FWD insurance

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vBooster Medical Plan
倍衛您醫療計劃

is a Flexi Plan certified by the Hong Kong Special Administrative Region Government (the "Government") under the Voluntary Health Insurance Scheme ("VHIS") (Certification Number: F00069)

To boost up your health protection in a smarter way

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

vBooster Medical Plan

When things are costing more, you can save money by spending less. But when it comes to a health problem, cutting corners is not really an option for getting timely and quality medical treatments.

vBooster Medical Plan ("the Plan"), certified by the Government, offers you full cover[1] for a series of hospitalisation and surgical expenses, up to HKD 8 million per Policy Year and without Lifetime Benefit Limit. Featuring the wide range of Deductible[2] options and no itemised benefit limits, the Plan aims to provide you extra peace of mind at an affordable premium.

If you ever need medical services, you can look forward to the attention of our health assistance services[3,4], where a professional team is tasked with providing you with one-stop support throughout your recovery journey. And on top of potential tax savings[5], you may also be entitled to no claims premium discount as wellness incentives for staying healthy and extra discounts for multiple purchases and living a healthy lifestyle with your family, up to 25% in total. All of which makes the plan a smart choice indeed for boosting up your medical protection.

Key Features of vBooster Medical Plan

Full cover[1] for a series of hospitalisation and surgical expenses, up to HKD 8 million per Policy Year and without Lifetime Benefit Limit

Guaranteed Renewable[6] prime protection up to Age 100 (attained age) of the Insured Person

Covers unknown Pre-existing Conditions starting from the 31st day of the first Policy Year

Broadening the safety net

Innovative Cash Benefit to give you extra support

Extra support for Stroke rehabilitation

Boosted flexibility with a variety of Deductible[2] options

First-dollar Coverage - Deductible[2] Waived for Designated Crises[7,8]

No claims premium discount available up to 25%

Tax savings[5]

Add-On Features

Protection for your precious newborns[3,9]

FWD Care

Third-party professional health assistance services for the support you need[3,4]

Full cover [1] for a series of hospitalisation and surgical expenses, up to HKD8 million per Policy Year and without Lifetime Benefit Limit

As peace of mind is one of life's true luxuries, the Plan provides full cover [1] on medical expenses incurred for a series of hospitalisation and surgery. Without Lifetime Benefit Limit, the Plan entitles you to reimbursements of the Eligible Expenses and cash benefits, up to HKD8,000,000 per Policy Year.

In addition, whenever and wherever you require Emergency medical attention, the Plan will offer full cover [1] on the eligible medical expenses, including Emergency outpatient accidental treatment and Emergency outpatient dental treatment [10]. No matter how far you are from home, you are always close to the help you need.

Guaranteed Renewable [6] prime protection up to Age 100 (attained age) of the Insured Person

The Plan is guaranteed Renewable [6] until you reach the Age of 100 (attained age), so you can simply focus on reaching new heights, secure in the knowledge that you are protected by medical privileges throughout the years.

Covers unknown Pre-existing Conditions starting from the 31st day of the first Policy Year

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 of the first Policy Year. 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.

Broadening the safety net

Unlike other medical plans that may limit the benefit amounts for some medical services that are prolonged and costly, the Plan provides full cover [1] on a wide range of medical expenses, including Prescribed Non-surgical Cancer Treatments [11], kidney dialysis [8] (including the rental cost of a kidney dialysis machine for use at home) and organ or bone marrow transplantation. On top of the Annual Benefit Limit, you are entitled to an additional benefit limit for these three kinds of treatments of up to HKD2,000,000 per Policy Year, which further eases your financial burden throughout your treatment journey.

Innovative cash benefits to give you extra support

The Plan also offers various cash benefits which can provide you with extra support. You will be provided with an additional cash benefit under the following circumstance(s) if relevant Eligible Expenses are payable:

(i) the surgery conducted is a Day Case Procedure,

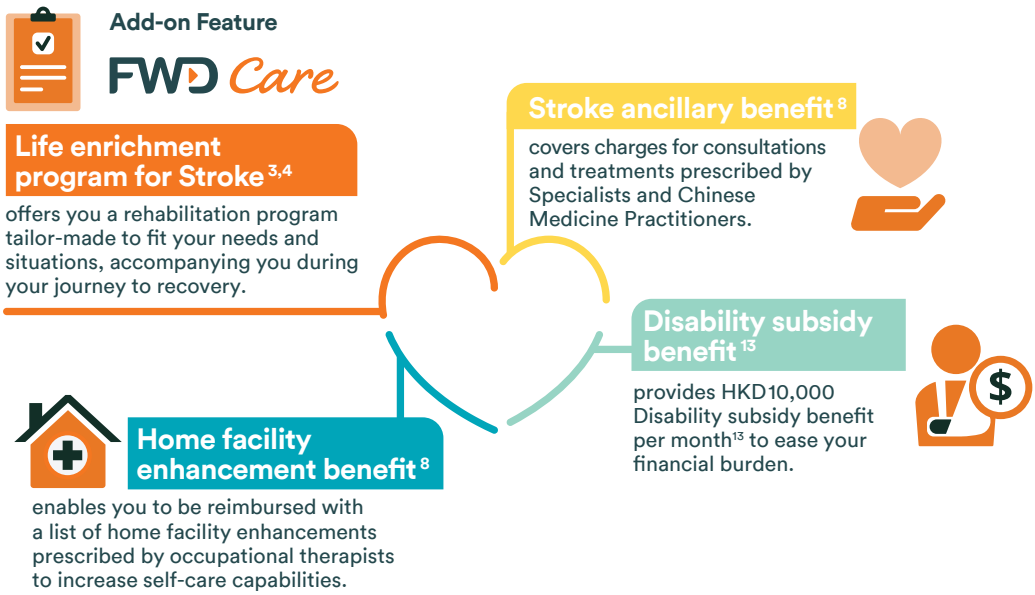
(ii) you have already been reimbursed by another insurance company [12],

(iii) [First-in-VHIS-market+] 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, or

(iv) [First-in-VHIS-market+] you have been Confined in Intensive Care Unit for at least 3 consecutive days in Hong Kong.

Extra support for Stroke rehabilitation

To help speed up recovery from Stroke and minimize potentially harmful consequences, the Plan offers a series of rehabilitation programs and thoughtful benefits to meet your needs.



Boosted flexibility with a variety of Deductible[2] options

The Plan makes available 6 Deductible[2] options, allowing you to specify the Deductible[2] for medical treatment with flexibility. In addition, when your Policy has been in force for at least 2 consecutive Policy Years, you will be entitled to the right to reduce or remove your Deductible[2] once per policy when you reach the Age of 50, 55, 60, 65, 70, 75 or 80 (attained age) without providing further proof of your health condition. You will worry less about your varying needs at different life stages which will be well catered for.

First-dollar Coverage – Deductible[2] Waived for Designated Crises[7,8]

Heavy stress and unhealthy habits may raise the risk of suffering from critical illnesses. If you are ever diagnosed with a designated crisis such as Specified Cancer, Heart Attack and Stroke, the Deductible[2] will be waived under first-dollar coverage – Deductible[2] waived for designated crises[7,8] if you have chosen the Plan with Deductible[2] options to lighten your financial burden and let you focus on your treatment and recovery.

No claims premium discount available up to 25%

Individual no claims premium discount

If you haven't made any claim for the Plan for 2 or more consecutive Policy Years immediately prior to Renewal [6], the Plan will offer you a discount of up to 15% on your next Renewal [6] 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 [6]	No claims premium discount (Discount rate on Renewal [6] premium)
2 consecutive Policy Years	10%
3 consecutive Policy Years	10%
4 consecutive Policy Years	10%
5 or more consecutive Policy Years	15%

Extra no claims premium discount

For the policies you hold as Policy Holder with your loved ones as Insured Persons, the Plan offers an extra no claims premium discount on Renewal [6] premiums if you and your loved ones haven't made any claim for 2 or more consecutive Policy Years prior to Renewal [6]. The more Insured Persons who stay healthy, the greater the discount you can enjoy.

Number of in-force vBooster Medical Plan policies issued to the Policy Holder which are also eligible for the above individual no claims premium discount on the Renewal [6] Date	Extra no claims premium discount under all eligible policies (Discount rate on Renewal [6] premium)
2 or 3	2.5%
4	5%
5 or above	10%

Tax savings [5]

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

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

Add-On Feature

Protection for your precious newborns [3,9]

The Plan's coverage is so comprehensive, it even extends to the newest member of your family. Your baby will be born into the protection of a designated medical plan, effective for two years at no extra cost, if your Policy has been in force for 2 consecutive Policy Years. This benefit applies to each newborn once only, but there is no limit to the number of eligible newborns.

Add-On Feature

FWD Care

Third-party professional health assistance services for the support you need [3,4]

The Plan puts your wellbeing at the centre of an international network of expertise and capabilities. Whenever you require information or assistance, we are always ready to help with our professional health assistance services:

- PREMIER THE ONEcierge for exclusive healthcare solutions with cashless facility tailor-made to suit your needs
- Second Medical Opinions 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

+ Per a comparison made by FWD on 9 January 2023 among the key insurers available in the VHIS market in Hong Kong, cash benefit for major and complex surgeries and cash benefit for Confinement in Intensive Care Unit in Hong Kong are first-in-VHIS-market.

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

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

The Plan's coverage 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.

vBooster Medical Plan – General Information

Plan type	Standalone plan
Issue age	Age 0 (from 15 days) – 80 (attained age)
Benefit term	Guaranteed yearly Renewable [6] to Age 100 (attained age)
Premium structure	• Based on Insured Person's attained age at issue • Renewal [6] premiums are non-guaranteed and will be determined annually and according to the Insured Person's attained age at the time of Renewal [6]
Premium payment term	To Age 100 (attained age)
Premium payment mode	Monthly / Annually
Currency	HKD

Deductible [2] options and certification numbers

Deductible [2]					
HKD 0	HKD16,000	HKD25,000	HKD50,000	HKD100,000	HKD180,000
F00069-01-000-01	F00069-02-000-01	F00069-03-000-01	F00069-04-000-01	F00069-05-000-01	F00069-06-000-01

vBooster Medical Plan – Benefit Schedule [17,18,19]

Geographical limitation [20]	Except for psychiatric treatments and cash benefit for Confinement in Intensive Care Unit in Hong Kong – For non-Emergency Treatment: Asia [21] For Emergency Treatment: Worldwide
Annual Benefit Limit for benefit items (a) - (l) of I. Basic benefits, 1 - 13 of II. Enhanced benefits and 3 - 7 of III. Other benefits	HKD8,000,000 per Policy Year
Lifetime Benefit Limit for benefit items (a) - (l) of I. Basic benefits, 1 - 14 of II. Enhanced benefits and 3 - 7 of III. Other benefits	Nil
Deductible [2] for benefit items (a) – (l) of I. Basic benefits, 1 - 6, 7(a), 7(b) and 8 - 13 of II. Enhanced benefits and 3 of III. Other benefits	HKD 0 / 16,000 / 25,000 / 50,000 / 100,000 / 180,000 per Policy Year
First-dollar coverage – Deductible [2] waived for designated crises [7,8]	The remaining balance of Deductible [2] (if any and if applicable) shall be reduced to zero dollar ($0) for the Medical Services if the Insured Person – • suffers any of the designated crises as stated in the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provision of this Plan; and • upon the recommendation of the attending Registered Medical Practitioner in writing, receives any Medical Services as a result of the designated crises for which benefits are payable under benefit items (a) to (l) of I. Basic benefits and/or 1 to 13 under II. Enhanced benefits.
Entitled ward class	Standard Ward Room [14]

vBooster Medical Plan – Benefit Schedule [17,18,19]

Benefit items	Benefit limit
I. Basic benefits	
(a) Room and board	Full cover [1]
(b) Miscellaneous charges	Full cover [1]
(c) Attending doctor's visit fee	Full cover [1]
(d) Specialist's fee [8]	Full cover [1]
(e) Intensive care	Full cover [1]
(f) Surgeon's fee	Full cover [1] regardless of the surgical category
(g) Anaesthetist's fee	Full cover [1]
(h) Operating theatre charges	Full cover [1]
(i) Prescribed Diagnostic Imaging Tests [8,22]	Full cover [1]
(j) Prescribed Non-surgical Cancer Treatments [11]	Full cover [1]
(k) Pre- and post-Confinement/ Day Case Procedure outpatient care [8]	Full cover [1] • 3 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure • 20 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)
(l) Psychiatric treatments [23]	HKD40,000 per Policy Year

vBooster Medical Plan – Benefit Schedule [17,18,19]

Benefit items	Benefit limit	
II. Enhanced benefits		
1. Reconstructive surgery benefit [8]	HKD160,000 per Accident/mastectomy	
2. Medical appliances benefit for reconstructive surgery	HKD96,000 each item per Policy Year	
3. Donor's benefit [15]	30% of total transplantation cost (For transplantation of heart, kidney, liver, lung or bone marrow)	
4. Emergency outpatient accidental treatment	Full cover [1]	
5. Outpatient kidney dialysis [8]	Full cover [1]	
6. Rehabilitation treatment [8]	HKD100,000 per Policy Year	
7. Stroke rehabilitation treatment	Home facility enhancement benefit [8]	HKD80,000 per Incident
	Stroke ancillary benefit [8]	HKD1,000 per visit Maximum 30 visits per Policy Year, subject to 1 visit per day and HKD100,000 per Incident
	Disability subsidy benefit [13]	HKD10,000 per month Maximum 24 months per Incident
8. Hospice care	HKD100,000 per Policy Year	
9. Private nurse's fee [8]	Full cover [1] Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day	
10. Post-Confinement home nursing [8]	Full cover [1] Maximum 196 days per Policy Year (within 196 days after discharge from Hospital following surgery or admission to Intensive Care Unit), subject to services provided by 1 Registered Nurse per day	
11. Companion bed	Full cover [1]	
12. Post-Confinement/Day Case Procedure Chinese medicine treatment	HKD600 per visit Maximum 15 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	
13. Pregnancy complications [16]	Full cover [1]	
14. Additional benefit for Prescribed Non-surgical Cancer Treatments [11], kidney dialysis [8] and organ or bone marrow transplantation	Eligible Expenses incurred in excess of the amounts payable under – (a) benefit item (j) of I. Basic benefits for Prescribed Non-surgical Cancer Treatments [11]; (b) benefit item (b) of I. Basic benefits for kidney dialysis [8] incurred during Confinement; (c) benefit item 5 of II. Enhanced benefits for outpatient kidney dialysis [8]; or (d) benefit items (a) - (i) of I. Basic benefits for organ or bone marrow transplantation Maximum benefit limit per Policy Year : HKD2,000,000 per Policy Year	

vBooster Medical Plan – Benefit Schedule [17,18,19]

Benefit items	Benefit limit
III. Other benefits	
1. Death benefit	HKD40,000
2. Accidental death benefit	HKD40,000
3. Emergency outpatient dental treatment [10]	Full cover [1]
4. Cash benefit for Day Case Procedure	HKD500 per procedure Maximum 1 Day Case Procedure per day
5. Cash benefit for top-up subsidy [12]	HKD500 per day of Confinement Maximum 60 days per Policy Year
6. Cash benefit for major and complex surgeries	Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures – For HKD 0 / HKD16,000 / HKD25,000 Deductible [2]: HKD4,000 per major surgery HKD8,000 per complex surgery For HKD50,000/HKD100,000/HKD180,000 Deductible [2]: HKD800 per major surgery HKD1,600 per complex surgery Maximum 1 major or complex surgery per day
7. Cash benefit for Confinement in Intensive Care Unit in Hong Kong	For HKD 0 / HKD16,000 / HKD25,000 Deductible [2]: HKD8,000 per Confinement For HKD50,000/HKD100,000/HKD180,000 Deductible [2]: HKD1,600 per Confinement Provided that: • The Insured Person is Confined in a Hospital in Hong Kong during which he/she is admitted to Intensive Care Unit for at least 3 consecutive days and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits; and • This benefit is payable once only during the whole Confinement period

vBooster Medical Plan – Benefit Schedule [17,18,19]

<table>
<tr><th>Benefit items</th><th>Benefit limit</th></tr>
<tr><td colspan="2">IV. Premium discount</td></tr>
<tr><td>No claims premium discount</td><td>Individual:
If you do not make any claims in 2 or more consecutive Policy Years immediately before Renewal [6], you will be eligible for the no claims premium discount. Please refer to the following table for discount on the Renewal [6] premium.
<table>
<tr><th>No claims period immediately prior to the Policy's Renewal [6]</th><th>No claims premium discount (Discount rate on Renewal [6] 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 consecutive Policy Years and thereafter</td><td>15%</td></tr>
</table>
Extra (for all eligible policies you hold as Policy Holder for your family):
On any Renewal Date, if no claim has been paid or payable for at least 2 consecutive Policy Years under your and your family members' policies immediately before Renewal [6], all eligible policies will be entitled to
• an additional 2.5% discount for 2 to 3 in-force eligible policies;
• an additional 5% discount for 4 in-force eligible policies; or
• an additional 10% discount for 5 or above in-force eligible policies on the Renewal [6] premium.</td></tr>
<tr><td colspan="2">V. Add-On Features (not part of the Certified Plan)</td></tr>
<tr><td>Special benefit for infant [3,9]</td><td>While this Policy is in force, if the Insured Person or the Insured Person's spouse gives birth to a child after the Policy has been in force for 2 or more consecutive Policy Years from the Policy Effective Date, the newborn baby can enjoy a designated medical plan's coverage for 2 years without additional charges and providing proof of insurability.
Each child is eligible for this benefit once only but there is no restriction on the number of newborns who can enjoy the benefit.</td></tr>
<tr><td>FWD Care</td><td>
<table>
<tr><td>PREMIER THE ONEcierge [3,4]</td><td>Applicable</td></tr>
<tr><td>Second Medical Opinion Services [3,4]</td><td>Applicable</td></tr>
<tr><td>International SOS 24-hour Worldwide Assistance Services [3,4]</td><td>Applicable</td></tr>
<tr><td>Life enrichment program for Stroke [3,4]</td><td>Applicable</td></tr>
</table>
</td></tr>
</table>

You may refer to the Deductible [2] example or other information at FWD's website.

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

Remarks

1. Full cover shall mean no itemised benefit sublimit, the actual amount of Eligible Expenses and other expenses charged after deducting the remaining Deductible (if any) and is subject to the Annual Benefit Limit. Full cover applies to selected benefit items only, while other benefit items are not fully covered and are subject to respective benefit item's limits. Please refer to Benefit Schedule and Policy provisions for details.
2. Deductible shall mean a fixed amount of Eligible Expenses or expenses that, in a Policy Year, the Policy Holder must pay before FWD shall reimburse the remaining Eligible Expenses or remaining expenses.
3. This benefit/service is optional and does not form part of the Terms and Benefits of the VHIS Certified Plan –vBooster Medical Plan (Certification Number: F00069). You have the right to opt-out this benefit/service. Please inform FWD in writing if you do not want to receive this free additional benefit/service.
4. PREMIER THE ONEcierge, Second Medical Opinion Services, International SOS 24-hour Worldwide Assistance Services and life enrichment program for Stroke 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 PREMIER THE ONEcierge, Second Medical Opinion Services and International SOS 24-hour Worldwide Assistance Services, please refer to the leaflet of FWD Professional Health Assistance Services.

   Life enrichment program for Stroke is only available in Hong Kong. The waiting period of subsequent claim for life enrichment program for Stroke is 1 year. For details of life enrichment program for Stroke, please refer to Section 2 of Part 1 of the Endorsement – Special benefit for infant and life enrichment program for Stroke under the Policy provisions.
5. If you are a Hong Kong taxpayer, you may be eligible for tax deduction of up to HKD8,000 per Insured Person per year of assessment for premium you paid for yourself and your specified relatives. Tax deduction is subject to the latest rules and regulation of Inland Revenue Department of Hong Kong Special Administrative Region. Please refer to the website of the Inland Revenue Department ("IRD") of Hong Kong Special Administrative Region (www.ird.gov.hk/eng/) and VHIS (www.vhis.gov.hk/en/) or contact the IRD directly for any tax related enquiries. FWD and the intermediaries do not provide tax advice. You should always consult with a professional tax advisor if you have any doubts.
6. FWD shall guarantee the Renewal at each policy anniversary up to the Age of 100 (attained age) of the Insured Person. As long as FWD maintains the registration as a VHIS provider, FWD guarantees that the Terms and Benefits will not be less favourable than the latest version of the Standard Plan Terms and Benefits published by the Government at the time of Renewal.

   FWD reserves the right to revise the Terms and Benefits, subject to the prior approval and re-certification by the Government, upon Renewal by giving a 30 days advance notice.
7. 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. For details of the benefit, including the definition of the designated crises, please refer to the Supplement – First-dollar coverage – Deductible waived for designated crises of the Policy provisions.

   The "first-dollar coverage – Deductible waived for designated crises" under the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of the Plan shall not be applicable to the Medical Services arising from any designated crisis that the Policy Holder or Insured Person is aware of, or shall be reasonably aware of within the first ninety (90) days from the Policy Effective Date of the Policy. The Policy Holder 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.

   For the avoidance of doubt, the "first-dollar coverage – Deductible waived for designated crises" under the Supplement – First-dollar coverage – Deductible waived for designated crises under the Policy provisions of the Plan shall not be applicable to any Policies where the selected Deductible option is zero dollar ($0).
8. 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.
9. This additional benefit is available if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"). Two years coverage by a designated medical insurance plan for the Covered Child shall be offered without further evidence of insurability and at no additional charge.

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

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

For more details, please refer to Section 1 of Part 1 of the Endorsement – Special benefit for infant and life enrichment program for Stroke under the Policy provisions.

10. 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. FWD shall not pay any benefits for any restorative or remedial work (for the purpose other than Emergency Treatment), prostheses, the use of any precious metals or any kind of orthodontics, or other dental surgery performed in a legally registered dental clinic unless the dental surgery is medically necessary. For the purpose of this benefit, medically necessary shall mean the medical service, procedure or supply which are necessary and is (a) consistent with the diagnosis and customary dental treatment; (b) recommended by a Registered Medical Practitioner, Surgeon or registered dentist for such emergency dental treatment and must be widely accepted professionally in Hong Kong or the relevant jurisdictions outside Hong Kong where the medical service is provided to the Insured Person, as effective, appropriate and essential based upon recognised standards of the health care specialty involved; and (c) not furnished primarily for the personal comfort or convenience of the Insured Person or any medical service provider. Experimental, screening and preventive services or supplies shall not be considered as medically necessary for the purpose of this benefit. For more details and exclusion of this benefit, please refer to the Policy provisions.
11. Treatments covered here only include radiotherapy, chemotherapy, targeted therapy, immunotherapy and hormonal therapy.
12. 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.
13. Disability subsidy benefit shall be payable up to maximum 24 months per Incident.
14. The benefits described in the Terms and Benefits under the Policy provisions are subject to the restriction in the choice of ward class as stated in the Benefit Schedule and Section 2 of Part 1 of the Supplement – Limitation of benefits of the Terms and Benefits under the Policy provisions.

    The above restriction shall not apply to the terms and benefits within the scope of the Standard Plan Terms and Benefits under the Policy provisions. For the avoidance of doubt, the applicable Standard Plan Terms and Benefits shall be the version as is referred to under Sections 1(a), (b) or (c) of Part 4 under the Policy provisions.
15. Donor's benefit shall be payable up to 30% of the total transplantation cost (the sum of the surgical expenses charged for removing the organ or bone marrow from the donor and the Eligible Expenses of the surgical procedure performed on the Insured Person as a recipient) for the transplantation of heart, kidney, liver, lung or bone marrow.
16. This benefit shall be payable for the Eligible Expenses incurred for the benefit items described in benefit items under (a) to (i) of I. Basic benefits in the Benefit Schedule 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 twelve (12) months after the Policy Effective Date.
17. 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 as specified in Section 2 of Part 1 of the Supplement – Limitation of benefits under the Policy provisions.
18. The benefit coverage, benefit amount and benefit limits, territorial scope of cover, choice of healthcare services provider, choice of ward class, Deductible (if any), Coinsurance (if any), the waiting period for unknown Pre-existing Conditions and the calculation of no claims premium discounts of this Plan will remain unchanged even if the Policy Year lasts for less than 12 months.
19. All benefits described in these Terms and Benefits are not subject to any restriction in the choice of health care services providers, including but not limited to Registered Medical Practitioner and Hospital.
20. Eligible Expenses incurred for any non-Emergency Treatments performed outside Asia shall be payable up to the benefit limits as stated in the benefit schedule attached to the Standard Plan Terms and Benefits. Psychiatric treatments and cash benefit for Confinement in Intensive Care Unit in Hong Kong shall only be payable for Confinement in Hong Kong. Please refer to Section 1 of Part 1 of the Supplement – Limitation of benefits under the Policy provisions for details.
21. 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.
22. Tests covered here only include computed tomography ("CT" scan), magnetic resonance imaging ("MRI" scan), positron emission tomography ("PET" scan), PET-CT combined and PET-MRI combined.
23. This benefit shall be payable for the Eligible Expenses charged on the psychiatric treatments during Confinement in Hong Kong as recommended by a Specialist. The benefit shall be payable in lieu of other benefit items under (a) to (k) of 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 (a) to (k) of I. Basic benefits in the Benefit Schedule.

Key Product Risks

Credit Risk

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

Exchange Rate and Currency Risk

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

Inflation Risk

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

Premium Adjustment

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

Premium Term and Non-Payment of Premium

The premium payment term of the Plan is up to the Age of 100 years (attained age) of the Insured Person.

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

Termination Conditions

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

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

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

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

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

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

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

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

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

General Exclusions

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

1. Expenses incurred for treatments, procedures, medications, tests or services which are not Medically Necessary.
2. Expenses incurred for the whole or part of the Confinement solely for the purpose of diagnostic procedures or allied health services, including but not limited to physiotherapy, occupational therapy and speech therapy, unless such procedure or service is recommended by a Registered Medical Practitioner for Medically Necessary investigation or treatment of a Disability which cannot be effectively performed in a setting for providing Medical Services to a Day Patient.
3. Expenses arising from Human Immunodeficiency Virus ("HIV") and its related Disability, which is contracted or occurs before the Policy Effective Date. Irrespective of whether it is known or unknown to the Policy Holder or the Insured Person at the time of submission of Application, including any updates of and changes to such requisite information (if so requested by FWD under Section 8 of Part 1 of the Terms and Benefits of the Policy provisions) such Disability shall be generally excluded from any coverage of the Terms and Benefits of the Policy provisions if it exists before the Policy Effective Date. If evidence of proof as to the time at which such Disability is first contracted or occurs is not available, manifestation of such Disability within the first 5 years after the Policy Effective Date shall be presumed to be contracted or occur before the Policy Effective Date, while manifestation after such 5 years shall be presumed to be contracted or occur after the Policy Effective Date.

   However, the exclusion under this Section 3 shall not apply where HIV and its related Disability is caused by sexual assault, medical assistance, organ transplant, blood transfusions or blood donation, or infection at birth, and in such cases the other terms of these Terms and Benefits shall apply.
4. Expenses incurred for Medical Services as a result of Disability arising from or consequential upon the dependence, overdose or influence of drugs, alcohol, narcotics or similar drugs or agents, self-inflicted injuries or attempted suicide, illegal activity, or venereal and sexually transmitted disease or its sequelae (except for HIV and its related Disability, where this Section 3 applies).
5. Any charges in respect of services for:
   (a) except as otherwise specified in Sections 1 and 2 of Part 1 of the Supplement - Enhanced benefits under the Policy provisions, beautification or cosmetic purposes, unless necessitated by Injury caused by an Accident and the Insured Person receives the Medical Services within 90 days of the Accident; or
   (b) correcting visual acuity or refractive errors that can be corrected by fitting of spectacles or contact lens, including but not limited to eye refractive therapy, LASIK and any related tests, procedures and services.
6. Expenses incurred for prophylactic treatment or preventive care, including but not limited to general check-ups, routine tests, screening procedures for asymptomatic conditions, screening or surveillance procedures based on the health history of the Insured Person and/or his family members, Hair Mineral Analysis (HMA), immunisation or health supplements. For the avoidance of doubt, this Section 6 does not apply to:
   (a) treatments, monitoring, investigation or procedures with the purpose of avoiding complications arising from any other Medical Services provided;
   (b) removal of pre-malignant conditions; and
   (c) treatment for prevention of recurrence or complication of a previous Disability.
7. Expenses incurred for dental treatment and oral and maxillofacial procedures performed by a dentist except for Emergency Treatment and surgery during Confinement arising from an Accident. Follow-up dental treatment or oral surgery after discharge from Hospital shall not be covered.
8. Except as otherwise provided in Section 13 of Part 1 of the Supplement – Enhanced benefits under the Policy provisions, 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. Except as otherwise provided in Section 7(a) of Part 1 of the Supplement – Enhanced benefits under the Policy provisions, 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 Sections 7(b) and 12 of Part 1 of the Supplement - Enhanced benefits under the Policy provisions, expenses incurred for traditional Chinese medicine treatment, including but not limited to herbal treatment, bone-setting, acupuncture, acupressure and tui na, and other forms of alternative treatment including but not limited to hypnotism, qigong, massage therapy, aromatherapy, naturopathy, hydropathy, homeotherapy and other similar treatments.
11. Expenses incurred for experimental or unproven medical technology or procedure in accordance with the common standard, or not approved by the recognised authority, in the locality where the treatment, procedure, test or service is received.
12. 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.

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

Important Notes

Tax deduction

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

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

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

Your Right under Cooling-off Period

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

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

Your request to cancel the Policy must be signed by you and received directly by FWD Life Insurance Company (Bermuda) Limited at 11/F., FWD Tower, 979 King's Road, Quarry Bay, Hong Kong within 21 days immediately following the day of Delivery of the Policy or the cooling-off notice to you or your nominated representative (whichever is the earlier). The cooling-off notice is the notice sent to you or your nominated representative (separate from the Policy) notifying you of your right to cancel within the stated 21-day period.

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

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

Cancellation Right

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

Other insurance coverage

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

Notice to Claim

Medical claims

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

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

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

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

Death / accidental death claims

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

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

Obligation to provide information

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

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

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

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

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

v. furnish Required Information to the Inland Revenue Department.

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

Important Words

Accident

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

Confinement or Confined

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

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

Congenital Condition(s)

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

Day Case Procedure

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

Disability

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

Eligible Expenses

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

Medically Necessary

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

(a) require the expertise of, or be referred by, a Registered Medical Practitioner;

(b) be consistent with the diagnosis and necessary for the investigation and treatment of the Disability;

(c) be rendered in accordance with standards of good and prudent medical practice, and not be rendered primarily for the convenience or the comfort of the Insured Person, his family, caretaker or the attending Registered Medical Practitioner;

(d) be rendered in the setting that is most appropriate in the circumstances and in accordance with the generally accepted standards of medical practice for the medical services; and

(e) be furnished at the most appropriate level which, in the prudent professional judgment of the attending Registered Medical Practitioner, can be safely and effectively provided to the Insured Person.

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

(i) the Insured Person is having an Emergency that requires urgent treatment in Hospital;

(ii) surgical procedures are performed under general anaesthesia;

(iii) equipment for surgical procedure is available in Hospital and procedure cannot be done on a Day Patient basis;

(iv) there is significantly severe co-morbidity of the Insured Person;

(v) taking into account the individual circumstances of the Insured Person, the attending Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, the medical service should be conducted in Hospital;

(vi) in the prudent professional judgment of the attending Registered Medical Practitioner, the length of Confinement of the Insured Person is appropriate for the medical service concerned; and/or

(vii) in the case of diagnostic procedures or allied health services prescribed by a Registered Medical Practitioner, such Registered Medical Practitioner has exercised his prudent professional judgment and is of the view that for the safety of the Insured Person, such procedures or services should be conducted in Hospital.

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

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

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

Pre-existing Condition(s)

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

(a) it has been diagnosed;

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

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

Reasonable and Customary

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

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

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

Standard Private Room

shall mean a standard single occupancy room with an adjoining bathroom for the Insured Person's use during his or her Confinement, but does not include any Hospital room that has its own kitchen, dining or sitting room.

Standard Semi-private Room

shall mean a single or double occupancy room in a Hospital, with a shared bath or shower room.

Standard Ward Room

shall mean a room type in a Hospital that is below a Standard Semi-private Room.

Declarations

- FWD reserves the right to revise, modify or adjust the Terms and Benefits under the Policy subject to the prior approval and re-certification by the Government. FWD also reserves the right to adjust the Standard Premium at each Policy Renewal on an overall Portfolio basis. In addition, FWD can revise, modify or adjust the terms and conditions for the add-on services subject to its prevailing rules and regulations from time to time at its sole discretion.
- This Plan is underwritten by FWD. FWD is solely responsible for all features, Policy approval, coverage and benefit payment under this Plan. FWD recommends you carefully consider whether this Plan is suitable for you in view of your financial needs and that you fully understand the risk involved in this Plan before submitting your Application. You should not apply for or purchase this Plan unless you fully understand it and you agree it is suitable for you. Please read through the related risks before making any Application of this Plan.
- This Plan is issued by FWD. FWD accepts full responsibility for the accuracy of the information contained in this product material. This product material is intended to be distributed in the Hong Kong Special Administrative Region ("Hong Kong") only and shall not be construed as an offer to sell, a solicitation to buy or the provision of any insurance products of FWD outside Hong Kong. All selling and Application procedures of this Plan must be conducted and completed in Hong Kong.
- This Plan is an insurance product. The premium paid is not a bank savings deposit or time deposit. This Plan is not protected under the Deposit Protection Scheme in Hong Kong.
- This Plan is an Individual Indemnity Hospital Insurance Plan without any savings element. The period of cover of the Plan is 1 year and this Plan is guaranteed Renewable up to the Age of 100 (attained age) of Insured Person. The costs of insurance and the related costs of the Policy are included in the premium paid under this Plan despite the product brochure/leaflet and/or the illustration documents of this product having no schedule/section of fees and charges or no additional charge noted other than the premium.
- The premium, whether paid for a Policy Year or by instalment as agreed by FWD, shall be paid in advance when due before any benefits shall be paid.
- All underwriting and claims decisions are made by FWD. FWD relies upon the information provided by the applicant and the Insured Person in the insurance Application to decide to accept or decline the Application with a full refund of any premium paid and any insurance levy paid without interest. FWD reserves the right to accept/reject any insurance Application and can decline your insurance Application by giving notification and explanation of Application result.

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

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

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

Address of FWD office: 18/F., FWD Tower, 979 King's Road, Quarry Bay, Hong Kong

FWD insurance

Celebrate living®
fwd.com.hk

For more information

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

fwd.com.hk

Service Hotline
3123 3123

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

倍衛您醫療計劃（獨立保單）
vBooster Medical Plan (Standalone Plan)

(2025 年 1 月 15 日起生效 Effective from 15 January, 2025)

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

自付費（港元）Deductible (HKD)		0		16,000		25,000	
實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual	月供 Monthly	年供 Annual	月供 Monthly	年供 Annual	月供 Monthly
0	1	6,234.00	561.06	4,113.00	370.17	3,654.00	328.86
1	2	6,234.00	561.06	4,113.00	370.17	3,654.00	328.86
2	3	6,234.00	561.06	4,113.00	370.17	3,654.00	328.86
3	4	6,234.00	561.06	4,113.00	370.17	3,654.00	328.86
4	5	6,234.00	561.06	4,113.00	370.17	3,654.00	328.86
5	6	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
6	7	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
7	8	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
8	9	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
9	10	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
10	11	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
11	12	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
12	13	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
13	14	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
14	15	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
15	16	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
16	17	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
17	18	5,725.00	515.25	3,521.00	316.89	3,032.00	272.88
18	19	5,884.00	529.56	3,548.00	319.32	3,076.00	276.84
19	20	5,932.00	533.88	3,654.00	328.86	3,118.00	280.62
20	21	6,071.00	546.39	3,682.00	331.38	3,159.00	284.31
21	22	6,174.00	555.66	3,743.00	336.87	3,161.00	284.49
22	23	6,267.00	564.03	3,983.00	358.47	3,353.00	301.77
23	24	6,307.00	567.63	3,995.00	359.55	3,474.00	312.66
24	25	6,313.00	568.17	4,321.00	388.89	3,596.00	323.64
25	26	6,562.00	590.58	4,350.00	391.50	3,712.00	334.08
26	27	6,955.00	625.95	4,365.00	392.85	3,818.00	343.62
27	28	7,347.00	661.23	4,695.00	422.55	3,911.00	351.99
28	29	7,652.00	688.68	4,809.00	432.81	3,991.00	359.19
29	30	7,862.00	707.58	4,924.00	443.16	4,076.00	366.84
30	31	8,020.00	721.80	5,038.00	453.42	4,162.00	374.58
31	32	8,245.00	742.05	5,152.00	463.68	4,283.00	385.47
32	33	8,358.00	752.22	5,266.00	473.94	4,406.00	396.54
33	34	8,581.00	772.29	5,344.00	480.96	4,550.00	409.50
34	35	8,790.00	791.10	5,495.00	494.55	4,714.00	424.26
35	36	9,086.00	817.74	5,569.00	501.21	4,892.00	440.28
36	37	9,086.00	817.74	5,871.00	528.39	5,043.00	453.87
37	38	9,255.00	832.95	5,871.00	528.39	5,043.00	453.87
38	39	9,479.00	853.11	6,021.00	541.89	5,118.00	460.62
39	40	9,536.00	858.24	6,021.00	541.89	5,118.00	460.62
40	41	9,647.00	868.23	6,097.00	548.73	5,269.00	474.21
41	42	9,816.00	883.44	6,473.00	582.57	5,495.00	494.55
42	43	10,040.00	903.60	6,624.00	596.16	5,682.00	511.38
43	44	10,489.00	944.01	6,925.00	623.25	6,006.00	540.54
44	45	11,106.00	999.54	7,151.00	643.59	6,021.00	541.89
45	46	11,667.00	1,050.03	7,527.00	677.43	6,686.00	601.74
46	47	12,340.00	1,110.60	7,903.00	711.27	7,016.00	631.44
47	48	12,732.00	1,145.88	8,354.00	751.86	7,518.00	676.62
48	49	13,237.00	1,191.33	8,796.00	791.64	7,838.00	705.42
49	50	13,798.00	1,241.82	9,246.00	832.14	8,144.00	732.96
50	51	14,079.00	1,267.11	9,800.00	882.00	8,477.00	762.93

FWD insurance

倍衛您醫療計劃（獨立保單）
vBooster Medical Plan (Standalone Plan)

(2025 年 1 月 15 日起生效 Effective from 15 January, 2025)

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

自付費（港元）Deductible (HKD)		0		16,000		25,000	
實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual	月供 Monthly	年供 Annual	月供 Monthly	年供 Annual	月供 Monthly
51	52	14,613.00	1,315.17	10,116.00	910.44	8,800.00	792.00
52	53	15,834.00	1,425.06	10,353.00	931.77	8,974.00	807.66
53	54	16,544.00	1,488.96	10,825.00	974.25	9,615.00	865.35
54	55	17,247.00	1,552.23	11,296.00	1,016.64	10,016.00	901.44
55	56	17,979.00	1,618.11	11,688.00	1,051.92	10,257.00	923.13
56	57	19,111.00	1,719.99	12,472.00	1,122.48	10,817.00	973.53
57	58	20,204.00	1,818.36	13,257.00	1,193.13	11,539.00	1,038.51
58	59	21,239.00	1,911.51	14,042.00	1,263.78	12,340.00	1,110.60
59	60	22,672.00	2,040.48	15,061.00	1,355.49	13,142.00	1,182.78
60	61	23,802.00	2,142.18	16,066.00	1,445.94	13,942.00	1,254.78
61	62	24,973.00	2,247.57	17,044.00	1,533.96	15,004.00	1,350.36
62	63	27,092.00	2,438.28	18,336.00	1,650.24	16,139.00	1,452.51
63	64	29,896.00	2,690.64	20,269.00	1,824.21	17,864.00	1,607.76
64	65	33,430.00	3,008.70	22,683.00	2,041.47	20,024.00	1,802.16
65	66	36,287.00	3,265.83	25,044.00	2,253.96	21,892.00	1,970.28
66	67	39,202.00	3,528.18	27,429.00	2,468.61	23,955.00	2,155.95
67	68	40,722.00	3,664.98	28,040.00	2,523.60	24,351.00	2,191.59
68	69	41,620.00	3,745.80	28,892.00	2,600.28	24,985.00	2,248.65
69	70	42,966.00	3,866.94	29,988.00	2,698.92	25,858.00	2,327.22
70	71	44,144.00	3,972.96	31,093.00	2,798.37	26,651.00	2,398.59
71	72	48,804.00	4,392.36	34,385.00	3,094.65	29,452.00	2,650.68
72	73	51,508.00	4,635.72	36,377.00	3,273.93	31,102.00	2,799.18
73	74	54,166.00	4,874.94	38,003.00	3,420.27	32,704.00	2,943.36
74	75	56,400.00	5,076.00	39,922.00	3,592.98	34,179.00	3,076.11
75	76	57,426.00	5,168.34	40,866.00	3,677.94	35,036.00	3,153.24
76	77	62,805.00	5,652.45	43,007.00	3,870.63	36,836.00	3,315.24
77	78	69,018.00	6,211.62	45,918.00	4,132.62	39,407.00	3,546.63
78	79	72,871.00	6,558.39	46,863.00	4,217.67	40,176.00	3,615.84
79	80	77,151.00	6,943.59	49,600.00	4,464.00	42,492.00	3,824.28
80	81	80,379.00	7,234.11	50,717.00	4,564.53	43,437.00	3,909.33
81^	82^	85,034.00	7,653.06	51,876.00	4,668.84	44,530.00	4,007.70
82^	83^	87,508.00	7,875.72	53,572.00	4,821.48	45,896.00	4,130.64
83^	84^	89,060.00	8,015.40	54,445.00	4,900.05	46,592.00	4,193.28
84^	85^	90,470.00	8,142.30	55,580.00	5,002.20	47,884.00	4,309.56
85^	86^	92,092.00	8,288.28	56,278.00	5,065.02	49,620.00	4,465.80
86^	87^	93,784.00	8,440.56	57,603.00	5,184.27	50,715.00	4,564.35
87^	88^	95,265.00	8,573.85	59,005.00	5,310.45	51,990.00	4,679.10
88^	89^	96,746.00	8,707.14	59,840.00	5,385.60	52,777.00	4,749.93
89^	90^	98,297.00	8,846.73	61,304.00	5,517.36	54,209.00	4,878.81
90^	91^	99,849.00	8,986.41	62,422.00	5,617.98	55,015.00	4,951.35
91^	92^	101,471.00	9,132.39	63,722.00	5,734.98	56,025.00	5,042.25
92^	93^	102,951.00	9,265.59	65,062.00	5,855.58	56,760.00	5,108.40
93^	94^	104,503.00	9,405.27	66,249.00	5,962.41	57,679.00	5,191.11
94^	95^	106,195.00	9,557.55	67,849.00	6,106.41	58,347.00	5,251.23
95^	96^	107,746.00	9,697.14	68,922.00	6,202.98	58,940.00	5,304.60
96^	97^	109,369.00	9,843.21	70,148.00	6,313.32	60,112.00	5,410.08
97^	98^	111,331.00	10,019.79	70,864.00	6,377.76	60,866.00	5,477.94
98^	99^	113,291.00	10,196.19	72,167.00	6,495.03	61,535.00	5,538.15
99^	100^	117,970.00	10,617.30	72,597.00	6,533.73	62,364.00	5,612.76

^ 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.

倍衛您醫療計劃 (獨立保單)
vBooster Medical Plan (Standalone Plan)

(2025 年 1 月 15 日起生效 Effective from 15 January, 2025)

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

自付費 (港元) Deductible (HKD)		50,000		100,000		180,000	
實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual	月供 Monthly	年供 Annual	月供 Monthly	年供 Annual	月供 Monthly
0	1	2,276.00	204.84	2,112.00	190.08	1,879.00	169.11
1	2	2,276.00	204.84	2,112.00	190.08	1,879.00	169.11
2	3	2,276.00	204.84	2,112.00	190.08	1,879.00	169.11
3	4	2,276.00	204.84	2,112.00	190.08	1,879.00	169.11
4	5	2,276.00	204.84	2,112.00	190.08	1,879.00	169.11
5	6	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
6	7	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
7	8	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
8	9	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
9	10	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
10	11	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
11	12	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
12	13	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
13	14	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
14	15	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
15	16	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
16	17	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
17	18	2,016.00	181.44	1,797.00	161.73	1,598.00	143.82
18	19	2,087.00	187.83	1,816.00	163.44	1,616.00	145.44
19	20	2,132.00	191.88	1,855.00	166.95	1,650.00	148.50
20	21	2,196.00	197.64	1,899.00	170.91	1,689.00	152.01
21	22	2,225.00	200.25	1,925.00	173.25	1,711.00	153.99
22	23	2,269.00	204.21	1,962.00	176.58	1,744.00	156.96
23	24	2,302.00	207.18	1,991.00	179.19	1,771.00	159.39
24	25	2,334.00	210.06	2,007.00	180.63	1,782.00	160.38
25	26	2,364.00	212.76	2,034.00	183.06	1,807.00	162.63
26	27	2,426.00	218.34	2,086.00	187.74	1,853.00	166.77
27	28	2,486.00	223.74	2,138.00	192.42	1,899.00	170.91
28	29	2,497.00	224.73	2,147.00	193.23	1,907.00	171.63
29	30	2,526.00	227.34	2,171.00	195.39	1,929.00	173.61
30	31	2,669.00	240.21	2,296.00	206.64	2,033.00	182.97
31	32	2,674.00	240.66	2,299.00	206.91	2,036.00	183.24
32	33	2,702.00	243.18	2,324.00	209.16	2,057.00	185.13
33	34	2,734.00	246.06	2,352.00	211.68	2,082.00	187.38
34	35	2,734.00	246.06	2,352.00	211.68	2,082.00	187.38
35	36	2,821.00	253.89	2,427.00	218.43	2,140.00	192.60
36	37	2,908.00	261.72	2,500.00	225.00	2,205.00	198.45
37	38	2,908.00	261.72	2,500.00	225.00	2,205.00	198.45
38	39	2,952.00	265.68	2,538.00	228.42	2,239.00	201.51
39	40	2,969.00	267.21	2,553.00	229.77	2,252.00	202.68
40	41	3,171.00	285.39	2,727.00	245.43	2,406.00	216.54
41	42	3,398.00	305.82	2,922.00	262.98	2,578.00	232.02
42	43	3,521.00	316.89	3,028.00	272.52	2,672.00	240.48
43	44	3,723.00	335.07	3,201.00	288.09	2,824.00	254.16
44	45	3,788.00	340.92	3,257.00	293.13	2,874.00	258.66
45	46	4,143.00	372.87	3,564.00	320.76	3,122.00	280.98
46	47	4,348.00	391.32	3,740.00	336.60	3,275.00	294.75
47	48	4,659.00	419.31	4,006.00	360.54	3,510.00	315.90
48	49	4,858.00	437.22	4,177.00	375.93	3,660.00	329.40
49	50	5,092.00	458.28	4,379.00	394.11	3,836.00	345.24
50	51	5,448.00	490.32	4,686.00	421.74	4,104.00	369.36

倍衛您醫療計劃（獨立保單）
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標準保費表（港元）
Standard Premium Schedule (HKD)

自付費（港元）Deductible (HKD)		50,000		100,000		180,000	
實際年齡 Attained Age	下次生日年齡 Age at next birthday	年供 Annual	月供 Monthly	年供 Annual	月供 Monthly	年供 Annual	月供 Monthly
51	52	5,727.00	515.43	4,925.00	443.25	4,314.00	388.26
52	53	6,005.00	540.45	5,164.00	464.76	4,524.00	407.16
53	54	6,283.00	565.47	5,404.00	486.36	4,733.00	425.97
54	55	6,561.00	590.49	5,643.00	507.87	4,943.00	444.87
55	56	6,840.00	615.60	5,951.00	535.59	5,221.00	469.89
56	57	7,118.00	640.62	6,192.00	557.28	5,471.00	492.39
57	58	7,397.00	665.73	6,435.00	579.15	5,686.00	511.74
58	59	7,675.00	690.75	6,754.00	607.86	5,976.00	537.84
59	60	7,954.00	715.86	6,999.00	629.91	6,192.00	557.28
60	61	8,393.00	755.37	7,385.00	664.65	6,535.00	588.15
61	62	9,102.00	819.18	8,009.00	720.81	7,087.00	637.83
62	63	9,880.00	889.20	8,694.00	782.46	7,693.00	692.37
63	64	10,819.00	973.71	9,413.00	847.17	8,316.00	748.44
64	65	11,722.00	1,054.98	10,198.00	917.82	9,009.00	810.81
65	66	12,564.00	1,130.76	10,932.00	983.88	9,658.00	869.22
66	67	13,785.00	1,240.65	11,992.00	1,079.28	10,522.00	946.98
67	68	14,994.00	1,349.46	12,895.00	1,160.55	11,295.00	1,016.55
68	69	16,428.00	1,478.52	14,129.00	1,271.61	12,376.00	1,113.84
69	70	17,923.00	1,613.07	15,414.00	1,387.26	13,503.00	1,215.27
70	71	19,523.00	1,757.07	16,789.00	1,511.01	14,707.00	1,323.63
71	72	20,691.00	1,862.19	17,796.00	1,601.64	15,588.00	1,402.92
72	73	21,983.00	1,978.47	18,905.00	1,701.45	16,560.00	1,490.40
73	74	23,192.00	2,087.28	19,945.00	1,795.05	17,471.00	1,572.39
74	75	24,416.00	2,197.44	20,997.00	1,889.73	18,393.00	1,655.37
75	76	25,728.00	2,315.52	22,126.00	1,991.34	19,381.00	1,744.29
76	77	26,649.00	2,398.41	22,917.00	2,062.53	20,075.00	1,806.75
77	78	27,986.00	2,518.74	24,067.00	2,166.03	21,082.00	1,897.38
78	79	28,533.00	2,567.97	24,538.00	2,208.42	21,494.00	1,934.46
79	80	30,176.00	2,715.84	25,951.00	2,335.59	22,733.00	2,045.97
80	81	31,961.00	2,876.49	27,486.00	2,473.74	24,077.00	2,166.93
81^	82^	32,811.00	2,952.99	28,218.00	2,539.62	24,718.00	2,224.62
82^	83^	34,034.00	3,063.06	29,270.00	2,634.30	25,639.00	2,307.51
83^	84^	35,350.00	3,181.50	30,401.00	2,736.09	26,630.00	2,396.70
84^	85^	36,545.00	3,289.05	31,429.00	2,828.61	27,531.00	2,477.79
85^	86^	37,870.00	3,408.30	32,568.00	2,931.12	28,529.00	2,567.61
86^	87^	38,705.00	3,483.45	33,286.00	2,995.74	29,158.00	2,624.22
87^	88^	39,678.00	3,571.02	34,123.00	3,071.07	29,891.00	2,690.19
88^	89^	40,279.00	3,625.11	34,640.00	3,117.60	30,343.00	2,730.87
89^	90^	41,372.00	3,723.48	35,580.00	3,202.20	31,168.00	2,805.12
90^	91^	42,027.00	3,782.43	36,143.00	3,252.87	31,660.00	2,849.40
91^	92^	45,681.00	4,111.29	39,286.00	3,535.74	34,414.00	3,097.26
92^	93^	46,533.00	4,187.97	40,018.00	3,601.62	35,054.00	3,154.86
93^	94^	47,553.00	4,279.77	40,896.00	3,680.64	35,823.00	3,224.07
94^	95^	48,687.00	4,381.83	41,871.00	3,768.39	36,678.00	3,301.02
95^	96^	49,605.00	4,464.45	42,660.00	3,839.40	37,368.00	3,363.12
96^	97^	51,026.00	4,592.34	43,882.00	3,949.38	38,440.00	3,459.60
97^	98^	52,541.00	4,728.69	45,186.00	4,066.74	39,581.00	3,562.29
98^	99^	53,563.00	4,820.67	46,064.00	4,145.76	40,350.00	3,631.50
99^	100^	54,734.00	4,926.06	47,071.00	4,236.39	41,233.00	3,710.97

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