

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

The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.

Below is a comparison between the benefit terms of vBooster Medical Plan, Embrace Medical Plan[^] with Optional Medical Booster Benefit – Standard, Superior and Premier Plan, CANsurance Full Medical Plan[^] – Economy, Standard, Superior and Premier Plan. These products are issued by FWD Life Insurance Company (Bermuda) Limited (incorporated in Bermuda with limited liability) (“FWD”) (VHIS provider registration number: 00036).

| Benefit Terms | vBooster Medical Plan – VHIS Flexi Plan Certification Number: | | Embrace Medical Plan [^] (with Optional Medical Booster Benefit) | | | CANsurance Full Medical Plan [^] | | | |
|---------------------------------|--|----------------------|---|----------------------------|-----------------------|---|--|----------------------------|--------------|
| | Deductible (HKD) | Certification Number | Standard Plan | Superior Plan | Premier Plan | Economy Plan | Standard Plan | Superior Plan | Premier Plan |
| | 0 | F00069-01-000-01 | | | | | | | |
| | 16,000 | F00069-02-000-01 | | | | | | | |
| | 25,000 | F00069-03-000-01 | | | | | | | |
| | 50,000 | F00069-04-000-01 | | | | | | | |
| | 100,000 | F00069-05-000-01 | | | | | | | |
| | 180,000 | F00069-06-000-01 | | | | | | | |
| Area of cover | Worldwide - For Emergency Treatment; and for non-Emergency Treatment in Asia (including Australia and New Zealand): benefits payable according to vBooster Benefit Schedule - For non-Emergency Treatment outside Asia (including Australia and New Zealand): benefits payable according to the benefit schedule of the Standard Plan Terms and Benefits | | Worldwide | | | Asia (excluding Australia and New Zealand) | Worldwide (excluding USA) | | |
| | Except for psychiatric treatment and cash benefit for Confinement in Intensive Care Unit in Hong Kong which shall only be payable for Confinement in Hong Kong | | Except for daily hospital cash benefit for confinement in general ward of public hospital in Hong Kong which shall only be payable for confinement in Hong Kong | | | Except for daily hospital cash for hospitalisation in a general ward of Hong Kong public hospitals which shall only be payable for confinement in Hong Kong | Except for daily hospital cash for hospitalisation in a general ward of Hong Kong public hospitals and daily hospital cash for hospitalisation in a standard ward room of Hong Kong private hospitals which shall only be payable for confinement in Hong Kong | | |
| Ward class | Standard Ward Room | | Standard Ward Room | Standard Semi-private room | Standard Private room | Standard Ward room | | Standard Semi-private room | |
| Reimbursement calculation basis | Per Policy Year | | Per Disability | | | Per Disability | | | |

| Benefit Terms | vBooster Medical Plan – VHIS Flexi Plan Certification Number: | | Embrace Medical Plan [^] (with Optional Medical Booster Benefit) | | | CANsurance Full Medical Plan [^] | | | |
|--|---|----------------------|--|---|---|---|---------------|---------------|--------------|
| | Deductible (HKD) | Certification Number | Standard Plan | Superior Plan | Premier Plan | Economy Plan | Standard Plan | Superior Plan | Premier Plan |
| | 0 | F00069-01-000-01 | | | | | | | |
| | 16,000 | F00069-02-000-01 | | | | | | | |
| | 25,000 | F00069-03-000-01 | | | | | | | |
| | 50,000 | F00069-04-000-01 | | | | | | | |
| | 100,000 | F00069-05-000-01 | | | | | | | |
| 180,000 | F00069-06-000-01 | | | | | | | | |
| Lifetime Benefit Limit | Nil | | HKD280,000 per policy Only applicable to Optional Medical Booster Benefit – after the Insured reaches the age of 74 (age next birthday) | HKD420,000 per policy Only applicable to Optional Medical Booster Benefit – after the Insured reaches the age of 74 (age next birthday) | HKD700,000 per policy Only applicable to Optional Medical Booster Benefit – after the Insured reaches the age of 74 (age next birthday) | Nil | | | |
| Deductible option | Applicable (HKD0 / 16,000 / 25,000 / 50,000 / 100,000 / 180,000) | | Not applicable | | | Not applicable | | | |
| Waiting period | No restriction on Accident or Disease except: <ul style="list-style-type: none"> - 5-year waiting period for HIV and its related Disability - 90-day waiting period for first-dollar coverage- Deductible waived for designated crises - 1-year waiting period for pregnancy complications | | <ul style="list-style-type: none"> - Accident: 0 day - Disease: 30 days (i) Treatment or surgery for tonsils, adenoids or any diseases peculiar to the female generative organs: 120 days; (ii) Radiotherapy and chemotherapy treatments for cancer: 90 days; and (iii) Circumcision and any related surgical operations (before attaining the age of 18): 1 year | | | <ul style="list-style-type: none"> - Accident: 0 day - Disease: 30 days (except that a 2-year waiting period is applicable to HIV and its related Disability) | | | |
| Congenital Conditions | Covered | | Not covered | | | Covered | | | |
| Unknown Pre-existing Conditions | Covered, but waiting period applies <ul style="list-style-type: none"> - First 30 days of the first Policy Year: 0% - Starting from the 31st day of the first Policy Year: 100% | | Not covered | | | Not covered | | | |
| Prescribed Diagnostic Imaging Tests (e.g. “CT” scan, “MRI” scan, etc.) | Include Confinement and non-Confinement (Full cover) | | Include only Confinement | | | Include only Confinement (Full cover) | | | |
| Psychiatric treatments | Covered, subject to Hong Kong only | | Not covered | | | Not covered | | | |
| Self-inflicted injuries | Not covered | | Not covered | | | Covered | | | |

| Benefit Terms | vBooster Medical Plan – VHIS Flexi Plan Certification Number: | | Embrace Medical Plan [^] (with Optional Medical Booster Benefit) | | | CANsurance Full Medical Plan [^] | | | |
|-------------------------------------|--|---|--|---------------|-------------------|---|---------------|---------------|--------------|
| | Deductible (HKD) | Certification Number | Standard Plan | Superior Plan | Premier Plan | Economy Plan | Standard Plan | Superior Plan | Premier Plan |
| | 0 | F00069-01-000-01 | | | | | | | |
| | 16,000 | F00069-02-000-01 | | | | | | | |
| | 25,000 | F00069-03-000-01 | | | | | | | |
| | 50,000 | F00069-04-000-01 | | | | | | | |
| | 100,000 | F00069-05-000-01 | | | | | | | |
| | 180,000 | F00069-06-000-01 | | | | | | | |
| Kidney dialysis | Applicable (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non-Confinement), and rental cost of a kidney dialysis machine for use at home) | 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 applicable | Applicable | | | Not applicable | | | | |
| Underwriting | Full underwriting | Full underwriting | | | Full underwriting | | | | |

[^] Closed for new application

Remark:

1. This comparison gives only a brief description on the product features and is for reference only. The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.
2. Benefit of the inforce MediPro01 & MediPro100 policies were automatically upgraded with same benefits offered under Embrace Medical Plan /Rider at the policy anniversary in 2011.

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

The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.

Below is a comparison between the benefit items of vBooster Medical Plan and CANsurance Full Medical Plan[^] – Economy and Standard Plan:

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|---|---|
| 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 benefits | | | |
| 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 cover | Full cover | Full cover |
| Miscellaneous charges | Full cover | Full cover | Full cover |
| Nursing | <ul style="list-style-type: none"> - Private nurse's fee Full cover (Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day) - Post-Confinement home nursing Full cover (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) | <ul style="list-style-type: none"> - Private nurse's fee Full cover (Only applicable after the Insured's surgery or discharge from ICU) - Post-Confinement home nursing Full cover (maximum 31 days per disability within 31 days after discharge following surgery or ICU admission) | <ul style="list-style-type: none"> - Private nurse's fee Full cover (Only applicable after the Insured's surgery or discharge from ICU) - Post-Confinement home nursing Full cover (maximum 31 days per disability within 31 days after discharge following surgery or ICU admission) |
| Companion bed | Full cover | Full cover | Full cover |
| 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 |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|---|--|--|
| 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) | 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 | Full cover (including Confinement and non-Confinement) | 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 Policy Year, subject to Hong Kong only | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) | | | | | | | | | | | | | | | | | | |
|---|---|--|---|--|---|--|-------------------------|---|--|--|--|--|-----|----|---|--|--|--|--|-----|----|
| Reconstructive surgery benefit | \$160,000 per Accident/mastectomy based on the below mechanism – | | With no separate benefit item for reconstructive surgery, Eligible Expenses are reimbursable based on the below mechanism – | | With no separate benefit item for reconstructive surgery, Eligible Expenses are reimbursable based on the below mechanism – | | | | | | | | | | | | | | | | |
| | <p align="center"><u>Accident</u></p> <table border="1"> <thead> <tr> <th data-bbox="355 488 483 618" rowspan="2">Period after Accident</th> <th colspan="2" data-bbox="483 488 743 566">For beautification or cosmetic purposes?</th> </tr> <tr> <th data-bbox="483 566 611 618">Yes</th> <th data-bbox="611 566 743 618">No</th> </tr> </thead> </table> | | Period after Accident | For beautification or cosmetic purposes? | | Yes | No | <p align="center"><u>Accident or Disease</u></p> <table border="1"> <thead> <tr> <th data-bbox="743 488 871 618" rowspan="2">Period after Accident or treatment for disease</th> <th colspan="2" data-bbox="871 488 1134 566">For beautification or cosmetic purposes?</th> </tr> <tr> <th data-bbox="871 566 999 618">Yes</th> <th data-bbox="999 566 1134 618">No</th> </tr> </thead> </table> | | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | | Yes | No | <p align="center"><u>Accident or Disease</u></p> <table border="1"> <thead> <tr> <th data-bbox="1134 488 1262 618" rowspan="2">Period after Accident or treatment for disease</th> <th colspan="2" data-bbox="1262 488 1517 566">For beautification or cosmetic purposes?</th> </tr> <tr> <th data-bbox="1262 566 1390 618">Yes</th> <th data-bbox="1390 566 1517 618">No</th> </tr> </thead> </table> | | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | | Yes | No |
| | Period after Accident | For beautification or cosmetic purposes? | | | | | | | | | | | | | | | | | | | |
| | | Yes | No | | | | | | | | | | | | | | | | | | |
| | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | | | | | | | | | | | | | | | | | | | |
| | | Yes | No | | | | | | | | | | | | | | | | | | |
| | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | | | | | | | | | | | | | | | | | | | |
| | | Yes | No | | | | | | | | | | | | | | | | | | |
| | ≤90 days | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | ≤90 days | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | ≤90 days | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | |
| | >90 days and ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per Accident | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >90 days and ≤12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >90 days and ≤12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | |
| >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | | |
| <p align="center"><u>Mastectomy</u></p> <table border="1"> <thead> <tr> <th data-bbox="355 1388 483 1541" rowspan="2">Period after mastectomy</th> <th colspan="2" data-bbox="483 1388 743 1467">For beautification or cosmetic purposes?</th> </tr> <tr> <th data-bbox="483 1467 611 1541">Yes</th> <th data-bbox="611 1467 743 1541">No</th> </tr> </thead> </table> | | Period after mastectomy | For beautification or cosmetic purposes? | | Yes | No | | | | | | | | | | | | | | | |
| Period after mastectomy | For beautification or cosmetic purposes? | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | |
| ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per mastectomy | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | | | | | | | | |
| >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | | | | | | | | |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|---|--|
| Medical appliances benefit | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: Full cover |
| Medical appliances benefit for reconstructive surgery | \$96,000 each item per Policy Year (covers surgical procedures performed for beautification or cosmetic purposes) | Not applicable | Not applicable |
| Donor's benefit | 30% of total transplantation cost (For transplantation of heart, kidney, liver, lung or bone marrow) | Not applicable | Not applicable |
| Emergency outpatient accidental treatment | Full cover | Full cover | Full cover |
| Emergency outpatient dental treatment | Full cover | Full cover | Full cover |
| Daily hospital cash benefit (for Confinement in general ward of public Hospital in Hong Kong) | Not applicable | \$300 per day (Maximum 60 days per Disability) | \$800 per day (Maximum 60 days per Disability) |
| Cash benefit for Day Case Procedure | \$500 per procedure (Maximum 1 Day Case Procedure per day) | Not applicable | Not applicable |
| Cash benefit for top-up subsidy | \$500 per day of Confinement (Maximum 60 days per Policy Year) | Not applicable | Not applicable |
| Cash benefit for major and complex surgeries | Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures – For \$0/\$16,000/\$25,000 Deductible: \$4,000 per major surgery \$8,000 per complex surgery For \$50,000/\$100,000/\$180,000 Deductible: \$800 per major surgery \$1,600 per complex surgery Maximum 1 major or complex surgery per day | Not applicable | Not applicable |
| Cash benefit for Confinement in Intensive Care Unit in Hong Kong | For \$0/\$16,000/\$25,000 Deductible: \$8,000 per Confinement For \$50,000/\$100,000/\$180,000 Deductible: \$1,600 per Confinement Confined in Intensive Care Unit in a Hospital in Hong Kong for at least 3 consecutive days per Confinement and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits, payable once only during the whole Confinement period | Not applicable | Not applicable |

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|---|--|---|---|
| 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) | 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) |
| Road ambulance to and/or from the Hospital | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: Full cover |
| Post-Confinement/ Day Case Procedure Chinese medicine treatment | \$600 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, 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 |
| Physiotherapist or chiropractor consultation | Applicable (covered under Pre- and post-Confinement/Day Case Procedure outpatient care which means: 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)) | \$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 | \$100,000 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) |
| Stroke rehabilitation treatment | - Home facility enhancement benefit \$80,000 per Incident - Stroke ancillary benefit \$1,000 per visit (Maximum 30 visits per Policy Year, subject to 1 visit per day, up to \$100,000 per Incident) - Disability subsidy benefit \$10,000 per month (Maximum 24 months per Incident) | - Home facility enhancement benefit Not applicable - Stroke ancillary benefit 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) - Disability subsidy benefit Not applicable | - Home facility enhancement benefit Not applicable - Stroke ancillary benefit 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) - Disability subsidy benefit Not applicable |
| Pregnancy complications | Full cover (12 months waiting period) | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|---|--|--|
| Additional benefit for Prescribed Non-surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation | Eligible Expenses incurred in excess of the amounts payable under – (a) benefit item (j) of Basic benefits in Benefit Schedule for Prescribed Non-surgical Cancer Treatments; (b) benefit item (b) of Basic benefits in Benefit Schedule for kidney dialysis incurred during Confinement; (c) benefit item 5 of Enhanced benefits in Benefit Schedule for outpatient kidney dialysis; or (d) benefit items (a) - (i) of Basic benefits in Benefit Schedule for organ or bone marrow transplantation - Maximum benefit limit per Policy Year :\$2,000,000 per Policy Year | Not applicable | Not applicable |
| Hospice care | \$100,000 per Policy Year | Not applicable | Not applicable |
| Self-inflicted injuries | Not covered | \$10,000 per Disability | \$10,000 per Disability |
| Total benefit limit | | | |
| Annual Benefit Limit (for vBooster Medical Plan) / Per Disability Limit for Hospitalisation benefits, surgical benefits and other medical benefits (for CANsurance Full Medical Plan) | \$8,000,000 per Policy Year | \$250,000 per Disability (\$500,000 per covered cancer) | \$350,000 per Disability (\$700,000 per covered cancer) |
| Lifetime Benefit Limit for hospitalisation benefits, surgical benefits and other medical benefits | Nil | Nil | Nil |
| Death benefit | | | |
| Death benefit | \$40,000 | \$10,000 | \$20,000 |
| Accidental death benefit | \$40,000 | \$10,000 | \$20,000 |
| Other services and benefits | | | |
| Second Medical Opinion | Available* | Available | Available |
| International SOS 24-hour Worldwide Assistance Services | Available* | Available | Available |
| Ancillary service | PREMIER THE ONEcierge* | CANcierge | CANcierge |
| Life enrichment program for Stroke | Available* | Not available | Not available |
| Wellness course/ medical check-up | Not applicable | \$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) |

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|---|--|---|---|
| No claims premium discount | 1) If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% 2) If the Policy Holder holds other in-force vBooster 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% |
| Option to reduce or remove the Deductible at specified ages | Applicable (the right to reduce or remove the Deductible without re-underwriting can only be exercised once immediately following the date that the Insured Person attains the attained age of 50, 55, 60, 65, 70, 75 or 80) | Not applicable | Not applicable |
| First-dollar coverage – Deductible waived for designated crises | The remaining balance of Deductible (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 provisions 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. | Not applicable | Not applicable |

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|----------------------------|--|--|---|
| 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 2-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 – vBooster Medical Plan (Certification Number: F00069-01-000-01 for Deductible HKD0, F00069-02-000-01 for Deductible HKD16,000, F00069-03-000-01 for Deductible HKD25,000, F00069-04-000-01 for Deductible HKD50,000, F00069-05-000-01 for Deductible HKD100,000, F00069-06-000-01 for Deductible HKD180,000). 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.

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

The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.

Below is a comparison between the benefit items of vBooster Medical Plan and CANsurance Full Medical Plan[^] – Superior and Premier Plan:

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|---|---|
| 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 benefits | | | |
| 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 cover | Full cover | Full cover |
| Miscellaneous charges | Full cover | Full cover | Full cover |
| Nursing | <ul style="list-style-type: none"> - Private nurse's fee Full cover (Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day) - Post-Confinement home nursing Full cover (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) | <ul style="list-style-type: none"> - Private nurse's fee Full cover (Only applicable after the Insured's surgery or discharge from ICU) - Post-Confinement home nursing Full cover (maximum 31 days per disability within 31 days after discharge following surgery or ICU admission) | <ul style="list-style-type: none"> - Private nurse's fee Full cover (Only applicable after the Insured's surgery or discharge from ICU) - Post-Confinement home nursing Full cover (maximum 31 days per disability within 31 days after discharge following surgery or ICU admission) |
| Companion bed | Full cover | Full cover | Full cover |
| 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 |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|---|--|--|
| 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) | 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 | Full cover (including Confinement and non-Confinement) | 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 Policy Year, subject to Hong Kong only | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) | | | | | | |
|--------------------------------|---|--|---|--|---|--|--|--|--|
| Reconstructive surgery benefit | \$160,000 per Accident/mastectomy based on the below mechanism – | | With no separate benefit item for reconstructive surgery, Eligible Expenses are reimbursable based on the below mechanism – | | With no separate benefit item for reconstructive surgery, Eligible Expenses are reimbursable based on the below mechanism – | | | | |
| | <u>Accident</u> | | <u>Accident or Disease</u> | | <u>Accident or Disease</u> | | | | |
| | Period after Accident | For beautification or cosmetic purposes? | | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | |
| | | Yes | No | | Yes | No | | Yes | No |
| | ≤90 days | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | ≤90 days | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | ≤90 days | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover |
| | >90 days and ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per Accident | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >90 days and ≤12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >90 days and ≤12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover |
| | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover |
| | <u>Mastectomy</u> | | | | | | | | |
| | Period after mastectomy | For beautification or cosmetic purposes? | | | | | | | |
| | | Yes | No | | | | | | |
| ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per mastectomy | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | |
| >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | |

| Benefit items | vBooster Medical Plan — VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|--|--|--|---|
| Medical appliances benefit | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: Full cover |
| Medical appliances benefit for reconstructive surgery | \$96,000 each item per Policy Year (covers surgical procedures performed for beautification or cosmetic purposes) | Not applicable | Not applicable |
| Donor's benefit | 30% of total transplantation cost (For transplantation of heart, kidney, liver, lung or bone marrow) | Not applicable | Not applicable |
| Emergency outpatient accidental treatment | Full cover | Full cover | Full cover |
| Emergency outpatient dental treatment | Full cover | Full cover | Full cover |
| Daily hospital cash benefit (for Confinement in general ward of public Hospital in Hong Kong) | Not applicable | \$800 per day (Maximum 60 days per Disability) | \$1,000 per day (Maximum 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 (Maximum 60 days per Disability) | \$1,000 per day (Maximum 60 days per Disability) |
| Cash benefit for Day Case Procedure | \$500 per procedure (Maximum 1 Day Case Procedure per day) | Not applicable | Not applicable |
| Cash benefit for top-up subsidy | \$500 per day of Confinement (Maximum 60 days per Policy Year) | Not applicable | Not applicable |
| Cash benefit for major and complex surgeries | Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures — For \$0/\$16,000/\$25,000 Deductible: \$4,000 per major surgery \$8,000 per complex surgery For \$50,000/\$100,000/\$180,000 Deductible: \$800 per major surgery \$1,600 per complex surgery Maximum 1 major or complex surgery per day | Not applicable | Not applicable |
| Cash benefit for Confinement in Intensive Care Unit in Hong Kong | For \$0/\$16,000/\$25,000 Deductible: \$8,000 per Confinement For \$50,000/\$100,000/\$180,000 Deductible: \$1,600 per Confinement Confined in Intensive Care Unit in a Hospital in Hong Kong for at least 3 consecutive days per Confinement and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits, payable once only during the whole Confinement period | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|---|---|
| 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) | 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) |
| Road ambulance to and/or from the Hospital | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: Full cover |
| Post-Confinement/ Day Case Procedure Chinese medicine treatment | \$600 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, subject to 1 follow-up outpatient visit per day | \$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: 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)) | \$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 |
| Rehabilitation treatment | \$100,000 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) |
| Stroke rehabilitation treatment | - Home facility enhancement benefit \$80,000 per Incident - Stroke ancillary benefit \$1,000 per visit (Maximum 30 visits per Policy Year, subject to 1 visit per day, up to \$100,000 per Incident) - Disability subsidy benefit \$10,000 per month (Maximum 24 months per Incident) | - Home facility enhancement benefit Not applicable - Stroke ancillary benefit 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) - Disability subsidy benefit Not applicable | - Home facility enhancement benefit Not applicable - Stroke ancillary benefit 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) - Disability subsidy benefit Not applicable |
| Pregnancy complications | Full cover (12 months waiting period) | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|--|--|
| Additional benefit for Prescribed Non-surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation | Eligible Expenses incurred in excess of the amounts payable under – (a) benefit item (j) of Basic benefits in Benefit Schedule for Prescribed Non-surgical Cancer Treatments; (b) benefit item (b) of Basic benefits in Benefit Schedule for kidney dialysis incurred during Confinement; (c) benefit item 5 of Enhanced benefits in Benefit Schedule for outpatient kidney dialysis; or (d) benefit items (a) - (i) of Basic benefits in Benefit Schedule for organ or bone marrow transplantation - Maximum benefit limit per Policy Year : \$2,000,000 per Policy Year | Not applicable | Not applicable |
| Hospice care | \$100,000 per Policy Year | Not applicable | Not applicable |
| Self-inflicted injuries | Not covered | \$10,000 per Disability | \$10,000 per Disability |
| Total benefit limit | | | |
| Annual Benefit Limit (for vBooster Medical Plan) / Per Disability Limit for Hospitalisation benefits, surgical benefits and other medical benefits (for CANsurance Full Medical Plan) | \$8,000,000 per Policy Year | \$500,000 per Disability (\$1,000,000 per covered cancer) | \$800,000 per Disability (\$1,600,000 per covered cancer) |
| Lifetime Benefit Limit of hospitalisation benefits, surgical benefits and other medical benefits | Nil | Nil | Nil |
| Death benefit | | | |
| Death benefit | \$40,000 | \$20,000 | \$30,000 |
| Accidental death benefit | \$40,000 | \$20,000 | \$30,000 |
| Other services and benefits | | | |
| Second Medical Opinion | Available* | Available | Available |
| International SOS 24-hour Worldwide Assistance Services | Available* | Available | Available |
| Ancillary service | PREMIER THE ONEcierge* | CANcierge | CANcierge |
| Life enrichment program for Stroke | Available* | Not available | Not available |
| Wellness course/ medical check-up | Not applicable | \$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) |

| Benefit items | vBooster Medical Plan — VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|---|---|
| No claims premium discount | 1) If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% 2) If the Policy Holder holds other in-force vBooster 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% |
| Option to reduce or remove the Deductible at specified ages | Applicable (the right to reduce or remove the Deductible without re-underwriting can only be exercised once immediately following the date that the Insured Person attains the attained age of 50, 55, 60, 65, 70, 75 or 80) | Not applicable | Not applicable |
| First-dollar coverage – Deductible waived for designated crises | The remaining balance of Deductible (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 provisions 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. | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|----------------------------|--|--|---|
| 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 2-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 – vBooster Medical Plan (Certification Number: F00069-01-000-01 for Deductible HKD0, F00069-02-000-01 for Deductible HKD16,000, F00069-03-000-01 for Deductible HKD25,000, F00069-04-000-01 for Deductible HKD50,000, F00069-05-000-01 for Deductible HKD100,000, F00069-06-000-01 for Deductible HKD180,000). 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: This comparison gives only a brief description on the product features and is for reference only. The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.

Comparison between the benefit items of vBooster Medical Plan and Embrace Medical Plan with Optional Medical Booster Benefit^ – Standard Plan

The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.

Below is a comparison between the benefit items of vBooster Medical Plan and Embrace Medical Plan^ with Optional Medical Booster Benefit – Standard Plan:

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan^ – Standard 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 |
| Premium payment term (age next birthday) | To age 101 | To age 100 |
| Hospitalisation benefits | | |
| Room and board | Full cover | \$825 per day (up to a maximum of 150 days) |
| Intensive care | Full cover | \$2,600 per day (up to a maximum of 30 days) |
| Attending doctor's visit fee | Full cover | \$825 per day (up to a maximum of 150 days) |
| Specialist's fee | Full cover | \$6,500 |
| Miscellaneous charges | Full cover | \$10,000 |
| Nursing | <ul style="list-style-type: none"> - Private nurse's fee Full cover (Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day) - Post-Confinement home nursing Full cover (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) | \$700 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) | \$500 per day (up to a maximum of 30 days and restricted to Insured aged below 12) |
| Surgical benefits | | |
| Surgeon's fee | Full cover regardless of the surgical category | <ul style="list-style-type: none"> - Class 5 \$68,000 - Class 4 \$38,000 - Class 3 \$22,000 - Class 2 \$10,500 - Class 1 \$4,400 |
| Anaesthetist's fee | Full cover | 35% of Surgeon's fee payable |
| Operating theatre charges | Full cover | 35% of Surgeon's fee payable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan^ – Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|---|---|--|
| 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) | \$300 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: \$10,000 per Disability (Including Confinement only) |
| Prescribed Non-surgical Cancer Treatments | Full cover | \$80,000 per policy |
| Psychiatric treatments | \$40,000 per Policy Year, subject to Hong Kong only | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan[^] – Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) | | | | | | | | | | | | |
|--|---|---|--|---|--|-----------------------------------|--|--|----|--|--|--|--|--|
| Reconstructive surgery benefit | \$160,000 per Accident/mastectomy based on the below mechanism – | With no separate benefit item for reconstructive surgery, Eligible Expenses are reimbursable based on the below mechanism – | | | | | | | | | | | | |
| | | | <p style="text-align: center;"><u>Accident</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Period after Accident</th> <th colspan="2" style="text-align: center;">For beautification or cosmetic purposes?</th> </tr> <tr> <th></th> <th style="width: 40%;">Yes</th> <th style="width: 40%;">No</th> </tr> </thead> </table> | Period after Accident | For beautification or cosmetic purposes? | | | Yes | No | <p style="text-align: center;"><u>Accident or Disease</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Period after Accident or treatment for disease</th> <th colspan="2" style="text-align: center;">For beautification or cosmetic purposes?</th> </tr> <tr> <th></th> <th style="width: 40%;">Yes</th> <th style="width: 40%;">No</th> </tr> </thead> </table> | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | | |
| | Period after Accident | For beautification or cosmetic purposes? | | | | | | | | | | | | |
| | | Yes | No | | | | | | | | | | | |
| | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | | | | | | | | | | | | |
| | | Yes | No | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">≤90 days</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover</td> </tr> </table> | ≤90 days | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">≤90 days</td> <td style="width: 40%; text-align: center;">Not covered</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits</td> </tr> </table> | ≤90 days | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | | | | | | |
| | ≤90 days | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | |
| | ≤90 days | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">>90 days and ≤12 months</td> <td style="width: 40%;">Covered under Reconstructive surgery benefit, which means: \$160,000 per Accident</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover</td> </tr> </table> | >90 days and ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per Accident | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">>90 days and ≤12 months</td> <td style="width: 40%; text-align: center;">Not covered</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits</td> </tr> </table> | >90 days and ≤12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | | | | | | |
| >90 days and ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per Accident | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | |
| >90 days and ≤12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">>12 months</td> <td style="width: 40%; text-align: center;">Not covered</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover</td> </tr> </table> | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">>12 months</td> <td style="width: 40%; text-align: center;">Not covered</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits</td> </tr> </table> | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | | | | | | | |
| >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | |
| >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | | | | | | | | | | | | |
| <p style="text-align: center;"><u>Mastectomy</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Period after mastectomy</th> <th colspan="2" style="text-align: center;">For beautification or cosmetic purposes?</th> </tr> <tr> <th></th> <th style="width: 40%;">Yes</th> <th style="width: 40%;">No</th> </tr> </thead> </table> | Period after mastectomy | For beautification or cosmetic purposes? | | | Yes | No | | | | | | | | |
| Period after mastectomy | For beautification or cosmetic purposes? | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">≤12 months</td> <td style="width: 40%;">Covered under Reconstructive surgery benefit, which means: \$160,000 per mastectomy</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover</td> </tr> </table> | ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per mastectomy | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | |
| ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per mastectomy | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">>12 months</td> <td style="width: 40%; text-align: center;">Not covered</td> <td style="width: 40%;">Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover</td> </tr> </table> | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | |
| >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | | | | | | |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan^ – Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|---|--|--|
| Medical appliances benefit | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: \$10,000 per Disability |
| Medical appliances benefit for reconstructive surgery | \$96,000 each item per Policy Year (covers surgical procedures performed for beautification or cosmetic purposes) | Not applicable |
| Donor's benefit | 30% of total transplantation cost (For transplantation of heart, kidney, liver, lung or bone marrow) | Not applicable |
| Emergency outpatient accidental treatment | Full cover | \$5,000 |
| Emergency outpatient dental treatment | Full cover | Not applicable |
| Daily hospital cash benefit (for Confinement in general ward of public Hospital in Hong Kong) | Not applicable | \$300 per day (up to a maximum of 60 days) |
| Cash benefit for Day Case Procedure | \$500 per procedure (Maximum 1 Day Case Procedure per day) | Not applicable |
| Cash benefit for top-up subsidy | \$500 per day of Confinement (Maximum 60 days per Policy Year) | Not applicable |
| Cash benefit for major and complex surgeries | Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures – For \$0/\$16,000/\$25,000 Deductible: \$4,000 per major surgery \$8,000 per complex surgery For \$50,000/\$100,000/\$180,000 Deductible: \$800 per major surgery \$1,600 per complex surgery Maximum 1 major or complex surgery per day | Not applicable |
| Cash benefit for Confinement in Intensive Care Unit in Hong Kong | For \$0/\$16,000/\$25,000 Deductible: \$8,000 per Confinement For \$50,000/\$100,000/\$180,000 Deductible: \$1,600 per Confinement Confined in Intensive Care Unit in a Hospital in Hong Kong for at least 3 consecutive days per Confinement and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits, payable once only during the whole Confinement period | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan[^] – Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|---|--|---|
| 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) | \$200,000 per policy (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 (SMM) | Not applicable | <ul style="list-style-type: none"> - Entitled ward class: Standard Ward 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 per Disability limit up to \$100,000 <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ● Overall Lifetime Benefit Limit per Policy is \$280,000 ● 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 | \$250 per Disability (to Hospital only) |
| Post-Confinement/ Day Case Procedure Chinese medicine treatment | \$600 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, subject to 1 follow-up outpatient visit per day | Applicable (covered under Post-hospitalization Consultation, which means: \$300 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: 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)) | Applicable (covered under Post-hospitalization Consultation, which means: \$300 per visit (1 visit per day) - up to a maximum of 10 visits within 45 days after hospitalisation or clinical surgery) |
| Rehabilitation treatment | \$100,000 per Policy Year | Not applicable |
| Stroke rehabilitation treatment | <ul style="list-style-type: none"> - Home facility enhancement benefit \$80,000 per Incident - Stroke ancillary benefit \$1,000 per visit (Maximum 30 visits per Policy Year, subject to 1 visit per day, up to \$100,000 per Incident) - Disability subsidy benefit \$10,000 per month (Maximum 24 months per Incident) | <ul style="list-style-type: none"> - Home facility enhancement benefit Not applicable - Stroke ancillary benefit Applicable (covered under Post-hospitalisation Consultation, which means: \$300 per visit - 1 visit per day for a maximum of 10 visits within 45 days after hospitalisation or clinical surgery) - Disability subsidy benefit Not applicable |
| Pregnancy complications | Full cover (12 months waiting period) | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan^ – Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|---|---|--|
| Additional benefit for Prescribed Non-surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation | Eligible Expenses incurred in excess of the amounts payable under – (a) benefit item (j) of Basic benefits in Benefit Schedule for Prescribed Non-surgical Cancer Treatments; (b) benefit item (b) of Basic benefits in Benefit Schedule for kidney dialysis incurred during Confinement; (c) benefit item 5 of Enhanced benefits in Benefit Schedule for outpatient kidney dialysis; or (d) benefit items (a) - (i) of Basic benefits in Benefit Schedule for organ or bone marrow transplantation - Maximum benefit limit per Policy Year : \$2,000,000 per Policy Year | Not applicable |
| Hospice care | \$100,000 per Policy Year | Not applicable |
| Total benefit limit | | |
| Annual Benefit Limit (for vBooster Medical Plan) / Per Disability Limit for hospitalisation benefits, surgical benefits and other medical benefits (for Embrace Medical Plan) | \$8,000,000 per Policy Year | Nil |
| Lifetime Benefit Limit for hospitalisation benefits, surgical benefits and other medical benefits | Nil | Nil |
| Death benefit | | |
| Death benefit | \$40,000 | H\$10,000 |
| Accidental death benefit | \$40,000 | \$10,000 |
| Other services | | |
| Second Medical Opinion | Available* | Not available |
| International SOS 24-hour Worldwide Assistance Services | Available* | Available |
| Ancillary service | PREMIER THE ONEcierge* | Not available |
| Life enrichment program for Stroke | Available* | Not available |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement per Policy Year) | Embrace Medical Plan[^] – Standard Plan (with Optional Medical Booster Benefit) Benefit limit (HKD) (reimbursement per Disability) |
|---|--|--|
| No claims premium discount | 1) If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% 2) If the Policy Holder holds other in-force vBooster 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 to 4 consecutive years: 10% - 5 or more consecutive years: 15% |
| Option to reduce or remove the Deductible at specified ages | Applicable (the right to reduce or remove the Deductible without re-underwriting can only be exercised once immediately following the date that the Insured Person attains the attained age of 50, 55, 60, 65, 70, 75 or 80) | Not applicable |
| First-dollar coverage – Deductible waived for designated crises | The remaining balance of Deductible (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 provisions 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. | Not applicable |
| 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 2-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 – vBooster Medical Plan (Certification Number: F00069-01-000-01 for Deductible HK0, F00069-02-000-01 for Deductible HKD16,000, F00069-03-000-01 for Deductible HKD25,000, F00069-04-000-01 for Deductible HKD50,000, F00069-05-000-01 for Deductible HKD100,000, F00069-06-000-01 for Deductible HKD180,000). 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:

1. This comparison gives only a brief description on the product features and is for reference only. The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.
2. Benefit of the inforce MediPro01 & MediPro100 policies were automatically upgraded with same benefits offered under Embrace Medical Plan /Rider at the policy anniversary in 2011.

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

The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.

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

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|--|---|
| 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 cover | \$16,500 | \$27,000 |
| Nursing | <ul style="list-style-type: none"> - Private nurse's fee Full cover (Maximum 30 days per Policy Year, subject to services provided by 1 Registered Nurse per day) - Post-Confinement home nursing Full cover (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) | \$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 aged below 12) | \$1,800 per day (up to a maximum of 30 days and restricted to Insured aged below 12) |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|---|--|---|
| 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 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) | \$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 cover | \$130,000 per policy | \$200,000 per policy |
| Psychiatric treatments | \$40,000 per Policy Year, subject to Hong Kong only | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) | | |
|--------------------------------|--|--|--|--|--|--|---|--|--|
| | \$160,000 per Accident/mastectomy based on the below mechanism – | | | With no separate benefit item for reconstructive surgery, Eligible Expenses are reimbursable based on the below mechanism – | | | With no separate benefit item for reconstructive surgery, Eligible Expenses are reimbursable based on the below mechanism – | | |
| Reconstructive surgery benefit | Accident | | | Accident or Disease | | | Accident or Disease | | |
| | Period after Accident | For beautification or cosmetic purposes? | | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | | Period after Accident or treatment for disease | For beautification or cosmetic purposes? | |
| | | Yes | No | | Yes | No | | Yes | No |
| | ≤90 days | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | ≤90 days | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | ≤90 days | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits |
| | >90 days and ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per Accident | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >90 days and ≤12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | >90 days and ≤12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits |
| | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits | >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, subject to the corresponding benefit limits |
| | Mastectomy | | | | | | | | |
| | Period after mastectomy | For beautification or cosmetic purposes? | | | | | | | |
| | | Yes | No | | | | | | |
| | ≤12 months | Covered under Reconstructive surgery benefit, which means: \$160,000 per mastectomy | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | |
| >12 months | Not covered | Covered under Surgeon's fee, Anaesthetist's fee and Operating theatre charges, which means: Full cover | | | | | | | |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|--|---|
| | Medical appliances benefit | Covered under Miscellaneous charges, which means: Full cover | Covered under Miscellaneous charges, which means: \$6,500 per Disability |
| Medical appliances benefit for reconstructive surgery | \$96,000 each item per Policy Year (covers surgical procedures performed for beautification or cosmetic purposes) | Not applicable | Not applicable |
| Donor's benefit | 30% of total transplantation cost (For transplantation of heart, kidney, liver, lung or bone marrow) | Not applicable | Not applicable |
| Emergency outpatient accidental treatment | Full cover | \$6,500 | \$14,000 |
| Emergency outpatient dental treatment | Full cover | Not applicable | Not applicable |
| Daily hospital cash benefit (for Confinement in general ward of public Hospital in Hong Kong) | Not applicable | \$500 per day (up to a maximum of 60 days) | \$900 per day (up to a maximum of 60 days) |
| Cash benefit for Day Case Procedure | \$500 per procedure (Maximum 1 Day Case Procedure per day) | Not applicable | Not applicable |
| Cash benefit for top-up subsidy | \$500 per day of Confinement (Maximum 60 days per Policy Year) | Not applicable | Not applicable |
| Cash benefit for major and complex surgeries | Per surgery, subject to the categorisation of such surgery under the Schedule of Surgical Procedures – For \$0/\$16,000/\$25,000 Deductible: \$4,000 per major surgery \$8,000 per complex surgery For \$50,000/\$100,000/\$180,000 Deductible: \$800 per major surgery \$1,600 per complex surgery Maximum 1 major or complex surgery per day | Not applicable | Not applicable |
| Cash benefit for Confinement in Intensive Care Unit in Hong Kong | For \$0/\$16,000/\$25,000 Deductible: \$8,000 per Confinement For \$50,000/\$100,000/\$180,000 Deductible: \$1,600 per Confinement Confined in Intensive Care Unit in a Hospital in Hong Kong for at least 3 consecutive days per Confinement and the Eligible Expenses incurred during such Confinement period are payable in accordance with the Terms and Benefits, payable once only during the whole Confinement period | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|---|---|---|
| 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 per policy (Include the Medical Services or treatments received during Confinement or at a clinic, day case procedure centre or Hospital (non- Confinement) only) | \$500,000 per policy (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 (SMM) | Not applicable | <ul style="list-style-type: none"> - 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 per Disability limit of 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 ● Overall Lifetime Benefit Limit per Policy is \$420,000 ● Overall Lifetime Benefit Limit per life is \$1,200,000 | <ul style="list-style-type: none"> - 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 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 ● 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 15 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) |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|--|--|--|--|
| Physiotherapist or chiropractor consultation | Applicable (covered under Pre- and post- Confinement/ Day Case Procedure outpatient care, which means: 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)) | 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) |
| Rehabilitation treatment | \$100,000 per Policy Year | Not applicable | Not applicable |
| Stroke rehabilitation treatment | <ul style="list-style-type: none"> - Home facility enhancement benefit \$80,000 per Incident - Stroke ancillary benefit \$1,000 per visit (Maximum 30 visits per Policy Year, subject to 1 visit per day, up to \$100,000 per Incident) - Disability subsidy benefit \$10,000 per month (Maximum 24 months per Incident) | <ul style="list-style-type: none"> - Home facility enhancement benefit Not applicable - Stroke ancillary benefit Applicable (covered under Post- hospitalization Consultation, which means: \$350 per visit - 1 visit per day for a maximum of 10 visits within 45 days after hospitalisation or clinical surgery) - Disability subsidy benefit Not applicable | <ul style="list-style-type: none"> - Home facility enhancement benefit Not applicable - Stroke ancillary benefit Applicable (covered under Post- hospitalization Consultation, which means: \$400 - 1 visit per day for a maximum of 10 visits within 45 days after hospitalisation or clinical surgery) - Disability subsidy benefit Not applicable |
| Pregnancy complications | Full cover (12 months waiting period) | Not applicable | Not applicable |
| Additional benefit for Prescribed Non-surgical Cancer Treatments, kidney dialysis and organ or bone marrow transplantation | Eligible Expenses incurred in excess of the amounts payable under – (a) benefit item (j) of Basic benefits in Benefit Schedule for Prescribed Non-surgical Cancer Treatments; (b) benefit item (b) of Basic benefits in Benefit Schedule for kidney dialysis incurred during Confinement; (c) benefit item 5 of Enhanced benefits in Benefit Schedule for outpatient kidney dialysis; or (d) benefit items (a) - (i) of Basic benefits in Benefit Schedule for organ or bone marrow transplantation - Maximum benefit limit per Policy Year : \$2,000,000 per Policy Year | Not applicable | Not applicable |
| Hospice care | \$100,000 per Policy Year | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|--|---|--|--|
| Total benefit limit | | | |
| Annual Benefit Limit (for vBooster Medical Plan)/ Per Disability Limit for hospitalisation benefits, surgical benefits and other medical benefits (for Embrace Medical Plan) | \$8,000,000 per Policy Year | Nil | Nil |
| Lifetime Benefit Limit for hospitalisation benefits, surgical benefits and other medical benefits | Nil | Nil | Nil |
| Death benefit | | | |
| Death benefit | \$40,000 | \$15,000 | \$20,000 |
| Accidental death benefit | \$40,000 | \$15,000 | \$20,000 |
| Other services | | | |
| Second Medical Opinion | Available* | Not available | Not available |
| International SOS 24-hour Worldwide Assistance Services | Available* | Available | Available |
| Ancillary service | PREMIER THE ONEcierge* | Not available | Not available |
| Life enrichment program for Stroke | Available* | Not available | Not available |
| No claims premium discount | 1) If no claim has been made for 2 consecutive years or more, the discount listed below will be granted on Renewal premium - - 2 to 4 consecutive years: 10% - 5 or more consecutive years: 15% 2) If the Policy Holder holds other in-force vBooster 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 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% |
| Option to reduce or remove the Deductible at specified ages | Applicable (the right to reduce or remove the Deductible without re-underwriting can only be exercised once immediately following the date that the Insured Person attains the attained age of 50, 55, 60, 65, 70, 75 or 80) | Not applicable | Not applicable |

| Benefit items | vBooster Medical Plan – VHIS Flexi Plan Certification Number: F00069 Benefit limit (HKD) (reimbursement 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) |
|---|--|--|---|
| First-dollar coverage – Deductible waived for designated crises | The remaining balance of Deductible (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 provisions 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. | Not applicable | Not applicable |
| 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 2-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 – vBooster Medical Plan (Certification Number: F00069-01-000-01 for Deductible HKD0, F00069-02-000-01 for Deductible HKD16,000, F00069-03-000-01 for Deductible HKD25,000, F00069-04-000-01 for Deductible HKD50,000, F00069-05-000-01 for Deductible HKD100,000, F00069-06-000-01 for Deductible HKD180,000). 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:

1. This comparison gives only a brief description on the product features and is for reference only. The information does not contain the full terms and conditions, exclusions and key product risks of the policy. For details, please refer to relevant product brochure and terms and conditions.
2. Benefit of the inforce MediPro01 & MediPro100 policies were automatically upgraded with same benefits offered under Embrace Medical Plan /Rider at the policy anniversary in 2011.

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

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

Male (HKD – annual premium)

| Age (age next birthday) | Embrace Medical Plan^ with Optional Medical Booster Benefit* | | | CANsurance Full Medical Plan^* | | | | vBooster Medical Plan – VHIS Flexi Plan | | | | | |
|-------------------------|--|----------|---------|--------------------------------|----------|----------|---------|---|------------------------|-----------------------|-----------------------|-----------------------|------------------|
| | | | | | | | | Deductible (HKD) | | Certification Number: | | | |
| | | | | | | | | 0 | | 0 | | F00069-01-000-01 | |
| | Standard | Superior | Premier | Economy | Standard | Superior | Premier | Deductible HKD 180,000 | Deductible HKD 100,000 | Deductible HKD 50,000 | Deductible HKD 25,000 | Deductible HKD 16,000 | Deductible HKD 0 |
| 11 | 2,265 | 4,354 | 8,028 | 3,672 | 4,090 | 7,070 | 8,484 | 1,501 | 1,688 | 1,893 | 2,847 | 3,307 | 5,376 |
| 21 | 2,539 | 4,821 | 8,794 | 2,813 | 3,133 | 5,972 | 7,167 | 1,586 | 1,784 | 2,062 | 2,967 | 3,458 | 5,701 |
| 31 | 3,249 | 6,311 | 11,859 | 3,987 | 4,440 | 9,022 | 10,826 | 1,909 | 2,156 | 2,507 | 3,908 | 4,731 | 7,531 |
| 41 | 4,268 | 8,434 | 15,685 | 4,727 | 5,264 | 10,833 | 13,001 | 2,260 | 2,561 | 2,978 | 4,948 | 5,725 | 9,059 |
| 51 | 6,607 | 12,601 | 23,686 | 7,260 | 8,087 | 16,492 | 19,851 | 3,854 | 4,400 | 5,116 | 7,960 | 9,202 | 13,220 |
| 61 | 10,882 | 20,293 | 36,639 | 13,573 | 15,118 | 29,180 | 35,125 | 6,137 | 6,935 | 7,881 | 13,092 | 15,086 | 22,350 |
| 71 | 18,677 | 34,241 | 54,097 | 26,389 | 29,393 | 55,698 | 67,034 | 13,810 | 15,765 | 18,332 | 25,025 | 29,196 | 41,450 |
| 81 | 27,231 | 53,350 | 89,969 | 40,824 | 45,471 | 87,126 | 104,832 | 22,608 | 25,809 | 30,011 | 40,786 | 47,622 | 75,474 |

Female (HKD – annual premium)

| Age (age next birthday) | Embrace Medical Plan^ with Optional Medical Booster Benefit* | | | CANsurance Full Medical Plan^* | | | | vBooster Medical Plan – VHIS Flexi Plan | | | | | |
|-------------------------|--|----------|---------|--------------------------------|----------|----------|---------|---|------------------------|-----------------------|-----------------------|-----------------------|------------------|
| | | | | | | | | Deductible (HKD) | | Certification Number: | | | |
| | | | | | | | | 0 | | 0 | | F00069-01-000-01 | |
| | Standard | Superior | Premier | Economy | Standard | Superior | Premier | Deductible HKD 180,000 | Deductible HKD 100,000 | Deductible HKD 50,000 | Deductible HKD 25,000 | Deductible HKD 16,000 | Deductible HKD 0 |
| 11 | 2,719 | 5,126 | 9,462 | 3,390 | 3,775 | 6,527 | 7,833 | 1,501 | 1,688 | 1,893 | 2,847 | 3,307 | 5,376 |
| 21 | 3,441 | 6,588 | 11,623 | 3,498 | 3,896 | 6,536 | 7,843 | 1,586 | 1,784 | 2,062 | 2,967 | 3,458 | 5,701 |
| 31 | 4,365 | 8,917 | 16,320 | 5,355 | 5,964 | 9,311 | 11,175 | 1,909 | 2,156 | 2,507 | 3,908 | 4,731 | 7,531 |
| 41 | 5,701 | 11,779 | 21,144 | 6,162 | 6,863 | 11,377 | 13,653 | 2,260 | 2,561 | 2,978 | 4,948 | 5,725 | 9,059 |
| 51 | 7,965 | 16,764 | 29,406 | 8,626 | 9,608 | 17,184 | 20,684 | 3,854 | 4,400 | 5,116 | 7,960 | 9,202 | 13,220 |
| 61 | 11,423 | 22,909 | 41,271 | 13,700 | 15,259 | 27,774 | 33,431 | 6,137 | 6,935 | 7,881 | 13,092 | 15,086 | 22,350 |
| 71 | 17,551 | 31,820 | 61,418 | 22,778 | 25,371 | 47,064 | 56,641 | 13,810 | 15,765 | 18,332 | 25,025 | 29,196 | 41,450 |
| 81 | 25,702 | 50,223 | 94,998 | 33,604 | 37,430 | 69,290 | 83,371 | 22,608 | 25,809 | 30,011 | 40,786 | 47,622 | 75,474 |

- ^ Closed for new application.
- + The above premium of Embrace Medical Plan with Optional Medical Booster Benefit is adjusted premium with effect from 1 November 2021. For details, please refer to the repricing pack of Embrace Medical Plan/ Rider, MediPro100/ Rider and MediPro01/ Rider.
- * The above premium of CANSurance Full Medical Plan is adjusted premium with effect from 1 September 2022. For details, please refer to the repricing pack of CANSurance Full Medical Plan/ CANSurance Full Medical Rider.

Remarks:

1. The above product information and premium rates are as of 9 January 2023 and are 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 of the Insured Person on his or her next birthday at the time of Renewal. The Standard Premium may increase significantly due to factors including but not limited to age, and claims experience and policy persistency in the same portfolio.
2. Benefit of the inforce MediPro01 & MediPro100 policies were automatically upgraded with same benefits offered under Embrace Medical Plan /Rider at the policy anniversary in 2011.