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

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

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

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

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

Benefit Terms	VHIS FI Certificatio F00051-01-000 Benef F00051-02-000	nce Medical an - exi Plan on Number: -01 for Standard it Level I-01 for Superior it Level	Embrace Medical Plan^ (with Optional Medical Booster Benefit) Superior Plan Premier Plan		CANsurance Full Medical Plan [^]				TheOne Medical Solution Standard Plan
	Standard Benefit Level	Superior Benefit Level			Economy Plan	Standard Plan	Superior Plan	Premier Plan	Stallualu Plali
Kidney dialysis	(Include the M or treatments Confinement of case proced Hospital (non- and rental co- dialysis mack	icable ledical Services received during or at a clinic, day ure centre or -Confinement), sst of a kidney nine for use at me)	(Include the M treatments of Confinement or procedure centre	licable ledical Services or received during at a clinic, day case re or Hospital (non- ment) only)	Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)			clinic, day	Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non- Confinement) only)
Supplementary major medical benefit	Not ap	plicable	Арр	licable	Not applicable			Not applicable	
Underwriting	Full und	erwriting	Full und	derwriting	Full underwriting			Full underwriting	

[^]Closed for new application.

Comparison between the benefit items of vCansurance Medical Plan and CANsurance Full Medical Plan[^] – Economy and Standard Plan

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

and CANsurance Full N	1edical Plan [^] – Ecor	nomy and Standard	Plan:	
Benefit items	vCansurance Medical Plan VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year) Standard Superior Benefit Level Benefit Level		CANsurance Full Medical Plan^ — Economy Plan Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^ — Standard Plan Benefit limit (HKD) (reimbursement per Disability)
Issue age (age next birthday)	1 (15 days		1 (15 days) to age 70	1 (15 days) to age 70
Premium payment term (age next birthday)	To ag	e 101	To age 100	To age 100
Hospitalisation benefit	ts			
Room and board	Full cover		Full cover	Full cover
Intensive care	Full cover		Full cover	Full cover
Attending doctor's visit fee	Full c	cover	Full cover	Full cover
Specialist's fee	Full o	cover	Full cover	Full cover
Miscellaneous charges	Full c	cover	Full cover	Full cover
Home nursing	Disability per Po to services prov Registered Nurs - Post-Confineme Full cover (Maxi	mum 30 days per blicy Year, subject ided by 1 te per day) tent home nursing mum 30 days per blicy Year, subject ided by 1	 Private nurse's fee Full cover Post-Confinement home nursing Full cover (within 31 days after discharge from Hospital following surgery or admission to Intensive Care Unit) 	 Private nurse's fee Full cover Post-Confinement home nursing Full cover (within 31 days after discharge from Hospital following surgery or admission to Intensive Care Unit)
Companion bed	Full o	cover	Full cover	Full cover
Daily hospital cash benefit (for Confinement in general ward of public Hospital in Hong Kong)	Not app	plicable	\$300 per day (Maximum 60 days per Disability)	\$800 per day (Maximum 60 days per Disability)

Benefit items	vCansurance Medical Plan VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year) Standard Benefit Level \$4800 per day of		VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year) Standard Benefit Level \$800 per day of		CANsurance Full Medical Plan^ — Standard Plan Benefit limit (HKD) (reimbursement per Disability)
Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong	\$800 per day of Confinement (Maximum 30 days per Disability per Policy Year)		Not applicable	Not applicable	
Surgical benefits					
Surgeon's fee	Full cover regardless of the surgical category		Full cover	Full cover	
Anaesthetist's fee	Full cover		Full cover	Full cover	
Operating theatre charges	Full cover		Full cover	Full cover	
Other medical benefits	S				
Pre- and post- Confinement/ Day Case Procedure outpatient care	Full cover - 3 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure - 20 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure and maximum \$600 per visit for physiotherapy or chiropractic treatment)		Full cover - 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery	Full cover - 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery	
Prescribed Diagnostic Imaging Tests	(including Confin	l cover finement and non- inement) Full cover (including Confinement only)		Full cover (including Confinement only)	
Prescribed Non- surgical Cancer Treatments	Full cover		Full cover	Full cover	
Psychiatric treatments	\$40,000 per Disa Ye		Not applicable	Not applicable	
Emergency outpatient accidental treatment	Full c	over	Full cover	Full cover	

Benefit items	vCansurance Medical Plan VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year) Standard Superior Benefit Level Benefit Level		CANsurance Full Medical Plan^ — Economy Plan Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^ - Standard Plan Benefit limit (HKD) (reimbursement per Disability)
Emergency outpatient dental treatment	Full cover		Full cover	Full cover
Cash benefit for Day Case Procedure	\$500 per ¡	orocedure	Not applicable	Not applicable
Cash benefit for top- up subsidy	\$500 per day o (Maximum 60 da per Poli	ays per Disability	Not applicable	Not applicable
Kidney dialysis	treatments re	dical Services or ceived during r at a clinic, day entre or Hospital ent), and rental dialysis machine	Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)	Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)
Additional benefit for Prescribed Non- surgical Cencer Treatments and kidney dialysis	- Reimburse Eligible Expenses in excess of the amounts payable under Miscellaneous charges, Prescribed Nonsurgical Cancer Treatments and Outpatient kidney dialysis Maximum HKD350,000 HKD500,000 per Disability PMAXIMUM HKD500,000		Not applicable	Not applicable
Post-Confinement/ Day Case Procedure Chinese medicine treatment	\$600 per visit - Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 follow- up outpatient visit per day		\$300 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery	\$400 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery

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

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

Benefit items	Le [.] Benefit lii	exi Plan n Number: for Standard Benefit vel for Superior Benefit vel mit (HKD) per Disability per	CANsurance Full Medical Plan^ — Economy Plan Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^ - Standard Plan Benefit limit (HKD) (reimbursement per Disability)
Special benefit for infant			Not applicable	Not applicable

[^]Closed for new application.

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

Comparison between the benefit items of vCANsurance Medical Plan and CANsurance Full Medical Plan[^] – Superior and Premier Plan

Below is a comparison between the benefit items of vCANsurance Medical Plan and CANsurance Full Medical Plan – Superior and Premier Plan:

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

	vCansurance	Medical Plan			
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year) Standard Superior Benefit Level Benefit Level		CANsurance Full Medical Plan^ - Superior Plan Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^ — Premier Plan Benefit limit (HKD) (reimbursement per Disability)	
Cash benefit for room and board Confinement below entitled ward class in a private Hospital in Hong Kong	\$800 per day of Confinement Not applicable (Maximum 30 days per Disability per Policy Year)		\$800 per day (Maximum 60 days per Disability)	\$1,000 per day (Maximum 60 days per Disability)	
Surgical benefits					
Surgeon's fee	Full cover regardless of the surgical category		Full cover	Full cover	
Anaesthetist's fee	Full cover		Full cover	Full cover	
Operating theatre charges	Full cover		Full cover	Full cover	
Other medical benefit	s				
Pre- and post-	Full cover - 3 prior outpatient visits or Emergency consultations per Confinement/ Day Case Procedure - 20 follow-up outpatient visits per Confinement/ Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure and maximum \$600 per visit for physiotherapy or		Full cover	F. II	
Confinement/ Day Case Procedure outpatient care	 20 follow-up outp Confinement/ Day (within 90 days af Hospital or compl Procedure and ma 	y Case Procedure latient visits per y Case Procedure ter discharge from etion of Day Case eximum \$600 per larapy or	 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery 	Full cover - 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery	
Confinement/ Day Case Procedure	- 20 follow-up outp Confinement/ Day (within 90 days af Hospital or compl Procedure and may visit for physiother chiropractic treats Full confinements	y Case Procedure latient visits per y Case Procedure ter discharge from etion of Day Case eximum \$600 per erapy or ment)	 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery 1 visit per day and maximum 20 visits within 60 days after discharge 	 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery 1 visit per day and maximum 20 visits within 60 days after discharge 	
Confinement/ Day Case Procedure outpatient care Prescribed Diagnostic Imaging	- 20 follow-up outp Confinement/ Day (within 90 days af Hospital or compl Procedure and may visit for physiother chiropractic treats Full confinements	y Case Procedure atient visits per y Case Procedure ter discharge from etion of Day Case eximum \$600 per erapy or ment) cover mement and non- ement)	 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery Full cover	 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery Full cover	
Confinement/ Day Case Procedure outpatient care Prescribed Diagnostic Imaging Tests Prescribed Non- surgical Cancer	- 20 follow-up outp Confinement/ Day (within 90 days af Hospital or compl Procedure and may visit for physiothe chiropractic treats Full c (including Confinements)	y Case Procedure atient visits per y Case Procedure ter discharge from etion of Day Case eximum \$600 per erapy or ment) cover mement and non- ement) cover ability per Policy	 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery Full cover (including Confinement only) 	 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery Full cover (including Confinement only) 	
Confinement/ Day Case Procedure outpatient care Prescribed Diagnostic Imaging Tests Prescribed Non- surgical Cancer Treatments Psychiatric	- 20 follow-up outp Confinement/ Day (within 90 days af Hospital or compl Procedure and may visit for physiothe chiropractic treate Full of (including Confin Confin	y Case Procedure atient visits per y Case Procedure ter discharge from etion of Day Case eximum \$600 per erapy or ment) cover mement and non- ement) cover ability per Policy ar	 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery Full cover (including Confinement only) 	- 1 visit per day and maximum 3 visits within 31 days before hospitalisation or clinical surgery - 1 visit per day and maximum 20 visits within 60 days after discharge or clinical surgery Full cover (including Confinement only) Full cover	

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year) Standard Superior Benefit Level Benefit Level		CANsurance Full Medical Plan^ — Superior Plan Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^ — Premier Plan Benefit limit (HKD) (reimbursement per Disability)
Cash benefit for Day Case Procedure	\$500 per p	procedure	Not applicable	Not applicable
Cash benefit for top- up subsidy	\$500 per day o (Maximum 60 day Policy	s per Disability per	Not applicable	Not applicable
Kidney dialysis	treatments re Confinement or a procedure centre Confinement), ar	dical Services or eceived during t a clinic, day case or Hospital (non- nd rental cost of a nachine for use at	Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non- Confinement) only)	Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non- Confinement) only)
Additional benefit for Prescribed Non- surgical Cancer Treatments and kidney dialysis	- Reimburse Eligible Experincurred in excess of the amounts payable undo Miscellaneous charge Prescribed Non-surgical Cancer Treatments and Cancer Treatments and		Not applicable	Not applicable
Post-Confinement/ Day Case Procedure Chinese medicine treatment	per Disability per Policy Year \$600 per visit - Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 follow-up outpatient		\$600 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery	\$800 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery
Physiotherapist or chiropractor consultation	Applicable (covered under Pre- and Post- Confinement/ Day Case Procedure outpatient care, which means: \$600 per visit - 3 prior outpatient visits or Emergency consultations per Confinement/Day Case Procedure - 20 follow-up outpatient visits per Confinement/Day Case Procedure (within 90 days after discharge from Hospital or completion of Day Case Procedure)		\$600 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery	\$800 per visit - 1 visit per day and maximum 10 visits within 60 days after discharge or clinical surgery

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year)		CANsurance Full Medical Plan^ — Superior Plan Benefit limit (HKD) (reimbursement per Disability)	CANsurance Full Medical Plan^ — Premier Plan Benefit limit (HKD) (reimbursement per Disability)
	Standard Benefit Level	Superior Benefit Level		
Rehabilitation treatment	\$10,000 per Disability per Policy Year	\$30,000 per Disability per Policy Year	Applicable (covered under Physiotherapist or chiropractor consultation or Post-Confinement/ Day Case Procedure Chinese medicine treatment, which means: \$600 per visit - 1 visit per day and maximum 20 visits in total within 60 days after discharge or clinical surgery)	Applicable (covered under Physiotherapist or chiropractor consultation or Post-Confinement/ Day Case Procedure Chinese medicine treatment, which means: \$800 per visit - 1 visit per day and maximum 20 visits in total within 60 days after discharge or clinical surgery)
Self-inflicted injuries	Not covered		\$10,000 per Disability	\$10,000 per Disability
Total benefit limit				
Per Disability Limit / Per Disability Per Policy Year Limit of Hospitalisation benefits, surgical benefits and other medical benefits	\$500,000 per Disability per Policy Year (The Additional benefit for Prescribed Non- surgical Cancer Treatments and kidney dialysis with maximum \$350,000 per Disability per Policy Year is not counted)	\$650,000 per Disability per Policy Year (The Additional benefit for Prescribed Non- surgical Cancer Treatments and kidney dialysis with maximum \$500,000 per Disability per Policy Year is not counted)	\$500,000 per Disability (\$1,000,000 per covered cancer)	\$800,000 per Disability (\$1,600,000 per covered cancer)
Death benefit				
Death Benefit	\$20,000	\$30,000	\$20,000	\$30,000
Accidental death benefit	\$20,000	\$30,000	\$20,000	\$30,000
Other services and bei	nefits			
Second Medical Opinion	Available*		Available	Available
International SOS 24- hour Worldwide Assistance Services	Avail	able*	Available	Available
Ancillary service	CANci	erge*	CANcierge	CANcierge

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

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

[^]Closed for new application.

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

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

Below is a comparison between the benefit items of vCANsurance Medical Plan and Embrace Medical Plan[^] with Optional Medical Booster Benefit – Superior and Premier Plan:

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

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

	vCansurance	Medical Plan		
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year) Standard Superior		Embrace Medical Plan^ — Superior Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability)	Embrace Medical Plan^ — Premier Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability)
Psychiatric treatments	-	Benefit Level ability per Policy	Not applicable	Not applicable
Emergency outpatient accidental treatment	Full o	cover	\$6,500	\$14,000
Emergency outpatient dental treatment	Full o	cover	Not applicable	Not applicable
Cash benefit for Day Case Procedure	\$500 per procedure		Not applicable	Not applicable
Cash benefit for top- up subsidy	\$500 per day of Confinement (Maximum 60 days per Disability per Policy Year)		Not applicable	Not applicable
Kidney dialysis	Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home)		\$350,000 (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)	\$500,000 (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)
Additional benefit for Prescribed Non- surgical Cancer Treatments and kidney dialysis	- Reimburse Eligible Expenses incurred in excess of the amounts payable under Miscellaneous charges, Prescribed Non-surgical Cancer Treatments and Outpatient kidney dialysis Maximum Maximum HKD350,000 HKD500,000 per Disability per Policy Year pay Policy Year pay Policy Year		Not applicable	Not applicable
Supplementary major medical benefit (SMM)	per Policy Year per Policy Year Not applicable		 Entitled ward class: Standard Semi-private Room Benefit term: To age 100 (age next birthday) Pays up to 85% of Eligible Expenses in excess of the benefits paid by Embrace, with 	 Entitled ward class: Standard Private Room Benefit term: To age 100 (age next birthday) Pays up to 85% of Eligible Expenses in excess of the benefits paid by Embrace, with

	vCansurance Medical Plan		
	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit	Embrace Medical Plan^ -	Embrace Medical Plan^ –
Benefit items	Level F00051-02-000-01 for Superior Benefit Level	Superior Plan (with Optional Medical Booster Benefit)	Premier Plan (with Optional Medical Booster Benefit)
	Benefit limit (HKD) (reimbursement per Disability per Policy Year)	Benefit limit (HKD) (reimbursement per Disability)	Benefit limit (HKD) (reimbursement per Disability)
	Standard Superior Benefit Level Benefit Level		
		per Disability limit up to \$150,000 • Hospitalisation benefits: Room and board and Attending doctor's visit fee are covered under Supplementary major medical benefit only if the reimbursement exceeds 150 days • Surgical benefits: Get reimbursed up to 50% of the per Disability limit in Optional medical booster benefit - The overall Lifetime Benefit Limits per life and per policy apply to the aggregate amounts paid on or after the policy anniversary immediately following the 74th birthday of the Insured Person (age next birthday) • Overall Lifetime Benefit Limit per Policy is \$420,000 • Overall Lifetime Benefit Limit per life is \$1,200,000	per Disability limit up to \$250,000 Hospitalisation benefits: Room and board and Attending doctor's visit fee are covered under Supplementary major medical benefit only if the reimbursement exceeds 150 days Surgical benefits: Get reimbursed up to 50% of the per Disability limit in Optional medical booster benefit The overall Lifetime Benefit Limits per life and per policy apply to the aggregate amounts paid on or after the policy anniversary immediately following the 74th birthday of the Insured Person (age next birthday) Overall Lifetime Benefit Limit per Policy is \$700,000 Overall Lifetime Benefit Limit per life is \$1,200,000
Road ambulance to and/ or from the Hospital	Covered under Miscellaneous charges, which means: Full cover	\$300 per Disability (to Hospital only)	\$350 per Disability (to Hospital only)
Post-Confinement/ Day Case Procedure Chinese medicine treatment	\$600 per visit - Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 follow-up outpatient visit per day	Applicable (covered under Post-hospitalization Consultation, which means: \$350 per visit (1 visit per day) - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery)	Applicable (covered under Post-hospitalization Consultation, which means: \$400 per visit (1 visit per day) - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery)
Physiotherapist or chiropractor consultation	Applicable (covered under Pre- and Post- Confinement/ Day Case Procedure outpatient care, which means: \$600 per visit	Applicable (covered under Post-hospitalization Consultation, which means: \$350 per visit (1 visit per day)	Applicable (covered under Post-hospitalization Consultation, which means: \$400 per visit (1 visit per day)

	vCansurance Medical Plan –			
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level		Embrace Medical Plan [^] — Superior Plan (with Optional Medical Booster	Embrace Medical Plan [^] — Premier Plan (with Optional Medical Booster
benefit items	Benefit li	mit (HKD) per Disability per	Benefit) Benefit limit (HKD) (reimbursement per Disability)	Benefit) Benefit limit (HKD) (reimbursement per Disability)
	Standard Benefit Level	Superior Benefit Level		
	 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) 		- up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery)	- up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery)
Rehabilitation treatment	\$10,000 per \$30,000 per Disability per Policy Year Policy Year		Not applicable	Not applicable
Total benefit limit				
Per Disability Limit / Per Disability Per Policy Year Limit of hospitalisation benefits, surgical benefits and other medical benefits	\$500,000 per Disability per Policy Year (The Additional benefit for Prescribed Non- surgical Cancer Treatments and kidney dialysis with maximum \$350,000 per Disability per Policy Year is not counted)	\$650,000 per Disability per Policy Year (The Additional benefit for Prescribed Non- surgical Cancer Treatments and kidney dialysis with maximum \$500,000 per Disability per Policy Year is not counted)	Not applicable	Not applicable
Death benefit				
Death benefit	\$20,000	\$30,000	\$15,000	\$20,000
Accidental death benefit	\$20,000	\$30,000	\$15,000	\$20,000
Other services and ben	efits			
Second Medical Opinion	Avail	able*	Not available	Not available
International SOS 24- hour Worldwide Assistance Services	Avail	able*	Available	Available

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

[^]Closed for new application.

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

Comparison between the benefit items of vCANsurance Medical Plan and TheOne Medical Solution[^] – Standard Plan

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

	vCansurance	Medical Plan	
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level Benefit limit (HKD) (reimbursement per Disability per Policy Year) Standard Benefit Level Superior Benefit Level		TheOne Medical Solution [^] — Standard Plan Benefit limit (HKD) (reimbursement per Policy Year)
Surgical benefits			
Surgeon's fee	Full cover regardless o	f the surgical category	Full cover
Anaesthetist's fee	Full o	cover	Full cover
Operating theatre charges	Full o	cover	Full cover
Other medical benefits			
Pre- and post- Confinement/ Day Case Procedure outpatient care	Full of a prior outpatient visits or land confinement/ Day Case Procedure (within 90 Hospital or completion of Day maximum \$600 per visit for chiropractic treatment)	Emergency consultations per ocedure its per Confinement/ Day days after discharge from Day Case Procedure and	Full cover - Within 31 days before hospitalisation or clinical surgery and maximum 1 visit per day - Within 60 days immediately after discharge from hospitalisation or clinical surgery and maximum 1 visit per day
Prescribed Diagnostic Imaging Tests	Full of function (including Confinement		Full cover (including Confinement only)
Prescribed Non- surgical Cancer Treatments	Full cover		Full cover
Psychiatric treatments	\$40,000 per Disabi	ility per Policy Year	Not applicable
Medical appliances benefit	Covered under Miscellaneous Charges, which means: Full cover		- Specified items (including Pace maker, Stents for Percutaneous Transluminal Coronary Angioplasty, Intraocular lens, Artificial cardiac valve, Metallic or artificial joints for joint replacement, Prosthetic ligaments for replacement or implantation between bones; and Prosthetic intervertebral disc): Full cover - Other items: \$96,000 per item per life
Donor's Benefit	Not Ap	plicable	Full Cover (Organ and Bone Marrow Transplantation) Only cover the Eligible Expenses of the surgical procesure performed on the Insured Person as a recipient
Emergency outpatient accidental treatment	Full c	cover	Not applicable

	vCansurance	Medical Plan	
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level		TheOne Medical Solution [^] — Standard Plan
	Benefit lir (reimbursement per Di		Benefit limit (HKD) (reimbursement per Policy Year)
	Standard Benefit Level	Superior Benefit Level	
Emergency outpatient dental treatment	Full c	cover	Full cover
Cash benefit for Day Case Procedure	\$500 per p	orocedure	Not applicable
Cash benefit for top- up subsidy	\$500 per day o (Maximum 60 days per D		Not applicable
Kidney dialysis	Full of (Include the Medical Streceived during Confinem procedure centre or Hosp and rental cost of a kidner at hosp	Services or treatments ent or at a clinic, day case pital (non-Confinement), y dialysis machine for use	Full cover (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement) only)
Additional benefit for Prescribed Non- surgical Cancer Treatments and	 Reimburse Eligible Expenses in Excess of the amounts payable under Miscellaneous charges, Prescribed Non-surgical Cancer Treatments and Outpatient kidney dialysis 		Provide additional \$1,000,000 annual limit on organ
kidney dislysis	Maximum HKD350,000 per Disability per Policy Year	Maximum HKD500,000 per Disability per Policy Year	and bone marrow transplantation, chemotherapy, radiotherapy, immunotherapy, target therapy, proton therapy, cancer hormonal therapy and
Additional Annual Benefit Limit for organ and bone marrow transplantation	Not app	plicable	kidney dialysis.
Pregnancy Complications	Not app	plicable	Full cover
Post-Confinement/ Day Case Procedure Chinese medicine treatment	\$600 per visit - Maximum 10 follow-up outpatient visits per Confinement/Day Case Procedure within 90 days after discharge from Hospital or completion of Day Case Procedure, subject to 1 follow-up outpatient visit per day		Not applicable
	Appli		Applicable
Physiotherapist or chiropractor consultation	(covered under Pre- and Po Case Procedure outpatient \$600 per visit - 3 prior outpatient visits of consultations per Confin Procedure	or Emergency	 (covered under Post-Confinement/ Day Case Procedure outpatient care, which means: Full cover Within 60 days immediately after discharge from hospitalisation or clinical surgery and maximum 1 visit per day)

	vCansurance	Medical Plan					
Benefit items	Certificatio F00051-01-000-01 for F00051-02-000-01 for Benefit li	exi Plan on Number: Standard Benefit Level Superior Benefit Level mit (HKD) sability per Policy Year)	TheOne Medical Solution [^] — Standard Plan Benefit limit (HKD) (reimbursement per Policy Year)				
	Standard Benefit Level	Superior Benefit Level					
	- 20 follow-up outpatient Confinement/Day Case I after discharge from Hos Day Case Procedure)	Procedure (within 90 days					
HIV / AIDS treatment benefit	Full (Waiting per	cover riod: 2 years)	\$800,000 per lifetime (Waiting period: 5 years)				
Rehabilitation treatment	\$10,000 per Disability per Policy Year	\$30,000 per Disability per Policy Year	Not applicable				
Total benefit limit							
Per Policy Limit / Per Disability Per Policy Year Limit of hospitalisation benefits, surgical benefits and other medical benefits	\$500,000 per Disability per Policy Year (The Additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis with maximum \$350,000 per Disability per Policy Year is not counted)	\$650,000 per Disability per Policy Year (The Additional benefit for Prescribed Non-surgical Cancer Treatments and kidney dialysis with maximum \$500,000 per Disability per Policy Year is not counted)	\$8,000,000 per Policy Year (additional \$1,000,000 benefit limit for organ and bone marrow transplantation, chemotherapy and radiotherapy and kidney dialysis)				
Lifetime Limit of hospitalisation benefits, surgical benefits and other medical benefits	Not ap	plicable	\$40,000,000				
Death benefit							
Death benefit	\$20,000	\$30,000	\$80,000				
Accidental death benefit	\$20,000	\$30,000	\$80,000				
Other services and ben	efits						
Second Medical Opinion	Avail	able*	Available				
International SOS 24- hour Worldwide Assistance Services	Avail	able*	Available				
Ancillary service	CANC	erge*	PREMIER THE ONEcierge				
Wellness course/ medical check-up	\$1,000* Once for every 5 consecutive Policy Years	\$2,000* Once for every 5 consecutive Policy Years	Not applicable				

	vCansurance Medical Plan				
Benefit items	VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level	TheOne Medical Solution [^] — Standard Plan			
	Benefit limit (HKD) (reimbursement per Disability per Policy Year)	Benefit limit (HKD) (reimbursement per Policy Year)			
	Standard Benefit Level Superior Benefit Level				
No claims premium discount	 If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - 2 to 4 consecutive years: 10% 5 or more consecutive years: 15% If the Policy Holder holds other in-force vCANsurance Medical Plan policy(ies), and at least 2 of the policies (including this Policy) are eligible for the 1) no claims premium discount stated above on any Renewal Date, the Policy originally held would then be entitled to extra premium discount below according to the corresponding number of policies held - 2 or 3: 2.5% 4: 5% 5 or above: 10% 	Not applicable			
Option to reduce or remove the Deductible at specified ages	Not applicable	Applicable (allowed to switch to a lower annual Deductible option on or after the respective age next birthday of 50, 55, 60 or 65, subject to terms and conditions as determined by FWD from time to time)			
First-dollar coverage – Deductible waived for designated crises	Not applicable	While this Policy is in force, if the Insured Person suffers the following designated crises and is Confined in a Hospital or undergoes a Day Case Procedure as a direct result of the designated crises, in calculation of benefits payable under this Policy, the payment of the remaining balance of Deductible (if any) will be waived in respect of such Confinement, Day Case Procedure or treatment. The designated crises include Cancer, Cardiomyopathy, Chronic Liver Disease, Coronary Artery Disease Surgery, End Stage Lung Disease, Fulminant Hepatitis, Heart Attack, Heart Valve Surgery, Kidney Failure, Major Organ Transplantation, Parkinson's Disease, Primary Pulmonary Arterial Hypertension, Severe Rheumatoid Arthritis, Stroke, Surgery to Aorta and Terminal Illness.			
Special benefit for infant	While the Policy is in force, if the Insured Person or Insured Person's spouse gives birth to a child after the Policy has been in force for 2 consecutive Policy Years from the Policy Effective Date ("Covered Child"), a 1-year coverage for the designated medical insurance plan shall be offered to the Covered Child without further evidence of insurability and at no additional charge.*	Not applicable			

^Closed for new application.

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

Remark: The above comparison is based on data compiled on 17 September 2020. Product features may change from time to time without prior notice and all are subject to the terms and conditions of the policy at the time. The product information in the table does not contain the full terms and conditions, key product risks and full list of exclusions of the policy, please refer to the product brochure and policy provisions for details.

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

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

Male (HKD – annual premium)

Age (age next birthday)	next		CANsurance Full Medical Plan^			vCANsurance Medical Plan— VHIS Flexi Plan Certification Number: F00051-01-000-01 for Standard Benefit Level F00051-02-000-01 for Superior Benefit Level		TheOne Medical Solution^*			
	Superior	Premier	Economy	Standard	Superior	Premier	Standard Benefit Level	Superior Benefit Level	Standard Plan (Deductible HKD80,000)	Standard Plan (Deductible HKD40,000)	Standard Plan (Deductible HKD0)
11	4,049	7,467	3,278	3,651	6,312	7,575	4,342	6,781	3,292	4,154	9,786
21	4,483	8,180	2,511	2,797	5,332	6,399	3,447	6,398	3,336	4,207	9,858
31	5,870	11,031	3,559	3,964	8,055	9,666	4,515	8,415	4,420	5,548	12,687
41	7,845	14,590	4,220	4,700	9,672	11,608	5,224	9,860	5,524	6,902	15,416
51	11,721	22,032	6,482	7,220	14,725	17,724	8,083	16,204	8,450	10,539	23,390
61	18,877	34,082	12,118	13,498	26,053	31,361	14,000	28,607	13,984	17,503	39,524
71	31,851	50,322	23,561	26,243	49,730	59,851	28,225	51,222	25,708	32,254	73,596
81	49,627	83,691	36,450	40,599	77,791	93,600	46,412	78,389	40,273	50,531	115,297

[^]Closed for new application.

The above product information and premium rates are as of 11 July 2022 and for reference only, please refer to the relevant leaflet / brochure and policy provisions for product details. The above premium does not include the insurance levy collected by the Insurance Authority, any promotional offers, premium discounts or no claims premium discounts. The Standard Premium is non-guaranteed and will be determined annually based on the Age Next Birthday of the Insured Person at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to age, and claims experience and policy persistency in the same portfolio.

^{*}The above premium of TheOne Medical Solution is adjusted premium with effective from 1 September 2022. For details, please refer to the repricing pack of CANsurance Full Medical Plan/ CANsurance Full Medical Rider and TheOne Medical Solution/ TheOne Medical Rider.

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

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

Female (HKD – annual premium)

Age (age next birthday)	Plan Optional	Embrace Medical Plan [^] with Optional Medical Booster Benefit		CANsurance Full Medical Plan [^]			vCANsurance VHIS Flood Certification F00051-01-000- Benefi F00051-02-0000 Benefi	TheOne Medical Solution^*			
	Superior	Premier	Economy	Standard	Superior	Premier	Standard Benefit Level	Superior Benefit Level	Standard Plan (Deductible HKD80,000)	Standard Plan (Deductible HKD40,000)	Standard Plan (Deductible HKD0)
11	4,768	8,801	3,026	3,370	5,827	6,993	4,035	6,148	3,292	4,154	9,786
21	6,128	10,811	3,123	3,478	5,835	7,002	4,107	6,418	3,336	4,207	9,858
31	8,294	15,180	4,781	5,325	8,313	9,977	5,936	8,562	4,420	5,548	12,687
41	10,956	19,668	5,501	6,127	10,158	12,190	6,926	10,463	5,524	6,902	15,416
51	15,594	27,354	7,701	8,578	15,342	18,467	9,396	15,802	8,450	10,539	23,390
61	21,309	38,390	12,232	13,624	24,798	29,849	14,091	25,855	13,984	17,503	39,524
71	29,599	57,132	20,337	22,652	42,021	50,572	24,572	43,282	25,708	32,254	73,596
81	46,718	88,370	30,003	33,419	61,866	74,438	38,314	67,563	40,273	50,531	115,297

[^]Closed for new application.

The above product information and premium rates are as of 11 July 2022 and for reference only, please refer to the relevant leaflet / brochure and policy provisions for product details. The above premium does not include the insurance levy collected by the Insurance Authority, any promotional offers, premium discounts or no claims premium discounts. The Standard Premium is non-guaranteed and will be determined annually based on the Age Next Birthday of the Insured Person at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to age, and claims experience and policy persistency in the same portfolio.

^{*}The above premium of TheOne Medical Solution is adjusted premium with effective from 1 September 2022. For details, please refer to the repricing pack of CANsurance Full Medical Plan/ CANsurance Full Medical Rider and TheOne Medical Solution/ TheOne Medical Rider.