FWD insurance

Celebrate living®
fwd.com.hk

One&All Medical Insurance Plan/Rider
人仁保醫療保險計劃 / 附約

Flexible and affordable medical protection for one and all

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

Cover the uncovered

We believe everyone deserves the right to receive the medical services needed, without suffering financial hardship.

While we enjoy quality, cost-effective public hospital service here in Hong Kong, the longer waiting time and unfunded self-financed items have increased the burden on Hong Kong residents, about half of which are not covered[i] to face this increasing challenge.

That is why we integrated ESG (Environmental, Social, and Governance) strategy into our product development and launched the brand-new mass-market medical cover— **One&All Medical Insurance Plan** ("the Plan")— bridging the current gap in entry level medical protection by covering self-financed drugs and medical items not funded by public hospitals and imaging tests referred to private medical institutions. With this unique product proposition and an affordable premium, we are helping as many to get cover as possible.

[i] Census and Statistics Department, *Thematic Household Survey Report No. 78*, 30 January 2024

Innovative classification

The Plan offers choices of 3 benefit levels innovatively segmented by hospital type in addition to the conventional geographical segmentation.

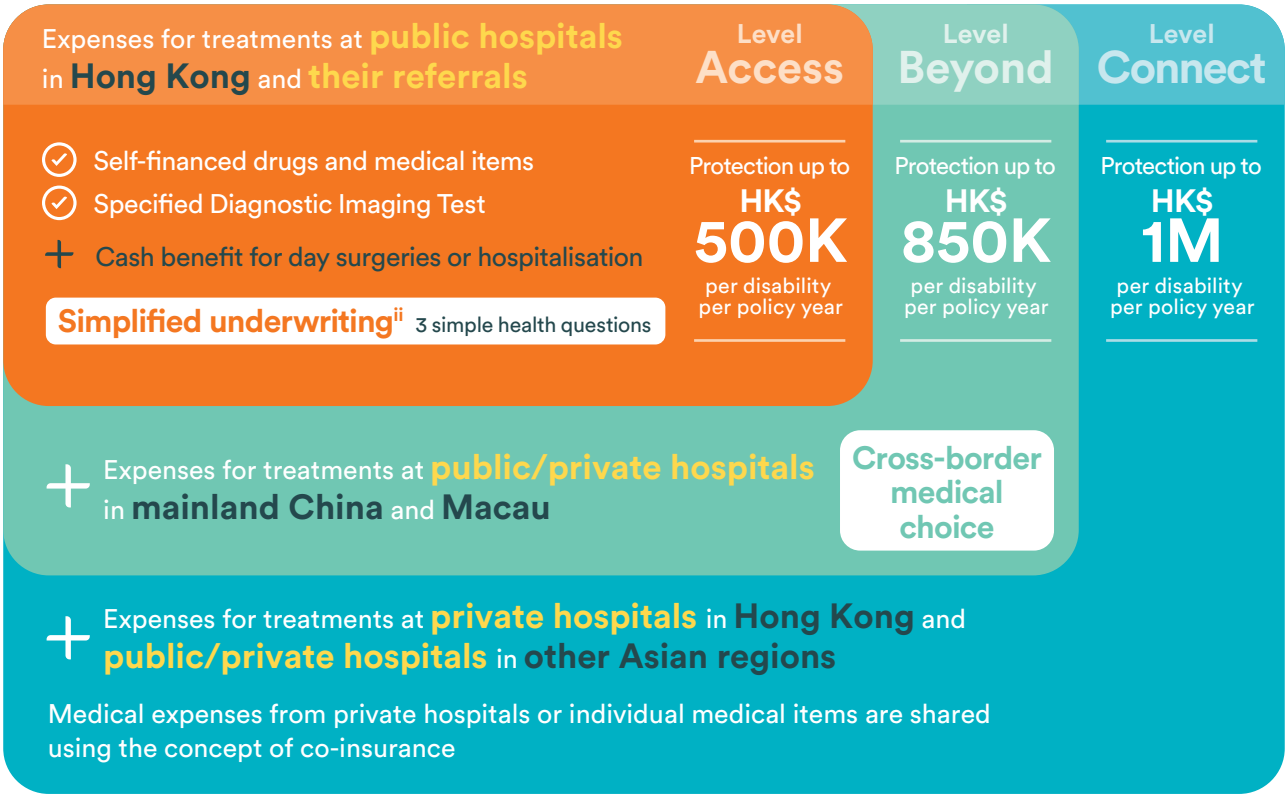
Level Access helps the uncovered gain access to basic protection against Hong Kong public hospitals' self-financed items and imaging tests referred to private medical institutions with written recommendation from Hong Kong public hospitals due to long waiting time, as well as income loss due to day surgeries or hospitalisation in any hospital worldwide via simplified underwriting[ii] answering 3 simple health questions and relatively even more affordable premium.

Level Beyond takes it to the next level by covering also the medical expenses from public and private hospitals in mainland China and Macau, meeting the increasing and urgent need of cross-border medical treatment in mainland China.

Level Connect connects the insured to protection covering all public and private hospitals in Asia, including Hong Kong and mainland China, with attractive premiums using the co-insurance concept, sustainably keeping the premiums affordable.

We also offer an attachable cover—**One&All Medical Insurance Rider** ("the Rider")—which can be added to FWD designated critical illness or medical basic plans to provide cash benefit for day surgeries or hospitalisation in any hospital worldwide, and converted to One&All basic plan at specified ages without further proof of health condition.

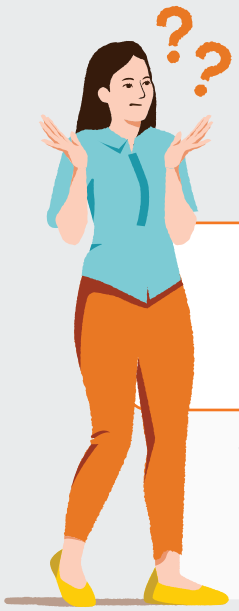
At FWD, we are committed to covering one and all with affordable premiums, helping our customers and communities achieve better health and financial protection so they can celebrate living today and in the future.



This simplified diagram is for explanation purpose only. For the full terms, conditions, benefits and exclusions, please refer to the terms and benefits of the Plan.

[ii] Applicable to people aged 1 to 65 next birthday. For relevant underwriting requirements, terms and conditions, please refer to the complete underwriting questions.

Did you know?^



In 2024, **more than 30,000 patients** were prescribed self-financed drugs from Hong Kong public hospitals in which 300 severe cancer patients have to pay **more than HK$400,000** each year[a]

Have you ever thought the cost of self-financed items at Hong Kong public hospitals could be so high?

The Plan (all 3 benefit levels) covers self-financed medicine/drugs and privately purchased medical items from Hong Kong public hospitals with affordable premiums. You can choose the benefit level that suits you by hospital type to enhance your protection.

Innovative product proposition

During April 2024 to March 2025, the 90th percentile **waiting time** of routine cases for CT scan in a Hong Kong public hospital can be up to **206 weeks**[b]

Have you ever imagined it could take several years for a non-urgent imaging test at Hong Kong public hospitals?

The Plan (all 3 benefit levels) covers specified diagnostic imaging tests referred to private medical institutions with written recommendation from Hong Kong public hospitals to greatly shorten the waiting time and help you seize the golden treatment period.

Innovative product proposition

Sources:

[a] Now News,《公院300病人年付逾40萬藥費　醫衞局研重症治療費封頂機制》[300 patients of public hospitals paying more than HK$400,000 for medicines each year; the Health Bureau seeking a mechanism to cap the treatment cost of critical cases], 26 June 2024

[b] Hospital Authority, *Report on Key Performance Indicators*, Mar 2025

^ The above information is provided by FWD and is for reference only. The information provided is based on the data from sources that FWD believes to be reliable, but it has not been independently verified by FWD. FWD makes no representation or warranty and accepts no responsibility or liability as to the accuracy, completeness or fitness for any particular purpose of the information. FWD shall not be responsible or liable for any loss or damages arising from the use of or reliance on such information.

The **medical inflation rate**, one of the factors which affects Hong Kong medical insurance's premium, is projected to be **9.8%** in 2025[c]

As a retiree, would you be worried about not being able to bear the continuous rising premiums of medical insurance?

The Plan (all 3 benefit levels) offers more affordable and sustainable medical protection, making your retirement life more relaxing.

A self-financed targeted drug for treating stage 4 lung cancer brought in Shenzhen costs only **14%** of the price in Hong Kong[d]

In 2023, the total inpatient visits in GBA **exceed 14 million**, of which **1.96 million** were in Hong Kong[e]

I'm interested in having medical treatment in mainland China but is my current medical insurance plan designed for this? Will the premium be very high if I want to be covered?

Product design of levels Beyond and Connect of the Plan targeted cross-border medical treatment, covering medical expenses from public and private hospitals in mainland China at more affordable premiums, giving you peace of mind when seeking medical treatment in mainland China.

I'm interested in having medical treatment in mainland China but I'm unfamiliar with the flow.

The Plan (all 3 benefit levels) offers services on booking, hospital admission registration, escort, and cashless facility in designated network hospitals at the Greater Bay Area cities in mainland China to guide you through.

My parents are unable to get medical cover and I'm worried.

If you apply for Level Connect of the Plan, you can add on an optional benefit where the coverage is similar to that of Level Access for your parent(s) without any health underwriting or signing in person for them.

Innovative optional benefit

Sources:

[c] WTW, *2025 Global Medical Trends Survey*

[d] TVB News Magazine,《港人北上求醫　平民價買天價藥續命》[Hongkongers go north for medical treatment, buying expensive life-saving drugs at affordable prices], 10 August 2024

[e] PwC China, *Healthy Greater Bay Area: Integration and Reciprocity*, September 2024

Innovative product proposition

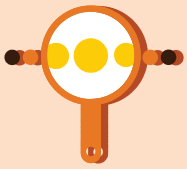
Innovative segmentation by hospital type

To cater for your varying needs in medical treatment, the Plan provides:

A segmentation by the types of hospital according to benefit level—from Hong Kong Public Hospital, to cross-border coverage including grade II Hospital or above in mainland China, Macau Public Hospital, designated Hospital in mainland China and Macau private Hospital, to Hospitals in Asia[1]. It ensures you're well-equipped to face health challenges confidently.

Coverage on Self-financed Medicine and Drug and Privately Purchased Medical Item in Hong Kong Public Hospital

We understand that the costs for Self-financed Medicine and Drug and Privately Purchased Medical Item can be a real challenge you may face. The Plan focuses on the medical needs of mass market segmented by the types of Hospitals, which reimburses 80% of the Eligible Expenses charged on Privately Purchased Medical Item and Self-financed Medicine and Drug in Hong Kong Public Hospital.



Coverage on Specified Diagnostic Imaging Tests[2] with written recommendation from Hong Kong Public Hospital

The waiting period in Hong Kong Public Hospital may be long. Patients may need to wait for several months or even years before they can start treatment. During this period, their condition is likely to get worse and they may miss the golden treatment period. The Plan focuses on the medical needs of mass market and reimburses the Eligible Expenses charged on Specified Diagnostic Imaging Tests[2] recommended in writing by the attending Registered Medical Practitioner from Hong Kong Public Hospital with 20% or 30% Coinsurance[3] applied.

If it becomes Medically Necessary for the Insured Person to be Confined solely due to the diagnosis of that Specified Diagnostic Imaging Test[2] within 6 months from the date of that Specified Diagnostic Imaging Test[2], no Coinsurance[3] shall be applied to the calculation of this benefit.

Innovative optional benefit

Family Booster for Parent Option[4] (optional benefit)

The likelihood of needing hospital care increases significantly with age, making financial preparation crucial. To take care of the potential medical expenses of your parents, you can select the Family Booster for Parent Option (optional benefit) at the time of application for the Plan (benefit level: Connect) with simple and easy application without any health underwriting for your parents. Your parents can enjoy the following benefits after the Waiting Period of Family Booster for Parent:

Parent booster benefit

After the Family Booster for Parent Option has been in force for at least 2 consecutive Policy Years, your Parent will be entitled to medical coverage in Hong Kong Public Hospital, which includes:

- medical expenses incurred for a series of hospitalisation and surgery in Hong Kong Public Hospital;
- expenses of Specified Diagnostic Imaging Tests[2] with written recommendation from Hong Kong Public Hospital, Self-financed Medicine and Drug and Privately Purchased Medical Item in Hong Kong Public Hospital;
- additional cash benefit for Confinement or undergoing a day case procedure worldwide.

Waiver of premium for Severe Cancer

Once the Covered Parent has the First Confirmed Diagnosis of a Severe Cancer, a maximum of 5 years of the premium payable under that Covered Parent of the Family Booster for Parent Option will be waived

For details of Family Booster for Parent Option, please refer to the flyer of Family Booster for Parent Option (optional benefit).

Note: If the Covered Parent receives Medical Services for any Disability, where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to that Disability happens after two (2) consecutive years from the Policy Date ("Waiting Period of Family Booster for Parent"), the Eligible Expenses, expenses, cash benefits and/or waiver of premium arising from such Disability shall be covered under parent booster benefit and/or waiver of premium for Severe Cancer in accordance with Part 6(A) and 6(B). Parent booster benefit shall not be payable for and/or waiver of premium for Severe Cancer shall not be applicable to the respective Disability if the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to that Disability happens within or prior to the aforesaid Waiting Period of Family Booster for Parent.

Notwithstanding anything to the contrary under these Terms and Benefits of Family Booster for Parent Option, the Waiting Period of Family Booster for Parent shall not apply if the Covered Parent receives Medical Services for any Disability and/or premium waived for Severe Cancer which is solely and directly caused by an Accident, independent of any other cause. In such circumstances, the coverage for the Covered Parent under this Family Booster for Parent Option shall be effective from the Policy Date.

3 Benefit levels at your choice

Covering unexpected healthcare spending is important when you need to stay in a hospital. That's why the Plan provides:

- a full cover[5] or 30% Coinsurance[3] on medical expenses incurred for a series of hospitalisation and surgery
- no Lifetime Benefit Limit which entitles you to the reimbursements of Eligible Expenses up to the aggregate limit per Disability[6] per Policy Year shown in the table below

Benefit level	Aggregate limit per Disability[6] per Policy Year	Territorial scope and healthcare services providers of cover[7]
(i) Access	HK$500,000/ US$62,500	Hong Kong Public Hospital
(ii) Beyond	HK$850,000/ US$106,250	Hong Kong Public Hospital, medical clinic, day case procedure centre and Hospital in Macau and designated Hospital in mainland China
(iii) Connect	HK$1,000,000/ US$125,00	For non-Emergency Treatment: Medical clinic, day case procedure centre and Hospital in Asia[1] For Emergency Treatment: Worldwide (subject to designated Hospital in mainland China)

Aggregate benefit limit reset each year per Disability[6]

By combining "per Disability[6]" and "per Policy Year" reimbursement basis, an innovative concept of "per Disability[6] per Policy Year" claims mechanism is introduced in the Plan, enabling you to utilise your coverage by having the limits of individual benefit items and the aggregate limit per Disability[6] per Policy Year counted afresh for each Disability[6] and in each Policy Year. In case of receiving prolonged treatments across Policy Years for the same Disability[6], or requiring treatments for multiple Disabilities[6] within the same Policy Year, you will not have to be troubled by losing coverage due to the quickly exhausted limits in a Policy Year or for a particular Disability[6].

Innovative cash benefits to give you extra support

The Plan also offers various cash benefits which can provide the Insured Person with extra support. You will be provided with an additional cash benefit if

(i) you are Confined or undergo a day case procedure anywhere in the world; moreover, Cash benefit will be doubled up if the Insured Person receives designated Day Case Procedures at a Designated Healthcare Services Provider[8] (for the benefit level of Connect) or a Day Case Procedure at a Hospital stated in the designated Hospital list in mainland China (for the benefit level of Beyond and Connect);

(ii) you have already been reimbursed by another insurance company[9] (applicable to the benefit level of Beyond and Connect only);

(iii) you need to undergo a surgical procedure which is categorized as major or complex according to the Schedule of Surgical Procedures or as reasonably determined by us if the surgical procedure is not included in the Schedule of Surgical Procedures, provided that the Eligible Expenses incurred during such surgical procedure are payable (applicable to the benefit level of Beyond and Connect only); or

(iv) you have been Confined in Intensive Care Unit for at least 3 consecutive days in Hong Kong[10], provided that the Eligible Expenses incurred during such Confinement period are payable (applicable to the benefit level of Connect only).

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

If you haven't made any claim for the Plan for 2 or more consecutive Policy Years immediately prior to Renewal[11], the Plan will offer you a discount of up to 15% on your next Renewal[11] 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[11]	No claims premium discount (Discount rate on Renewal[11] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 or more consecutive Policy Years	15%

Applicable to the benefit level of Connect only: Despite the aforementioned conditions, you can claim for any designated Day Case Procedure(s)[12] performed at any Designated Healthcare Services Providers[8] without affecting the eligibility for no claims premium discount during the no claims period.

First-dollar coverage – Coinsurance waived for designated crises[3,13,14]
(applicable to the benefit level of Beyond and Connect only)

The Plan fully covers[5] the inpatient expenses of Hong Kong Public Hospital, grade II Hospital or above in mainland China* and Macau Public Hospital (depending on the benefit level); while 30% Coinsurance[3] applies to the inpatient expenses of private Hospitals on mainland China (subject to designated Hospital in mainland China), Macau or even Asia[1] (depending on the benefit level). We understand that the medical costs for hospitalisation and surgery can be a real challenge you may face if you are ever diagnosed with a designated crisis[13], including but not limited to Cancer, Heart Attack and Stroke, therefore, the Coinsurance[3] will be waived under first-dollar coverage – Coinsurance waived for designated crises[3,13,14] to lighten your financial burden and let you focus on your treatment and recovery.

* Standard Ward Room under general units of Hospital of grade II or above in mainland China as recognized by the Chinese social insurance system (excluding affiliated departments such as international medical services, special medical services, VIP wards and cadre wards)

Waiver of premium for Severe Cancer

Once the Insured Person of the Plan has the First Confirmed Diagnosis of a Severe Cancer, a maximum of 5 years of the premium payable under the Plan and Family Booster for Parent Option (if applicable) that attached to the Plan will be waived.

Extensive protection during pregnancy
(applicable to the benefit level of Connect only)

Unexpected events can happen, and the medical expenses incurred could be a significant financial burden. The Plan provides peace of mind protection with coverage for the Eligible Expenses incurred for pregnancy complications[15]. Furthermore, if during a Confinement you are admitted to an Intensive Care Unit solely and directly caused by a pregnancy related complication for at least 3 consecutive days for which the Eligible Expenses incurred are payable in accordance with pregnancy complications[15], you will receive HK$6,000 cash benefit for Confinement in Intensive Care Unit in Hong Kong due to pregnancy complications[16].

Guaranteed Renewable up to Age 101 of the Insured Person[11]

The Plan is guaranteed Renewable[11] until you reach the Age of 101, secure in the knowledge that you are protected by medical privileges throughout the years.

Covering unknown Pre-existing Conditions starting from the 31st day after the Policy Date

Any illness, Disease or Congenital Condition that was an unknown Pre-existing Condition at the time of Application will be fully covered by the Plan starting from the 31st day after the Policy Date. Furthermore, the scope of protection is extended to cover Congenital Condition(s) having manifested or been diagnosed at any Age the Insured Person attains, so that you are well guarded even when you suffer from unknown Pre-existing Conditions.

FWD Care

Professional concierge services to safeguard your health

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

GBA Healthcierge[17]

- The Service provides you with a high-quality network of specialists so you can receive the most suitable treatment from the best-suited doctor and top-tiered network hospitals in the Guangdong-Hong Kong-Macao Greater Bay Area ("GBA")
- Should you require hospitalisation as diagnosed by the consulting doctor of the Service (if applicable), the team of specialists will arrange for your hospital admission and receive treatment promptly
- The team of specialists of the Service will assist you to apply for an efficient and seamless claims resolution arrangement with FWD prior to designated day case procedure or specified diagnostic imaging tests in Hong Kong; or prior to hospital admission to the network hospitals in the GBA cities in mainland China (including all Grade 3A hospitals) and FWD will provide you with a Cashless Facility upon the successful arrangement of the whole process of this resolution
- This service will arrange to escort the Insured Person to the designated network hospitals at the GBA cities in mainland China accompanying the Insured Person during booking and hospital admission registration, to accelerate the Insured Person's access to medical services
- Cancer Second Medical Opinion Service: If the Insured Person is diagnosed with cancer, this service will have the arrangement for the Insured Person to review the medical report and conduct face-to-face consultation; and cross-border cancer Doctor-to-Doctor Tele-Opinion between doctors from Hong Kong and designated network hospitals at the GBA cities in mainland China, based on the personal and health condition of the Insured Person to recommend treatment plan and estimate treatment cost

One stop global health solution[17]

- 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

Key Features of One&All Medical Insurance Rider

Cash benefits to give you extra support

Cash benefit will be provided for worldwide coverage on Confinement or Day Case Procedure to relieve your financial burden and give you extra support.

Tailored to your different life stages

To cater for your varying needs at different life stages, the Rider provides you a one-off right to convert this Rider to a designated medical insurance plan once per life, when you reach the Age of 45, 50, 55, 60 or 65 without providing further proof of your health condition, given that your Rider has been in force for at least 2 consecutive Policy Years.

The coverage of the Plan/Rider is limited to Reasonable and Customary charges or expenses incurred as a result of services which are Medically Necessary. For the definition of "Medically Necessary" and "Reasonable and Customary", please refer to the "Important Words" section below.

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

One&All Medical Insurance Plan – General Information

Plan type	Standalone plan
Issue Age	Age 1 (from 15 days) – 81
Benefit Term	Guaranteed yearly Renewable[11] to Age 101
Premium Structure	• Based on Insured Person's Age at issue • Renewal[11] premiums are non-guaranteed and will be determined annually based on the Age of the Insured Person at the time of Renewal[11]
Premium Payment Term	To Age 101
Premium Payment Mode	Monthly / Annually
Currency	HKD / USD

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

One&All Medical Insurance Plan – Benefit Schedule[18]

Benefit Level	Access	Beyond	Connect
Geographical limitation and limitation on choice of healthcare services providers[7]	Except for Specified Diagnostic Imaging Tests[2] with written recommendation from Hong Kong Public Hospital and cash benefit for Confinement or Day Case Procedure, Hong Kong Public Hospital	Except for Self-financed Medicine and Drug and Privately Purchased Medical Item in Hong Kong Public Hospital, psychiatric treatments[22], Specified Diagnostic Imaging Tests[2] with written recommendation from Hong Kong Public Hospital and cash benefit for Confinement or Day Case Procedure, Hong Kong Public Hospital, medical clinic, day case procedure centre and Hospital in Macau and designated Hospital in mainland China	Except for Self-financed Medicine and Drug and Privately Purchased Medical Item in Hong Kong Public Hospital, Specified Diagnostic Imaging Tests[2] with written recommendation from Hong Kong Public Hospital, cash benefit for Confinement or Day Case Procedure, psychiatric treatments[22], cash benefit for Confinement in Intensive Care Unit in Hong Kong[10] and cash benefit for Confinement in Intensive Care Unit in Hong Kong due to pregnancy complications[16], For non-Emergency Treatment: medical clinic, day case procedure centre and Hospital in Asia[1] For Emergency Treatment: Worldwide (subject to designated Hospital in mainland China)
Aggregate limit per Disability[6] per Policy Year for benefit items (a) - (n) of I. Basic benefits, 1 – 8 (if applicable) of II. Enhanced benefits and 3 of III. Other benefits	HK$500,000 / US$62,500	HK$850,000 / US$106,250	HK$1,000,000 / US$125,000
Lifetime Benefit Limit for benefit items (a) - (n) of I. Basic benefits, 1 - 8 (if applicable) of II. Enhanced benefits and 3 - 8 (if applicable) of III. Other benefits	Nil		
First-dollar coverage – Coinsurance waived for designated crises [3,13,14]	-	The Coinsurance[3] (if applicable) shall be reduced to 0 for the Medical Services if the Insured Person – • suffers any of the designated crises[13,14]; and • upon the recommendation of the attending Registered Medical Practitioner in writing, receives any Medical Services as a result of the designated crises[13,14] for which benefits are payable under benefit items (a) to (n) of I. Basic benefits, 1 to 8 (if applicable) under II. Enhanced benefits and 3 of III. Other benefits	
Entitled ward class	Standard Ward Room[19]		

One&All Medical Insurance Plan – Benefit Schedule[18]

Benefit items	Benefit limit		
	Access	Beyond	Connect
I. Basic benefits			
(a) Room and board	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(b) Miscellaneous charges	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(c) Self-financed Medicine and Drug and Privately Purchased Medical Item in Hong Kong Public Hospital	20% Coinsurance[3]		
(d) Attending doctor's visit fee	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(e) Specialist's fee[14]	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(f) Intensive care	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(g) Surgeon's fee	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(h) Anaesthetist's fee	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(i) Operating theatre charges	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(j) Specified Diagnostic Imaging Tests[2,14]	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(k) Specified Diagnostic Imaging Tests with Written Recommendation from Hong Kong Public Hospital[2,14]	Designated Healthcare Services Provider[8]: 20% Coinsurance[3,12,20] Non-Designated Healthcare Services Provider: 30% Coinsurance[3] If it is Medically Necessary for the Insured Person to be Confined or to undergo a Day Case Procedure solely due to the diagnosis of that Specified Diagnostic Imaging Test within 6 months from the date of that Specified Diagnostic Imaging Test, Coinsurance shall not apply.		
(l) Prescribed Non-surgical Cancer Treatments[21]	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
(m) Pre- and post-Confinement/ Day Case Procedure outpatient care[14]	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
	• Maximum 3 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure (subject to 1 visit per day) • Maximum (benefit level (Access): 3; benefit level (Beyond): 10; benefit level (Connect): 20) 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 visit per day and maximum HK$600 / US$75 per visit for physiotherapy or chiropractic treatment)		
(n) Psychiatric treatments[22]	Full cover[5]	Full cover[5] for Hong Kong Public Hospital	Full cover[5] for Hong Kong Public Hospital or 30% Coinsurance[3] for other Hospital in Hong Kong

One&All Medical Insurance Plan – Benefit Schedule[18]

Benefit items	Benefit limit		
	Access	Beyond	Connect
II. Enhanced benefits			
1. Emergency outpatient accidental treatment	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
2. Outpatient kidney dialysis[14]	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
3. Rehabilitation treatment[14]	-	HK$10,000/ US$1,250 per Disability[6] per Policy Year	
4. Private nurse's fee[14]	-	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
		Maximum 30 days per Disability[6] per Policy Year, subject to services provided by 1 Registered Nurse per day	
5. Post-Confinement home nursing[14]	-	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
		Maximum 30 days per Disability[6] per Policy Year, subject to services provided by 1 Registered Nurse per day	
6. Companion bed	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
7. Post-Confinement/ Day Case Procedure Chinese medicine treatment	Maximum HK$600/US$75 per visit	Maximum HK$600/US$75 per visit for Hong Kong Public Hospital, Hospital of grade II or above in mainland China and Macau Public Hospital 30% Coinsurance[3] (Maximum HK$600 / US$75 per visit) for other Hospital under designated Hospital list in mainland China and other medical clinic, day case procedure centre and other Hospital in Macau	Maximum HK$600/US$75 per visit for Hong Kong Public Hospital, Hospital of grade II or above in mainland China and Macau Public Hospital 30% Coinsurance[3] (Maximum HK$600 / US$75 per visit) for other medical clinic, day case procedure centre and other Hospital in Asia[1]
	Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure), but is subject to 1 follow-up outpatient visit per day		
8. Pregnancy complications[15]	-		Full cover[5] or 30% Coinsurance[3,^]

One&All Medical Insurance Plan – Benefit Schedule[18]

Benefit items	Benefit limit		
	Access	Beyond	Connect
III. Other benefits			
1. Death benefit	HK$20,000 / US$2,500		
2. Accidental death benefit	HK$20,000 / US$2,500		
3. Emergency outpatient dental treatment[23]	Full cover[5]	Full cover[5] or 30% Coinsurance[3,*]	Full cover[5] or 30% Coinsurance[3,^]
	Within 3 months of the Accident		
4. Cash benefit for Confinement or Day Case Procedure	(i) HK$500 / US$62.5 per day for Confinement (ii) HK$250 / US$31.25 per Day Case Procedure	(i) HK$500 / US$62.5 per day for Confinement (ii) HK$500 / US$62.5 per procedure for any Day Case Procedure performed in a Hospital as stated in the designated Hospital list in mainland China (iii) HK$250 / US$31.25 per procedure for any Day Case Procedure(s) performed outside of mainland China	(i) HK$500 / US$62.5 per day for Confinement (ii) HK$500 / US$62.5 per procedure for Designated Day Case Procedure[12] performed at a Designated Healthcare Services Provider[8]; or any Day Case Procedure(s) performed in a Hospital as stated in the designated Hospital list in mainland China (iii) HK$250 / US$31.25 per procedure for any Day Case Procedure(s) other than designated Day Case Procedure(s)[12] performed at a Designated Healthcare Services Provider[8]; or any Day Case Procedure(s) performed at a non-Designated Healthcare Services Provider and outside of mainland China
	• If the Insured Person is Confined or undergoes a Day Case Procedure in a Hospital in mainland China, this benefit shall be payable for Confinement or Day Case Procedures performed at Hospitals stated in the designated Hospital list in mainland China. For Confinement, the benefit payout will be limited to 50% starting from the 11th consecutive day of the Confinement • Maximum 1 Day Case Procedure per day • Maximum 180 days per Disability[6] per Policy Year • If the Insured Person undergoes more than 1 Day Case Procedures on the same day or the Insured Person is Confined and undergoes at least 1 Day Case Procedures on the same day, this benefit shall only be payable once on each day in respect of the Day Case Procedure or Confinement with the highest benefit limit as specified in the Benefit Schedule		
5. Cash benefit for top-up subsidy	-	HK$500 / US$62.5 per day of Confinement Maximum 60 days per Disability[6] per Policy Year	

One&All Medical Insurance Plan – Benefit Schedule[18]

<table>
<tr><th rowspan="2">Benefit items</th><th colspan="3">Benefit limit</th></tr>
<tr><th>Access</th><th>Beyond</th><th>Connect</th></tr>
<tr><td>6. Cash benefit for major and complex surgeries</td><td>-</td><td colspan="2">Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures -
HK$3,000 / US$375 per major surgery
HK$6,000 / US$750 per complex surgery
Maximum 1 major or complex surgery per day and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits</td></tr>
<tr><td>7. Cash benefit for Confinement in Intensive Care Unit in Hong Kong[10]</td><td colspan="2">-</td><td>HK$6,000 / US$750 per Confinement
This benefit is payable once only during the whole Confinement period</td></tr>
<tr><td>8. Cash benefit for Confinement in Intensive Care Unit in Hong Kong due to pregnancy complications[16]</td><td colspan="2">-</td><td>HK$6,000 / US$750 per Confinement
This benefit is payable once only during the whole Confinement period and in addition to benefit item 7 of III. Other benefits.</td></tr>
<tr><td colspan="4">IV. Premium Discount</td></tr>
<tr><td>No claims premium discount</td><td colspan="3">If you haven't made any claim for the Plan for 2 or more consecutive Policy Years immediately prior to Renewal[11], the Plan will offer you a discount of up to 15% on your next Renewal[11] premium regardless of your Age to encourage you to stay healthy. No claims premium discounts apply as follows:
<table><tr><th>No claims period immediately prior to the Policy's Renewal[11]</th><th>No claims premium discount (Discount rate on Renewal[11] premium)</th></tr><tr><td>2 consecutive Policy Years</td><td>10%</td></tr><tr><td>3 consecutive Policy Years</td><td>10%</td></tr><tr><td>4 consecutive Policy Years</td><td>10%</td></tr><tr><td>5 or more consecutive Policy Years</td><td>15%</td></tr></table>
Applicable to the benefit level of Connect only: Despite the aforementioned conditions, you can claim for any designated Day Case Procedure(s) performed at any Designated Healthcare Services Providers[8] without affecting the eligibility for no claims premium discount during the no claims period.</td></tr>
</table>

* Full cover[5] for Standard Ward Room of Hong Kong Public Hospital, Standard Ward Room under general units of Hospital of grade II or above in mainland China as recognized by the Chinese social insurance system (excluding affiliated departments such as international medical services, special medical services, VIP wards and cadre wards) and Macau Public Hospital; 30% Coinsurance[3] for Hospital of grade II or above in mainland China (other than Standard Ward Room under general units), other Hospital under designated Hospital list in mainland China and medical clinic, day case procedure centre and other Hospital in Macau. Subject to all limitations and restrictions as specified in the Supplement – Limitation and calculation of benefits.

^ Full cover[5] for Standard Ward Room of Hong Kong Public Hospital, Standard Ward Room under general units of Hospital of grade II or above in mainland China as recognized by the Chinese social insurance system (excluding affiliated departments such as international medical services, special medical services, VIP wards and cadre wards) and Macau Public Hospital; 30% Coinsurance[3] for other ward of Hong Kong Public Hospital, Hospital of grade II or above in mainland China (other than Standard Ward Room under general units), other Hospital under designated Hospital list in mainland China, medical clinic, day case procedure centre and other Hospital in Asia[1] (subject to designated Hospital in mainland China). Subject to all limitations and restrictions as specified in the Supplement – Limitation and calculation of benefits.

One&All Medical Insurance Rider – General Information

Plan type	Rider
Issue Age	Age 1 (from 15 days) – 81
Benefit Term	Guaranteed yearly Renewable to Age 101 or the termination of the Basic Policy, whichever is earlier
Premium Structure	• Based on Insured Person's Age at issue • Renewal premiums are non-guaranteed and will be determined annually and according to the Insured Person's Age at the time of Renewal[24]
Premium Payment Term	To Age 101 or the termination of the Basic Policy, whichever is earlier
Premium Payment Mode	Monthly / Annually
Currency	HKD / USD

The Rider is not a standalone medical insurance product. You can purchase this product by bundling with other medical insurance products.

One&All Medical Insurance Rider – Benefit Schedule

Benefit items	Benefit limit
Cash benefit for Confinement or Day Case Procedure	(i) HK$500/US$62.5 per day for Confinement (ii) HK$250/US$31.25 per Day Case Procedure • If the Insured Person is Confined or undergoes a Day Case Procedure in a Hospital in mainland China, this benefit shall be payable for Confinement or Day Case Procedures performed at Hospitals stated in the designated Hospital list in mainland China. For Confinement, the benefit payout will be limited to 50% starting from the 11th consecutive day of the Confinement • Maximum 1 Day Case Procedure per day • Maximum 180 days per Disability[6] per Policy Year • If the Insured Person undergoes more than 1 Day Case Procedures on the same day or the Insured Person is Confined and undergoes at least 1 Day Case Procedures on the same day, this benefit shall only be payable once on each day in respect of the Day Case Procedure or Confinement with the highest benefit limit as specified in the Benefit Schedule
Convertibility Option	When the Insured Person attains Age of 45, 50, 55, 60 or 65, within 31 calendar days immediately before or after any Policy Anniversary upon the fulfilment of the relevant conditions, this Rider can be converted to a designated medical plan* without requiring additional health information, subject to the terms and conditions determined by Us from time to time and at Our sole discretion

* The designated medical insurance plan is currently One&All Medical Insurance Plan, which is subject to change from time to time at our sole discretion.

Remarks

1 Asia shall include Afghanistan, Australia, Bangladesh, Bhutan, Brunei, Cambodia, mainland China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, North Korea, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Turkmenistan, Uzbekistan and Vietnam.

2 Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined, PET-MRI combined, X-Ray, mammogram, bone densitometry and ultrasound.

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

4 Family Booster for Parent Option is an optional benefit selected by the Policy Owner at the time of application for the Plan and the benefit level is Connect.

Any benefit amount(s) paid under the Family Booster for Parent Option shall not be counted towards any benefit limit(s) as applicable under the Plan and shall not affect the coverage available to the Insured Person and/or the eligibility of no claims premium discount under the Plan.

5 Full cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged is subject to the aggregate limit per Disability per Policy Year. Full cover is limited to Reasonable and Customary charges or expenses incurred for Medical Services which are Medically Necessary.

6 a. The applicable benefit limit and/or aggregate limit per Disability per Policy Year shall be counted anew for each Confinement or Day Case Procedure for the same Disability provided that the Confinement or Day Case Procedure does not occur within 90 consecutive days following the Last Date of the previous Confinement or Day Case Procedure concerning the same Disability.
b. Where the Insured Person is Confined or receives any Day Case Procedures involving more than 1 Disability, all Disabilities involved in the same Confinement or Day Case Procedure would be subject to 1 applicable benefit limit and/or aggregate limit per Disability per Policy Year.

7 For Emergency Treatment received outside the applicable territorial scope of cover and healthcare services providers, (i) no benefit shall be payable under Section 3 of Part 6 of the Terms and Benefits, under Sections 1 to 7 (if applicable) of Part 1 of the Supplement – Enhanced benefits and Sections 3, 5 and 6 (if applicable) of Part 1 of the Supplement – Other benefits for the benefit level of Access and Beyond; (ii) 30% Coinsurance will be applied to any Eligible Expenses and/or other expenses incurred, and shall be payable in accordance with these Terms and Benefits for the benefit level of Connect, and the final amount payable under these Terms and Benefits subject to the benefit limit as stated in the Benefit Schedule.

For any non-Emergency Treatment received outside the applicable territorial scope of cover and healthcare services providers, no benefit shall be payable under Section 3 of Part 6 of the Terms and Benefits, under Sections 2 to 8 (if applicable) of Part 1 of the Supplement – Enhanced benefits and Sections 5 to 8 (if applicable) of Part 1 of the Supplement – Other benefits.

If the Insured Person receives a Medical Service and Eligible Expenses and/or other expenses are charged by a Hospital in mainland China, but such Hospital does not fall within the designated Hospital list in mainland China published on the "Customer support" page of FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD", "the Company", "We", "Us" or "Our")'s website (www.fwd.com.hk/en/support/medical-support/), no benefit shall be payable under Section 3 of Part 6 of the Terms and Benefits, Sections 1 to 8 (if applicable) of Part 1 of the Supplement – Enhanced benefits and Sections 3 to 6 (if applicable) of Part 1 of the Supplement – Other benefits.

8 Designated Healthcare Services Provider shall mean a healthcare services provider that has entered into valid written agreements with FWD, with a healthcare network (including but not limited to medical clinic, day case procedure centre or Hospital with a setting for providing Medical Services to a Day Patient) which provides Medical Services to the Insured Person.

9 For the Insured Person covered by any other hospital reimbursement plans offered by a licensed insurance company other than FWD, regardless of whether it is an individual or group policy, if the Eligible Expenses incurred for any Confinement of the Insured Person are payable under this Policy after any reimbursement has been paid by such other licensed insurance companies, this benefit shall be payable for each day of Confined period in Hospital, subject to the limits as specified in the Benefit Schedule.

10 The Insured Person is Confined in a Hospital in Hong Kong during which he/she is admitted to Intensive Care Unit for at least 3 consecutive days and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits.

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

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

12 The list of Specified Diagnostic Imaging Tests, designated Day Case Procedures and Designated Healthcare Services Providers (hereafter "List") is published on FWD's website (www.fwd.com.hk/en/support/medical-support/). 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 Owner and/or Insured Person is recommended to refer to FWD's website for the latest List before receiving the Specified Diagnostic Imaging Tests or designated Day Case Procedures.

13 Designated crises shall include Cardiac Impairment Caused By Cardiomyopathy, Cardiac Impairment Due To Primary Pulmonary Arterial Hypertension, Chronic Liver Disease, Coronary Artery Bypass Operation, End Stage Lung Disease, Fulminant Hepatitis, Heart Attack (Acute Myocardial Infarction), Kidney Failure, Major Organ Transplantation, Open Heart Valve Surgery, Parkinson's Disease, Severe Rheumatoid Arthritis, Specified Cancer, Stroke, Surgery to Aorta and Terminal Illness.

The first-dollar coverage – Coinsurance waived for designated crises shall not be applicable to the Medical Services arising from any designated crisis that the Policy Owner or Insured Person is aware of, or shall be reasonably aware of within the first 90 days from the Policy Date of the Policy. The Policy Owner or Insured Person shall be reasonably aware of a designated crisis where –
a. the designated crisis has been diagnosed;
b. the designated crisis has manifested clear and distinct signs or symptoms; or
c. medical advice or treatment has been sought, recommended or received for the designated crisis.

14 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.

15 This benefit shall be payable for the Eligible Expenses incurred for the benefit items described in Sections 3(a) to (k) of Part 6 of the Terms and Benefits where a surgical procedure is performed by a Surgeon during Confinement or in a setting for providing Medical Services to a Day Patient as a result of the following pregnancy related complications arising during antepartum stages of pregnancy or childbirth – (a) ectopic pregnancy; (b) molar pregnancy; (c) disseminated intravascular coagulopathy; (d) pre-eclampsia; (e) miscarriage; (f) threatened abortion; (g) medically prescribed induced abortion; (h) foetal death; (i) postpartum hemorrhage requiring hysterectomy; (j) eclampsia; (k) amniotic fluid embolism; or (l) pulmonary embolism of pregnancy. This benefit shall only be payable provided that the date of diagnosis of such pregnancy complication is at least 12 months after the Policy Date.

16 This benefit shall be payable if the Insured Person is Confined in a Hospital in Hong Kong during which she is admitted to an Intensive Care Unit for at least 3 consecutive days, and such Intensive Care Unit admission is solely and directly caused by a pregnancy related complication for which the Eligible Expenses incurred during such Confinement period are payable in accordance with pregnancy complications under Enhanced benefits.

17 The 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.

18 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. Eligible Expenses and/or expenses incurred shall be subject to the restriction in the geographical limitation, limitation on choice of healthcare services providers and choice of ward class.

The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Coinsurance (if any) and the waiting period for unknown Pre-existing Conditions of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.

19 The benefits described in the Terms and Benefits of the Plan are subject to the restriction in the choice of ward class as stated in the Section 2 of Part 1 of the Supplement – Limitation of benefits of the Terms and Benefits of the Plan.

20 The Specified Diagnostic Imaging Test provided by the Designated Healthcare Services Provider is subject to the availability of the imaging test at the time provided by the Designated Healthcare Services Provider.

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

22 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 (m) of I. Basic benefits in the Benefit Schedule. Where the Eligible Expenses involve both psychiatric and non-psychiatric treatments and apportionment of the expenses is not available, the expenses in entirety shall be payable under this benefit if the Confinement is initially for the purpose of psychiatric treatments. If the Confinement initially is not for the purpose of psychiatric treatments, the expenses in entirety shall be payable under benefit items (a) to (m) of I. Basic benefits in the Benefit Schedule.

23 This benefit is payable for the Reasonable and Customary charges of Emergency Treatment of the Insured Person's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 3 months of the Accident causing such Injury by a registered dentist in a legally registered dental clinic (subject to territorial scope of cover and healthcare services providers). FWD shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Hong Kong or the relevant jurisdictions outside Hong Kong where the legally authorised medical service is provided to the Insured Person, as effective, appropriate and essential based upon recognised standards of the health care specialty involved; and (c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit. For more details and exclusion of this benefit, please refer to the Policy provisions.

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

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

Key Product Risks

Credit risk

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

Exchange rate and currency risk

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

Inflation risk

The cost of living in the future may be higher than now due to the effects of inflation. Therefore, the benefits under this Plan may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Premium adjustment

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

Premium term and non-payment of premium

The premium payment term of the One&All Medical Insurance Plan is up to the Policy Anniversary immediately preceding the 101st birthday of the Insured Person. For One&All Medical Insurance Rider, its premium payment term ends on the termination of the Basic Policy, or the Policy Anniversary immediately preceding the 101st birthday of the Insured Person, whichever is earlier.

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 policy is terminated on this basis, you will lose all of your benefits.

Termination Conditions

The Plan 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; or

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

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

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

Immediately following the termination of 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.

Key Product Risks (Cont.)

This Policy shall also be terminated if the Policy Owner decides to cancel this Policy or not to renew this Policy in accordance with Section 3 of this Part 2 of the Terms and Benefits or Section 1 of Part 4 of the Terms and Benefits, as the case may be, by giving the requisite written notice to FWD. If this Policy is terminated under Section 3 of this Part 2 of the Terms and Benefits, the effective date of termination shall be the date as stated in the cancellation notice given by the Policy Owner. However, such date shall not be within or earlier than the notice period as required by Section 3 of this Part 2 of the Terms and Benefits for the cancellation. If this Policy is not renewed under Section 1 of Part 4 of the Terms and Benefits, the effective date of termination shall be the Policy Anniversary immediately following the expiry of the Policy Year during which this Policy remains valid.

If this Policy is terminated under (a) or (c) of this Section 15 of the Terms and Benefits, in the case where the Insured Person is being Confined or is undergoing Prescribed Non-surgical Cancer Treatment for a Disability suffered before such termination, then, with respect to the Confinement or treatment in relation to the same Disability, Eligible Expenses incurred shall continue to be covered under this Policy until (i) the Insured Person is discharged or the treatment is completed or (ii) 30 days after the termination of this Policy, whichever is the earlier. The Terms and Benefits applicable shall be those prevailing as at the day immediately preceding the date of termination of this Policy. FWD shall have the right to deduct any outstanding premium under Section 13 of this Part 2 of the Terms and Benefits from any benefit payment.

For the avoidance of doubt, where this Policy includes other additional benefits beyond those under the Terms and Benefits of this Plan, removal or downgrading of any such other additional benefits by FWD shall not adversely affect –

(d) the Terms and Benefits of this Plan which shall continue to be in full force and effect; and

(e) the continuity of these Terms and Benefits, and shall not adversely affect FWD's compliance with the licensing requirement in order to continue to write these Terms and Benefits.

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

The Rider shall be automatically terminated on the earliest of the followings –

(a) where the Rider is terminated due to the failure to pay premiums of the Basic Policy, the Rider and other rider(s) that is(are) attached to the Basic Policy (if any) in full after the grace period;

(b) the termination of the Basic Policy;

(c) the day immediately following the death of the Insured Person;

(d) FWD has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Basic Policy and/or the Rider; or

(e) when the Rider is converted to a new designated medical insurance plan in accordance with Part 6(B) of the Terms and Benefits of the Rider.

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

Immediately following the termination of the Rider, insurance coverage under the Rider 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 Rider is terminated pursuant to (a), the effective date of termination shall be the date that the unpaid premium is first due.

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

This Rider shall also be terminated if the Policy Owner decides to cancel this Rider or not to renew this Rider in accordance with Section 3 of this Part 2 or Section 1 of Part 4, as the case may be, or cancel the Basic Policy, by giving the requisite written notice to the Company. If this Rider is terminated under Section 3 of this Part 2 or due to cancellation of Basic Policy, the effective date of termination shall be the date as stated in the cancellation notice given by the Policy Owner. However, such date shall not be within or earlier than the notice period as required by Section 3 of this Part 2 for the cancellation. If this Rider is not renewed under Section 1 of Part 4, the effective date of termination shall be the renewal date immediately following the expiry of the Policy Year during which this Rider remains valid.

If this Rider is terminated under (a) or (d) of this Section 15, in the case where the Insured Person is being Confined for a Disability suffered before such termination, then, with respect to the Confinement in relation to the same Disability, benefits shall continue to be covered under this Rider until (i) the Insured Person is discharged or (ii) thirty (30) days after the termination of this Rider, whichever is the earlier. The Terms and Benefits of One&All Medical Insurance Rider applicable shall be those prevailing as at the day immediately preceding the date of termination of this Rider. The Company shall have the right to deduct any outstanding premium under Section 13 of this Part 2 from any benefit payment.

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

General Exclusions

Under the Terms and Benefits of the Plan, 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 Date. Irrespective of whether it is known or unknown to the Policy Owner or the Insured Person at the time of submission of Application or reinstatement request document, including any updates of and changes to such requisite information (if so requested by FWD under Section 6 of Part 1 of the Terms and Benefits) such Disability shall be generally excluded from any coverage of the Terms and Benefits if it exists before the Policy Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first 5 years after the Policy Date shall be presumed to be contracted or occur before the Policy Date, while manifestation after such 5 years shall be presumed to be contracted or occur after the Policy Date.

   However, the exclusion under this Section 3 of the Terms and Benefits shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of this Part 7 of the Terms and Benefits 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 of the Terms and Benefits 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. Except as otherwise provided in Section 3 of Part 1 of the Supplement – Other benefits, 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. Except as otherwise provided in Section 8 of Part 1 of the Supplement – Enhanced benefits (applicable to the benefit level of Connect only), 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 (Cont.)

10. Except as otherwise provided in Section 7 of the Supplement - Enhanced benefits, 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. Eligible Expenses which have been reimbursed under any law, or medical program or insurance policy provided by any government, company or other third party.
13. 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.

Under the Terms and Benefits of the Rider, FWD shall not pay any benefits under Section 3 of Part 6(A) in relation to or arising from the followings.

1. Treatments, procedures, medications, tests or services which are not Medically Necessary, unless otherwise specified.
2. 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. HIV and its related Disability, which is contracted or occurs before the Policy Date. Irrespective of whether it is known or unknown to the Policy Owner or the Insured Person at the time of submission of Application or reinstatement request document, including any updates of and changes to such requisite information (if so requested by FWD under Section 6 of Part 1) such Disability shall be generally excluded from any coverage of these Terms and Benefits of One&All Medical Insurance Rider if it exists before the Policy Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first five (5) years after the Policy Date shall be presumed to be contracted or occur before the Policy Date, while manifestation after such five (5) years shall be presumed to be contracted or occur after the Policy Date.

   However, the exclusion under this entire 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 of One&All Medical Insurance Rider shall apply.
4. Medical Services received as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of this Part 7 applies).
5. Any services received for –
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within ninety (90) days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. 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.

General Exclusions (Cont.)

7. 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. 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. 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, unless approved in advance by the Company in writing.
10. 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.
11. 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.
12. Medical Services relating to mental disorder, psychological or psychiatric conditions, behavioural problems, personality disorder or sleeping disorder.

Suicide

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

The above list is not exhaustive and is for reference only. Please refer to the policy provision of the Plan and the Rider for the complete exclusions including but not limited to exclusions for accidental death benefit and Emergency outpatient dental treatment.

Important Notes

Your Right under Cooling-off Period

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

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

Cancellation Right

After the cooling-off period, you can request cancellation of this policy by giving 30 days prior written notice to FWD, provided that there has been no benefit payment under this policy 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.

Limitation on non-Hong Kong identity card holders and "Non-eligible Persons" as defined by the Hospital Authority

If the benefit level is Access and Beyond, if the Insured Person is not a Hong Kong identity card holder and/or is not classified as an "Eligible Person" under the Hospital Authority's definition of "Public Charges", as published on the Hospital Authority's official website, and receives a Medical Service and Eligible Expenses and/or other expenses are charged by a Hong Kong Public Hospital, no benefit shall be payable under Sections 3(a) to 3(j), 3(l) to 3(n) of Part 6 of the Terms and Benefits, under Sections 1 to 7 (if applicable) of Part 1 of the Supplement – Enhanced benefits and Sections 3, 5 to 6 (if applicable) of Part 1 of the Supplement – Other benefits.

If the benefit level is Connect, if the Insured Person is not a Hong Kong identity card holder and/or is not classified as an "Eligible Person" under the Hospital Authority's definition of "Public Charges", as published on the Hospital Authority's official website and receives a Medical Service and Eligible Expenses and/or other expenses are charged by a Hong Kong Public Hospital, 30% Coinsurance will be applied to the benefits payable under Sections 3(a), 3(b), 3(d) to 3(j), 3(l) to 3(n) of Part 6 of the Terms and Benefits, Sections 1 to 2, 4 to 8 of Part 1 of the Supplement – Enhanced benefits and Section 3 of Part 1 of the Supplement – Other benefits.

Important Notes (Cont.)

Notice to Claim

Medical claims

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

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

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

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

Death/accidental death claims

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

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

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

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

I. identify accounts as non-excluded "financial accounts" ("NEFAs");

ii. identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;

iii. determine the status of NEFA-holding entities as "passive non-financial entities (NFEs)" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;

iv. collect information on NEFAs ("Required Information") which is required by various authorities; and

v. furnish Required Information to the Inland Revenue Department.

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

Important Words

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

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

Confinement or Confined
shall mean an admission of the Insured Person to a Hospital that is recommended by a Registered Medical Practitioner for Medical Service and as an Inpatient as a result of a Medically Necessary condition.
Confinement shall be evidenced by a daily room charge invoiced by the Hospital and the Insured Person must stay in the Hospital continuously for the entire period of Confinement.

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

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

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

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

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

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

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

(i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;
(ii) surgical procedures are performed under general anaesthesia;
(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;
(iv) there is significantly severe co-morbidity of the Insured Person;
(v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional 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

Important Words (Cont.)

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

Pre-existing Condition(s)

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

(a) it has been diagnosed;
(b) it has manifested clear and distinct signs or symptoms; or
(c) medical advice or treatment has been sought, recommended or received.

Reasonable and Customary

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 to individuals with similar conditions, e.g. of the same sex and similar Age, for a similar Disability, as reasonably determined by the Company in utmost good faith. The Reasonable and Customary charges shall not in any event exceed the actual charges incurred.

In determining whether a charge is Reasonable and Customary, the Company shall make reference to the followings (if applicable) –

(a) treatment or service fee statistics and surveys in the insurance or medical industry;
(b) internal or industry claim statistics;
(c) gazette published by the Government; and/or
(d) other pertinent source of reference in the locality where the treatments, services or supplies are provided.

Standard Semi-private Room

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

Standard Private Room

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

Standard Ward Room

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

For the purpose of this definition, a standard ward room in a Hong Kong Public Hospital shall mean general ward of a Hong Kong Public Hospital, which is officially classified by the Hong Kong Hospital Authority, with bed inpatient rooms typically accommodating 3 to 8 patients, and shared facilities such as toilets and showers. Patients admitted to general ward do not have the option to select their attending Registered Medical Practitioners. It shall exclude any form of private ward accommodation, including but not limited to Standard Private Rooms, Above Standard Private Rooms, special accommodation ward and any private medical services within Hong Kong Hospital Authority institutions (including but not limited to services rendered under any special arrangements that allow for patient choice of Registered Medical Practitioners or enhanced amenities not available in standard general ward settings).

For the avoidance of doubt, general ward in Hong Kong Public Hospital excludes any outpatient services provided under private arrangements within Hong Kong Hospital Authority institutions (including but not limited to private consultations, diagnostic procedures, or treatments where the patient selects the attending Registered Medical Practitioners or receives Medical Services outside the standard general outpatient framework). General ward may be subject to coverage under the Hong Kong Comprehensive Social Security Assistance (CSSA) scheme.

Declarations

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

- This product is underwritten by FWD. FWD is solely responsible for all features, Policy approval, coverage and benefit payment under this product. FWD recommends you carefully consider whether this product is suitable for you in view of your financial needs and that you fully understand the risk involved in this product before submitting your Application. You should not apply for or purchase this product 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 product.
- This product 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 product must be conducted and completed in Hong Kong.
- This product is an insurance product. The premium paid is not a bank savings deposit or time deposit. This product 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 product is guaranteed Renewable up to the Age of 101 of Insured Person. This Rider is a medical protection product with hospital cash benefit without any savings element. The period of cover of the Rider is 1 year and this product is guaranteed Renewable up to the Age of 101 of Insured Person. The costs of insurance and the related costs of the Policy are included in the premium paid under this product 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 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.
- Effective from 1 January 2018, all Policy Owners are required to pay a levy on each premium payment made for both new and in-force Hong Kong policies to the Insurance Authority. For further information on levy, please visit our website at www.fwd.com.hk/en/insurance-levy or contact FWD Service Hotline 3123 3123.

This product material is for reference only and is indicative of the key features of this product. For the exact terms, conditions, benefits and exclusions of this product, 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 product are governed by the laws of 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
One&All Medical Insurance
Plan/Rider

FWD insurance

Celebrate living®
fwd.com.hk

Family Booster for Parent Option
(Optional Benefit)
父母之家添守護選項
（自選保障）

Your parent's health is our top priority

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

The likelihood of needing hospital care increases significantly with age, making financial preparation crucial, and thus we endeavour to provide your parent with thoughtful medical coverage. By applying for the Family Booster for Parent Option[1] (optional benefit) ("the Option") with simple and easy application without any health underwriting. After the Waiting Period of Family Booster for Parent, your parent(s) will be entitled to the following benefits until he/she reaches Age 81:

Family Booster for Parent Option[1]
(Optional Benefit)

Parent booster benefit[2]

Your Covered Parent will be provided with medical coverage under Hong Kong Public Hospital without any health underwriting, up to aggregate limit per Disability[3] per Policy Year of HK$500,000/ US$62,500.

Waiver of premium for Severe Cancer[4]

Once the Covered Parent has the First Confirmed Diagnosis of a Severe Cancer, a maximum of 5 years of the premium payable under the Option for that Covered Parent will be waived.

What this optional benefit covers

Family Booster for Parent Option[1] (Optional Benefit) - General Information

Issue Age	• Age 19 – 76 of the Covered Parent
Benefit Term	• Yearly Renewable to Age 81 of the Covered Parent or the termination of Basic Policy (whichever is earlier)
Premium Structure	• Based on the Age at issue of the parent of the Insured Person under Basic Policy • Renewal premiums are non-guaranteed and will be determined annually according to the Age of the Covered Parent at the time of Renewal
Premium Payment Term	To Age 81 of the Covered Parent or the termination of Basic Policy (whichever is earlier)
Premium Payment Mode	Follow Basic Policy
Currency	Follow Basic Policy

Parent Booster Benefit[2] - Benefit Schedule[5]

Geographical limitation and limitation on choice of healthcare service providers[6]	Except for Specified Diagnostic Imaging Tests[7] with written recommendation from Hong Kong Public Hospital and cash benefit for Confinement or Day Case Procedure, Hong Kong Public Hospital
Aggregate limit per Disability[3] per Policy Year for benefit items (a) - (s) under the Option	HK$500,000 / US$62,500
Lifetime Benefit Limit for benefit items (a) - (t) under the Option	Nil
Entitled ward class	Standard Ward Room[8]
Benefit items	Benefit Limit (HKD / USD)
(a) Room and board	Full cover[9]
(b) Miscellaneous charges	Full cover[9]
(c) Self-financed Medicine and Drug and Privately Purchased Medical Item in Hong Kong Public Hospital	20% Coinsurance[10]
(d) Attending doctor's visit fee	Full cover[9]
(e) Specialist's fee[11]	Full cover[9]
(f) Intensive care	Full cover[9]
(g) Surgeon's fee	Full cover[9]
(h) Anaesthetist's fee	Full cover[9]
(i) Operating theatre charges	Full cover[9]
(j) Specified Diagnostic Imaging Tests[7,11]	Full cover[9]

Parent Booster Benefit[2] - Benefit Schedule[5]

Benefit items	Benefit Limit
(k) Specified Diagnostic Imaging Tests with written recommendation from Hong Kong Public Hospital[7,11]	Designated Healthcare Services Provider[12]: 20% Coinsurance[10,13] Non-Designated Healthcare Services Provider: 30% Coinsurance[10] If it is Medically Necessary for the Covered Parent to be Confined or to undergo a Day Case Procedure solely due to the diagnosis of that Specified Diagnostic Imaging Test within 6 months from the date of that Specified Diagnostic Imaging Test, Coinsurance shall not apply.
(l) Prescribed Non-surgical Cancer Treatments[14]	Full cover[9]
(m) Pre- and post-Confinement/ Day Case Procedure outpatient care[11]	Full cover[9] Maximum 3 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure (subject to 1 visit per day) Maximum 3 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 visit per day and maximum HK$600 / US$75 per visit for physiotherapy or chiropractic treatment
(n) Psychiatric treatments[15]	Full cover[9]
(o) Emergency outpatient accidental treatment	Full cover[9]
(p) Outpatient kidney dialysis[11]	Full cover[9]
(q) Companion bed	Full cover[9]
(r) Post-Confinement/Day Case Procedure Chinese medicine treatment	Maximum HK$600 / US$75 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), but is subject to 1 follow-up outpatient visit per day
(s) Emergency outpatient dental treatment[16]	Full cover[9] Within 3 months of the Accident
(t) Cash benefit for Confinement or Day Case Procedure	HK$500 / US$62.5 per day for Confinement HK$250 / US$31.25 per Day Case Procedure If the Covered Parent is Confined or undergoes a Day Case Procedure in a Hospital in mainland China, this benefit shall be payable for Confinement or Day Case Procedures performed at Hospitals stated in the designated Hospital list in mainland China. For Confinement, the benefit payout will be limited to 50% starting from the 11th consecutive day of the Confinement. Maximum 1 Day Case Procedure per day Maximum 180 days per Disability[3] per Policy Year If the Covered Parent undergoes more than 1 Day Case Procedures on the same day or the Covered Parent is Confined and undergoes at least 1 Day Case Procedures on the same day, this benefit shall only be payable once on each day in respect of the Day Case Procedure or Confinement with the highest benefit limit as specified in the Benefit Schedule

The product information in this flyer does not contain and is subject to the terms and benefits of Family Booster for Parent Option. For the full terms, conditions, benefits and exclusions, please refer to the Terms and Benefits of Family Booster for Parent Option.
Family Booster for Parent Option is an optional benefit attached to One&All Medical Insurance Plan (benefit level: Connect). You can select this optional benefit at the time of application for One&All Medical Insurance Plan (benefit level: Connect).

The coverage of Family Booster for Parent Option is limited to Reasonable and Customary charges or expenses incurred as a result of services which are Medically Necessary. For the definition of "Medically Necessary" and "Reasonable and Customary", please refer to the "Important Words" section below.

Remarks

1 The premiums you paid (if any) for the Option are not eligible for no claims premium discounts available under the Basic Policy.

While the Basic Policy and this Family Booster for Parent Option are in force, the Policy Owner may be required to submit the identification document of the parent of the insured person of the Basic Policy issued by the relevant competent authority of a lawful jurisdiction and any other documents as reasonably required by FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) ("FWD", "the Company", "We", "Us" or "Our") within one hundred and eighty (180) days from the Policy Date where these Terms and Benefits of Family Booster for Parent Option are first issued. Once the Company receives the abovementioned documents from the Policy Owner to the Company's satisfaction, the Company will notify the Policy Owner in writing of the entitlement to the coverage for the Covered Parent under the Family Booster for Parent Option by issuing the Entitlement of Family Booster for Parent Option Benefit Endorsement. The Option will be effective until the Covered Parent reaches Age 81.

If the Covered Parent receives Medical Services for any Disability, where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to that Disability happens after two (2) consecutive years from the Policy Date ("Waiting Period of Family Booster for Parent"), the Eligible Expenses, expenses, cash benefits and/or waiver of premium arising from such Disability shall be covered under parent booster benefit and/or waiver of premium for Severe Cancer in accordance with Part 6(A) and 6(B). Parent booster benefit shall not be payable for and/or waiver of premium for Severe Cancer shall not be applicable to the respective Disability if the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to that Disability happens within or prior to the aforesaid Waiting Period of Family Booster for Parent.

Notwithstanding anything to the contrary under these Terms and Benefits of Family Booster for Parent Option, the Waiting Period of Family Booster for Parent shall not apply if the Covered Parent receives Medical Services for any Disability and/ or premium waived for Severe Cancer which is solely and directly caused by an Accident, independent of any other cause. In such circumstances, the coverage for the Covered Parent under this Family Booster for Parent Option shall be effective from the Policy Date.

2 The benefit amount(s) paid shall not be counted towards any benefit limit(s) as applicable under the terms and benefits of the Basic Policy and shall not affect the coverage available to the Insured Person of the Basic Policy and/or the eligibility of no claims premium discount of the Basic Policy.

Such terms and conditions are determined by FWD from time to time at its sole discretion, including but not limited to the FWD's prevailing rules and regulations at the time of application.

3 a. The applicable benefit limit and/or aggregate limit per Disability per Policy Year shall be counted anew for each Confinement or Day Case Procedure for the same Disability provided that the Confinement or Day Case Procedure does not occur within 90 consecutive days following the Last Date of the previous Confinement or Day Case Procedure concerning the same Disability.

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

4 While the Basic Policy and this Option are in force, if the Covered Parent has the First Confirmed Diagnosis of a Severe Cancer after the Waiting Period of Family Booster for Parent, FWD will waive the premiums payable for that Covered Parent under this Option for a maximum of 5 years or until the termination of this Option, whichever is earlier.

5 Unless otherwise specified, the Eligible Expenses incurred in respect of the same item shall not be recoverable under more than one benefit item in the table above. Eligible Expenses and/or expenses incurred shall be subject to the restriction in the choice of ward class.

6 For any treatment received outside the applicable territorial scope and healthcare service providers of cover, no benefit shall be payable under Section 3(a) to 3(s) of the Part 6(A) of the Terms and Benefits of Family Booster for Parent Option.

If the Covered Parent is not a Hong Kong identity card holder and/or is not classified as an "Eligible Person" under the Hospital Authority's definition of "Public Charges", as published on the Hospital Authority's official website, and receives a Medical Service and Eligible Expenses and/or other expenses are charged by a Hong Kong Public Hospital, no benefit shall be payable under Section 3(a) to 3(j), 3(l) to 3(s) of the Part 6(A) of the Terms and Benefits of Family Booster for Parent Option.

If the Covered Parent receives a Medical Service and Eligible Expenses and/or other expenses are charged by a Hospital in mainland China, but such Hospital does not fall within the designated Hospital list in mainland China published on the "Customer support" page of FWD's website (www.fwd.com.hk/en/support/medical-support/), no benefit shall be payable under Section 3 of the Part 6(A) of the Terms and Benefits of Family Booster for Parent Option.

7 Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined, PET-MRI combined, X-Ray, mammogram, bone densitometry and ultrasound.

8 The benefits described in the Terms and Benefits of the Option are subject to the restriction in the choice of ward class as stated in the Section 1(c) of Part 6(A) of the Terms and Benefits of the Option.

Remarks

9 Full cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged is subject to the aggregate limit per Disability per Policy Year. Full cover is limited to Reasonable and Customary charges or expenses incurred for Medical Services which are Medically Necessary.

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

11 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.

12 Designated Healthcare Services Provider shall mean a healthcare services provider that has entered into valid written agreements with FWD, with a healthcare network (including but not limited to medical clinic, day case procedure centre or Hospital with a setting for providing Medical Services to a Day Patient) which provides Medical Services to the Covered Parent.

13 The Specified Diagnostic Imaging Test provided by the Designated Healthcare Services Provider is subject to the availability of the imaging test at the time provided by the Designated Healthcare Services Provider.

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

15 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 (m) 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 (m) of benefit items in the Benefit Schedule.

16 This benefit is payable for the Reasonable and Customary charges of Emergency Treatment of the Covered Parent's sound natural teeth solely as a direct result of an Injury, if such treatment is provided within 3 months of the Accident causing such Injury by a registered dentist. FWD shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Hong Kong or the relevant jurisdictions outside Hong Kong where the legally authorised medical service is provided to the Covered Parent, 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 Covered Parent or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit. For more details and exclusion of this benefit, please refer to the Policy provisions.

Key Product Risks

Credit Risk

This Option attached to the Basic Policy is issued by FWD. The application of this Option and all benefits payable under this Option 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 Option with the 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 currency of the Option, please note that any exchange rate fluctuation between your home currency and the currency of the Option will have a direct impact on the amount of premium required and the value of benefit(s) to be received. For instance, if the currency of the Option depreciates substantially against your home currency, there is a negative impact on the benefits you receive from this Option. If the currency of the Option 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 Option may not be sufficient for the increasing protection needs in the future even if FWD fulfills all of its contractual obligations.

Premium Adjustment

The premium of this Option is non-guaranteed and will be determined annually based on the Age of the Covered Parent at the time of Renewal. The premium of this Option may increase significantly due to factors including but not limited to Age of the Covered Parent, medical inflation, and claims experience and policy persistency in the same portfolio.

Premium Term and Non-Payment of Premium

The premium payment term of this Option is up to the Age of 81 years of the Covered Parent or the termination of Basic Policy (whichever is earlier). FWD allows a grace period of 30 days after the premium due date for payment of each premium. This Option shall continue to be in effect during the grace period but no benefits shall be payable unless the premium of the Basic Policy, this Option and other rider(s) that is(are) attached to the Basic Policy (if any) are paid in full. If the premiums are still unpaid at the expiration of the grace period, the Basic Policy, this Option and other rider(s) that is(are) attached to the Basic Policy (if any) shall be terminated from the date the first unpaid premium was due. Please note that once the Basic Policy, this Option and other rider(s) that is(are) attached to the Basic Policy (if any) are terminated on this basis, you will lose all of your benefits.

Key Product Risks

Termination Conditions

This Option shall be automatically terminated in its entirety on the earliest of the followings:

(a) Where the Family Booster for Parent Option is terminated due to the failure to pay premiums of the Basic Policy, this Family Booster for Parent Option and other rider(s) that is(are) attached to the Basic Policy (if any) in full after the grace period;

(b) the termination of the Basic Policy;

(c) the day on which the Covered Parent has reached the Age of eighty-one (81) years;

(d) the day immediately following the death of the Covered Parent; or

(e) the Company has ceased to have the requisite authorisation under the Insurance Ordinance to write or continue to write the Basic Policy and/or this Family Booster for Parent Option.

If this Family Booster for Parent Option is terminated pursuant to this Section 15, the termination shall be effective at 00:00 hours of the effective date of termination.

Immediately following the termination of this Family Booster for Parent Option, insurance coverage under this Family Booster for Parent Option 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 this Family Booster for Parent Option is terminated pursuant to (a), the effective date of termination shall be the date that the unpaid premium is first due.

Where this Family Booster for Parent Option is terminated pursuant to (e), the Company shall refund the relevant premium paid for the current Policy Year on a pro rata basis.

This Family Booster for Parent Option shall also be terminated if the Policy Owner decides to cancel this Family Booster for Parent Option or not to renew this Family Booster for Parent Option in accordance with Section 3 of this Part 2 or Section 1 of Part 4, as the case may be, or cancel the Basic Policy, by giving the requisite written notice to the Company. If this Family Booster for Parent Option is terminated under Section 3 of this Part 2 or due to cancellation of Basic Policy, the effective date of termination shall be the date as stated in the cancellation notice given by the Policy Owner. However, such date shall not be within or earlier than the notice period as required by Section 3 of this Part 2 for the cancellation. If this Family Booster for Parent Option is not renewed under Section 1 of Part 4, the effective date of termination shall be the Renewal Date immediately following the expiry of the Policy Year during which this Family Booster for Parent Option remains valid.

If this Family Booster for Parent Option is terminated under (a) or (e) of this Section 15, in the case where the Covered Parent is being Confined or is undergoing Prescribed Non-surgical Cancer Treatment for a Disability suffered before such termination, then, with respect to the Confinement or treatment in relation to the same Disability, Eligible Expenses incurred shall continue to be covered under this Family Booster for Parent Option until (i) the Covered Parent is discharged or the treatment is completed or (ii) thirty (30) days after the termination of this Family Booster for Parent Option, whichever is the earlier. The Terms and Benefits of Family Booster for Parent Option applicable shall be those prevailing as at the day immediately preceding the date of termination of this Family Booster for Parent Option. The Company shall have the right to deduct any outstanding premium under Section 13 of this Part 2 from any benefit payment.

For more details, please refer to Section 15 of Part 2 of the Terms and Conditions of Family Booster for Parent Option attached to the policy provisions of the Basic Policy.

General Exclusions

FWD shall not pay any benefits under Section 3 of Part 6(A) of the Terms and Conditions of Family Booster for Parent Option attached to the policy provisions of the Basic Policy in relation to or arising from the following expenses.

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

   However, the exclusion under this entire 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 the Terms and Benefits of Family Booster for Parent Option shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where Section 3 of this Part 7 applies).
5. Any charges in respect of services for –
   (a) beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Covered Parent receives the Medical Services within ninety (90) days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Covered Parent 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. Except as otherwise provided in Section 3(s) of Part 6(A), 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.

General Exclusions

9. Expenses incurred for the purchase of durable medical equipment or appliances including but not limited to wheelchairs, beds and furniture, airway pressure machines and masks, portable oxygen and oxygen therapy devices, dialysis machines, exercise equipment, spectacles, hearing aids, special braces, walking aids, over-the-counter drugs, air purifiers or conditioners and heat appliances for home use. For the avoidance of doubt, this exclusion shall not apply to rental of medical equipment or appliances during Confinement or on the day of the Day Case Procedure.
10. Except as otherwise provided in Section 3(r) of Part 6(A), 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 a Disability where the First Symptoms appear, the condition occurs and the diagnosis or surgery relating to that Disability happens within or prior to the Waiting Period of Family Booster for Parent as stated in Part 6(C). For the avoidance of doubt, this exclusion shall not apply to expenses incurred for Medical Services provided as a result of a Disability caused by Accident and having been diagnosed or treated within such Waiting Period of Family Booster for Parent.
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 Terms and Conditions of Family Booster for Parent Option attached to the policy provisions of the Basic Policy for the complete exclusions.

Important Notes

Cancellation within cooling-off period of Basic Policy

Cancellation with refund of solely the premium paid for the Option is not allowed even within the cooling-off period of Basic Policy. You may exercise the right of cancellation of the Basic Policy, where the Option attached is cancelled at the same time, with full refund of paid premium and insurance levy without interest (including the premium and insurance levy paid for the Option) during the cooling-off period of Basic Policy, subject to the terms and conditions as set out in section 2 of part 2 of the terms and benefits of the policy provisions of the Basic Policy.

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.

Cancellation Right

You can request cancellation of this Option by giving thirty (30) days prior written notice to FWD and the cancellation right under this section shall apply while this Option is in effect, provided that there has been no benefit payment under this Option during the relevant Policy Year.

Other insurance coverage

If you have taken out other insurance coverage besides this Option for the Covered Parent, you shall have the right to claim under any such other insurance coverage or this Option. However, if you or your Covered Parent has/have 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 ninety (90) days after the date on which the Covered Parent 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.

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

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

i. identify accounts as non-excluded "financial accounts" ("NEFAs");

ii. identify the jurisdiction(s) in which NEFA-holding individuals and NEFA-holding entities reside for tax purposes;

iii. determine the status of NEFA-holding entities as "passive non-financial entities (NFEs)" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;

iv. collect information on NEFAs ("Required Information") which is required by various authorities; and

v. furnish Required Information to the Inland Revenue Department.

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

Important Words

Accident

shall mean a sudden and unforeseen event occurring entirely beyond the control of the Policy Owner and/or Covered Parent and caused by violent, external and visible means.

Age

shall mean the age next birthday of the Covered Parent, unless otherwise specified.

Confinement or Confined

shall mean an admission of the Covered Parent 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 Covered Parent must stay in the Hospital continuously for the entire period of Confinement.

Day Case Procedure

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

Eligible Expenses

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

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 Covered Parent, 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 Covered Parent.

For the purpose of these Terms and Benefits of Family Booster for Parent Option, without prejudice to the generality of the foregoing, circumstances where a Confinement is considered Medically Necessary include, but not limited to -

(i) the Covered Parent 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 Covered Parent;
(v) taking into account the individual circumstances of the Covered Parent, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Covered Parent, 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 Covered Parent 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 Covered Parent, 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 Covered Parent, 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.

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
Family Booster for Parent Option
(Optional Benefit)

人仁保醫療保險計劃 – 入門（獨立保單）
One&All Medical Insurance Plan - Access (Standalone Plan)

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

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

下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
1	1,626	146.34	41	1,345	121.05	81	8,988	808.92
2	1,466	131.94	42	1,480	133.20	82^	9,327	839.43
3	1,324	119.16	43	1,575	141.75	83^	9,780	880.20
4	1,189	107.01	44	1,676	150.84	84^	10,247	922.23
5	998	89.82	45	1,765	158.85	85^	10,731	965.79
6	997	89.73	46	1,858	167.22	86^	11,090	998.10
7	991	89.19	47	1,951	175.59	87^	11,531	1,037.79
8	978	88.02	48	2,047	184.23	88^	11,949	1,075.41
9	966	86.94	49	2,151	193.59	89^	12,319	1,108.71
10	950	85.50	50	2,239	201.51	90^	12,525	1,127.25
11	932	83.88	51	2,284	205.56	91^	12,812	1,153.08
12	913	82.17	52	2,357	212.13	92^	13,072	1,176.48
13	900	81.00	53	2,429	218.61	93^	13,302	1,197.18
14	888	79.92	54	2,531	227.79	94^	13,594	1,223.46
15	886	79.74	55	2,585	232.65	95^	13,947	1,255.23
16	878	79.02	56	2,667	240.03	96^	14,392	1,295.28
17	869	78.21	57	2,741	246.69	97^	14,931	1,343.79
18	868	78.12	58	2,815	253.35	98^	15,489	1,394.01
19	799	71.91	59	2,900	261.00	99^	16,066	1,445.94
20	808	72.72	60	2,970	267.30	100^	16,664	1,499.76
21	814	73.26	61	3,087	277.83	101^	16,664	1,499.76
22	828	74.52	62	3,245	292.05			
23	837	75.33	63	3,419	307.71			
24	853	76.77	64	3,604	324.36			
25	863	77.67	65	3,802	342.18			
26	874	78.66	66	4,002	360.18			
27	887	79.83	67	4,255	382.95			
28	898	80.82	68	4,512	406.08			
29	916	82.44	69	4,801	432.09			
30	931	83.79	70	5,130	461.70			
31	955	85.95	71	5,354	481.86			
32	970	87.30	72	5,747	517.23			
33	977	87.93	73	6,182	556.38			
34	984	88.56	74	6,525	587.25			
35	990	89.10	75	6,990	629.10			
36	1,028	92.52	76	7,445	670.05			
37	1,072	96.48	77	7,662	689.58			
38	1,140	102.60	78	7,986	718.74			
39	1,203	108.27	79	8,324	749.16			
40	1,273	114.57	80	8,602	774.18			

^ 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.

人仁保醫療保險計劃 – 入門（獨立保單）
One&All Medical Insurance Plan - Access (Standalone Plan)

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

標準保費表（美元）
Standard Premium Schedule (USD)

下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)
1	220	19.80	41	182	16.38	81	1,215	109.35
2	198	17.82	42	200	18.00	82^	1,260	113.40
3	179	16.11	43	213	19.17	83^	1,322	118.98
4	161	14.49	44	226	20.34	84^	1,385	124.65
5	135	12.15	45	239	21.51	85^	1,450	130.50
6	135	12.15	46	251	22.59	86^	1,499	134.91
7	134	12.06	47	264	23.76	87^	1,558	140.22
8	132	11.88	48	277	24.93	88^	1,615	145.35
9	131	11.79	49	291	26.19	89^	1,665	149.85
10	128	11.52	50	303	27.27	90^	1,693	152.37
11	126	11.34	51	309	27.81	91^	1,731	155.79
12	123	11.07	52	319	28.71	92^	1,766	158.94
13	122	10.98	53	328	29.52	93^	1,798	161.82
14	120	10.80	54	342	30.78	94^	1,837	165.33
15	120	10.80	55	349	31.41	95^	1,885	169.65
16	119	10.71	56	360	32.40	96^	1,945	175.05
17	117	10.53	57	370	33.30	97^	2,018	181.62
18	117	10.53	58	380	34.20	98^	2,093	188.37
19	108	9.72	59	392	35.28	99^	2,171	195.39
20	109	9.81	60	401	36.09	100^	2,252	202.68
21	110	9.90	61	417	37.53	101^	2,252	202.68
22	112	10.08	62	439	39.51			
23	113	10.17	63	462	41.58			
24	115	10.35	64	487	43.83			
25	117	10.53	65	514	46.26			
26	118	10.62	66	541	48.69			
27	120	10.80	67	575	51.75			
28	121	10.89	68	610	54.90			
29	124	11.16	69	649	58.41			
30	126	11.34	70	693	62.37			
31	129	11.61	71	724	65.16			
32	131	11.79	72	777	69.93			
33	132	11.88	73	835	75.15			
34	133	11.97	74	882	79.38			
35	134	12.06	75	945	85.05			
36	139	12.51	76	1,006	90.54			
37	145	13.05	77	1,035	93.15			
38	154	13.86	78	1,079	97.11			
39	163	14.67	79	1,125	101.25			
40	172	15.48	80	1,162	104.58			

^ 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.

人仁保醫療保險計劃 – 昇華（獨立保單）
One&All Medical Insurance Plan - Beyond (Standalone Plan)

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

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

下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
1	2,090	188.10	41	2,499	224.91	81	16,162	1,454.58
2	2,047	184.23	42	2,607	234.63	82^	16,787	1,510.83
3	2,005	180.45	43	2,719	244.71	83^	17,438	1,569.42
4	1,963	176.67	44	2,837	255.33	84^	18,102	1,629.18
5	1,661	149.49	45	2,965	266.85	85^	18,779	1,690.11
6	1,625	146.25	46	3,100	279.00	86^	19,441	1,749.69
7	1,592	143.28	47	3,233	290.97	87^	20,094	1,808.46
8	1,559	140.31	48	3,372	303.48	88^	20,731	1,865.79
9	1,527	137.43	49	3,520	316.80	89^	21,388	1,924.92
10	1,499	134.91	50	3,682	331.38	90^	22,064	1,985.76
11	1,471	132.39	51	3,854	346.86	91^	22,768	2,049.12
12	1,444	129.96	52	4,034	363.06	92^	23,502	2,115.18
13	1,421	127.89	53	4,219	379.71	93^	24,264	2,183.76
14	1,399	125.91	54	4,413	397.17	94^	25,084	2,257.56
15	1,376	123.84	55	4,612	415.08	95^	25,966	2,336.94
16	1,351	121.59	56	4,807	432.63	96^	26,875	2,418.75
17	1,326	119.34	57	5,004	450.36	97^	27,815	2,503.35
18	1,245	112.05	58	5,195	467.55	98^	28,785	2,590.65
19	1,230	110.70	59	5,408	486.72	99^	29,790	2,681.10
20	1,247	112.23	60	5,646	508.14	100^	30,831	2,774.79
21	1,267	114.03	61	5,907	531.63	101^	30,831	2,774.79
22	1,292	116.28	62	6,201	558.09			
23	1,335	120.15	63	6,518	586.62			
24	1,386	124.74	64	6,872	618.48			
25	1,447	130.23	65	7,264	653.76			
26	1,513	136.17	66	7,669	690.21			
27	1,577	141.93	67	8,084	727.56			
28	1,665	149.85	68	8,514	766.26			
29	1,724	155.16	69	8,987	808.83			
30	1,778	160.02	70	9,511	855.99			
31	1,829	164.61	71	10,069	906.21			
32	1,882	169.38	72	10,660	959.40			
33	1,928	173.52	73	11,287	1,015.83			
34	1,978	178.02	74	11,931	1,073.79			
35	2,032	182.88	75	12,581	1,132.29			
36	2,088	187.92	76	13,206	1,188.54			
37	2,156	194.04	77	13,814	1,243.26			
38	2,225	200.25	78	14,395	1,295.55			
39	2,308	207.72	79	14,973	1,347.57			
40	2,400	216.00	80	15,554	1,399.86			

^ 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.

人仁保醫療保險計劃 – 昇華（獨立保單）
One&All Medical Insurance Plan - Beyond (Standalone Plan)

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

標準保費表（美元）
Standard Premium Schedule (USD)

下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)
1	282	25.38	41	338	30.42	81	2,184	196.56
2	277	24.93	42	352	31.68	82^	2,269	204.21
3	271	24.39	43	367	33.03	83^	2,356	212.04
4	265	23.85	44	383	34.47	84^	2,446	220.14
5	224	20.16	45	401	36.09	85^	2,538	228.42
6	220	19.80	46	419	37.71	86^	2,627	236.43
7	215	19.35	47	437	39.33	87^	2,715	244.35
8	211	18.99	48	456	41.04	88^	2,801	252.09
9	206	18.54	49	476	42.84	89^	2,890	260.10
10	203	18.27	50	498	44.82	90^	2,982	268.38
11	199	17.91	51	521	46.89	91^	3,077	276.93
12	195	17.55	52	545	49.05	92^	3,176	285.84
13	192	17.28	53	570	51.30	93^	3,279	295.11
14	189	17.01	54	596	53.64	94^	3,390	305.10
15	186	16.74	55	623	56.07	95^	3,509	315.81
16	183	16.47	56	650	58.50	96^	3,632	326.88
17	179	16.11	57	676	60.84	97^	3,759	338.31
18	168	15.12	58	702	63.18	98^	3,890	350.10
19	166	14.94	59	731	65.79	99^	4,026	362.34
20	169	15.21	60	763	68.67	100^	4,166	374.94
21	171	15.39	61	798	71.82	101^	4,166	374.94
22	175	15.75	62	838	75.42			
23	180	16.20	63	881	79.29			
24	187	16.83	64	929	83.61			
25	196	17.64	65	982	88.38			
26	204	18.36	66	1,036	93.24			
27	213	19.17	67	1,092	98.28			
28	225	20.25	68	1,151	103.59			
29	233	20.97	69	1,214	109.26			
30	240	21.60	70	1,285	115.65			
31	247	22.23	71	1,361	122.49			
32	254	22.86	72	1,441	129.69			
33	261	23.49	73	1,525	137.25			
34	267	24.03	74	1,612	145.08			
35	275	24.75	75	1,700	153.00			
36	282	25.38	76	1,785	160.65			
37	291	26.19	77	1,867	168.03			
38	301	27.09	78	1,945	175.05			
39	312	28.08	79	2,023	182.07			
40	324	29.16	80	2,102	189.18			

^ 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.

人仁保醫療保險計劃 – 薈亞（獨立保單）
One&All Medical Insurance Plan - Connect (Standalone Plan)

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

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

下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
1	2,750	247.50	41	3,621	325.89	81	29,148	2,623.32
2	2,733	245.97	42	3,722	334.98	82^	30,753	2,767.77
3	2,717	244.53	43	3,833	344.97	83^	32,330	2,909.70
4	2,700	243.00	44	3,913	352.17	84^	34,009	3,060.81
5	2,509	225.81	45	4,000	360.00	85^	35,466	3,191.94
6	2,491	224.19	46	4,259	383.31	86^	37,046	3,334.14
7	2,477	222.93	47	4,486	403.74	87^	38,751	3,487.59
8	2,461	221.49	48	4,871	438.39	88^	40,577	3,651.93
9	2,447	220.23	49	5,152	463.68	89^	42,531	3,827.79
10	2,437	219.33	50	5,472	492.48	90^	44,604	4,014.36
11	2,428	218.52	51	5,573	501.57	91^	46,679	4,201.11
12	2,419	217.71	52	5,652	508.68	92^	48,752	4,387.68
13	2,416	217.44	53	6,040	543.60	93^	50,826	4,574.34
14	2,414	217.26	54	6,530	587.70	94^	52,729	4,745.61
15	2,409	216.81	55	6,842	615.78	95^	54,458	4,901.22
16	2,400	216.00	56	7,174	645.66	96^	56,014	5,041.26
17	2,391	215.19	57	7,529	677.61	97^	57,397	5,165.73
18	2,382	214.38	58	7,904	711.36	98^	58,814	5,293.26
19	2,377	213.93	59	8,351	751.59	99^	60,267	5,424.03
20	2,379	214.11	60	8,437	759.33	100^	61,753	5,557.77
21	2,389	215.01	61	8,961	806.49	101^	61,753	5,557.77
22	2,411	216.99	62	9,526	857.34			
23	2,439	219.51	63	10,133	911.97			
24	2,489	224.01	64	10,800	972.00			
25	2,563	230.67	65	11,530	1,037.70			
26	2,651	238.59	66	12,282	1,105.38			
27	2,751	247.59	67	13,056	1,175.04			
28	2,865	257.85	68	13,851	1,246.59			
29	2,981	268.29	69	14,661	1,319.49			
30	3,098	278.82	70	15,486	1,393.74			
31	3,204	288.36	71	16,300	1,467.00			
32	3,300	297.00	72	17,107	1,539.63			
33	3,384	304.56	73	17,902	1,611.18			
34	3,453	310.77	74	18,967	1,707.03			
35	3,507	315.63	75	20,130	1,811.70			
36	3,554	319.86	76	21,405	1,926.45			
37	3,612	325.08	77	22,793	2,051.37			
38	3,613	325.17	78	24,297	2,186.73			
39	3,615	325.35	79	25,874	2,328.66			
40	3,616	325.44	80	27,519	2,476.71			

^ 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.

人仁保醫療保險計劃 – 薈亞（獨立保單）
One&All Medical Insurance Plan - Connect (Standalone Plan)

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

標準保費表（美元）
Standard Premium Schedule (USD)

下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)
1	372	33.48	41	489	44.01	81	3,939	354.51
2	369	33.21	42	503	45.27	82^	4,156	374.04
3	367	33.03	43	518	46.62	83^	4,369	393.21
4	365	32.85	44	529	47.61	84^	4,596	413.64
5	339	30.51	45	541	48.69	85^	4,793	431.37
6	337	30.33	46	576	51.84	86^	5,006	450.54
7	335	30.15	47	606	54.54	87^	5,237	471.33
8	333	29.97	48	658	59.22	88^	5,483	493.47
9	331	29.79	49	696	62.64	89^	5,747	517.23
10	329	29.61	50	739	66.51	90^	6,028	542.52
11	328	29.52	51	753	67.77	91^	6,308	567.72
12	327	29.43	52	764	68.76	92^	6,588	592.92
13	326	29.34	53	816	73.44	93^	6,868	618.12
14	326	29.34	54	882	79.38	94^	7,126	641.34
15	326	29.34	55	925	83.25	95^	7,359	662.31
16	324	29.16	56	969	87.21	96^	7,569	681.21
17	323	29.07	57	1,017	91.53	97^	7,756	698.04
18	322	28.98	58	1,068	96.12	98^	7,948	715.32
19	321	28.89	59	1,129	101.61	99^	8,144	732.96
20	321	28.89	60	1,140	102.60	100^	8,345	751.05
21	323	29.07	61	1,211	108.99	101^	8,345	751.05
22	326	29.34	62	1,287	115.83			
23	330	29.70	63	1,369	123.21			
24	336	30.24	64	1,459	131.31			
25	346	31.14	65	1,558	140.22			
26	358	32.22	66	1,660	149.40			
27	372	33.48	67	1,764	158.76			
28	387	34.83	68	1,872	168.48			
29	403	36.27	69	1,981	178.29			
30	419	37.71	70	2,093	188.37			
31	433	38.97	71	2,203	198.27			
32	446	40.14	72	2,312	208.08			
33	457	41.13	73	2,419	217.71			
34	467	42.03	74	2,563	230.67			
35	474	42.66	75	2,720	244.80			
36	480	43.20	76	2,893	260.37			
37	488	43.92	77	3,080	277.20			
38	488	43.92	78	3,283	295.47			
39	489	44.01	79	3,496	314.64			
40	489	44.01	80	3,719	334.71			

^ 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.

父母之家添守護（人仁保醫療保險計劃 - 薈亞的自選保障）
Family Booster for Parent
(Optional benefit of One&All Medical Insurance Plan - Connect)

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

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

下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
19	703	63.27	51	2,010	180.90
20	711	63.99	52	2,074	186.66
21	716	64.44	53	2,138	192.42
22	729	65.61	54	2,227	200.43
23	737	66.33	55	2,275	204.75
24	751	67.59	56	2,347	211.23
25	759	68.31	57	2,412	217.08
26	769	69.21	58	2,477	222.93
27	781	70.29	59	2,552	229.68
28	790	71.10	60	2,614	235.26
29	806	72.54	61	2,717	244.53
30	819	73.71	62	2,856	257.04
31	840	75.60	63	3,009	270.81
32	854	76.86	64	3,172	285.48
33	860	77.40	65	3,346	301.14
34	866	77.94	66	3,522	316.98
35	871	78.39	67	3,744	336.96
36	905	81.45	68	3,971	357.39
37	943	84.87	69	4,225	380.25
38	1,003	90.27	70	4,514	406.26
39	1,059	95.31	71	4,712	424.08
40	1,120	100.80	72	5,057	455.13
41	1,184	106.56	73	5,440	489.60
42	1,302	117.18	74	5,742	516.78
43	1,386	124.74	75	6,151	553.59
44	1,475	132.75	76	6,552	589.68
45	1,553	139.77	77^	6,743	606.87
46	1,635	147.15	78^	7,028	632.52
47	1,717	154.53	79^	7,325	659.25
48	1,801	162.09	80^	7,570	681.30
49	1,893	170.37	81^	7,909	711.81
50	1,970	177.30			

^ 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.

父母之家添守護（人仁保醫療保險計劃 - 薈亞的自選保障）
Family Booster for Parent
(Optional benefit of One&All Medical Insurance Plan - Connect)

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

標準保費表（美元）
Standard Premium Schedule (USD)

下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)
19	95	8.55	51	272	24.48
20	97	8.73	52	281	25.29
21	97	8.73	53	289	26.01
22	99	8.91	54	301	27.09
23	100	9.00	55	308	27.72
24	102	9.18	56	318	28.62
25	103	9.27	57	326	29.34
26	104	9.36	58	335	30.15
27	106	9.54	59	345	31.05
28	107	9.63	60	354	31.86
29	109	9.81	61	368	33.12
30	111	9.99	62	386	34.74
31	114	10.26	63	407	36.63
32	116	10.44	64	429	38.61
33	117	10.53	65	453	40.77
34	118	10.62	66	476	42.84
35	118	10.62	67	506	45.54
36	123	11.07	68	537	48.33
37	128	11.52	69	571	51.39
38	136	12.24	70	610	54.90
39	144	12.96	71	637	57.33
40	152	13.68	72	684	61.56
41	160	14.40	73	736	66.24
42	176	15.84	74	776	69.84
43	188	16.92	75	832	74.88
44	200	18.00	76	886	79.74
45	210	18.90	77^	912	82.08
46	221	19.89	78^	950	85.50
47	233	20.97	79^	990	89.10
48	244	21.96	80^	1,023	92.07
49	256	23.04	81^	1,069	96.21
50	267	24.03			

^ 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.

人仁保醫療保險附約
One&All Medical Insurance Rider

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

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

下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)	下次生日年齡 Age at next birthday	年供（港元） Annual (HKD)	月供（港元） Monthly (HKD)
1	811	72.99	41	608	54.72	81	2,248	202.32
2	750	67.50	42	628	56.52	82^	2,339	210.51
3	688	61.92	43	648	58.32	83^	2,434	219.06
4	634	57.06	44	669	60.21	84^	2,525	227.25
5	588	52.92	45	688	61.92	85^	2,608	234.72
6	549	49.41	46	709	63.81	86^	2,683	241.47
7	515	46.35	47	730	65.70	87^	2,750	247.50
8	489	44.01	48	750	67.50	88^	2,809	252.81
9	470	42.30	49	770	69.30	89^	2,859	257.31
10	460	41.40	50	792	71.28	90^	2,906	261.54
11	449	40.41	51	814	73.26	91^	2,957	266.13
12	440	39.60	52	837	75.33	92^	3,008	270.72
13	430	38.70	53	859	77.31	93^	3,062	275.58
14	422	37.98	54	884	79.56	94^	3,127	281.43
15	416	37.44	55	908	81.72	95^	3,199	287.91
16	409	36.81	56	932	83.88	96^	3,277	294.93
17	403	36.27	57	947	85.23	97^	3,362	302.58
18	397	35.73	58	961	86.49	98^	3,447	310.23
19	395	35.55	59	977	87.93	99^	3,535	318.15
20	393	35.37	60	993	89.37	100^	3,626	326.34
21	392	35.28	61	1,036	93.24	101^	3,626	326.34
22	393	35.37	62	1,079	97.11			
23	395	35.55	63	1,125	101.25			
24	397	35.73	64	1,177	105.93			
25	403	36.27	65	1,222	109.98			
26	409	36.81	66	1,266	113.94			
27	416	37.44	67	1,316	118.44			
28	422	37.98	68	1,364	122.76			
29	430	38.70	69	1,416	127.44			
30	440	39.60	70	1,471	132.39			
31	449	40.41	71	1,526	137.34			
32	460	41.40	72	1,585	142.65			
33	470	42.30	73	1,644	147.96			
34	484	43.56	74	1,704	153.36			
35	499	44.91	75	1,771	159.39			
36	513	46.17	76	1,842	165.78			
37	531	47.79	77	1,913	172.17			
38	549	49.41	78	1,988	178.92			
39	567	51.03	79	2,069	186.21			
40	588	52.92	80	2,156	194.04			

^ 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.

人仁保醫療保險附約
One&All Medical Insurance Rider

(2025 年 7 月 28 日起生效 Effective from 28 July, 2025)

標準保費表（美元）
Standard Premium Schedule (USD)

下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)	下次生日年齡 Age at next birthday	年供（美元） Annual (USD)	月供（美元） Monthly (USD)
1	110	9.90	41	82	7.38	81	304	27.36
2	101	9.09	42	85	7.65	82^	316	28.44
3	93	8.37	43	88	7.92	83^	329	29.61
4	86	7.74	44	90	8.10	84^	341	30.69
5	79	7.11	45	93	8.37	85^	352	31.68
6	74	6.66	46	96	8.64	86^	363	32.67
7	70	6.30	47	99	8.91	87^	372	33.48
8	66	5.94	48	101	9.09	88^	380	34.20
9	64	5.76	49	104	9.36	89^	386	34.74
10	62	5.58	50	107	9.63	90^	393	35.37
11	61	5.49	51	110	9.90	91^	400	36.00
12	59	5.31	52	113	10.17	92^	406	36.54
13	58	5.22	53	116	10.44	93^	414	37.26
14	57	5.13	54	119	10.71	94^	423	38.07
15	56	5.04	55	123	11.07	95^	432	38.88
16	55	4.95	56	126	11.34	96^	443	39.87
17	54	4.86	57	128	11.52	97^	454	40.86
18	54	4.86	58	130	11.70	98^	466	41.94
19	53	4.77	59	132	11.88	99^	478	43.02
20	53	4.77	60	134	12.06	100^	490	44.10
21	53	4.77	61	140	12.60	101^	490	44.10
22	53	4.77	62	146	13.14			
23	53	4.77	63	152	13.68			
24	54	4.86	64	159	14.31			
25	54	4.86	65	165	14.85			
26	55	4.95	66	171	15.39			
27	56	5.04	67	178	16.02			
28	57	5.13	68	184	16.56			
29	58	5.22	69	191	17.19			
30	59	5.31	70	199	17.91			
31	61	5.49	71	206	18.54			
32	62	5.58	72	214	19.26			
33	64	5.76	73	222	19.98			
34	65	5.85	74	230	20.70			
35	67	6.03	75	239	21.51			
36	69	6.21	76	249	22.41			
37	72	6.48	77	259	23.31			
38	74	6.66	78	269	24.21			
39	77	6.93	79	280	25.20			
40	79	7.11	80	291	26.19			

^ 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.