,791	3,964	5,325	11,032	11,032
41	2,864	3,876	3,388	4,543	3,970	5,302	4,685	6,127	4,700	6,127	13,405	13,405
51	4,395	5,530	5,239	6,481	6,145	7,409	7,220	8,578	7,220	8,578	20,339	20,339
61	7,352	7,679	8,749	9,061	10,122	10,625	12,045	12,644	13,498	13,624	34,368	34,368
71	12,683	11,714	15,093	14,174	17,373	16,325	20,674	19,427	26,243	22,652	63,996	63,996
81	18,106	16,157	22,814	21,327	25,330	23,908	30,143	28,451	40,599	33,419	100,258	100,258

[^]Closed for new application.

The above product information and premium rate are as of 8 March 2021 and for reference only, please refer to the relevant leaflet / brochure for product details. The above premium is excluded the insurance levy collected by Insurance Authority. The Standard Premium is non-guaranteed and will be determined annually based on the age of the Insured Person on his or her next birthday at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to age, claims experience and policy persistency in the same portfolio.